REPORT TO THE
WASHINGTON STATE LEGISLATURE

Barriers to Death with Dignity in Washington State

December 1, 2022

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2 Executive Summary

This report describes barriers to terminally ill individuals asserting their rights under Washington State's Death with Dignity (DWD) Act, Chapter 70.245 RCW. Stakeholders engaged in the development of this report and the research team responsible for the content of this report are presented in Appendix D and E, respectively.

Herein we report the results of multiple studies conducted in response to the Legislature's request. A list of barriers and recommendations to ameliorate the identified barriers are provided in Section 4. Specific barriers highlighted in this report include, but are not limited to:

1. Terminally ill individuals and their informal caregivers (e.g. friends or family) report barriers to DWD participation (see Appendix B for a complete list of reported barriers).
    a. The most common barriers included:
        1 41% reported the clinic/hospital/hospice did not participate in DWD.
        2 39% reported doctors were unwilling to prescribe DWD medications.
        3 36% reported insurance did not cover the cost of DWD medications.
2. There is a lack of clarity regarding the definition of hospital compliance with, and participation in, the DWD Act, as well as public access to this information.
3. Fifty-five percent of hospitals in Washington State do not participate in DWD based on review of available hospital policies, while 33% of hospitals do not clearly state their level of participation in the DWD Act.
    a. Twenty-seven of 39 (69%) counties in Washington State do not have a hospital that participates in DWD.
        1 As a result, approximately 3.7 million of the 7.7 million (48%) citizens of Washington State reside in a county that does not have a hospital that participates in DWD.
        2 Fifteen of those 27 counties are east of the Cascades, while 12 are west of the Cascades, primarily in south-western Washington or the islands.
    b. Approximately half of non-participating hospitals are religiously-affiliated and are therefore unlikely to change hospital policy.
4. Sixty-nine percent of hospitals with policies that do not support DWD participation, appear to also constrain DWD participation for hospital employed or affiliated clinicians and institutions (e.g. hospice).
    a. Lack of hospital participation in DWD may also create indirect barriers to clinician participation (e.g. lack of access to a medical record in which to document patient encounters and the means to generate prescriptions)
5. Twenty-seven of 39 counties (69%) do not have a compounding pharmacy (i.e. a pharmacy that can prepare and dispense DWD medications) that is known to have previously participated in DWD.
    a. Fifteen counties are east of the Cascades, while 12 are west of the Cascades
    b. Twenty counties (51%) have neither a participating hospital nor a compounding pharmacy that is known to have participated in DWD. Thirteen are in eastern Washington (65% of all counties in eastern Washington) and 7 are in western Washington (37% of all counties in western Washington).
6. Education and training of physician assistants and advance practice nurses may be necessary to improve knowledge of, and comfort with, DWD if participation and prescribing authority is extended to these professionals.

Finally, this report will be updated and finalized in June 2023 when further information is expected to be available from studies that are currently in progress.

3 Study Results

3.1 Background

The Washington State Death with Dignity Act, Chapter 70.245 RCW, went into effect March 2009. This Act allows terminally ill, eligible adults to end their lives by self-administering a lethal dose of medication prescribed by a physician. At the time of this report, 10 states and the District of Columbia had passed similar laws.

In spring 2022 the Washington State legislature requested a study be conducted to investigate the ability of Washington residents to make use of their rights under the Act, as described below:

(86)(a) $200,000 of the general fund – state appropriation for fiscal year 2023 is provided solely to the institution to conduct a study, in consultation with the department of health and with approval from the Washington state institutional review board, of the ability of Washington residents to make use of the rights established in chapter 70.245 RCW to achieve full access to the Washington state death with dignity act. The institution and department shall enter into a signed data sharing agreement for the purpose of the study. Pursuant to RCW 42.56.070, 42.56.360, and 70.245.150, the data sharing agreement must specify that data shared or obtained in the course of this study are not subject to public disclosure. The study shall review the extent to which there are barriers to achieving full access to the Washington state death with dignity act.

(b) The department shall provide the institution the data requested on deaths of all Washington residents and legal next of kin by August 1, 2022.

(c) By December 1, 2022, the institution shall report its findings to the governor and appropriate committees of the legislature under RCW 43.01.036. Pursuant to RCW 42.56.070, 42.56.360, and 70.245.150, the report must protect the confidentiality of the subjects of any data that it receives while conducting its research, including the names of any patients and health care providers.

At the time of this report, an application has been filed with the Washington State Institutional Review Board requesting access to Department of Health data to complete the described study. Progress was delayed by a prolonged assessment of legal and technical feasibility. As this study is not complete, the purpose of this report is to outline what is known regarding barriers to DWD participation in Washington State, based on results of additional studies conducted in support of the legislature's request.

Specifically, we describe the result of two ongoing studies investigating barriers reported by terminally ill individuals and their informal caregivers) who have engaged End of Life Washington (EOLWA) for assistance in the DWD process. This report also presents results regarding hospital and hospice DWD policies, geographic access to participating hospitals and compounding pharmacies, and perspectives of advance practice professionals (i.e. physician assistants and advance practice nurses) regarding DWD participation.

A final report will be filed in June 2023 and is expected to provide additional information regarding: 1. Final results from ongoing studies described herein, 2. Awareness of, and barriers to, DWD for terminally ill individuals and their informal caregivers, including completion of the planned, state-wide bereaved caregiver study, 3. Perspectives of key informants regarding hospital and hospice participation in DWD,

and 4. Recommendations from licensed pharmacists working in Washington State regarding acceptable methods to reduce barriers to DWD.

3.2 Perspectives of Terminally Ill Individuals and Their Informal Caregivers

3.2.1 Background and Literature Review

An important component of understanding barriers to DWD in Washington State is to understand the experience of individuals who either pursued, or attempted to pursue, DWD as well as the experience of their informal caregivers. Therefore, two studies are underway to understand the historic and current experience of terminally ill patients and informal caregivers.

3.2.2 Methods

Retrospective Examination of the Experience of Terminally Ill Individuals and Their Informal Caregivers Who Have Previously Pursued Death With Dignity

EOLWA partnered in this research. Individuals and informal caregivers who contacted EOLWA for assistance in pursuing DWD from July 15, 2020 to September 21, 2022 were sent an email request to participate in a one time, self-report survey study. The survey opened 10/5/2022 and closed 11/23/2022.

As part of the survey, participants were asked, "*Regarding the Death with Dignity process, have any of the following occurred? Select as many as applicable*" and then provided with a preselected list of potential barriers to DWD participation (see Appendix A for the list of preselected barriers). Options included "None" and "Other barrier". If "Other barrier" was selected, participants could specify the other barrier(s) they had experienced using free text.

Participants were also presented with two free-text requests/questions. One request read, "*Please tell us more about the barriers experienced in pursuit of Death with Dignity. Write as much as you would like*." Another free text question asked, "*What aspects of the Death with Dignity process could be improved for future patients? Write as much as you would like*." Responses are undergoing qualitative content analysis; preliminary results are presented herein.

Prospective Examination of the Experience of Terminally Ill Individuals and Their Caregivers While Pursuing Death With Dignity

EOLWA partnered in this research. Terminally ill individuals and their informal caregivers who have approached EOLWA for assistance in pursing DWD beginning on or after September 22, 2022 are eligible. EOLWA identifies potential subjects who are willing to be contacted by the research team. Potential subjects are then asked by the research team to participate in a longitudinal survey of their DWD experience. Survey questions are similar to the questions posed in the retrospective study described above. This research is ongoing.

3.2.3 Results

Retrospective Examination of the Experience of Terminally Ill Individuals and Their Informal Caregivers Who Have Previously Pursued Death With Dignity

To date, 135 participants have completed the survey (19 patients, 19 caregivers for terminally ill individuals who are living, and 97 caregivers for terminally ill individuals who have died). See Appendix B

for a complete list of the barriers identified to date. Table 1 (below) lists the most commonly reported barriers. Of note, approximately 10% of study participants reported no barriers to their DWD participation.

The most common barrier reported across all 135 study participants was that their clinic/hospital/hospice did not participate in DWD (41%). Thirty-five percent of participants noted the religious affiliation of the institution as a barrier. Other common barriers pointed to lack of support (36%) or participation of physicians (39%), and the cost of medications or lack of insurance coverage (40%).

3.2.3.1 Table 1: Most Common DWD Barriers Reported by Terminally Ill Individuals and Their informal Caregivers in Response to a Preselected List of Barriers.

