

# FINAL BILL REPORT

## SHB 1481

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C 98 L 92  
*Synopsis As Enacted*

**Brief Description:** Amending the natural death act.

By House Committee on Health Care (originally sponsored by Representatives May, Hine, Ballard, R. Johnson, Betrozoff, Spanel, Broback, Rasmussen, Wood, Brumsickle, Neher, Leonard, Ferguson, Day, Lisk, Cooper, Brough, Prentice, Forner, Basich, Paris, Holland, G. Fisher, Horn, Sprenkle, Dellwo, Moyer, Grant, Braddock, Bowman, Heavey, Kremen, Cantwell, Winsley, Zellinsky, Silver, Franklin, Pruitt, Inslee, Edmondson, Sheldon, McLean, Riley, Wynne, Rayburn, Wilson and Orr).

House Committee on Health Care  
Senate Committee on Health & Long-Term Care

**Background:** The Natural Death Act establishes a legal process for evidencing a patient's decision to die naturally. An adult may sign a written directive ordering his or her physician to withhold or withdraw life-sustaining procedures in situations where the attending physician determines that the person has a terminal condition and death is imminent. An additional physician must certify that the person is terminally ill.

Recent state and federal court decisions recognize a person's constitutional right to authorize the withholding or withdrawal of life-sustaining procedures when he or she has a terminal condition.

Life-sustaining procedures may be withheld or withdrawn in accordance with a written directive where the procedures would serve only to artificially prolong the moment of death. Life-sustaining procedures include any medical or surgical procedures which use mechanical or other artificial means to sustain a vital function. Artificially provided nutrition and hydration are not specifically referenced. Medical intervention cannot be withdrawn if deemed necessary to alleviate pain.

Before treatment can be withdrawn, death must be imminent. The current law does not cover a person in an irreversible coma or a persistent vegetative state.

The directive must essentially be in the form provided in the statute but may include other specific directions.

There is no reference to the validity of a directive written in other jurisdictions.

A person choosing to die at home is not explicitly given the right to be immediately discharged by a hospital.

A physician refusing to follow a directive must make a good faith effort to transfer the patient to a complying physician, but other persons or health facilities are not so obligated. There is no duty of a health care professional or facility to inform the patient of any policy that would preclude the honoring of patient directives.

A non-licensed health professional or a facility that chooses not to comply with a person's directive is not protected from civil or criminal liability for the refusal. Non-licensed health personnel are not protected from liability for honoring a person's directive.

Complying with a person's directive does not constitute suicide, but there is no reference to homicide. The law does not condone or authorize mercy killing, but physician-assisted suicide is not referenced.

The directive is conclusively presumed to be the patient's directions.

**Summary:** The Legislature finds that pain medication for terminal patients should not be withheld when the medication's primary purpose is to increase the patients's comfort.

Life-sustaining treatment is defined as medical or surgical intervention to restore, sustain, or replace a vital function and that would serve only to prolong the process of dying. Life-sustaining treatment includes artificially provided nutrition and hydration. Life-sustaining treatment does not include surgical or medical intervention deemed necessary solely to alleviate pain.

Any adult person may execute a health care directive relating to the withdrawal or withholding of life-sustaining treatment in a terminal condition or a permanent unconscious condition. The directive authorizes the withholding or withdrawing of life-sustaining treatment where it would serve only to prolong the process of dying of a patient diagnosed by the attending physician to have a terminal condition which would cause death within a reasonable period of time in accordance with accepted medical standards; or

where the patient is diagnosed, in accordance with accepted medical standards, by two physicians as having no reasonable probability of recovery from an irreversible and incurable comatose or persistent vegetative state.

The directive allows the person to declare whether or not he or she wishes to have artificially provided nutrition and hydration.

A directive executed in another political jurisdiction is valid to the extent allowable by state and federal law.

A patient who wishes to die at home must be discharged from hospital as soon as reasonably possible. The health facility must inform the patient of the medical risks. The health facility is immune from legal liability for consequences resulting from the discharge.

A health care provider must inform the patient of any policy that would preclude the honoring of the patient's directive. If the patient still wishes to be admitted or remain at the facility, the provider must work out a written plan with the patient when the patient's directive becomes operative. The provider is immune from legal liability when either complying with the directive or the plan.

No health provider is required by law to carry out the patient's directive. Discrimination against any person participating or refusing to participate in the withholding or withdrawal of life-support treatment is prohibited.

The withholding or withdrawal of life-support treatment does not constitute a suicide or homicide. Nothing in these provisions is to be construed to condone or authorize physician-assisted suicide to require futile treatment. These provisions are not to be construed to be the exclusive means by which individuals may decide to withhold or withdraw life-support treatment.

A person or health facility may assume that a patient's directive complies with this law. Directives executed prior to the effective date of this act are valid.

The Department of Health shall adopt guidelines for emergency medical personnel in treating patients who have evidenced a desire not to receive futile treatment.

***Votes on Final Passage:***

House	82	14	
Senate	28	21	(Senate amended)
House	74	16	(House concurred)

*Effective:* June 11, 1992