LEGACY HEALTH

SECTION: ADMINISTRATION
SUBJECT: HOSPICE - DEATH WITH DIGNITY

POLICY STATEMENTS:
1. Legacy Health places a high value on life and is committed to compassionate care and promoting the quality of life. Legacy Health (LH) respects a patient’s right to self-determination and respects the relationship between the patient and caregivers.

2. Oregon law recognizes certain rights and responsibilities of qualified patients and healthcare providers under the Death With Dignity Act (“the Act”). Under Oregon law, a healthcare provider is not required to aid a qualified patient in ending that patient’s life. It is illegal for anyone other than a qualified patient to administer the drugs.

3. In the performance of their duties, Legacy Health employees, independent contractors and volunteers shall not influence a patient’s decision or assist a patient to end the patient’s life under the Act.

4. 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 Legacy Health patients.

5. Patients will not be discharged from Legacy Hospice Services Program solely based on a decision to end their life under the Act. Any patient choosing to exercise his/her option under this Act while a resident at Legacy Hopewell House Hospice Center will be transferred to another setting of the patient/family’s choosing.

DEFINITIONS
1. **Assist** - Dispensing drugs, prescribing drugs, obtaining drugs, assisting administration or administering drugs.

2. **Employee** - Anyone of the following persons who performs services for, or at any Legacy Hospice program:
   a. **Attending Physician** - The physician who has primary responsibility for the care of the patient and treatment of the patient's terminal illness.
   b. **Hospice Interdisciplinary Group (IDG)** - The team of individuals responsible for care decisions related to patients in the Legacy Hospice program. Includes physicians, nurses, social workers, spiritual counselors, occupational and/or physical therapists, hospice aides, certified nursing assistants, pharmacists, bereavement coordinators, volunteers and volunteer coordinators.
   c. **Primary Clinical Care Provider** – a nurse, social worker, physician or other clinical staff who are employees of Legacy Hospice Services.
   d. **Independent Contractor** - all non-employed persons who are retained under contract with LHS to perform services. Such persons shall be subject to this policy only with respect to the services they are contracted to perform. Physicians who are independent contractors with Legacy are not bound by this policy in their function of caring for patients in their private practice.

3. **Consulting Physician** – a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient’s disease.

4. **Qualified Patient** - Patients 18 years of age and older who are residents of the State of Oregon diagnosed with a terminal illness (less than six months to live), and who have voluntarily expressed a wish to die and who have complied with all provisions of the Act.

PROCEDURE
1. No employee or independent contractor will encourage or discourage a patient’s request nor communicate a value judgment about the patient’s choices.

2. If the patient requests information about the Act or expresses a desire to end his/her life under the Act, the employee or independent contractor must inform the patient of the employee’s or independent contractor’s obligation to notify the patient’s attending physician and notify the Hospice Interdisciplinary Group (IDG) so the request can be noted in the medical record.

3. The employee or independent contractor cannot assist the patient and must advise the patient of this fact (as referred to under the definition section).

4. The employee or independent contractor may discuss the issue with the patient or refer the patient to knowledgeable resources. In every circumstance, however, any discussion must occur in a non-biased, factual manner without any attempt to influence the patient’s decision, and any referrals must be to non-biased, factual resources only. Legacy Hospice employees are required to present the patient with all available options (see Attachment II).

5. An attending physician employed by or on contract with LH must refer the patient to a physician who is not employed by or on contract with LH for further information or discussion. Nothing provided herein shall prohibit a physician employed or on contract with LHS from acting as a “consulting physician” as described in the Act. If the attending physician declines to participate, the employee or independent contractor may present the patient with non-biased information and referrals.

6. If an employee or independent contractor is unable to do the acts specified above because of the patient’s request, the employee or independent contractor must request a reassignment from his or her manager or supervisor. Reassignment will be handled in the usual manner.

**PROCEDURE FOR LEGACY HOSPICE SERVICES**

The following shall take place for a Legacy patient contemplating exercising his/her options under the Act.