Barriers	**Patients n=19 N (%)**	**Caregivers of surviving patients n=19 N (%)**	**Caregivers of decedent patients n=97 N (%)**	**Total n=135 N (%)**
My/the patient's insurance won't cover the medication	3 (15.79%)	6 (31.58%)	40 (41.24%)	49 (36.30%)
My/the patient's clinic/hospital/hospice does not participate in Death with Dignity	3 (15.79%)	9 (47.37%)	43 (44.33%)	55 (40.74%)
My/the patient's clinic/hospital/hospice are religiously affiliated	3 (15.79%)	9 (47.37%)	35 (36.08%)	47 (34.81%)
Doctor(s) are/were not supportive of Death with Dignity	7 (36.84%)	8 (42.11%)	33 (34.02%)	48 (35.56%)
Doctor(s) are/were unwilling to prescribe	6 (31.57%)	12 (63.16%)	34 (35.05%)	52 (38.52%)
Doctor(s) are/were unwilling to act as a consulting provider	4 (21.05%)	11 (57.89%)	34 (35.05%)	49 (36.30%)
Other barriers (write-in)	1 (5.26%)	4 (21.05%)	23 (23.71%)	28 (20.74%)
None	2 (10.53%)	1 (5.26%)	11 (11.11%)	14 (10.37%)

While the content analysis is ongoing, review of 107 free-text responses to the request to describe the barriers experienced in pursing DWD suggests certain themes are common. Table 2 provides a preliminary accounting of barriers noted across 2 or more participants. In particular, the length of the waiting period(s) and the logistics of identifying a participating physician were not preselected barriers presented to subjects, likely underscoring the importance of these barriers.

3.2.3.2 Table 2: Barriers to Death with Dignity Participation Reported by Terminally Ill Individuals and Their Informal Caregivers in Free Text

Barriers	**Number of Records (%)**
Religious affiliations or beliefs of institution and/ or physicians	22 (20.56%)
Non-participating physicians	16 (14.95%)
No barriers	*13 (12.15%)*
Length of waiting period(s)	13 (12.15%)
Logistics of identifying participating physicians	12 (11.21%)
Non-participating institutions	9 (8.41%)

Prescription pick-up / finding a pharmacy	8 (7.48%)
Complexity of the DWD process	7 (6.54%)
Conflicting prognostic information	6 (5.61%)
Rapid disease progression	6 (5.61%)
Communication challenges	6 (5.61%)
Documentation of the first oral request	5 (4.67%)
Difficulty attending DWD appointments	4 (3.74%)
Ability to self-administer	4 (3.74%)
Family concerns	4 (3.74%)
Lack of support from hospice regarding DWD	3 (2.80%)
Clinicians (lack of) knowledge	2 (1.87%)
Cost of DWD medications	2 (1.87%)

Similarly, preliminary results of the content analysis of 96 free text answers to the question regarding what could be done to improve the DWD experience for future participants are presented in Table 3.

3.2.3.3 Table 3: Recommendations from Terminally Ill Individuals and Their Informal Caregivers to Improve the Death With Dignity Process

Recommendations	**Number of Records (%)**
Reduce the length of the process/waiting periods	15 (15.63%)
DWD continuing education for clinicians	9 (9.38%)
Inform patients of all end of life options, including DWD	8 (8.33%)
List of participating clinicians/pharmacies	8 (8.33%)
Increase the number of participating clinicians	7 (7.29%)
Remove financial barriers/cover or lower cost of medication	7 (7.29%)
Provide access to other types of lethal medication or methods of administration	5 (5.21%)
Address interactions with religiously affiliated institutions, providers	5 (5.21%)
Reduce the complexity of the DWD process	4 (4.17%)
Broaden/change eligibility requirements (i.e. disease, prognosis)	4 (4.17%)
Improve the taste of the medications	3 (3.13%)
Provide a list of DWD steps for patients and their loved ones	3 (3.13%)
Encourage clinicians to be present during medication usage	2 (2.08%)

<u>Prospective Examination of the Experience of Terminally Ill Individuals and Their Caregivers While Pursuing Death With Dignity</u>

To date, 18 subjects have participated in this survey, including 5 individuals with terminal illness and 13 informal caregivers. Of these, 6 subjects (33% total; 20% of patients and 39% of caregivers) reported no barriers to DWD participation.

Among the 12 participants who did report barriers to DWD participation, the following were noted:

- 33% reported their doctor was unwilling to act as prescribing or consulting provider

- 25% reported their primary clinician was not a doctor (is an APP)
- 25% reported a lack of insurance coverage for medications or cost as a barrier,
- 25% reported their clinic/hospital/hospice does not participate
- 8% reported that they received conflicting prognostic information
- 8% reported they had a prognosis more than 6 months
- 8% reported discussing DWD with a doctor but the doctor did not document it as the first oral request

3.2.4 Conclusions

Terminally ill individuals and their informal caregivers who have attempted to access DWD do report barriers to participation. The most common barrier is the lack of participation of clinicians and institutions, including hospitals, hospices and clinics. Other common barriers included the cost of DWD medications, the waiting period(s) and the logistics of identifying willing physicians. Only a small minority of terminally ill individuals and their informal caregivers reported no barriers to DWD participation (approximately 10%).

Terminally ill individuals and their informal caregivers articulated a wide-range of recommendations regarding how to improve the DWD process.

Further details will be presented in June 2023.

3.3 Hospital and Hospice Policies Regarding Death With Dignity Participation

3.3.1 Background and Literature Review

Examining hospital and hospice policies and participation in DWD is one method to understand potential barriers to DWD in Washington State. It has previously been reported that patient access to DWD-related services is often dictated by institutional policies (Buchbinder M, 2018).

Hospital non-participation in DWD may represent a direct barrier to DWD as terminally ill individuals may be hospitalized when they determine they would like to assert their rights under the law.

Further, hospital non-participation in DWD may have cascading effects on the participation of employed or affiliated physicians and pharmacists, as well as other patient services (such as palliative care, home health, hospice, nursing homes, etc) when those services, or the clinician's working for them, are hospital-affiliated or employed.

As the primary employers of physicians (Avalere Health, 2021), hospitals may curtail physician participation in DWD directly through hospital policies that limit participation of hospital employees or affiliates.

Further, there may be other indirect ways in which participation in DWD is also curtailed (e.g. lack of clarity regarding compliant methods to document DWD patient encounters or generate prescriptions if using the hospital electronic medical record is prohibited; fear of withholding hospital privileges, particularly in rural areas with limited hospitals). Whether and to what extent these factors represent barriers to physician DWD participation is unknown.

While WAC 246-320-141 requires hospitals to submit their end-of-life (EOL) policies to DOH, the law does not specifically require hospitals to address DWD in this policy. Furthermore, the policies of hospices are not required to be submitted to DOH or otherwise be made public. Consequently, there may be public uncertainty about the existence and/or content of hospital and hospice policies regarding DWD.

One study, conducted in 2014 in partnership with the Washington State Hospice and Palliative Care Organization (WSHPCO), analyzed hospice policies regarding DWD for 33 out of the 35 hospice programs who had membership with WSHPCO (Campbell C, et al, 2014). It was discovered that 26 hospices in Washington prohibited their staff from being present when the patient ingested the lethal medication and during the time between ingestion and death. Six hospices always allowed staff to be present and one hospice prohibited staff from being present during ingestion but allowed their presence after ingesting the medication until death. It is important to note that individual hospices were contacted to obtain their policies, as policies were not publicly available.

To our knowledge, there have been no studies investigating hospital policies regarding DWD participation in Washington State or nationally. Therefore, a study was conducted to investigate hospital and hospice policies regarding DWD and the consequences of these policies on patient access to DWD.

3.3.2 Methods

Eligible participants were hospitals located in Washington State, excluding pediatric and behavioral hospitals (n=88). Hospitals were identified via a list provided by the Washington State Hospital Association (WSHA) and by reviewing Department of Health (DOH) Hospital Policy website.

Hospital EOL policies were examined for mention of DWD. If the EOL policy posted to DOH's website did not mention DWD, the individual hospital website was searched for a DWD policy. Based on policy content (or lack thereof), hospitals were categorized into "participating", "non-participating", "unclear participation" or "no policy identified".

Efforts are ongoing to clarify the DWD policy of hospitals with either unclear policies or when no policy was identified. Key hospital personnel were identified either via WSHA or by website review. Standardized interviews of these key informants began in November 2022. In addition to asking for clarity regarding the hospital's DWD policy, hospital personnel are also being asked: 1. Willingness to use proposed categories to provide clear information to the public regarding whether and to what extent a hospital participates in DWD (see Appendix C, Table 4) and 2. Willingness to follow proposed best practices for hospitals regardless of participation status (see Appendix C, Table 5).

For this work, 19 counties were defined as west of the Cascades: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom.

Counties east of the Cascades were defined as: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima (20 total).

