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Spotlight suddenly on aid in dying

Franciscan, others opt out on new law

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Washington's Death with Dignity Act will take effect in four days, and doctors, pharmacists and health facility administrators are scrambling to figure out exactly what the law says and how they're going to deal with it.

None will be forced to participate under the new law, which lets physicians prescribe lethal oral medication to terminally ill patients who want to end their lives. In theory, health care providers will be able to say a simple yes or no to participation, based on their beliefs.

But the nuances of real end-of-life situations are making for a great deal of head scratching in the medical community.

"The complexity is unending," said Mark Rake-Marona, president of the Washington State Hospice & Palliative Care Organization and director of Franciscan Hospice and Palliative Care.

Throughout last week, hospitals, hospice nurses, physicians and pharmacists across the state held last-minute meetings examining "what-if" scenarios and attempting to establish policies for guidance in situations not specifically addressed in the law.

Washington is only the second state in the country to have passed an aid-in-dying law, following Oregon's lead 14 years ago.

The issue of physician-assisted suicide is one of the most controversial and divisive topics in the field of medical ethics.

Washington's and Oregon's laws do not allow physicians to administer lethal medication. They can only prescribe the drugs – mostly likely the barbiturate secobarbital – to qualified patients who ask for them and are able to ingest them themselves.

Even so, the Death with Dignity Act puts Washington on a list of just a handful of other places in the world where even that limited form of assistance is allowed.

Catholic hospitals, including the South Sound's Franciscan Health System, have announced that they won't allow the practice in its facilities and won't allow its employed physicians to participate. The Catholic Church aggressively opposed the Death with Dignity Initiative, which Washington voters approved last November.

Many hospice organizations, which also opposed the law, will opt out of participation. The MultiCare System is taking a middle-of-the-road approach. Group Health and its pharmacies will participate, as will the University of Washington Medical Center and Harborview Medical Center in Seattle.

But what about employees of hospices and hospitals that opt out, when they're off the premises and on their own time? Must hospice teams employed by nonparticipating health care facilities stop caring for patients who receive the drugs?

Should nonparticipating acute-care facilities discharge dying patients who want to take the drugs? Can a pharmacy prohibit its pharmacist employees from dispensing them?

For doctors willing to prescribe the drugs, especially those unused to dealing with terminal patients, how do they assess whether people making the requests are “competent,” as the law requires, or that they have less than six months to live? When should a psychological exam be required?

In the midst of this hand-wringing, proponents of the law, most notably the group Compassion & Choices, a national nonprofit organization that supports physician-assisted suicide, are advising everyone to simply relax.

In Oregon, the transition to aid-in-dying went smoothly, the group says. There was no apparent progress down a slippery slope to involuntary euthanasia.

“Having a law available and prompting honest conversations will have the effect of improving end-of-life care generally across the board,” said Barbara Coombs Lee, national president of Compassion & Choices.

“It will take the lid off these suppressed conversations,” she said. “That new level of honesty will mean people will get referred to appropriate palliative care and hospice care earlier and will be able to avoid highly technical care when that’s not what they want.

“Doctors will be comfortable helping people facing what they fear.”

PAIN MANAGEMENT AN ISSUE

The Franciscans’ decision not to allow or facilitate aid in dying could have a significant effect on how frequently the law is used here.

The South Sound’s Franciscan system includes St. Joseph Medical Center in Tacoma, St. Clare Hospital in Lakewood and the new St. Anthony Hospital in Gig Harbor, which opens this month.

The Franciscan hospice organization is the largest provider of in-home and inpatient hospice care in the state. Last year, according to its annual report, it provided end-of-life care to one-third of the approximately 5,000 people who died expectedly in Pierce County.

Dr. Mimi Pattison, the medical director of Hospice and Palliative Care at Franciscan, said she and her colleagues’ main focus will be to make sure patients aren’t suffering so they never want to use the law.

“Most people have no idea of our ability to manage pain in this day and age,” Pattison said. “They just don’t know and are afraid to ask.”

With the new law about to take effect, Pattison said, her hospice staff members are being advised to counsel patients who ask for the drugs, assuring them that they won’t be in pain at the end and trying to soothe any other fears they might have.

If patients still insist they want lethal medication, she said, Franciscan employees will refer them to the state Department of Health for information about how to proceed.