A) **Legacy Hopewell House**

- Inform the patient’s attending physician as soon as possible, or no later than one working day of the patient’s request for information about the Act, or the patient’s desire to end his or her life under the Act.
- Notify Hopewell House operations manager or designee.
- Families requesting information about Death with Dignity Act will be referred to the attending physician or medical social worker.
- When a patient makes the request, the IDG team will consult with one another and review with the patient their care plan, including the physical, emotional, spiritual, mental, social, financial and relational aspects, to determine that all possible measures are being taken to provide appropriate care to the patient and family. At a minimum, the hospice IDG team will include the physician, nurse, social worker and spiritual counselor. Any other IDG team members involved with the patient’s care will be included in the consultation.
- Review patient’s wishes for life sustaining treatments, including their resuscitation status.
- Employees will document all contacts/discussions regarding Death with Dignity in the patient’s medical chart and regularly communicate with members of the IDG team.
- If the patient chooses to exercise his/her option to complete Death with Dignity, Hopewell House will follow standard discharge/transfer planning procedure to assure continuity in the patient’s hospice care plan as the patient is transferred from Hopewell House to another setting of the patient/family’s choosing.
- Debriefing and support will be available to employees.
B) Legacy Hospice Portland/McMinnville

- Inform the patient’s attending physician as soon as possible, or no later than one working day of the patient’s request for information about the Act, or the patient’s desire to end his or her life under the Act.
- When a patient makes the request, the IDG team will consult with one another, including the hospice supervisor and review with the patient their care plan, including the physical, emotional, spiritual, mental, social, financial and relational aspects, to determine that all possible measures are being taken to provide appropriate care to the patient and family. At a minimum, the Hospice IDG team will include the physician, nurse, social worker and spiritual counselor. Any other IDG team members involved with the patient’s care will be included in the consultation.
- Review patient’s wishes for life sustaining treatments. The hospice team should consult with the patient and physician. Home hospice patients will have a current POLST form in their home and a copy of the current POLST form in the hospice medical record.
- Hospice employees will document all contacts or discussions regarding Death with Dignity in the patient’s medical chart and regularly communicate with the patient’s physician and other members of the IDG team.
- Hospice employees will inform the patient of Legacy Hospice Services Death with Dignity Policy. This discussion should include information regarding:
  - The patient’s right to continue hospice services.
  - Clarification of the patient’s wishes with regard to informing and including his/her family members in his/her decision.
- Facilities: Employees need to inform patient that Legacy Hospice signs a coordination of care agreement with facilities that state that both teams will inform the other of all changes in the care plan and patient’s condition.
- Hospice staff should give patients non-biased and factual resources regarding the death with Dignity Act. Attachment II is one such resource, which may be used with patients.
- Debriefing and support will be available to employees.

RESOURCES

1. Any patient, family, employee, independent contractor, volunteer or physician may contact the following resources:
   a. Ethics Committee
   b. Spiritual Care
   c. Social Work
   d. Patient Advocate

2. Educational information on the Death With Dignity Act is attached.

Key Words:

References: Death with Dignity Act
Replaces: HOS.100.50
Approvals: Medical Director, Legacy Hospice and Palliative Care Program
           Legacy Hospice QAPI (Quality Assessment, Performance Improvement) Council
           Nurse Executive Council
Originator: LHS Ethics Committee; Legacy Hospice Team
REQUEST FOR MEDICATION
TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, ________________________________, am an adult of sound mind.

I am suffering from ________________________, which my attending physician has determined is a terminal
disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential
associated risks, the expected result and the feasible alternatives, including comfort care, hospice care and
pain control.

I request that my attending physician prescribe medication that will end my life in a humane and dignified
manner.

Initial One

_____ I have informed my family of my decision and take their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed.

I make this request voluntarily and without reservation and I accept full moral responsibility for my actions.

(Signed) ________________________________ (Date) ________________________________

DECLARATION OF WITNESSES

We declare that the person signing this request:

(a) Is personally known to us or has provided proof of identity;
(b) Signed this request in our presence;
(c) Appears to be of sound mind and not under duress, fraud or undue influence;
(d) Is not a patient for whom either of us is attending physician.