3.3.3 Results

While an end-of-life hospital policy was found for all hospitals on DOH's Hospital Policy Website, 9 hospitals (10%) did not have an end-of-life policy that addressed DWD despite one existing on the hospital's website.

Twenty-nine hospitals (33%) did not have a clear statement regarding DWD participation status within the hospital's policy (see Appendix C, Table 3). In four instances, policies stated the hospital "complied" with Washington State's DWD Act but did not provide further detail regarding how the hospital was acting in compliance with the law.

Forty-five hospitals (55%) do not participate in DWD, according to their hospital policy (see Appendix C, Table 2). At a minimum, 22 (49%) of these hospitals are religiously affiliated (e.g. Providence, Virginia Mason Franciscan Health, PeaceHealth facilities). Most of the policies (69%) of non-participating hospitals specifically prohibited participation of hospital employees or affiliated clinicians, clinics and services. Of the 45 non-participating hospitals, 19 are in rural communities. Twenty-two of these hospitals are located east of the Cascades, while 23 are located west of the Cascades.

Fourteen hospital policies (16%) either clearly state that the hospital participates in DWD or report a neutral stance on hospital or employee participation (see Appendix C, Table 1). Of these, 9 are in rural communities; 5 are located east of the Cascades and 9 are west of the Cascades.

There are 47 total hospices located in the state of Washington. None of the hospices were found to have policies online that specifically addressed DWD participation status. Therefore, nothing is publicly known about hospice DWD practices at this time.

However, 17 hospices (36%) are known to be affiliated with a hospital in Washington State. Of these, 13 hospitals had available DWD policies; 3 allow participation in DWD and 10 do not. Of the 10 hospitals that do not participate, 6 are religiously affiliated.

3.3.4 Conclusions

The lack of standardization regarding the definitions of participation and compliance with the DWD Act is a potential area for improvement. Greater clarity in these definitions, as well as increased public access to this information would increase awareness of which hospitals participate in DWD.

Second, 55% of hospitals in Washington State currently do not participate in DWD. Nearly half of these hospitals are unlikely to change their position on DWD due to their religious affiliation.

Regardless of the reason, hospital non-participation in DWD does appear to be associated with hospital policies that also prohibit DWD participation of employed or affiliated clinicians, institutions, and services.

A proposed amendment to the DWD Act in 2021 would have prevented employers from curtailing the DWD participation of employees. However, based on stakeholder interviews, allowing clinicians to participate in DWD outside of their employment may not be sufficient to overcome clinician barriers to DWD participation. Both the lack of clinician knowledge regarding how to address these barriers and the time involved, may be additional barriers to physician participation. These barriers would also likely

apply to physician assistants and advance practice nurses if prescribing authority was expanded to these clinicians. Future research should investigate these issues.

Final results of ongoing hospital key informant interviews will be included in the update to this report in June 2023. The final report will include both updates to our understanding of current hospital policy, as well as recommendations for clarifying the definition of participation and best practices for hospitals regardless of DWD participation status.

3.4 Geographic Access: Hospitals and Compounding Pharmacies

3.4.1 Background and Literature Review

At the time this report was conceived and created, there had been no published literature regarding barriers to accessing DWD based on geography. This is important because individuals with terminal illness who wish to pursue DWD must have two physicians and a compounding pharmacy within a reasonable geographic distance to assert their rights under the current law (e.g. required for in-person visits for requests for DWD, needed to physically pick-up the medication).

Therefore, geographic access to hospitals and compounding pharmacies was investigated at the level of the county. Work is ongoing to explore geographic access to hospices.

Also of note, Washington State DOH published DWD usage by county for the first time in 2021 and results are included in this report for comparison.

3.4.2 Methods

The list of Washington State hospitals described above was also used in this work. A list of hospices was obtained from WSHA and Washington State Hospice and Palliative Care Organization. These lists were cross-referenced and compared to available information on the internet. A list of compounding pharmacies known to participate in DWD was obtained from EOLWA. The research team is investigating other means to determine which Washington State pharmacies may be compounding pharmacies (i.e. able to prepare and dispense DWD medications) and whether they have participated in DWD. However, it is currently unclear whether an official, curated list of all compounding pharmacies in Washington State is maintained by any other organization.

Maps of hospital participation by county were created using MapChart based on the review of hospital policies outlined in Section 3.3 above. A similar process is underway for hospices.

Counties east and west of the Cascades were defined as noted above in section 3.3.2.

3.4.3 Results

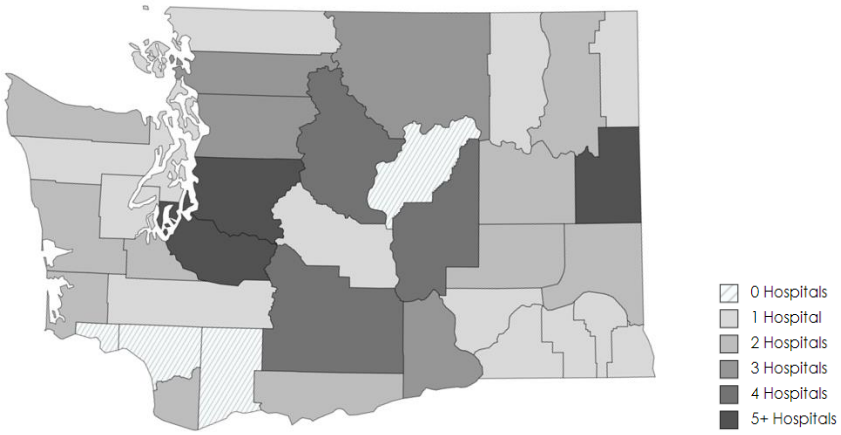
3.4.3.1 Hospital Geographic Access

A total of 4 counties in Washington State do not have a hospital (Cowlitz, Douglas, Wahkiakum, and Skamania).

Fifteen counties have only 1 hospital; 7 of which are in eastern Washington State (see Figure 1 below). To our knowledge, 4 of these counties have a hospital that participates in DWD (specifically Island,

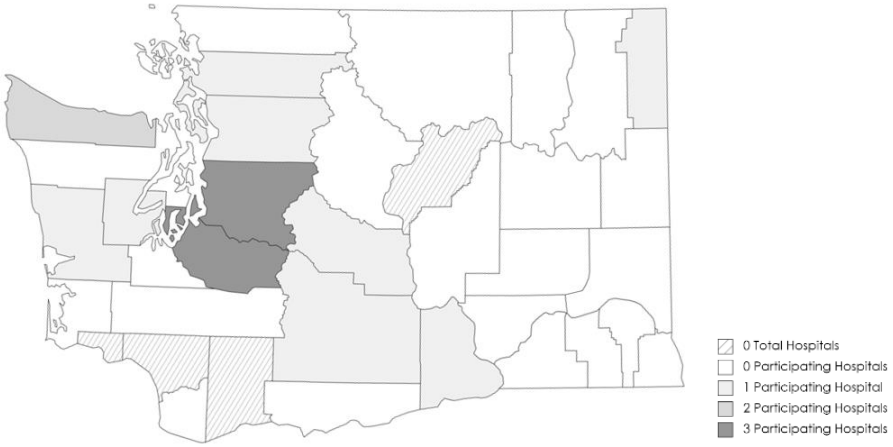
Mason, Kittitas, and Pend Orielle). For 11 of these counties, the single hospital within that county does not participate in DWD (Kitsap, Whatcom, Franklin, Lewis, Walla Walla, Jefferson, Asotin, San Juan, Ferry, Columbia, Garfield). Approximately 846,000 citizens live in these counties (11% of Washington State's 7.7 million citizens).

3.4.3.1.1 Figure 1: Total Number of Hospitals Located in Each County in Washington State.



In total, twenty-seven of the thirty-nine (69%) counties in Washington State do not have a hospital that explicitly participates in DWD (See Figure 2 below). This suggests that approximately 3.7 million of the total 7.7 million (47%) residents of Washington State reside in a county that does not have a hospital that participates in DWD. Fifteen of these 27 counties are in eastern Washington (15 of 20 counties, 75%). Twelve (12 of 19, 63%) are in western Washington.