If patients in Franciscan acute-care facilities are determined to take the drugs, they’ll be discharged, Pattison said. Hospice teams won’t be allowed to be in the same room as a patient who takes the drugs at home.

That consequence of the new law is painfully difficult, Rake-Marona said, because it puts into apparent conflict two central tenets of hospice care: never hastening death and never abandoning a dying patient.

“We want to take our time to deal with as many of these ‘what-ifs’ as we can before we issue definite policies,” he said.

“In many ways, we’ve decided we’re not going to be rushed by the March 5th date,” Rake-Marona said. “It took Oregon two years to turn up all the rocks – or a majority of the rocks.”

‘A LOGISTICAL DECISION’

After weeks of discussions, Pierce County's vast MultiCare Health system has opted out of the act, too, though less unequivocally than the Franciscan System.

MultiCare, with Allenmore, Tacoma General and Good Samaritan hospitals, won't allow patients to take lethal drugs on its premises, and it won't allow its pharmacies to dispense them.

On the other hand, it won't try to stop its doctors from prescribing the drugs or from being present when a patient takes them – as long as it's not in one of its hospitals.

Also, unlike the Franciscan System, MultiCare won't tell its home hospice teams that they can't be present when a patient takes the medication.

Unlike Franciscan, which based its decision on moral grounds, MultiCare cited practicality.

“It was a logistical decision,” said Dr. Smokey Stover, a pediatrician and family practitioner who represented employed physicians on the task force that set MultiCare's policy. “We're taking no position on the ethics of it.”

Because the law gives all health care workers a right to opt out, Stover said, hospital administrators felt they couldn't guarantee that there always would be employees available who were willing to assist.

“We don't want to put nurses in a position where they might feel pressured to do something they otherwise wouldn't want to do,” Stover said. “We can't guarantee the staffing would be available.”

SUPPORT, RESPECT

The new law has pharmacists in a tizzy, too.

Jeff Rochon, chief executive officer of the Washington State Pharmacy Association, issued a position statement Thursday that carefully put the professional organization in the exact middle.

“We support the pharmacist's decision to participate or not participate as defined by the law,” Rochon wrote in an e-mail. “We respect the patient-prescriber-pharmacist relationship.”

William Fassett, a professor of pharmacy law and ethics at Washington State University, wrote a legal opinion for fellow pharmacists, reassuring them that the new law excludes dispensing drugs that will aid in dying from the definition of “assisted suicide.”

Assisted suicide remains a crime in Washington.

Unlike hospitals, pharmacies can't prohibit employees from participating, Fassett said, unless they're on the premises of a health care facility that has a policy against it.

Pharmacists have no need to agonize over whether to prescribe the medications, said Rob Miller, executive director of Compassion & Choices of Washington State.

Willing physicians will find willing pharmacists, he said. Patients or their families will never be in the position of standing in line at the corner drugstore, trying to get a prescription filled, because the doctors will see that they're filled.

“We already know of some pharmacies that will sell prescriptions,” Miller said. “We will be directing physicians to those pharmacies.”

Whether big medical systems such as Franciscan and MultiCare participate isn't really an issue, in Miller's view, because so many physicians aren't bound by their rules.

“My sense of it is, too much importance is being put on institutional positions on this issue,” Miller said. “What really

matters is that no matter where someone lives, there will always be someone conscientious and compassionate enough to provide help.”

More often than not, Miller believes, that someone will be his group, Compassion & Choices.

In Oregon, at least 75 percent of the 400 or so patients who have used the law to end their lives used Oregon’s Compassion organization to help arrange details, Miller said. He expects the same pattern to hold here.

In preparation for Thursday, Compassion of Washington has set up a toll-free advice line and has stocked its Web site with information about the law.

On the home page of its site, the group states that it intends to “steward” the Death with Dignity Act.

“It’s important for people to have an objective advocate, and that’s what we provide,” Miller said.

“What the law really will do is improve end-of-life care,” her said. “They’ll be referred to hospice sooner; they’ll be given more aggressive palliative care.

“Some people will want every heroic effort made,” Miller said. “A very small minority will use the Death with Dignity Act.”

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More information

State Department of Health: Forms, rules, frequently asked questions (site will be available Thursday); www.doh.wa.gov

Compassion & Choices of Washington State: www.candcofwa.org or 1-877-222-2816

Physicians for Compassionate Care Education Foundation: www.pccef.org/ttp

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