

DC | HEALTH

Death with Dignity

Patient Education Module

WHAT IS DEATH WITH DIGNITY

- The District of Columbia passed the “Death with Dignity Act of 2016”.
- The Act establishes a process by which competent, terminally ill residents of the District of Columbia can legally obtain a physician’s prescription for drugs to end their life in a humane and peaceful manner.
- The District of Columbia Department of Health (DC Health) will regulate and oversee the Death with Dignity process. DC Health’s primary responsibilities include:
 - Providing educational resources on how the Death with Dignity process works;
 - Clarifying the requirements that must be followed by physicians, patients; and pharmacists; and
 - Ensuring residents are not taken advantage of during a vulnerable period of their lives.
- Any patient wishing to utilize this process is required to review these modules before any covered medication 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 in death within six (6) months.

CONFIDENTIALITY

- The identity of physicians, patients, pharmacists, and other healthcare providers participating in the Death with Dignity program is confidential, and will not be made available to the public.
- All forms submitted under the Act are not public records, and cannot be made available to the public, even pursuant to a FOIA request.
- All data collected pursuant to the Death with Dignity Act is for statistical purposes only.

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;
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 issued within the last 60 days;
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.

OBTAINING THE MEDICATION

- In order to obtain the covered medication from the attending physician, the patient must:
 1. Make two (2) oral requests to your 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 medication directly to the patient, or submit a prescription directly to a pharmacy for the patient or a designee to pick up.

THE ORAL AND WRITTEN REQUESTS

- The requests must be made voluntarily;
- The patient must be capable of making and communicating the requests to their attending physician;
- The written request must be submitted on the DC Health approved form, which can be located online at <https://dchealth.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.
- A patient shall only be enrolled in the Death with Dignity portal after the patient makes the first formal request to participate. Simply having a discussion with the attending physician about the option of utilizing the Death with Dignity program does not constitute an oral request, and shall not result in enrollment in the program.

PATIENT WRITTEN REQUEST FORM



REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND PEACEFUL MANNER

I, _____ am an adult of sound mind.
First (Please Print) Middle Last

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, the nature of medication to be prescribed and potential associated risks, the expected result, and 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 peaceful manner.

Initial One

- I have informed my family of my decision and taken their opinion 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 further understand that although most deaths occur within three (3) hours of taking the medication to be prescribed, my death may take longer, and my physician has counseled me about this possibility.

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

Further, I declare that I am of sound mind and not acting under duress, fraud, or undue influence and I am a District of Columbia resident.

Signature:	Date:
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DECLARATION OF WITNESSES

We declare that the person signing this request:

Witness 1 Witness 2

- 1. Is personally known to us or has provided proof of identity;
- 2. Signed this request in our presence;
- 3. Appears to be of sound mind and not under duress, fraud or undue influence;
- 4. Is not a patient for whom either of us is the attending physician.

Name (Witness 1):	Address:
Signature:	Date:
Name (Witness 2):	Address:
Signature:	Date:

NOTE: One witness shall not be a relative (by blood, marriage, or adoption) of the person signing this request, shall not be entitled to any portion of the person's estate upon death, and shall not own, operate, or be employed at a health care facility where the person is a patient or resident. If the patient is a patient at a long-term care facility, one of the witnesses shall be an individual designated by the facility.
DOH DWD Patient Form March 2018

ACCEPTABLE WITNESSES

- The attending physician is **never** an acceptable witness.
- One witness can be anyone the patient chooses other than the attending physician.
- The other witness can be anyone the patient chooses **who is not**:
 - A relative by blood, marriage, or adoption;
 - A recipient of your estate;
 - 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 health care facility (e.g., a nursing home, community residence facility or assisted living facility), one witness shall be a person designated by the facility except the owner, operator, or employee of the facility.

PHYSICIAN REQUIREMENTS

- After the patient has made the required oral and written requests, the attending physician must determine that the patient:
 - Has a terminal disease that will result in death within six (6) months;
 - Is capable of making and communicating their health care decisions;
 - Has made the request voluntarily; and
 - Is a resident of the District of Columbia.
- The attending physician must provide the patient with information that will allow them to make an informed decision. This includes informing the patient of:
 - Their medical diagnosis and prognosis;
 - The potential risks and probable results of taking the covered medication; and
 - Feasible alternatives to taking the covered 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 that the patient notify their 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 covered medication at any time.
- Next, your attending physician will refer you to a consulting physician.