3.4.3.1.2 Figure 2: Number of Hospitals Participating in Death With Dignity in Each County in Washington State.

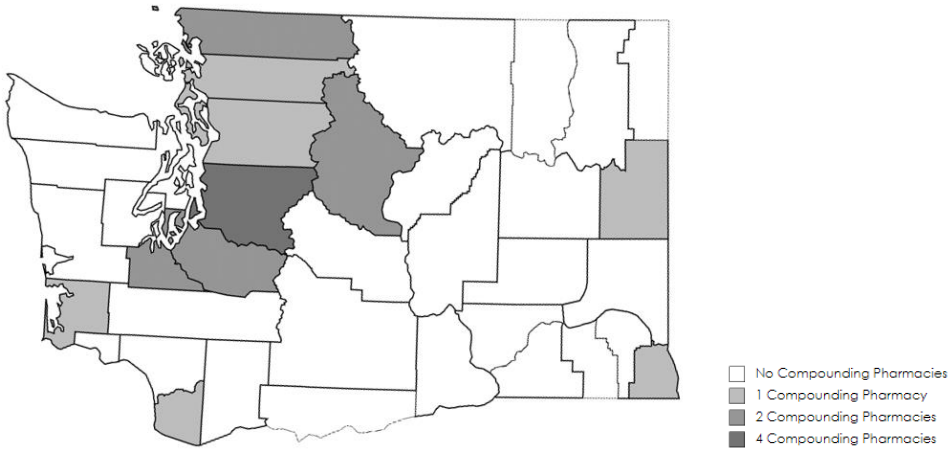


3.4.3.2 Pharmacy Geographic Access

Figure 3 depicts the number of compounding pharmacies within Washington State by county that are known to participate in DWD. Twenty-five of the 39 total counties (64%) do not have a compounding pharmacy that is known to participate in DWD; this is particularly evident in eastern and south-western Washington State.

Twenty counties (51%) have neither a participating hospital nor a compounding pharmacy that is known to have participated in DWD. Of these 20 counties, 13 are in eastern Washington (65% of all counties in eastern Washington) and 7 are in western Washington (37% of all counties in western Washington).

3.4.3.2.1 Figure 3: Number of Compounding Pharmacies That are Known to Participate in Death With Dignity by County in Washington State.



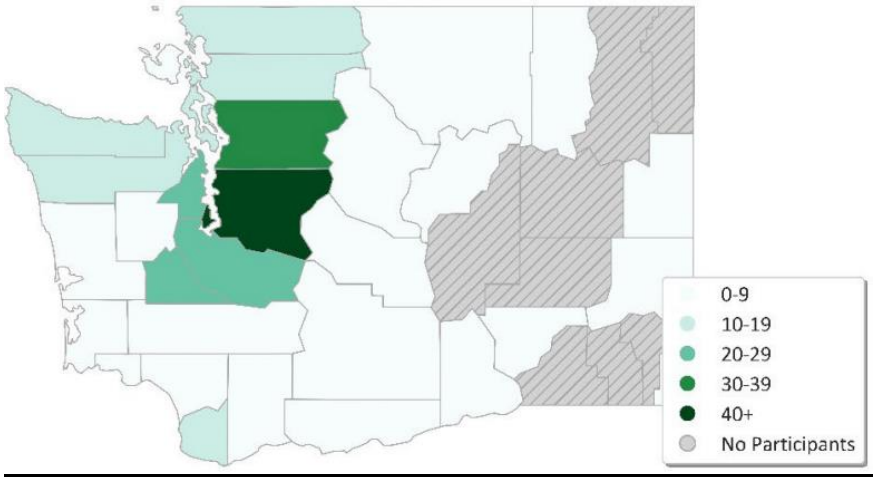
HB1141 proposed legalization of mailing lethal medication to qualified patients via personal delivery, messenger service, the United State Postal Service, or a similar private delivery entity (H.B.1141, 2021). To our knowledge, no studies have yet been performed assessing pharmacists' experience with, attitudes toward or willingness to participate in DWD in Washington State or their acceptance of these methods to overcome a lack of access to compounding pharmacies.

3.4.4 Conclusions

A large proportion of Washington State residents, particularly those living in eastern and south-western Washington State, live in counties in which there are no hospitals or compounding pharmacies known to participate in DWD. Twenty-seven (69%) of the 39 total counties in the state of Washington do not have a hospital that participates in DWD. Twenty-five counties (64%) do not have a compounding pharmacy that is known to participate in DWD. Twenty counties (51%) have neither a participating hospital nor a compounding pharmacy that is known to have participated in DWD. Of these 20 counties, 13 are in

eastern Washington (65% of all counties in eastern Washington) and 7 are in western Washington (37% of all counties in western Washington).

Our results appear to align with results depicting participation in DWD by county as reported by the Washington State DOH in the 2021 Death With Dignity Act Report (Figure 2: Participation by county, 2021; see https://doh.wa.gov/sites/default/files/2022-11/422-109-DeathWithDignityAct2021.pdf?uid=6388f88734f09).



Future research should investigate the rate of DWD participation relative to the death rate by county to determine whether differences, and possibly disparities, exist. Ideally this would be investigated longitudinally over time.

A survey of licensed and active pharmacists in Washington State regarding attitudes toward DWD and their recommendations to reduce barriers to DWD is ongoing. Final results will be included in the update to this report in June 2023.

3.5 Perspectives of Advanced Practice Professionals

3.5.1 Background and Literature Review

HB1141 proposed expanding the authority to act as consulting and attending clinicians for DWD to physician assistants (PA) and advance practice nurses (APN). Herein PAs and APNs are referred to collectively as Advance Practice Professionals (APPs).

APPs actively participate in the care of the seriously ill and dying patients. For example, at least seven of the ten states that have legalized DWD also allow APPs to sign POLST forms (Physician or Portable Orders for Life Sustaining Treatment) pointing to the important role of APPs in these states (Hayes et. al., 2017). In addition, New Mexico currently allows APPs to participate in DWD as prescribing or consulting physicians.

However, prior research regarding the attitudes and perspectives of clinicians toward DWD have primarily focused on physicians or nurses, often in states or countries where DWD is not legal. To our knowledge, no studies have described the perspective or willingness of APPs to participate in DWD.

Therefore, the goal of the following two studies was to assess the perspectives of Washington State APPs regarding DWD, including their willingness to prescribe and/or consult in DWD cases and factors associated with willingness. The first study was conducted as a pilot study among Oncology APPs at a single comprehensive cancer center in Washington State in early 2022 (prior to the current legislative request). The second study, which is ongoing, is surveying all licensed APPs practicing in Washington State.

3.5.2 Methods

Oncology APP Pilot Survey

Eligible participants were all APPs working at Fred Hutchinson Cancer Center in August 2021. Potential participants were identified via an existing institutional email list; APPs were sent a short description of the study and a link to participate in a one-time, online- survey. Further details, including results, were recently published (Singer J, et al, 2022).

APPs were asked: *"If it were legal for APPs to participate as consulting or prescribing clinicians, would you plan on participating in Death with Dignity, in any capacity?"* Answers were coded as "Willing in some capacity" if the subject reported either "yes as consulting and prescribing provider" or "yes as a consulting provider". Other response options included "unsure" or "no". This question was followed by, "*Please tell us why*" with an open-ended text box. Responses were analyzed using qualitative methods (content analysis). Additional questions also included measures of knowledge of, comfort with, and attitudes toward DWD.

Statewide APP Survey

Eligible participants were identified via PA and APN professional licensee lists obtained from the Washington State Department of Health. All APPs who had active licenses in Washington State and email addresses were sent study recruitment emails via REDCap at two points (Spring and Fall 2022). Participants were also recruited via study advertisements in: 1. Washington State Medical Association's (WSMA) Membership Memo email, 2. Washington Academy of Physician Assistants (WAPA) bimonthly Friday email, 3. 25th Annual Oncology Symposium for the Healthcare Provider, in Seattle, WA, in August 2022, and 4. ARNP United member newsletter.

Similar to the pilot study, questions regarding willingness, knowledge and comfort were asked as well as demographics, experience with terminally ill individuals and other questions. This survey is ongoing and final results are not yet available; preliminary data are presented below.

3.5.3 Results

Oncology APP Pilot Survey Results

Seventy-seven APPs participated (response rate of 46%); most were white (88.3%), females (93.5%), who had practiced on average 6-10 years.

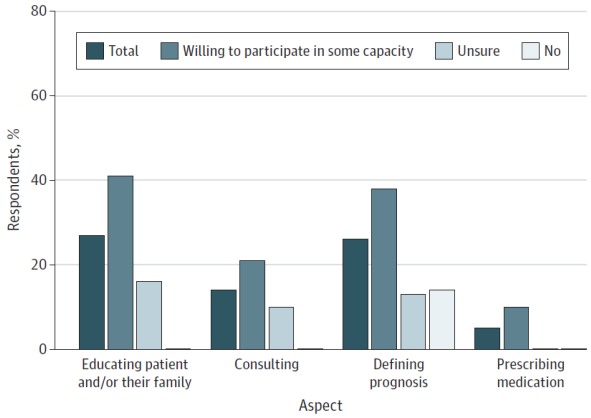
Seventy respondents (91%) agreed or strongly agreed that DWD should be legal. When participants were asked whether APPs should be able to act in a consulting role or in a prescribing role, 63 (81.8%) and 47 (61.0%) agreed or strongly agreed, respectively.

