

**Yakima Valley Memorial Hospital
and the
Initiative 1000: The Washington State Death with Dignity Act**

Questions & Answers

Q. What is Memorial's policy on the Death with Dignity Act?

A. Memorial's Board of Trustees recognizes and accepts the decision of the citizens of the state of Washington with the passage of the Death with Dignity Act. However, the Board believes that it is inconsistent with the core values of Memorial and our Family of Services, as healthcare providers, to either unduly prolong or hasten the natural process of life.

Life-ending medication will not be allowed to be dispensed or administered at Yakima Valley Memorial Hospital, its Family of Services, or any facility owned, leased or controlled by Memorial.

Q: Then why is Memorial allowing its physicians to participate in I-1000?

A: As healthcare providers, we recognize the important and personal relationship between the physician and patient and thus will allow physicians to perform consultation and prescribe life-ending medication, for use outside Memorial's facilities, as long as patients meet the conditions as set by the state of Washington.

Q: If a patient meets all of the requirements set in Initiative 1000, is a physician required to prescribe life-ending medications to the patient?

A: No. It is important to note that the prescription of life-ending medication is voluntary and neither physicians nor Memorial staff shall be required to participate in the offering of the services provided under the act.

Q: Can you clarify this statement: "These prohibitions against the dispensing of life-ending medications and the self-administration of such medications by patients shall not apply at facilities owned, but not controlled, by Memorial."

A: That statement refers to leased facilities. If a physician practice operates independently in a Memorial owned or leased facility, the physician has the option to participate in the dispensing and administration of life-ending medication within their business premises.

Q: How can Memorial prohibit these services at the hospital and other facilities if this is the law?

A: Initiative 1000 has a specific provision that only "willing health care providers" should participate in the prescription and administration of life-ending medication and hospitals are defined as health care providers.

Q: If Memorial is opting out, how can the hospital still allow physicians to prescribe these medications?

A: Under the law, a hospital can give its physicians the option to prescribe life-ending medications, without allowing them to be used in your facilities.

Q: If a doctor prescribes end-of life medication, will it be available at Memorial's pharmacy?

A: No. The prescription will have to be filled at another pharmacy.

Q: What do you mean by "consult and prescribe?" Isn't consultation part of the prescription process?

A: We mean that physicians will discuss this option, among other end of life care alternatives with the patient. It is possible that this option is discussed without any prescription being written.

Q: What are some of the options that physicians will discuss with patients, as the law requires that the patient be informed of all other options?

A: Alternatives will depend on the patient and his or her condition and include hospice, palliative care, comfort care and pain management.

Q: What is the difference between removing life support, which Memorial staff will do on Hospital grounds, and Initiative 1000?

A: Removing life support is removing life-sustaining technology after a review process with the family and medical staff associated with the case. Initiative 1000 gives a conscious patient the option to end their own life. We support the patient's right to choose to take part in Initiative 1000, and allow doctors to write prescriptions to qualified patients. However removing life support and Initiative 1000 are distinctly different.