ROLE OF CONSULTING PHYSICIAN

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

COUNSELING REFERRAL

- If either your attending physician or consulting physician believes that the patient may have impaired judgment due to a mental health disorder or depression, they **must** refer the patient for counseling to a psychiatrist or psychologist that is licensed in the District of Columbia.
- If the patient is referred for counseling, they **must** see a psychiatrist or psychologist that is licensed in the District of Columbia, before any covered medication can be prescribed.
- The psychiatrist or psychologist must determine that the patient does not have impaired judgment due to a mental health disorder or depression, and must submit this information to DC Health before any covered medication can be dispensed.

DISPENSING OR PRESCRIBING THE MEDICATION

- Immediately before any covered medication is prescribed or dispensed, the attending physician must offer the patient an opportunity to change their mind and ensure that they are making an informed decision.
- The covered medication will either be:
 1. Dispensed to the patient directly from the attending physician; or
 2. The attending physician will submit a prescription for the covered medication to a pharmacy located and licensed in the District of Columbia.
- A prescription for a covered medication **shall never** be given to the patient to be filled at a pharmacy.

DISPENSING OR PRESCRIBING THE MEDICATION (CONT.)

- If the attending physician **dispenses** the covered medication, it can be dispensed at the attending physician's office directly to the patient.
- If the attending physician **prescribes** the covered medication, they are responsible for delivering that prescription to a pharmacy located and licensed in the District of Columbia. The attending physician **cannot** give the prescription to the patient to take to a pharmacy to be filled.
- Once the covered medication is prescribed, it must be picked up at the pharmacy by the patient, the attending physician, or another individual designated by the patient. That designation must have been **previously communicated** by the patient to the pharmacy, either orally or in writing.

TAKING THE COVERED MEDICATION

- The patient does not have to take the covered medication in a hospital or health care facility.
- The patient can take the covered medication in their home, or any other location they have permission to take the medication, except in a public location. The patient's estate or family will be responsible to the District of Columbia for any costs associated with taking the medication in a public place.
- It is recommended the patient takes the medication with another person present.
- It is recommended that the patient has on their person, or in plain sight, a written Do Not Resuscitate Order (DNR) when taking the covered medication.
- It is recommended that the patient contact emergency responders by registering with SMART 911 to inform them that the patient intends to take the covered medication pursuant to the Death with Dignity law.

RESCIND THE REQUEST

- The patient can change their mind regarding the use of covered medication at anytime.
- It is recommended that the patient consults with their attending physician prior to making any decisions on whether to rescind the 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 must notify DC Health of this decision. This notification helps ensure proper medication reconciliation, that correct information is provided to emergency responders, and ensures accurate statistical data collection.
- If the patient decides in the future to again utilize the Death with Dignity process, they will be required to restart the application process all over again.

ADDITIONAL HELPFUL INFORMATION

- A request for covered medication **cannot** be used as a basis for the appointment of a guardian or conservator.
- It is recommended that you designate a person to safely dispose of any unused covered medication.
- Resources for safe disposal of covered medications can be found online at <https://dchealth.dc.gov/page/death-dignity-act-2016>.
- If you take the covered medication, the cause of death listed on your death certificate will identify your underlying medical condition leading to your death, and **will not** include information about your use of covered medication.

ADDITIONAL HELPFUL INFORMATION (CONT.)

- The Death with Dignity law does not authorize anyone to end his or her life by lethal injection, mercy killing, active euthanasia, or any other method or medication that is not allowed by the law.
- Actions taken in accordance with the Death with Dignity law **do not** constitute suicide, assisted suicide, mercy killing or homicide.
- Pursuant to District of Columbia law, the use of covered 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 a covered medication or conceals or destroys rescission of a request for a covered medication with the intent or effect of causing your death, is punishable as a Class A felony.
- Any person who willfully coerces or exerts undue influence on you to request or ingest a covered medication with the intent or effect of causing your death, is punishable as a Class A felony.

QUESTIONS?

DEATH WITH DIGNITY CONTACT INFORMATION

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Health Regulation and Licensing Administration
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Washington, DC 20002

Phone: (202) 724-8800

Email: deathwithdignitydc@dc.gov

Website: <https://dchealth.dc.gov/page/death-dignity-act-2016>