Fifty-one percent of APPs endorsed being personally willing to participate in DWD either as a consulting or prescribing clinician, while 40% were uncertain and 9% reported being unwilling to participate. Of those willing to participate in some capacity, 29 (74% [38% of all participants]) reported being willing to both prescribe and consult, whereas 10 (26% [13% of all participants]) reported only willingness to consult.

Being uncertain was significantly associated with lack of knowledge of and discomfort with DWD and lower rates of professional experience with patients pursuing DWD. Higher knowledge and comfort scores were both significantly associated with increased odds of being willing to participate versus unsure (OR 1.14 per one point increase in score; 95% CI: [1.03, 1.27]; *p*=0.01 and OR 1.18; 95% CI: [1.07, 1.30]; *p*=0.001). In content analysis of free text responses, of APPs who were uncertain of their participation in DWD and provided text, 38% reported they needed training and/or education on this topic.

Overall, less than a third of APPs endorsed feeling knowledgeable or very knowledgeable about any aspect of the DWD process and only 39% reported having attended prior educational activities regarding DWD (see "Figure 3" below from Singer J, et al, 2022). This is notable given that participants were all APPs with oncology experience (i.e. have worked with terminally ill individuals) who reported prior experience both with individuals inquiring and pursuing DWD and are working for an organization that has participated in DWD for over a decade (Loggers ET, et al, 2013).

Figure 3. Advanced Practice Professionals Reporting Feeling Knowledgeable or Very Knowledgeable With Aspects of the Medical Aid in Dying Process, by Willingness to Participate



The results of the content analysis of open-ended text from APPs by willingness to participate in DWD are presented below (see "Table 2" below). These results underscore the desire for training and education as well as physician support, particularly among those who are uncertain of their participation or willing to participate but only as a consulting provider.

Table 2. Responses From the Content Analysis of Open-Ended Text From 59 of 77 Advanced Practice Professionals by Willingness to Participate in Medical Aid in Dying

Willingness to participate (No. of respondents)	Themes (No. of times endorsed)	Representative quote
No (7 of 7)	Not comfortable (2)	"Based off of my beliefs, I would not feel comfortable prescribing a medication."
	Against beliefs (5)	
	Moral issues with DWD (6)	
Unsure (26 of 31)	Not comfortable (6)	"I believe hospice services can be really useful in end-of-life care and am unsure when I would suggest Death With Dignity over hospice."
	Moral issues with DWD (2)	
	Not relevant to [their] work (3)	
	Need training, information, and education (10)	
	Wanting physician to sign off/not [their] role (6)	
	Other options for end-of-life care (2)	
Yes, as consulting but not prescribing (5 of 10)	Need training, information, and education (2)	"Would need more training before deciding"
	Wanting physician to sign off/not [their] role (2)	
	Support patient's choice and values (3)	
	Providing all options to the patient (2)	
Yes, as consulting and prescribing (21 of 29)	Need training, information, and education (3)	"I believe patient[s] need to be involved in care. Therefore, patients should be involved in their death. Death With Dignity is one avenue for patients to take control of death. My job is to give patient[s] options and not to judge."
	Support patient's choice and values (5)	
	APPs spend most of the time with patients/ have a better connection with patient (2)	
	Providing all options to the patient (3)	

Statewide APP Survey

The final response rate is being determined; however, of the 1,736 who responded to a question asking whether or not DWD should be legal, 79% agreed or strongly agreed that DWD should be legal.

Of 1731 APPs who responded to a question regarding their willingness to participate in DWD, 44% (n=760) were willing to participate in some capacity, with the majority of this group were willing to act both as a consulting and a prescribing clinician (82%, n=620). In contrast 29% (n=494) reported being unsure and 28% (n=477) reported not being willing to participate. Detailed results will be reported in June 2023.

3.5.4 Conclusions

A majority of Washington State APPs believe DWD should be legal. More than a third of APPs are likely willing to act as prescribing and/or consulting providers for DWD, and the majority report being willing to act as prescribing providers. Rates of willingness to participate in DWD may vary by specialty and/or experience working with terminally ill individuals.

Focusing on strategies to improve knowledge and comfort with DWD (e.g. training and education) may improve APP willingness to participate. Some APPs, particularly those who are less certain of their desire to participate in DWD, may benefit from physician support.

In contrast, it is unknown to what extent physician non-participation may have direct or indirect effects on APP participation, particularly for physician assistants who are in a supervisory relationship with non-participating physicians. This should be an area of future research if APPs are authorized to participate in the DWD Act as prescribing or consulting providers.

4 Recommendations And Areas for Future Research or Policy Consideration

4.1 Recommendations to Ameliorate Barriers to Death With Dignity

The following review of barriers and recommendations are derived from study results and/or interviews with stakeholders.

Barrier 1: Lack of clarity regarding (extent of) hospital participation in DWD	
1a.	Compel hospitals to (create and) post their policy regarding DWD participation on their hospital website and with the Department of Health to improve awareness among terminally ill individuals.
1b.	Compel hospitals to report (extent of) DWD participation in a standardized way to promote patient understanding and awareness (see Proposed Participation Definitions, Table 4 in Appendix C).
1c.	Consider developing and compelling hospitals to observe best practices regardless of hospital DWD participation status (see Proposed Best Practices for Hospitals, Table 5 in Appendix C).
Barrier 2: Lack of clarity regarding (extent of) hospice participation in DWD	
2a.	Compel hospices to create and post their policy regarding DWD participation on their hospice website and with the Department of Health to improve awareness among terminally ill individuals.
2b.	Develop a standardized definition of hospice DWD participation and best practices regardless of DWD participation status
2c.	Compel hospices to use the standardized definition of DWD participation when creating and posting their policies to promote patient understanding and awareness
Barrier 3: Hospital/Employer prohibitions on employee/affiliate participation in DWD	
	Compel hospitals and other applicable institutions not to prohibit employee/affiliate physician participation in DWD outside of their employment/affiliation
Barrier 4: Physician non-participation in DWD	
4a.	As physician non-participation is likely multifactorial, request a study be conducted to determine barriers to physician DWD participation that focuses on identifying and addressing mutable barriers
4b.	Encourage physicians to receive education regarding DWD, including methods to participate in DWD outside of their employment (if legally allowed)
4c.	If physician participation remains inadequate, consider expanding DWD participation and prescribing to other willing clinicians. • If DWD participation is expanded, encourage these clinicians to receive education that addresses DWD in a comprehensive fashion including DWD processes, prognostication, prescribing and methods to participate in DWD outside of their employment (if legally allowed)
Barrier 5: Geographic barriers to compounding pharmacies	
5a.	Request a study of barriers to DWD participation for compounding pharmacies and pharmacists and to identify methods to reduce geographic barriers to the services of compounding pharmacies that are considered feasible and acceptable to compounding pharmacists

4.2 Areas For Future Research or Policy Consideration

Certain aspects of access to DWD have yet to be addressed or have been addressed differently in other states. Specifically:

1. It is unclear to what extent terminally ill individuals are aware of their rights under the DWD Act in Washington State. Lack of awareness of DWD may prevent terminally ill individuals from pursuing this option or may delay the initiation of this process. Completion of the planned study of bereaved informal caregivers should clarify whether this is a barrier and to what extent.
2. A recent proposed amendment to the DWD Act planned to expand participation and prescribing authority to APPs. If this amendment passes in the future, a study should investigate the

outcomes associated with APP participation in DWD, including whether and to what extent physician and hospital non-participation may have direct or indirect effects on APP participation. Particular attention should be paid to the experience of physician assistants who may be in a supervisory relationship with non-participating physicians.

3. A recent proposed amendment to the DWD Act planned to expand the counseling role to independent clinical social workers, advanced social workers, mental health counselors, or psychiatric advanced registered nurse practitioners. Little is known about the perspective of these clinicians, including their knowledge and comfort with this potential expansion of their roles.
4. Access to DWD for terminally ill individuals living in facilities (e.g. adult family homes) is unclear. Research should investigate whether barriers exist for these individuals.

