
SENATE BILL 5433

State of Washington

65th Legislature

2017 Regular Session

By Senators Miloscia, Angel, Sheldon, and Padden

1 AN ACT Relating to informed decision making for death with
2 dignity decisions; and amending RCW 70.245.010, 70.245.040, and
3 70.245.220.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 70.245.010 and 2009 c 1 s 1 are each amended to read
6 as follows:

7 The definitions in this section apply throughout this chapter
8 unless the context clearly requires otherwise.

9 (1) "Adult" means an individual who is eighteen years of age or
10 older.

11 (2) "Attending physician" means the physician who has primary
12 responsibility for the care of the patient and treatment of the
13 patient's terminal disease.

14 (3) "Competent" means that, in the opinion of a court or in the
15 opinion of the patient's attending physician or consulting physician,
16 psychiatrist, or psychologist, a patient has the ability to make and
17 communicate an informed decision to health care providers, including
18 communication through persons familiar with the patient's manner of
19 communicating if those persons are available.

1 (4) "Consulting physician" means a physician who is qualified by
2 specialty or experience to make a professional diagnosis and
3 prognosis regarding the patient's disease.

4 (5) "Counseling" means one or more consultations as necessary
5 between a state licensed psychiatrist or psychologist and a patient
6 for the purpose of determining that the patient is competent and not
7 suffering from a psychiatric or psychological disorder or depression
8 causing impaired judgment.

9 (6) "Health care provider" means a person licensed, certified, or
10 otherwise authorized or permitted by law to administer health care or
11 dispense medication in the ordinary course of business or practice of
12 a profession, and includes a health care facility.

13 (7) "Informed decision" means a decision by a qualified patient,
14 to request and obtain a prescription for medication that the
15 qualified patient may self-administer to end his or her life in a
16 humane and dignified manner, that is based on an appreciation of the
17 relevant facts and after being fully informed by the attending
18 physician of:

19 (a) His or her medical diagnosis;

20 (b) His or her prognosis;

21 (c) The potential risks associated with taking the medication to
22 be prescribed;

23 (d) The probable result of taking the medication to be
24 prescribed; and

25 (e) The feasible alternatives including, but not limited to,
26 comfort care, hospice care, ~~((and))~~ pain control, treatment for the
27 purpose of cure, and treatment for the purpose of extending the
28 patient's life.

29 (8) "Medically confirmed" means the medical opinion of the
30 attending physician has been confirmed by a consulting physician who
31 has examined the patient and the patient's relevant medical records.

32 (9) "Patient" means a person who is under the care of a
33 physician.

34 (10) "Physician" means a doctor of medicine or osteopathy
35 licensed to practice medicine in the state of Washington.

36 (11) "Qualified patient" means a competent adult who is a
37 resident of Washington state and has satisfied the requirements of
38 this chapter in order to obtain a prescription for medication that
39 the qualified patient may self-administer to end his or her life in a
40 humane and dignified manner.

1 (12) "Self-administer" means a qualified patient's act of
2 ingesting medication to end his or her life in a humane and dignified
3 manner.

4 (13) "Terminal disease" means an incurable and irreversible
5 disease that has been medically confirmed and will, within reasonable
6 medical judgment, produce death within six months.

7 **Sec. 2.** RCW 70.245.040 and 2009 c 1 s 4 are each amended to read
8 as follows:

9 (1) The attending physician shall:

10 (a) Make the initial determination of whether a patient has a
11 terminal disease, is competent, and has made the request voluntarily;

12 (b) Request that the patient demonstrate Washington state
13 residency under RCW 70.245.130;

14 (c) To ensure that the patient is making an informed decision,
15 inform the patient of:

16 (i) His or her medical diagnosis;

17 (ii) His or her prognosis;

18 (iii) The potential risks associated with taking the medication
19 to be prescribed;

20 (iv) The probable result of taking the medication to be
21 prescribed; and

22 (v) The feasible alternatives including, but not limited to,
23 comfort care, hospice care, ~~((and))~~ pain control, treatment for the
24 purpose of cure, and treatment for the purpose of extending the
25 patient's life;

26 (d) Refer the patient to a consulting physician for medical
27 confirmation of the diagnosis, and for a determination that the
28 patient is competent and acting voluntarily;

