
Health Care & Wellness Committee

SB 5919

Brief Description: Concerning informed decision making for death with dignity decisions.

Sponsors: Senators Angel, Padden and Miloscia.

Brief Summary of Bill

- Requires an attending physician to inform a patient seeking medication under the Death with Dignity Act of treatments for the purpose of cure and the purpose of extending the patient's life.

Hearing Date: 3/20/15

Staff: Alexa Silver (786-7190).

Background:

The Washington Death with Dignity Act was enacted by initiative in 2009. It permits a patient to request medication that he or she may self-administer to end his or her life if:

- the patient is a competent adult and a resident of Washington;
- the attending physician and a consulting physician have determined that the patient suffers from a terminal disease;
- the patient has voluntarily expressed the wish to die;
- the patient has made a request for medication on a form provided in statute; and
- the form is signed and dated by the patient and at least two witnesses who attest to their belief that the patient is competent, acting voluntarily, and not being coerced to sign the request.

To receive a prescription, the patient must make an oral and written request to the attending physician and must reiterate the oral request at least 15 days after the initial request. The attending physician must verify that the patient is making an informed decision immediately before writing the prescription. To ensure that the patient makes an informed decision, the attending physician is required to inform the patient of: the patient's medical diagnosis and

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

prognosis; the potential risks associated with the medication; the probable result of taking the medication; and feasible alternatives, including but not limited to comfort care, hospice care, and pain control.

If the attending physician or the consulting physician believes the patient may be suffering from a psychiatric or psychological disorder or depression that impairs the patient's judgment, the physician must refer the patient for counseling. Medication may not be prescribed until the person performing the counseling determines the patient is not suffering from a psychiatric or psychological disorder or depression that impairs his or her judgment.

"Terminal diseases" are incurable and irreversible diseases that have been medically confirmed and that will, within reasonable medical judgment, produce death within six months. A patient is "competent" if he or she is able to make and communicate an informed decision to health care providers. An "informed decision" is a patient's decision to request and obtain medication to end his or her life in a humane and dignified manner that is based on an appreciation of the relevant facts, after being fully informed by the attending physician of his or her diagnosis and prognosis, the risks associated with the medication, the probable result of the medication, and feasible alternatives.

Summary of Bill:

To ensure that a patient is making an informed decision under the Death with Dignity Act, an attending physician must inform the patient of treatment for the purpose of cure and treatment for the purpose of extending the patient's life. The medication request form must include a statement that the patient has been fully informed of treatments for the purpose of cure and extending the patient's life as feasible alternatives. The definition of "informed decision" is modified to include informing the patient of such treatments.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.