

DEATH WITH DIGNITY Physician 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.

Establishing Residency

- A patient may establish residency by submitting any two (2) of the following original documents that include a valid address in the District of Columbia:

1. A utility bill or computer printout (water, gas, electric, oil or cable), with name and address, issued within the last sixty (60) days (disconnect notices are not acceptable);
2. A telephone bill or computer printout (cell phone, wireless, or pager bills acceptable), reflecting patient's name and current address, issued within the last sixty (60) days (disconnect notices not accepted);
3. A deed, mortgage, or settlement agreement reflecting the patient's name and property address issued within the last sixty (60) days;
4. An unexpired lease or rental agreement with the name of the patient listed as the lessee, permitted resident, or renter (may be a photocopy). The unexpired lease or rental agreement shall be signed by all parties;
5. A District property tax bill or tax assessment issued within the last twelve (12) months reflecting the applicant's name and property address;
6. An unexpired homeowner's or renter's insurance policy reflecting the patient's name and address;
7. A letter with picture from the Court Services and Offender Supervision Agency or DC Department of Corrections certifying the patient's name and District residency issued within the last sixty (60) days;
8. A Department of Motor Vehicles proof of residency form signed by the certifier residing at the residence and a copy of the certifier's unexpired DC Driver license or DC identification card;
9. A bank, credit union, credit card, or investment account statement issued within the last sixty (60) days reflecting the patient's name and address;
10. A piece of official mail – received from any government agency (with the patient's full name and address) to include contents and envelope received within the last sixty (60) days;
11. A form from a social service provider that includes the patient's name and address;
12. A medical bill issued within the last sixty (60) days reflecting the patient's name and address;
13. A student loan statement issued within the last sixty (60) days reflecting the patient's name and address;
14. A home line of equity statement issued within the last sixty (60) days reflecting the patient's name and address;
15. A car or personal loan statement (no coupon books/vouchers accepted) issued within the last sixty (60) days reflecting the patient's name and address; or
16. A home security system bill issued within the last sixty (60) days reflecting the patient's name and address.

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.

The Oral and Written Requests

- The requests must be made voluntarily;
- The patient must be capable of making and communicating their requests to the attending physician;
- The written request must be submitted to the physician on the DOH approved form, located online at <https://doh.dc.gov/page/death-dignity-act-2016>.
- Once the written request form is received, the physician is required to upload the form to the Death with Dignity web portal, which can be accessed online at <https://doh.dc.gov/page/death-dignity-act-2016>.
- The written request must be sent to, and received by, the attending physician **between** the first and second oral requests;
- There must be two (2) witnesses to the written request.

Acceptable Witnesses

- The attending physician is **never** an acceptable witness.
- The first witness can be anyone the patient chooses, other than the attending physician.
- Unless the patient is a resident of a care facility, the second witness can be anyone the patient chooses **who is not**:
 1. A relative of the patient by blood, marriage, or adoption;
 2. A recipient of the patient's estate;
 3. An owner, operator, or employee of the health care facility where the patient is receiving treatment or is a resident.
- If the patient is in a care facility (e.g., a nursing home, community residence facility or assisted living facility), the second witness must be a person designated by the facility.

Physician Requirements

- After the patient has made the required oral and written requests, the attending physician must determine:
 1. The patient has a terminal disease that will result within death in six (6) months;
 2. The patient is capable of making and communicating health care decisions;
 3. The request was made voluntarily; and
 4. The patient is a resident of the District of Columbia.
- The attending physician must provide the patient with information that will allow the patient to make an informed decision. This includes informing the patient of:
 - The medical diagnosis and prognosis;
 - The potential risks and probable results of taking the end of life medication; and
 - Feasible alternatives to taking the end of life medication (e.g., comfort care, hospice care and pain control).

Physician Requirements (cont.)

