

Instructions for the Attending Qualified Medical Provider's Compliance Form

The Washington Death with Dignity Act (chapter 70.245 RCW) allows a qualified patient with a terminal illness with six months or less to live to request medication that the patient may self-administer to end their life. If you have questions about these instructions, contact DeathwithDignity@doh.wa.gov.

Attending Qualified Medical Provider Requirements

As the attending qualified medical provider, you:

- Determine whether a patient is qualified under the Death with Dignity Act.
- Ensure the patient is making an informed decision.
- Refer the patient to a consulting qualified medical provider.
- Refer the patient for counseling if appropriate.
- Ensure all requirements under the Death with Dignity Act are met before prescribing medication.
- Submit completed forms to the Department of Health.

The Death with Dignity Act only provides immunity from civil and criminal liability and disciplinary action for good faith compliance. You must submit the following completed forms **within 30 calendar days** of writing a prescription for a lethal dose of medication:

- Written Request for Medication to End My Life in a Humane and Dignified Manner form (DOH 422-063)
- Attending Qualified Medical Provider's Compliance Form (DOH 422-064)
- Consulting Qualified Medical Provider's Compliance Form (DOH 422-065)
- Psychiatric/Psychological Provider's Compliance Form (DOH 422-066), if an evaluation was performed.

Send the completed forms to the Department of Health.

- **Online through REDCap:** <https://redcap.link/DeathWithDignity>.
- By fax: 360-200-7408
- By mail: Center for Health Statistics, PO Box 47856, Olympia, WA 98504-7856

The Department of Health will contact you if the forms are missing information. We keep all information strictly confidential and only release aggregate information on an annual basis.

Qualified Patient Requirements

A qualified patient must be:

- At least 18 years of age.
- Competent - in the opinion of a court or in the opinion of the patient's attending qualified medical provider or consulting qualified medical provider, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.
- A resident of Washington State.
- Diagnosed with a terminal disease - an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Common documents that prove residency in Washington State include, but are not limited to: a driver's license, voter registration, a mortgage or rental agreement, or a utility bill.

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Attending Qualified Medical Provider's Compliance Form

The Attending Qualified Medical Provider must fill out and send the completed form to the Department of Health **within 30 days** of prescribing medication. Unless otherwise specified, fill out all text fields and check all boxes to indicate you completed the task.

A. Patient Information

Patient Name (Last, First, M.I.):

Date of Birth:

Medical Diagnosis:

Patient Record Number:

B. Action Taken To Comply With Law

First Oral Request For Medication To End Life

Date:

Both the Attending and Consulting Qualified Medical Providers must make these determinations.

The patient has a terminal disease.

I informed the patient of:

The patient has six months or less to live.

the medical diagnosis

The patient is competent.

the prognosis

The patient is a Washington state resident.

the potential risks associated with taking the prescription medication

The patient is acting voluntarily.

the potential result of taking the prescription medication

The patient made their decision after being fully informed.

the feasible alternatives, including, but not limited to, comfort care, hospice care and pain control

Other Assurances

Informed the patient of their right to rescind the request at any time.

Recommended that the patient inform their next of kin.

Counseled about the importance of having another person present when the patient takes the medication.

Counseled about the importance of not taking the medication in a public place.

Second Oral Request For Medication To End Life

Date:

The patient must make the second oral request **at least 7 days after** the first oral request.

Patient made a second oral request for medication to end life.

Informed the patient of their right to rescind the request at any time.

Patient's Written Request For Medication To End Life

Date:

Patient made a written request for medication to end life.

Attach the patient's written request for medication – either the Written Request For Medication To End My Life in a Dignified Manner (DOH 422-063) or in substantially the same form as described in the Act.

C. Consulting Qualified Medical Provider

Attach the Consulting Qualified Medical Provider's Compliance Form. Medical consultation and second opinion from:

Name (Last, First, M.I.) and Title:

Phone Number:

D. Psychiatric/Psychological Evaluation

Check only one of the following:

I determined that the patient is not suffering from a psychiatric or psychological disorder, or depression, causing impaired judgment, in accordance with chapter 70.245 RCW.

I referred the patient to the provider listed below for evaluation and counseling for a possible psychiatric or psychological disorder, or depression causing impaired judgment, and **attached** the Psychiatric/Psychological Provider's Compliance Form.

E. Medication Prescribed And Information Provided To Patient

The Attending Qualified Medical Provider may prescribe medication **at least 7 days after** the patient's first oral request.

Prescription Date:

Check all medications prescribed.

DDMA - Diazepam, Digoxin, Morphine, and Amitriptyline

DDMAPh - Diazepam, Digoxin, Morphine, Amitriptyline, and Phenobarbital

DDMP2 - Diazepam, Digoxin, Morphine, and Propranolol

Metoclopramide

Haloperidol

Odansetron

Other (specify):

Check only one of the following:

I dispensed medication directly and **attached** the Pharmacy Dispensing Record (DOH 422-067).

Dispense Date:

I contacted pharmacist and delivered prescription personally, by mail, by fax, or electronically to the pharmacist.

Pharmacy Name:

City:

Phone Number:

Immediately before writing the prescription, I informed the patient of:

the medical diagnosis

the prognosis

the potential risks associated with taking the prescription medication

the probable result of taking the prescription medication

the feasible alternatives, including, but not limited to, comfort care, hospice care and pain control

F. Attending Qualified Medical Provider Confirmation

To the best of my knowledge, all of the requirements under the Washington Death with Dignity Act have been met.

Provider Signature:

Date:

Name (Last, First, M.I.):

Title:

Mailing Address (Street, City, State, And Zip Code):

Email Address:

Phone Number: