

SENATE BILL REPORT

SB 5596

As of January 18, 1996

Title: An act relating to recognizing and regulating the right of mentally competent terminally ill adults voluntarily to request and receive physician aid in dying.

Brief Description: Regulating physician aid in dying.

Sponsors: Senators C. Anderson, Kohl, Fairley, Prince and Pelz.

Brief History:

Committee Activity: Health & Long-Term Care: 1/25/96.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Joanne Conrad (786-7472)

Background: Currently, the Washington State Natural Death Act allows adult patients to choose to have life-sustaining treatment withheld or withdrawn, by advance directive, if terminal or permanently unconscious. Controversy exists regarding whether the scope of this legal right should be expanded to include a statutory method of requesting physician assistance in dying. Some believe this is a natural right to autonomy and self-determination, while others believe that it is an immoral or criminal act, and constitutes suicide.

Summary of Bill: A statutory right is created for a mentally competent terminally ill adult to ask a physician for medication to assist in dying. The patient makes a voluntary, revocable written or videotaped request for such assistance, witnessed by two disinterested persons, and is examined by a primary care physician and a consulting physician, to evaluate whether a terminal condition exists. The physicians are required to explain the patient's condition, including alternatives to aid in dying, pain control, and prognosis.

The patient who elects to request aid in dying is given a prescription for medication to self-administer. The decision may be revoked by the patient, and becomes a part of the patient's medical records. Health care facilities that decline to provide aid in dying must transfer the patient to an alternative facility. Health care fees for aid in dying must be "fair and reasonable," and insurers cannot refuse to insure, cancel or increase the premiums for those requesting aid in dying.

Health care professionals in good faith compliance with aid in dying provisions are not subject to liability. Undue influence, or fraud in causing a patient to execute a request for aid in dying, or to die as a result, are criminal acts, as is forgery of a request. "Mercy killing," promoting suicide attempts, or other non-physician-assisted aids in dying, are criminal acts.

The Department of Health regulates, keep statistics and reports upon utilization of aid in dying.

A statutory form of recorded request for aid and dying is provided.

Appropriation: None.

Fiscal Note: Requested on January 17, 1996.

Effective Date: Ninety days after adjournment of session in which bill is passed.