(Witness #1) ________________________________ (Date) ________________________________

(Witness #2) ________________________________ (Date) ________________________________

Note: One witness shall not be 1) a relative (by blood, marriage or adoption); 2) a person entitled to any
portion of the patient’s estate upon death; or 3) an owner, operator or employee of a healthcare facility where
the patient is receiving medical treatment or is a resident. If the patient is an inpatient at a long-term care
facility, one of the witnesses shall be an individual designated by the facility.
DEATH WITH DIGNITY

The Death with Dignity Act makes it legal in some circumstances for physicians to prescribe medication to a patient to end his or her own life.

EXPLANATION

The law prohibits mercy killing and lethal injections by physicians but allows physicians to prescribe medication to a qualified patient to end his or her own life. Under the law, the patient may request the physician to prescribe the means and the instructions to end life. The patient may then use the medication to commit suicide.

The proposed law requires several steps before a patient can qualify for a prescription for medication to end his or her own life.

1. The patient must be 18, terminally ill (have less than six months to live) and an Oregon resident.
2. The patient must voluntarily make an oral request to the attending medical/osteopathic physician for a prescription for medication to end his or her life. A fifteen-day waiting period then begins.
3. The attending physician makes sure the patient understands the diagnosis and prognosis. The patient is informed of all options, including pain control, hospice care and comfort care. The attending physician also must inform the patient of the risks and expected result of taking the medication.
4. The attending physician (a) determines whether the patient is capable of making health care decisions and is acting voluntarily; (b) encourages the patient to notify his or her next of kin; (c) informs the patient that he or she can withdraw the request for medication at any time and in any manner; and (d) refers the patient to a consulting physician who is asked to confirm the attending physician’s diagnosis and prognosis.
5. The consulting physician also decides whether the patient is capable of making the decision and is acting voluntarily. If either or both physicians believe the patient is suffering from a psychiatric or psychological illness or depression that causes impaired judgment, the patient will be referred for counseling.
6. Once the preceding steps have been satisfied, the patient voluntarily signs a written request witnessed by two people. At least one witness cannot be a relative or an heir of the patient.
7. The patient then makes a second oral request to the attending physician for medication to end his or her life.
8. The attending physician again informs the patient that he or she can withdraw the request for medication at any time and in any manner.
9. No sooner than fifteen days after the first oral request and forty-eight hours after the written request, the patient may receive a prescription for medication to end his or her life. The attending physician again verifies at this time that the patient is making an informed decision.
SAFEGUARDS

Some of the safeguards included in the law are:

1. **Immunity.** Physicians who prescribe medication for a terminally ill patient to end his or her life would be protected from civil or criminal liability. Physicians are not obligated to participate.

2. **Residency Requirements.** Only requests made by Oregon residents may be granted. Physicians (physicians of medicine or osteopathy) must be licensed in Oregon.

3. **Reporting Requirements.** Each year, the Oregon Health Division must review a sample of records of deaths that occur under this law.

4. **Effect on Insurance or Annuity Policies.** A qualified patient’s act of ingesting medication to end his or her life will not have an effect upon a life, health or accident insurance or annuity policy. A qualified person who takes medication to end his or her own life will not have his or her insurance policies affected -- even if those policies specify that death by suicide is not covered.

5. **Liabilities.** Coercion of a patient, altering or forging a request for medication or concealing a withdrawal of that request, with the effect of causing the patient’s death are Class A felonies.

**CURRENT LAWS**

In 1990, the U.S. Supreme Court recognized the constitutionally protected right of an individual to refuse unwanted medical treatment. The federal Patient Self-Determination Act requires that all federally and state funded providers of health care inform patients of their rights to refuse medical or surgical treatment and to formulate an advance directive to that effect.

As a result of the 1993 Oregon Health Care Decisions Act, patients who refuse life-sustaining treatment shall be provided with comfort care, including appropriate medications to relieve pain and suffering.

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