5 Appendices

5.1 Appendix A: Pre-selected Barriers Presented to Terminally Ill Individuals Completing a Retrospective Study of Barriers to Death With Dignity Participation

My doctor(s) did not know about Death with Dignity
My doctor(s) are/were not supportive of Death with Dignity
My doctor(s) are/were unwilling to prescribe
My doctor(s) are/were unwilling to act as a consulting provider
Primary clinician is not a doctor/ is a ARNP or PA
Difficulty transferring my medical records to a doctor who will participate
No one will tell me my prognosis
My doctor thinks I have more than 6 months to live
Conflicting prognosis from doctors
I've been told I'm not a Washington State resident
My doctor is worried I cannot give myself the medication
My doctor is worried I will not be able to absorb or swallow the medication
My doctor is requiring a psychiatric evaluation
I discussed it with my doctor, but they did not record it as my 1st oral request
There is no pharmacy near me that will fill the prescription
I cannot afford the medication
My insurance won't cover the medication
My clinic/hospital/hospice does not participate in Death with Dignity
My clinic/hospital/hospice are religiously affiliated
My facility does not allow Death with Dignity (e.g. Skilled Nursing, Assisted Living, Adult Family Home)
I'm struggling to find a location to use the medication
My family is against me pursuing Death with Dignity
My friends are against me pursuing Death with Dignity
Lack of energy to attend doctor's appointments related to Death with Dignity
Lack of technology to attend telehealth visits
I'm unsure if I want to use the medication
Other barriers
None

5.2 Appendix B: Barriers Endorsed by Terminally Ill Individuals or Their Informal Caregivers Who Have Previously Pursued Death With Dignity

Barrier	Terminally Ill Individuals n=19 N (%)	Caregivers of living individuals n=19 N (%)	Caregivers of deceased individuals n=99 N (%)	Total n=137 N (%)
Doctor(s) did not know about Death with Dignity	2 (10.53%)	3 (15.79%)	5 (5.15%)	10 (7.41%)
Doctor(s) are/were not supportive of Death with Dignity	7 (36.84%)	8 (42.11%)	33 (34.02%)	48 (35.56%)
Doctor(s) are/were unwilling to prescribe	6 (31.57%)	12 (63.16%)	34 (35.05%)	52 (38.52%)
Doctor(s) are/were unwilling to act as a consulting provider	4 (21.05%)	11 (57.89%)	34 (35.05%)	49 (36.30%)
Primary clinician is not a doctor/ is an ARNP or PA	1 (5.26%)	0 (0.0%)	4 (4.12%)	5 (3.70%)
Difficulty transferring my/the patient's medical records to a doctor who will participate	0 (0.0%)	1 (5.26%)	3 (3.09%)	4 (2.96%)
No one will tell me/the patient the prognosis	0 (0.0%)	1 (5.26%)	5 (5.15%)	6 (4.44%)
Doctor thinks I/patient have more than 6 months to live	3 (15.79%)	2 (10.53%)	3 (3.09%)	8 (5.93%)
Conflicting prognosis from doctors	2 (10.53%)	1 (5.26%)	2 (2.06%)	5 (3.70%)
I've been told I'm/the patient is not a Washington State resident	0 (0.0%)	0 (0.0%)	1 (1.03%)	1 (0.74%)
Doctor is worried I/the patient cannot give myself the medication	0 (0.0%)	2 (10.53%)	3 (3.09%)	5 (3.70%)
Doctor is worried I/the patient will not be able to absorb or swallow the medication	1 (5.26%)	0 (0.0%)	1 (1.03%)	2 (1.48%)
My/the patient's doctor is requiring a psychiatric evaluation	0 (0.0%)	1 (5.26%)	2 (2.06%)	3 (2.22%)
I/patient discussed it with my doctor, but they did not record it as my 1st oral request	0 (0.0%)	1 (5.26%)	14 (14.43%)	15 (11.11%)
There is no pharmacy near me/the patient that will fill the prescription	0 (0.0%)	1 (5.26%)	5 (5.15%)	6 (4.44%)
I/the patient cannot afford the medication	1 (5.26%)	2 (10.53%)	2 (2.06%)	5 (3.70%)
My/the patient's insurance won't cover the medication	3 (15.79%)	6 (31.58%)	40 (41.24%)	49 (36.30%)
My/the patient's clinic/hospital/hospice does not participate in Death with Dignity	3 (15.79%)	9 (47.37%)	43 (44.33%)	55 (40.74%)
My/the patient's clinic/hospital/hospice are religiously affiliated	3 (15.79%)	9 (47.37%)	35 (36.08%)	47 (34.81%)
My/the patient's facility does not allow Death with Dignity (e.g. Skilled Nursing, Assisted Living, Adult Family Home)	0 (0.0%)	1 (5.26%)	4 (4.12%)	5 (3.70%)
I'm/the patient is struggling to find a location to use the medication	0 (0.0%)	1 (5.26%)	4 (4.12%)	5 (3.70%)
My/the patient's family is against me pursuing Death with Dignity	3 (15.79%)	1 (5.26%)	4 (4.12%)	8 (5.93%)
My/the patient's friends are against me pursuing Death with Dignity	0 (0.0%)	1 (5.26%)	2 (2.06%)	3 (2.22%)
Lack of energy to attend doctor's appointments related to Death with Dignity	0 (0.0%)	2 (10.53%)	11 (11.34%)	13 (9.63%)
Lack of technology to attend telehealth visits	0 (0.0%)	1 (5.26%)	10 (10.31%)	11 (8.15%)

I'm/the patient is unsure if I/they want to use the medication	1 (5.26%)	5 (26.32%)	7 (7.21%)	13 (9.63%)
Other barriers	1 (5.26%)	4 (21.05%)	23 (23.71%)	28 (20.74%)
None	2 (10.53%)	1 (5.26%)	11 (11.34%)	14 (10.37%)

5.3 Appendix C: Washington State Hospital Participation in Death With Dignity As Determined by Available Hospital Policies

5.3.1 Table 1: Hospitals in Washington State that Allow Participation in Death with Dignity

Hospital	Zip Code	City	Urban/ Rural	Policy Excerpt	Other End of Life Services
Newport Hospital and Health Services	99156	Newport	Rural	"NHHS does not mandate nor will it encourage any provider to participate in the "Death with Dignity act"."	Assisted Living and Advanced Care Facilities
Olympic Medical Center	98362	Port Angeles	Rural	"OMC will allow its health care providers to participate in the process set forth in the Act..."	Home Health
Skagit Regional Health	98274	Mount Vernon	Rural	"…Skagit Regional Health allows its providers to participate in the "Washington State Death with Dignity Act"..."	Hospice, Palliative Care
Kittitas Valley Healthcare	98926	Ellensburg	Rural	"It is the policy of KVH that it…takes no action to either compel or prohibit physicians from participating in actions under the Death With Dignity Act apart from the hospital."	Hospice, Palliative Care, Home Health
Cascade Medical Center	98826	Leavenworth	Rural	"[Providers] may perform the duties of an attending or consulting physician, may prescribe life-ending medication, may provide counseling or perform other duties as allowed by the law."	Hospice, Palliative Care
Grays Harbor Community Hospital	98520	Aberdeen	Rural	"Grays Harbor Community Hospital allows providers to participate in the "Washington State Death with Dignity Act."	None listed on website
Mason General Hospital	98584	Shelton	Rural	Mason General Hospital and Family of Clinics will not…mandate its physicians, or physicians associated with Mason General Hospital and Family of Clinics to participate in the Death with Dignity Act."	Palliative Care

Confluence Health/ Wenatchee Valley Hospital	98801	Wenatchee	Urban	"All physicians [and pharmacists] on the CH medical staff are permitted to make their own individual decisions on their level of participation in the Act."	Hospice, Palliative Care, Home Health
Trios Health	99336	Kennewick	Urban	"Trios Health allows its providers to participate in the Washington State Death with Dignity Act."	None listed on website
WhidbeyHealth Medical Center	98239	Coupeville	Rural	"WhidbeyHealth does not require or encourage any physician provider to participate in the "Washington State Death with Dignity Act."	Palliative Care, Hospice
Swedish First Hill/Cherry Hill/Ballard Campus	98122	Seattle	Urban	"Physicians…will need to make an individual decision to participate or not participate under I1000..."	Palliative Care
Swedish Edmonds Campus	98029	Edmonds	Urban	Reference Swedish First Hill/Cherry Hill/Ballard Campus	Reference Swedish First Hill/Cherry Hill/Ballard Campus
Swedish Issaquah Campus	98026	Issaquah	Urban	Reference Swedish First Hill/Cherry Hill/Ballard Campus	Reference Swedish First Hill/Cherry Hill/Ballard Campus
Forks Community Hospital	98331	Forks	Rural	"CCHD #1 will not participate but will not prohibit interested providers from participating under specific conditions."	Long Term Care

5.3.2 Table 2: Hospitals in Washington State That Do Not Allow Participation in Death with Dignity.

Hospital	Zip Code	City	Urban/ Rural	Policy Excerpt	Other End of Life Services
Columbia Basin Hospital	98923	Ephrata	Rural	"[Employees] shall not assist a patient in ending the patient's life under the Act."	Assisted Living and Nursing Home Facilities
Klickitat Valley Health	98620	Goldendale	Rural	"[Employees] shall not assist a patient in ending the patient's life under the Act."	Hospice, Palliative Care, Home Health
Lincoln Hospital	99122	Davenport	Rural	"[Employees] shall not assist a patient in ending the patient's life under the Act."	Transitional Care

