

# **ANALYSIS OF HOUSE BILL 2853**

*Creating the end-of-life care act.*

**SPONSORS:** Representatives Cody.

**BACKGROUND:** There is no provision in law specifying a patient with terminal illness make a voluntary request for palliative care or a request for medication to relieve suffering, even though it may cause unconsciousness and may have double effect hastening death.

There is no statute providing for a request by patients with chronic pulmonary disease. However, rules adopted by the Department of Health (DOH) pursuant to law provide procedures for obtaining informed consent for such orders for cardiac resuscitation.

**SUMMARY:** There is a legislative declaration that palliative care is widely accepted medical practice and is not unlawful in this state when consented to by an informed patient. The patient has a right to make voluntary end-of-life care decisions including palliative care. There is no obligation to regulate end-of-life care to prevent abuses.

A patient with decision-making capacity may request a do not attempt resuscitation. DOH is directed to adopt rules and protocols to implement cardiac resuscitation orders for emergency medical personnel, including bracelets, keys, and cards.

A patient or authorized representative may request a do not attempt resuscitation to relieve suffering. A physician may prescribe, administer, dispense, control, substance, and dose deemed medically necessary to manage relief in accordance with department guidelines.

A terminal patient may also voluntarily and irrevocably request palliative care to relieve suffering. A 24-hour parand witness by two qualified persons. The recorded request is a part of the patient's medical record and the physician shall examine the patient for the capacity to consent and the existence of the terminal condition. The physician shall explain diagnosis, feasible alternatives, palliative care, and describe the probable need for palliative care. A patient may freely revoke the request. A physician in the health profession is not required to participate in end-of-life decisions, refusing, shall assist the patient transferring to the physician's facility.

A physician or other health professional in a facility in good faith who does not resuscitate or participate in palliative care of a patient in compliance with law is not subject to criminal or administrative liability.

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**PREPARED BY:** John Beresford Welsh, Senior Counsel  
House Health Care Committee, P.O. Box **40600**  
Olympia, WA. 98504-0600, (360) 786-7133

An insurance policy that discriminates based on a patient's decision for or against resuscitation or palliative care is not enforceable. Insurance companies are prohibited from discriminating on the basis of race, ethnicity, or disability. It is a misdemeanor for an insurer to require a decision.

There are criminal sanctions provided for persons who influence or execute direct or indirect orders for or against resuscitation or palliative care. It is a crime to execute or influence a direct or indirect order for or against resuscitation or palliative care that is not in accordance with the patient's wishes.

Direct or indirect orders for or against resuscitation or palliative care that are not in accordance with the patient's wishes are not enforceable. Direct or indirect orders for or against resuscitation or palliative care that are not in accordance with the patient's wishes are not enforceable.

Forms are provided for direct or indirect orders for or against resuscitation or palliative care. These forms are provided for direct or indirect orders for or against resuscitation or palliative care. These forms are provided for direct or indirect orders for or against resuscitation or palliative care. These forms are provided for direct or indirect orders for or against resuscitation or palliative care.