

SENATE BILL REPORT

SB 5919

As of February 12, 2015

Title: An act relating to informed decision making for death with dignity decisions.

Brief Description: Concerning informed decision making for death with dignity decisions.

Sponsors: Senators Angel, Padden and Miloscia.

Brief History:

Committee Activity: Law & Justice: 2/12/15.

SENATE COMMITTEE ON LAW & JUSTICE

Staff: Melissa Burke-Cain (786-7755)

Background: Washington enacted its Death with Dignity law by initiative in 2008. Under current law, terminally ill adults who want to end their life may request a prescription for a lethal dose of medication. Terminally ill means the patient has an incurable and irreversible disease that will result in death within the next six months, in the physician's reasonable medical judgment.

The law does not change the physician's obligation meet the standard of care for Washington physicians when providing care under the Death with Dignity law. To ensure the patient makes an informed decision, the treating physician must:

- make sure that the patient's request for lethal medication is voluntary;
- confirm the patient has a terminal disease;
- verify the patient is competent to make treatment decisions;
- inform the patient of the medical diagnosis, the prognosis, and the risks of taking the lethal dose of medication; and
- inform the patient of the feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

For each lethal medication prescribed and dispensed, the physician and pharmacist must report the patient circumstances and treatment to the Department of Health. The Department of Health ensures compliance with the law and issues an annual Death with Dignity Act report.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: When patients request a prescription for a lethal dose of medication, physicians must inform patients of feasible alternatives including, but not limited to, comfort care, hospice care, pain control, treatment for the purpose of cure, and treatment for the purpose of extending the patient's life.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: Doctors should tell their terminally ill patients everything when the patient is contemplating suicide. The relevant information should include treatment options for both the purpose of cure and for the purpose of extending life. The bill does not really alter the current law in a substantive way. It could almost be considered a technical change. It is important to make sure that patients are told of all options including treatment. The examples in the law are a non-exclusive listing of alternatives to a self-administered lethal dose of medication. Even exercising reasonable clinical judgment, predicting when someone will die is an inexact science. Some patients beat the odds and live far beyond the predicted life expectancy. Some may have a treatable condition and should be informed of treatment options. All options should be presented to the patient. Patients deserve the right to know everything there is to know before making the decision to end their life. The decision to end life should not be a result of transient fear or depression.

CON: This bill is unnecessary. The current language would allow a physician to inform patients of curative or life-extending treatment when it is feasible to do so. It takes significant time to go through all the steps to approve the prescription for a life-ending medication. Some patients may experience needless suffering because of false hope for curative or life-extending treatment. They may wait too long to complete the process. Only a relatively small number of persons decide to end their life under this law. The vast majority of persons who die each year in Washington do not opt for death with dignity under the act.

Persons Testifying: PRO: Senator Angel, prime sponsor; Dr. Kenneth Stevens, Radiation Oncologist; Margaret Dore, attorney.

CON: Arline Hinckley, Compassion & Choices of WA.