

Questions and Answers about Initiative 1000, the “Washington State Death with Dignity Act”

Follow-Up to January 20 Web Conference

During the Washington State Hospital Association January 20 web conference on Initiative 1000, the “Washington State Death with Dignity Act,” we received many questions. Below we summarize the answers to the questions asked most frequently during the web conference (including one we did not know the answer to), and other questions we have received since.

1) Question: Where can I find all your materials on I-1000, including the web conference audio/video archive, the slides from the web conference, the text of the initiative, and the Oregon Guidebook?

Answer: These materials are all at <http://www.wsha.org/page.cfm?id=webcasts>.

2) Question: Are your model policies ready?

Answer: They are ready – but in draft form. We had originally planned to wait to provide final model policies until after the Department of Health issued its rules on I-1000. However, we are now concerned about the timing and whether waiting for the rules gives you enough time to enact a policy. We have decided to post the model policies in draft form, with the caveat that they could change in response to any rules the department enacts. They are also posted at <http://www.wsha.org/page.cfm?id=webcasts>. We will let you know if the model policies change via a notice in *Weekly Report*.

3) Question: Is there a middle ground position we could take between prohibiting participation and promoting participation in the Act?

Answer: Yes. In fact, this is the approach we take in our policy to allow participation. Essentially, the hospital is not promoting participation, but will allow each individual provider to make his or her own determination about whether to participate. We recommend if you do this you at least have a policy stating that the hospital allows individual practitioners to make the choice about whether to participate, and that the hospital requires any participating provider to let hospital administration know they are participating. This will allow you to ensure all steps and safeguards are being followed, and proper documentation is provided.

4) Question: I know doctors need participate in the Act only if they are willing to do so. What about other health care providers such as nurses and pharmacists? Must they participate in the Act, even if they do not want to do so?

Answer: No. Only willing health care providers should participate; no health care provider must participate against his or her will. Oddly, the legal protections in the Act only apply to attending physicians, consulting physicians, and those providing counseling services. It is worth thinking through all the steps if your hospital plans to allow providers to participate.

For example, if you anticipate that your pharmacy will be asked to dispense prescriptions for life-ending medication, you should have a discussion with your pharmacists and ensure you have one or more pharmacists willing to fill the prescription. You should then ensure the patient works with a willing pharmacist.

5) Question: The law talks about life-ending medication being “self administered.” Can someone who is unable to administer the drugs to himself or herself qualify for life-ending medication? Can a family member administer life-ending medication to a patient in a coma?

Answer: No. The drugs must be self administered.

6) Question: Should we require a mental health evaluation before giving a prescription for life-ending medication?

Answer: Because some studies have shown primary care providers may not be skilled at doing mental health evaluations, hospitals may want to encourage those participating in the Act to consider making a referral for a mental health evaluation before providing a prescription for life-ending medication. (The initiative makes this referral optional.)

7) Question: What types of providers can do the mental health evaluation?

Answer: The initiative identifies a state licensed psychiatrist or psychologist as the providers who should perform a mental health evaluation.

8) Question: Our hospital does not plan to participate in the Act, and plans to prohibit our providers from participating in the Act. Are we obligated to give a patient a referral to a doctor who will help them, if the patient asks for a referral?

Answer: No. You are not required to give a referral. However, you also may not sanction your providers for providing information about the Death with Dignity Act or giving a referral if they choose to do so. Giving information or a referral is explicitly excluded from the definition of “participating in the Act.” Other activities protected by the Act include making an initial determination that a patient has a terminal disease, informing the patient of the patient’s prognosis, and independently contracting outside of the provider’s scope of work at the hospital to perform activities under the Act.

9) Question: We still have not decided whether or not to participate. One thing we thought would be helpful was to have an idea about how our county voted on the initiative so we could gauge whether the public wants this service. Is there a way to find out this information?

Answer: Yes. The Secretary of State has an interactive map that shows the votes on I-1000 by each county. You can find it at <http://vote.wa.gov/Elections/WEI/ResultsByCounty.aspx?ElectionID=26&RaceID=101369&CountyCode=&JurisdictionTypeID=-2&RaceTypeCode=M&ViewMode=Results>

Please let us know if you have further questions.

Thank you very much.

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