Mid-Valley Hospital	98841	Omak	Rural	“[Employees] shall not assist a patient in ending the patient’s life under the Act.”	Swing Bed Unit
Ocean Beach Hospital	98624	Ilwaco	Rural	“[Employees] shall not assist a patient in ending the patient’s life under the Act.”	None listed on website
Odessa Memorial Healthcare Center	99159	Odessa	Rural	"[Employees] shall not assist a patient in ending the patient’s life under the Act.”	Swing Bed Unit, Assisted Living Facility
Othello Community Hospital	99344	Othello	Rural	“[Employees] shall not assist a patient in ending the patient’s life under the Act.”	None listed on website
Samaritan Healthcare	98837	Moses Lake	Rural	“[Employees] shall not assist a patient in ending the patient's life under the Act.”	None listed on website
Summit Pacific Medical Center	98541	Elma	Rural	"This service is not provided at Summit Pacific Medical Center…”	None listed on website
Three Rivers Hospital	98812	Brewster	Rural	"In the performance of their duties, TRH physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient’s life under the Act. In addition, no provider may participate on the premises of the hospital or in property owned by the hospital."	None listed on website
Willapa Harbor Hospital	98586	South Bend	Rural	“[Employees] shall not assist a patient in ending the patient’s life under the Act.”	None listed on website
Astria Regional Medical Center	98930	Yakima	Rural	"Astria Sunnyside Hospital has chosen not to participate under the Death with Dignity Act."See Astria Medical Center	Home Health, Hospice, Palliative Care
Astria Sunnyside Hospital	98944	Sunnyside	Rural	See Astria Regional Medical Center	See Astria Regional Medical Center
Astria Toppenish Hospital	98903	Toppenish	Rural	See Astria Regional Medical Center	Home Health, Hospice, Palliative Care
East Adams Rural Hospital	99169	Ritzville	Rural	“[Employees] shall not assist a patient in ending the patient's life under the Act.”	Hospice, Palliative Care, Swing Bed Unit
Quincy Valley Medical Center	98848	Quincy	Rural	"[Employees] shall not assist a patient in ending the patient’s life under the Act.”	None listed on website

Snoqualmie Valley Hospital	98065	Snoqualmie	Rural	"Snoqualmie Valley Hospital does not participate with Physician Assisted suicide."	Swing Bed
Whitman Hospital and Medical Center	99111	Colfax	Rural	"WHMC [employees] shall not assist a patient in ending the patient's life under the Act."	Palliative Care
Dayton General Hospital	99328	Dayton	Rural	"CCHS physicians, [employees] shall not assist a patient in pharmacologically ending the patient's life under the Act."	Palliative Care, Long Term Care
Overlake Hospital Medical Center	98004	Bellevue	Urban	"Providers shall not participate under the act"	Palliative Care
Providence Kadlec Regional Medical Center	99352	Richland	Urban	"Kadlec providers and patients will not engage in physician-assisted suicide on Kadlec premises"	Hospice, Palliative Care, Home Health, Assisted Living Facilities
Providence Holy Family Hospital	99204	Spokane	Urban	"Providence physicians, employees and volunteers may not knowingly participate in or facilitate physician-assisted suicide..."	Hospice, Palliative Care, Home Health, Assisted Living Facilities
Providence Centralia Hospital	98531	Centralia	Urban	See Providence	See Providence
Providence Regional Medical Center	98201	Everett	Urban	See Providence	See Providence
Providence Mount Carmel Hospital	99114	Colville	Urban	See Providence	See Providence
Providence St. Joseph's Hospital	99109	Chewelah	Urban	See Providence	See Providence
Providence St. Mary Medical Center	99362	Walla Walla	Urban		See Providence

				See Providence	
Providence St. Peter Hospital	98506	Olympia	Urban	See Providence	See Providence
PeaceHealth Peace Island Medical Center	98250	Friday Harbor	Urban	"Patients who choose to pursue physician assisted suicide while enrolled in a PeaceHealth hospice program are asked to make arrangements in a manner that does not involve our [employees]."	Hospice, Palliative Care
PeaceHealth Southwest Medical Center	98663	Vancouver	Urban	See PeaceHealth	See PeaceHealth
PeaceHealth St. John Medical Center	98632	Longview	Urban	See PeaceHealth	See PeaceHealth
PeaceHealth St. Joseph Medical Center	98225	Bellingham	Urban	See PeaceHealth	See PeaceHealth
PeaceHealth United General Medical Center	98284	Sedro-Woolley	Urban	See PeaceHealth	See PeaceHealth
Virginia Mason Memorial Hospital	98902	Yakima	Urban	"The act of dispensing and administering drugs for the purpose of a patient voluntarily being allowed to take his/her life will not occur in any facilities that are operated by Memorial or its subsidiaries..."	Hospice, Home Health
EvergreenHealth Monroe	98272	Monroe	Urban	"EvergreenHealth Monroe [employees] shall not assist a patient in ending the patient's life under the Act on hospital premises."	Home Health
Inland Northwest Health Services St. Luke's Rehabilitation Institute	99202	Spokane	Urban	See Providence	None listed on website
Kindred Hospital Seattle	98101	Seattle	Urban	"[Employees] shall not assist a patient in ending the patient's life under the Act."	Palliative Care
Regional Hospital for Respiratory and Complex Care	98166	Burien	Urban	"[Employees] shall not assist a patient in ending the patient's life under the Act"	None listed on website

Virginia Mason Franciscan Health St. Michael Medical Center	98383	Silverdale	Urban	"At no time may direct actions to terminate life be performed or permitted within CHI Franciscan Health System hospitals and clinics."	Spiritual Care, Palliative Care, Hospice
Virginia Mason Franciscan Health St Anne Hospital	98166	Burien	Urban	See Virginia Mason Franciscan Health St. Michael Medical Center	Spiritual Care, Palliative Care, Hospice
Virginia Mason Franciscan Health St. Anthony Hospital	98101	Gig Harbor	Urban	See Virginia Mason Franciscan Health St. Michael Medical Center	Spiritual Care, Palliative Care, Hospice
Virginia Mason Franciscan Health St. Clare Hospital	98499	Lakewood	Urban	See Virginia Mason Franciscan Health St. Michael Medical Center	Spiritual Care, Palliative Care, Hospice
Virginia Mason Franciscan Health St. Elizabeth Hospital	98022	Enumclaw	Urban	See Virginia Mason Franciscan Health St. Michael Medical Center	Spiritual Care, Palliative Care, Hospice
Virginia Mason Franciscan Health St. Francis Hospital	98003	Federal Way	Urban	See Virginia Mason Franciscan Health St. Michael Medical Center	Spiritual Care, Palliative Care, Hospice
Virginia Mason Franciscan Health St. Joseph Medical Center	98405	Tacoma	Urban	See Virginia Mason Franciscan Health St. Michael Medical Center	Spiritual Care, Palliative Care, Hospice

5.3.3 Table 3: Hospitals in Washington State That Do Not Have a Clear Statement Regarding Participation in Death with Dignity.

Hospital	Zip Code	City	Urban /Rural	Policy Excerpt	Other End of Life Services
Ferry County Memorial Hospital	99166	Republic	Rural	No mention of DWD	None listed on website
Garfield County Memorial Hospital	99347	Pomeroy	Rural	No mention of DWD	Transitional Care/Swing Bed
Jefferson Healthcare	98368	Port Townsend	Rural	No mention of DWD	Palliative Care, Hospice, Home Health
Lake Chelan Community Hospital	98816	Chelan	Rural	No mention of DWD	None listed on website
North Valley Hospital	98855	Tonasket	Rural	No mention of DWD	Nursing Home