29 (e) Refer the patient for counseling if appropriate under RCW
30 70.245.060;

31 (f) Recommend that the patient notify next of kin;

32 (g) Counsel the patient about the importance of having another
33 person present when the patient takes the medication prescribed under
34 this chapter and of not taking the medication in a public place;

35 (h) Inform the patient that he or she has an opportunity to
36 rescind the request at any time and in any manner, and offer the
37 patient an opportunity to rescind at the end of the fifteen-day
38 waiting period under RCW 70.245.090;

1 (i) Verify, immediately before writing the prescription for
2 medication under this chapter, that the patient is making an informed
3 decision;

4 (j) Fulfill the medical record documentation requirements of RCW
5 70.245.120;

6 (k) Ensure that all appropriate steps are carried out in
7 accordance with this chapter before writing a prescription for
8 medication to enable a qualified patient to end his or her life in a
9 humane and dignified manner; and

10 (l)(i) Dispense medications directly, including ancillary
11 medications intended to facilitate the desired effect to minimize the
12 patient's discomfort, if the attending physician is authorized under
13 statute and rule to dispense and has a current drug enforcement
14 administration certificate; or

15 (ii) With the patient's written consent:

16 (A) Contact a pharmacist and inform the pharmacist of the
17 prescription; and

18 (B) Deliver the written prescription personally, by mail or
19 facsimile to the pharmacist, who will dispense the medications
20 directly to either the patient, the attending physician, or an
21 expressly identified agent of the patient. Medications dispensed
22 pursuant to this subsection shall not be dispensed by mail or other
23 form of courier.

24 (2) The attending physician may sign the patient's death
25 certificate which shall list the underlying terminal disease as the
26 cause of death.

27 **Sec. 3.** RCW 70.245.220 and 2009 c 1 s 22 are each amended to
28 read as follows:

29 A request for a medication as authorized by this chapter shall be
30 in substantially the following form:

31 REQUEST FOR MEDICATION TO END MY LIFE IN A HUMAN [HUMANE] AND
32 DIGNIFIED MANNER

33 I,, am an adult of sound mind.

34 I am suffering from, which my
35 attending physician has determined is a terminal disease and which
36 has been medically confirmed by a consulting physician.

37 I have been fully informed of my diagnosis, prognosis, the nature
38 of medication to be prescribed and potential associated risks, the

1 expected result, and the feasible alternatives, including comfort
2 care, hospice care, (~~and~~) pain control, treatment for the purpose
3 of cure, and treatment for the purpose of extending my life.

4 I request that my attending physician prescribe medication that I
5 may self-administer to end my life in a humane and dignified manner
6 and to contact any pharmacist to fill the prescription.

7 INITIAL ONE:

8 I have informed my family of my decision and taken
9 their opinions into consideration.

10 I have decided not to inform my family of my decision.

11 I have no family to inform of my decision.

12 I understand that I have the right to rescind this request at any
13 time.

14 I understand the full import of this request and I expect to die
15 when I take the medication to be prescribed. I further understand
16 that although most deaths occur within three hours, my death may take
17 longer and my physician has counseled me about this possibility.

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

20 Signed:

21 Dated:

22 DECLARATION OF WITNESSES

23 By initialing and signing below on or after the date the person
24 named above signs, we declare that the person making and signing the
25 above request:

26	Witness 1	Witness 2	
27	Initials	Initials	
28	1. Is personally known to
29			us or has provided proof of
30			identity;
31	2. Signed this request in
32			our presence on the date of
33			the person's signature;
34	3. Appears to be of sound
35			mind and not under duress,
36			fraud, or undue influence;

1 4. Is not a patient for whom
2 either of us is the attending
3 physician.

4 Printed Name of Witness 1:.....

5 Signature of Witness 1/Date:.....

6 Printed Name of Witness 2:.....

7 Signature of Witness 2/Date:.....

8 NOTE: One witness shall not be a relative by blood, marriage, or
9 adoption of the person signing this request, shall not be entitled to
10 any portion of the person's estate upon death, and shall not own,
11 operate, or be employed at a health care facility where the person is
12 a patient or resident. If the patient is an inpatient at a health
13 care facility, one of the witnesses shall be an individual designated
14 by the facility.

--- END ---