DEATH WITH DIGNITY
Pharmacist Education Module
What is Death with Dignity?

- In December 2016, the District of Columbia passed the “Death with Dignity Act of 2016”. This law became applicable to residents of the District of Columbia on June 6, 2017.
- The Act establishes a process by which competent, terminally ill residents of DC can legally obtain a physician’s prescription for drugs to end their life in a humane and peaceful manner.
- The DC Department of Health (DOH) will regulate and oversee the Death with Dignity process. DOH’s primary responsibilities include:
  - Providing educational resources on how the Death with Dignity process works;
  - Clarifying the requirements that must be followed by both physicians and patients; and
  - Ensuring residents are not taken advantage of during a vulnerable period of their lives.
- Any physician wishing to participate in this process is required to review these modules before any end of life drug is prescribed.
Who Can Participate?

- In order to participate in the Death with Dignity program, a patient must:
  - Be eighteen (18) years of age or older;
  - Reside in the District of Columbia;
  - Be under the care of a physician licensed in the District of Columbia; and
  - Have a terminal disease, which is expected to result within death in six (6) months.
Who Can Write A Prescription?

- The attending physician is responsible for dispensing the end of life drug, or submitting a prescription for the end of life drug to a pharmacy.
- An attending physician is:
  1. A physician selected by or assigned to the patient;
  2. Has primary responsibility for the treatment and care of the patient; and
  3. Must hold all proper licensure and registration in the District of Columbia necessary to prescribe and/or dispense the end of life medication.
Obtaining the Medication

- In order to obtain the end of life medication from an attending physician, a patient must:
  1. Make two (2) oral requests to the attending physician, separated by a minimum of fifteen (15) calendar days; and
  2. Make a written request before the second oral request, and at least forty eight (48) hours before any medication is dispensed or prescribed.
- Once the necessary requests are made, the attending physician can either dispense the end of life medication directly to the patient, or submit a prescription for the end of life medication directly to the pharmacy, to be picked up by the patient or their designee.
Dispensing the Medication

- The attending physician is responsible for delivering that prescription to the pharmacy personally, or by telephone, facsimile, or electronically. A prescription for an end of life drug **shall never** be given to the patient to be filled at a pharmacy.
- Once the prescription is delivered to the pharmacy, the end of life medication can be picked up by the patient, the patient’s attending physician, or another individual designated by the patient that has been **previously communicated** to the pharmacy orally or in writing.
Pharmacists should educate themselves to recognize prescriptions that apply to Death with Dignity and pre-medications. Examples of such prescriptions include:

- Secobarbital capsules mixed with juice or water;
- Pentobarbital mixed with juice or water;
- Phenobarbital, chloral hydrate, and morphine sulfate mixed with juice; and
- Antiemetic (e.g., metoclopramide) taken one (1) hour before lethal dose.

Medication should be taken on empty stomach to help with absorption.
Reporting Requirements

- Upon dispensing of the covered medication by the pharmacy, the pharmacist must **immediately** notify DOH, on the approved form and to the location identified on said form, that the end of life medication has been dispensed. The pharmacist must also **immediately** notify the attending physician.
- Within thirty (30) days after a patient takes a covered medication or as soon as reasonable after the health care provider is made aware of a patient’s death, the health care provider shall notify DOH of the patient’s death.
Safe Disposal of Medication

- Safe disposal of any unused medication is required.
- The patient may designate an individual to serve as their point of contact for the safe disposal of unused medications.
- Resources for safe disposal of end of life medication can be found online at https://doh.dc.gov/page/death-dignity-act-2016.
A patient can change his or her mind regarding the use of end of life medication anytime.

A request for end of life medication cannot be used as a basis for the appointment of a guardian or conservator.

End of life medication cannot be taken in a public setting. The patient’s estate or family will be responsible for any costs associated with the patient taking their life in a public setting.
Additional Helpful Information (cont.)

- If the patient takes the end of life medication, the cause of death listed on the death certificate will identify the underlying medical condition leading to the patient’s death, and will not include information about the use of end of life medication.

- The Death with Dignity program does not authorize anyone to end a patient’s life by lethal injection, mercy killing, active euthanasia, or any other method or medication that is not allowed by the program.

- Actions taken in accordance with the program do not constitute suicide, assisted suicide, mercy killing or homicide.
Additional Helpful Information (cont.)

- Pursuant to DC law, the use of end of life medication will not have an effect on life insurance, health insurance, accident insurance, annuity policies, or employment benefits.
- Any person who willfully alters or forges a request for an end of life medication or conceals or destroys rescission of a request for an end of life medication with the intent or effect of causing the patient’s death, is punishable as a Class A felony.
- Any person who willfully coerces or exerts undue influence on the patient to request or ingest an end of life medication with the intent or effect of causing the patient’s death, is punishable as a Class A felony.
Questions?

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**CONTACT INFORMATION**

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