Prosser Memorial Hospital	99350	Prosser	Rural	No mention of DWD	None listed on website
Pullman Regional Hospital	99163	Pullman	Rural	No mention of DWD	None listed on website
Skyline Hospital	98627	White Salmon	Rural	No mention of DWD	None listed on website
Tri-State Memorial Hospital	99403	Clarkston	Rural	No mention of DWD	None listed on website
Arbor Health	98564	Morton	Rural	No mention of DWD	None listed on website
Coulee Medical Center	99133	Grand Coulee	Rural	“CMC complies with the state law known as the Death with Dignity Act.“	Palliative Care, Long Term Care
Island Hospital	99221	Anacortes	Rural	No mention of DWD	None listed on website
UW Montlake	98105	Seattle	Urban	"Each of the three hospitals complies with the state law known as the Death with Dignity Act."	Hospice, Palliative Care
UW Harborview	98104	Seattle	Urban	See UW Montlake	See UW Montlake
UW Valley Medical	98055	Renton	Urban	See UW Montlake	See UW Montlake
Lourdes Medical Center	99301	Pasco	Urban	No mention of DWD	None listed on website
EvergreenHealth Medical Center Kirkland	98034	Kirkland	Urban	No mention of DWD	Palliative Care, Hospice, Home Health
Kaiser Permanente Central	98112	Seattle	Urban	No mention of DWD	Palliative Care, Hospice, Home Health
Legacy Health System Legacy Salmon Creek Medical Center	98686	Vancouver	Urban	No mention of DWD	Palliative Care, Hospice
Lifepoint Capital Medical Center	98502	Olympia	Urban	No mention of DWD	Palliative Care, Hospice, Home Health
MultiCare Tacoma General Hospital	98405	Tacoma	Urban	No mention of DWD	Palliative Care, Hospice, Home Health
MultiCare Auburn Medical Center	98001	Auburn	Urban	No mention of DWD	See Multicare
MultiCare Covington Medical Center	98042	Covington	Urban	No mention of DWD	See Multicare
MultiCare Deaconess Hospital	99202	Spokane	Urban	No mention of DWD	See Multicare
MultiCare Good Samaritan Hospital	98372	Puyallup	Urban	No mention of DWD	See Multicare

MultiCare Valley Hospital	99216	Spokane Valley	Urban	No mention of DWD	See Multicare
MultiCare Navos	98118	Seattle	Urban	No mention of DWD	See Multicare
MultiCare Capital Medical Center	98502	Olympia	Urban	No mention of DWD	See Multicare
Virginia Mason Medical Center	98101	Seattle	Urban	No mention of DWD	Hospice, Palliative Care, Home Health

5.3.4 Table 4: Proposed Definition of Death With Dignity Participation for Washington State Hospitals

Full Participant	Partial Participant	Non-Participant
• Allows providers to act as consulting and attending physicians • Allows patients to ingest life-ending medication on hospital property • Accepts referrals of outside patients for services under DWD • Allows life-ending medication to be dispensed at hospital-owned or operated pharmacies	• Allows providers to act as consulting and attending physicians *One or more of the following apply:* • Does not allow patients to ingest life-ending medication on hospital property • Does not accept referrals of outside patients for services under DWD • Does not allow life-ending medication to be dispensed at hospital-owned or operated pharmacies	• Does not allow providers to act as consulting or attending physicians • Does not allow patients to ingest life-ending medication on hospital property • Does not accept referrals of outside patients for services under DWD • Does not allow life-ending medication to be dispensed at hospital-owned or operated pharmacies

5.3.5 Table 5: Proposed Best Practices for Participating and Non-Participating Hospitals Regarding Washington's Death With Dignity Act.

Best Practices for Participating Hospitals	Best Practices for Non-Participating Hospitals
• Patient educational materials are available for all end-of-life options, including DWD. • Clinician educational materials and/or trainings are provided for all end-of-life options to ensure clinicians are	• Patient educational materials are available for all end-of-life options, including DWD. • Clinician educational materials and/or trainings are provided for all end-of-life options to ensure clinicians are

prepared to offer comprehensive end-of-life care and discussions, including DWD.
- Educational materials and/or trainings are available for providers to ensure all DWD DOH requirements are performed in a comprehensive and timely manner.
- SOPs are provided to guide attending and consulting physicians, pharmacists, and counselors in their DWD roles. For example, all procedures, steps, and forms mandated by the DOH are integrated into the policy.
- Employees are allowed to choose their level of participation in DWD.
- SOPs are provided for finding alternate consulting and attending physicians, pharmacists, and/or counselors when a clinician opts out of participation.
- SOPs address whether (and how) a clinician employed by the hospital could/could not participate in DWD outside of their employment.
- SOPs are provided for accepting patients who transfer/are referred from non-participating facilities.
- SOPs are provided for finding a pharmacy that can dispense the life-ending medication.
- SOPs are provided for finding an eligible location for patient ingestion of life-ending medication.
- Support is provided to clinical staff who must respond to patient inquiries about end-of-life care, including DWD.
- Hospital DWD policy explicitly informs patients, the general public, and employees of the DWD participation status of the hospital.

prepared to offer comprehensive end-of-life care and discussions, including DWD
- SOPs address whether (and how) a clinician employed by the hospital could/could not participate in DWD outside of their employment.
- SOPs are provided for referring/transferring a patient and their relevant medical records to a facility that does participate in DWD.
- Support is provided to clinical staff who must respond to patient inquiries about end-of-life care, including DWD.
- Hospital DWD policy explicitly informs patients, the general public, and employees of the DWD participation status of the hospital.

5.4 Appendix D: Stakeholders Engaged During Report Development

Name	Organization	Title	Meeting Dates
Morgan Hickel, BA	UW	Associate Director of State Relations	March 16, 2022
Nancy Sapiro, JD	EOLWA	Contract Lobbyist	March 29, 2022 June 22, 2022
Judy Kinney, MSW	EOLWA	Executive Director	March 29, 2022 June 22, 2022
Robert Free, JD	EOLWA	President of the Board	March 29, 2022 June 22, 2022
Cassandra Sutherland, MPH	EOLWA	Client Services Manager	March 29, 2022 June 22, 2022
Jessica Martinson, MS	WSMA	Director of Continuing Professional Development	May 6, 2022
Zosia Stanley, JD, MHA	WSHA	Vice President and Associate General Counsel	May 11, 2022 July 13, 2022
Sean Graham, BA	WSMA	Director of Government Affairs	May 18, 2022
Leslie Emerick, MPA	WSHPCO	Director of Public Policy	June 10, 2022
Barbara Hansen, MA, RN, CWON	WSHPCO	Executive Director	June 10, 2022
Katherine Katzenberger, DNP, RN, MN, CHPN	WSHPCO	President	June 10, 2022
Jenny Arnold, Pharm.D.	WSPA	Chief Executive Officer	June 14, 2022 July 29, 2022 September 26, 2022 September 28, 2022
Rebecca Hudson, MA	EOLWA	Client Services Coordinator	June 22, 2022 September 20, 2022
Collette Byrd	CHS DOH	Data Coordinator for Vital Records	June 23, 2022 July 26, 2022
Katie Hutchinson, MD	CHS DOH	Deputy Director	June 23, 2022 July 26, 2022
Fan Xiong, MPH	PMP DOH	Epidemiologist	July 6, 2022
Katerina LaMarche, JD	WSHA	Policy Director	July 13, 2022
Lauren Baba, MPH	UW	Deputy Director, Government Relations	July 26, 2022 August 30, 2022
Aalia Dixon	DOH	Health Services Consultant	July 26, 2022
Matthew Leblanc, MS	OI DOH	Epidemiologist	July 26, 2022
Meredith Cook, PhD	OI DOH	Epidemiologist	July 26, 2022
Debi Little	WSPA	Director of Government Affairs	July 29, 2022
John Ficker	AFHC	Executive Director	August 10, 2022
Karen Cordero	AFHC	Director of Education and Support	August 10, 2022
Margaret Lane, JD	UW	Assistant Attorney General	August 30, 2022
Alex Gramps, MPA	EOLWA	Operations Managers	September 20, 2022
Kathleen Goodner	WSPA	Marketing Communications Manager	September 26, 2022 September 28, 2022
Robert Wood, MD	EOLWA	Volunteer Medical Advisor	November 29, 2022

UW=University of Washington
WSMA=Washington State Medical Association
WSHA=Washington State Hospital Association
WSHPCO=Washington State Hospice and Palliative Care Organization
EOLWA=End of Life Washington
WSPA=Washington State Pharmacy Association
AFHC=Adult Family Home Council
DOH=Department of Health
PMP=Prescription Monitoring Program
OI=Office of Immunization

5.5 Appendix E: Individuals Involved in the Preparation of This Report

Name	Role	Title
Elizabeth Loggers, MD, PhD, FAAHPM	Principal Investigator	Associate Clinical Professor, University of Washington Associate Professor, Clinical Research Division, Fred Hutch Cancer Center (FHCC) Medical Director, Palliative Care, FHCC Associate Member, Clinical Research Division, FHCC Clinical Associate Professor, Clinical Associate Professor, University of Washington School of Medicine
Jonathan Singer, PhD	Co-Investigator	Assistant Professor, Texas Tech University Visiting Assistant Professor, FHCC
Courtney Daum, BS	Clinical Research Coordinator	Loggers Lab, Clinical Research Division, FHCC
Grace Ward, BS	Clinical Research Coordinator	Loggers Lab, Clinical Research Division, FHCC

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