- The attending physician must also inform the patient of:
 1. The availability of supportive counseling services;
 2. Recommend the patient notify next of kin, friends, and spiritual advisor, if applicable, of their decision;
 3. The importance of having another person present when taking the medication;
 4. The importance of not taking the medication in a public place; and
 5. The opportunity for the patient to cancel the request for end of life medication at any time.
- The physician registration form, physician attestation form, and physician compliance form must be submitted via the Death with Dignity web portal at <https://doh.dc.gov/page/death-dignity-act-2016>.

Role of Consulting Physician

- The attending physician will next refer the patient to a consulting physician.
- A consulting physician is a doctor that is qualified to make a professional diagnosis and prognosis **regarding the patient's specific disease**, and is willing to participate in the Death with Dignity process.
- The consulting physician's responsibilities include:
 1. Examining the patient and their medical records to confirm, in writing to the patient's treating physician, the diagnosis of a terminal disease; and
 2. Verifying, in writing to the patient's treating physician, that the patient is capable of making and communicating health care decisions, is acting voluntarily, and has made an informed decision.

Reporting Requirements

- Once the prescription is dispensed at a pharmacy, the pharmacy must **immediately** notify the attending physician and DOH. The notification to DOH must be submitted on the DOH approved form, and to the location identified on said form.
- Within thirty (30) days after the dispensing of a covered medication, the attending physician must submit to the Department of Health a copy of the patient information, via the Death with Dignity web portal at <https://doh.dc.gov/page/death-dignity-act-2016>.
- Within thirty (30) days after a patient takes a covered medication, or as soon as reasonable after a health care provider is made aware of a patient's death, the health care provider **must** notify DOH of the patient's death.

Counseling Referral

- If the attending physician or consulting physician believes the patient may have impaired judgment due to a mental health disorder or depression, he or she must refer the patient to a psychiatrist or psychologist that is licensed in the District of Columbia for counseling.
- If the patient is referred for counseling, the patient **must** see a psychiatrist or psychologist that is licensed in the District of Columbia, before any end of life drug can be prescribed.
- The psychologist or psychiatrist must determine that the patient does not have impaired judgment due to a mental health disorder or depression, and must submit this information to DOH.

Dispensing or Prescribing the Medication

- Immediately before any end of life medication is prescribed or dispensed, the treating physician must offer the patient an opportunity to change his or her mind and ensure the person is making an informed decision.
- The end of life medication will either be:
 1. Dispensed to the patient directly from the treating physician; or
 2. The patient's treating physician will submit a prescription for the end of life medication directly to a pharmacy.
- A prescription for an end of life drug **shall never** be given to the patient to be filled at a pharmacy.

Dispensing or Prescribing the Medication (cont.)

- If the treating physician **dispenses** the end of life medication, it can be dispensed directly to the patient at the physician's office.
- If the treating physician **prescribes** the end of life medication, he or she is responsible for delivering that prescription to a pharmacy located and licensed in District of Columbia. The treating physician **cannot** give the prescription to the patient for him or her to take to a pharmacy to be filled.
- Once the end of life medication is prescribed, it must be picked up at the pharmacy by the patient, the patient's treating physician, or another individual designated by the patient that has been **previously communicated** to the pharmacy, either orally or in writing.

Rescinding the Request

- The patient can change their mind regarding the use of end of life medication at anytime.
- It is recommended the patient consult with their treating physician prior to making any decisions on whether to rescind their request to participate in the Death with Dignity process.
- If the patient changes their mind and decides to no longer utilize the Death with Dignity process, they will need to inform their treating physician of their decision.
- If the patient decides in the future to again utilize the Death with Dignity process, they will be required to restart the application.

Additional Helpful Information

- The applicable standard of care shall not be diminished for the attending physician, consulting physician, psychiatrist, psychologist, or other health care providers participating in the Death with Dignity process
- No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with the Death with Dignity Act, or refusing to participate in providing the end of life medication, or being present when a qualified patient takes the end of life medication.
- A health care provider can prohibit its employees from participating in the Death with Dignity Process within the scope of their employment.
- No attending physician can be a witness to the patient's written request for end of life medication

Additional Helpful Information (cont.)

- 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?

DEATH WITH DIGNITY CONTACT INFORMATION

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