

# Three Rivers Hospital

<b>DEPARTMENT:</b> Facility Wide	Page 1 of 2	<u>Effective Date:</u>	3/19/2014	
		<u>Approval Date:</u>	<b>Date</b>	<b>Initials</b>
<b>SUBJECT:</b>  Death With Dignity Act / Initiative 1000 – Hospital and its Providers Will Not Participate	Medical Director	Date		
	Director of Patient Care	Date		
	Chief Executive Officer	Date		

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## POLICY

- I. Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under the Death with Dignity Act (“Act”). Under Washington law, a health care provider, including Three Rivers Hospital, is not required to assist a qualified patient in ending that patient’s life.
- II. Three Rivers Hospital (TRH) has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, TRH physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient’s life under the Act. In addition, no provider may participate on the premises of the hospital or in property owned by the hospital.
- III. No patient will be denied other medical care or treatment because of the patient’s participation under the Act. The patient will be treated in the same manner as all other TRH patients. The appropriate standard of care will be followed.
- IV. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in transfer to another facility of the patient’s choice. The transfer will assure continuity of care.
- V. All providers at TRH are expected to respond to any patient’s query about life-ending medication with openness and compassion. TRH believes our providers have an obligation to openly discuss the patient’s concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient’s questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, TRH’s goal is to help patients make informed decisions about end-of-life care.

## PROCEDURE

- I. All patients will be provided with educational materials about end-of-life options. These materials will include a statement that TRH does not participate in the Act.

- II. If, as a result of learning of the hospital's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, the TRH staff will assist in making arrangements for the transfer. If the patient wishes to remain at TRH, staff will discuss what end of life care will be provided consistent with hospital policy.
- III. If a patient requests a referral to a physician who will fully participate under the Act or expresses the desire to take medication that will result in the patient's death, the provider may choose to provide the patient with a referral, or may instruct the patient that he or she must find a participating provider on his or her own. The relevant medical records will be transferred to the physician taking over the patient's care. The patient's primary clinical care giver (nurse or social worker) will be responsible for:
  - a. Informing the patient's attending physician as soon as possible, and no longer than one working day, that the patient wishes to take life-ending medications.
  - b. Ensuring that the medical record is complete and all required documentation is included. A copy of the Resuscitation Status (DNR) order, copies of advance directives, and POLST form are to be included.
  - c. Communicating with other clinicians involved with the patient to ensure continuity of care.
  - d. Documenting all communication in the patient's medical record.
- IV. Nothing in this policy prevents a physician or provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.
- V. Nothing in this policy prevents a physician or provider from providing information about the "Washington State Death with Dignity Act" to a patient when the patient requests information.
- VI. Nothing in this policy prohibits a physician who is employed by or who is an independent contractor of TRH from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of TRH.

## **RESOURCES**

Any patient, employee, independent contractor, volunteer or physician may contact the Ethics Committee, Spiritual Care, Social Services, or Patient Advocate for assistance.

### ***Laws/Regulations:***

Initiative 1000/Washington Death with Dignity Act

Washington State Department of Health Regulations Chapter 246-978 WAC

### ***Reference Materials:***

The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals