compassion & choices VT

VERMONT

Introduction to Medical Aid in Dying

800 247 7421 phone
503 943 6504 direct
503 360 9643 fax
CompassionAndChoices.org/end-of-life-planning
eolc@CompassionAndChoices.org

Appendix:

Vermont's Patient Choice Act

Vermont's Patient Choice and Control at End of Life Act (Vermont Patient Choice Act) authorizes the practice of medical aid in dying, allowing a terminally ill, mentally capable adult with six months or less to live to request from their doctor a prescription for medication that the patient can decide to self-ingest to die peacefully if their suffering becomes unbearable.

To be eligible to use the law, the applying must:

- Be 18 years or older
- Have been diagnosed with a terminal illness
- Have a prognosis of six months or less to live
- Be mentally capable of making their own healthcare decisions

The patient also must also be:

- A resident of Vermont
- Capable of self-ingesting the aid-in-dying medication.
- Making an informed decision and voluntary request

Eligibility to use the law is not the same as eligibility for hospice.

Two Vermont physicians must confirm the patient's eligibility to use the Vermont Patient Choice Act, as well as confirm that the patient is making an informed decision and voluntarily requesting the aid-in-dying medication. The attending physician prescribes the medication, and the consulting physician provides a second opinion. (An attending physician is described as a physician who has primary responsibility for care of the individual and their disease.) If either physician questions the patient's mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must evaluate the patient to ensure that they are capable of making their own healthcare decisions before a prescription can be written.

The patient may change their mind at any time and withdraw their request, or choose not to take the medication.

The patient must make three requests to their attending/prescribing physician to use the Vermont Patient Choice Act: two verbal requests and one written one. The written request is the "Request for Medication" form, which is included in this packet. Only the patient can make these requests; they cannot be made through an advance directive or by a family member or friend. The requests must be made to a physician, not office staff. *Please see the "Steps" section of this document for details.*

The type and dosage of aid-in-dying medication doctors prescribe, including medications to prevent nausea and vomiting, varies with each individual. The medication cannot be injected. The patient must be able to ingest the medication without assistance, usually by swallowing or through a feeding tube. **The prescribing physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a prescription directly from a patient.** The physician or healthcare system will give the patient the name of suitable pharmacies. A designated family member or friend may pick up the medications, or it can be mailed to the patient.

If the prescribing doctor has any questions about medications or participating pharmacies, the doctor can call Compassion & Choices' free and confidential Doc2Doc consultation line at 800.247.7421.

The patient may ask their provider or pharmacy about the cost of these medications. Some insurance policies cover the cost of the medication and/or the physician visits. Please contact the insurance provider to find out what the policy covers.

Life insurance benefits are not affected by using the Vermont Patient Choice Act. The underlying illness will be listed as the cause of death. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

Unused medication:

There is no obligation to take the medication. If the person who was prescribed the medication does not use it, it should be destroyed. Please note it is illegal to use another person's medication. Below are instructions about what to do with unused medication:

- Use the following website to search for a controlled substance public disposal location nearby: *https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1*
- Contact the pharmacist who filled the prescription for more information.

If pharmacists have any questions, they may call Compassion & Choices' free and confidential Pharmacist2Pharmacist consultation line at 503.943.6517 for more information.

Steps for Using the Law

1. **Make two verbal requests for a prescription for aid-in-dying medication directly to the attending/prescribing physician.** Ask the physician to make sure these requests are documented in the medical record. These two verbal requests must be separated by at least 15 calendar days. Exception: The first verbal request may be made to a nonprescribing physician if the prescribing physician accepts the request.

2. In addition to a prescribing physician, **a consulting physician must certify that the patient is eligible to use the law and that they are making both an informed decision and voluntary request.**

3. **The patient must fill out the Request for Medication form and** give the completed form directly to the prescribing physician. **This form must be witnessed by two people**. Please read the form carefully to determine who may or may not be a witness.

4. **At least 48 hours after the written Request for Medication form is signed and dated, the prescribing physician may write the prescription.** The prescription must be sent directly to the pharmacy by the prescribing physician, not by the patient, a family member or friend. The pharmacy may need time to order the medication. Some pharmacies will prepare the medication before it is picked up if the prescribing doctor adds this instruction to the prescription..

5. **The minimum amount of time the process can take, from the first request to the written prescription, is 17 days. However, for many people it takes considerably longer.** We encourage people who are interested in using medical aid in dying as one of their end-of-life care options to start talking to their healthcare providers well in advance. Once the prescription is written, the patient may choose to keep it on file at the pharmacy if and until they decide to use the medication. The patient does not need to pay for the medication until the prescription is filled.

6. **The patient may withdraw their request at any time**. There is no obligation to take the aid-in-dying medication simply because someone has it in their possession. Many people find comfort in simply knowing the medication is available.

The forms required for the Vermont Patient Choice Act are available on the Vermont's Department of health website (healthvermont.gov).

Talking With Your Physician

Some people feel anxious about discussing medical aid in dying with their physicians. By explaining your preferences early in your illness, you are more likely to have an end-of-life care experience consistent with your values.

No one but you can make this request to your physician(s). It is important to ask only your doctor; do not ask your physician's office staff, nurse or physician's assistant, or leave a request on voicemail.

SUGGESTIONS ON HOW TO DISCUSS MEDICAL AID IN DYING WITH YOUR PHYSICIANS

Language for someone who DOES NOT have a terminal illness:

I want to live with as much quality as I can for as long as I can. If I am no longer able to find dignity in my life and I meet the requirements, I would like to have the option of using the Vermont Patient Choice Act.

I hope you will honor my decisions and respect my values, as I respect yours. Will you write a prescription for aid-in-dying medication in accordance with the Vermont Patient Choice Act when I am eligible? If you will not honor my request, please tell me now.

Language for someone who DOES have a terminal illness:

I want the option to advance the time of my death if my suffering becomes unbearable. Am I eligible? If yes, will you write a prescription for aid-in-dying medication in accordance with the Vermont Patient Choice Act? If you will not write the prescription, will you record in my chart that I am eligible to use the law and refer me to a physician who is able and willing to honor my request?

If I am not eligible, what will my condition look like when I am eligible?

Regardless of your physician's response, it is important to ask that your request be recorded in your medical record.

You may mention that Compassion & Choices provides free and confidential consultation to physicians who have questions about end-of-life care options, including medical aid in dying through our Doc2Doc consultation program at 800.247.7421. Also feel free to give them the "Letter to Your Physician" included in this packet.

End-of-Life Care Planning Checklist

Please see Compassion & Choices' Plan Your Care Resource Center for more resources at CompassionAndChoices.org/end-of-life-planning.

Many people postpone making arrangements for healthcare at the end of life. Planning ahead allows individuals to spend their final days with friends and family while focusing on the present. Informing loved ones of wishes ahead of time relieves them of the possible burden of making decisions about your final arrangements.

Please consider whether any of the following are appropriate for your situation:

- ❑ Advance directive or living will
- ❑ Identifying and assigning a healthcare proxy (also called agent, durable power of attorney, healthcare representative)
- ❑ Last will and testament or living trust
- ❑ Life insurance policies
- ❑ COLST (Clinician Orders for Life-Sustaining Treatment) and/or DNR (Do Not Resuscitate order)
- ❑ Memorial service and/or funeral arrangements
- ❑ Detailed instructions regarding finances (bank accounts, pensions, investments, property, etc.)

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eolc@CompassionAndChoices.org

Compassion & Choices' End-of-Life Consultation program (EOLC) provides information on the full range of options at the end of life. EOLC, and representatives of EOLC, do not provide medical or legal advice. We simply inform individuals of the available options.

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VERMONT

Request for Medication
For The Purpose of Hastening My Death

I, _____, am suffering from

_____, which my attending/prescribing physician has determined is a terminal disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis; prognosis; the range of treatment options; all feasible end-of-life services, including palliative care, comfort care, hospice care, and pain control; the range of possible results, including potential risks associated with taking the medication to be prescribed; and the probable result of taking the medication to be prescribed.

I request that my attending/prescribing physician prescribe medication to be self-administered for the purpose of hastening my death.

I understand that I have the right to rescind this request at any time.

Signature	Date

Declaration of Witnesses

By *signing* below, I attest that:

Witness 1

- ☐ 1. I am not an interested person*;
- ☐ 2. I am at least 18 years of age;
- ☐ 3. The above-named person appears to understand the nature of this document and to be free from duress or undue influence at the time this requested was signed.

Print Name **Witness 1**	Signature	Date

Witness 2

- ☐ 1. I am not an interested person*;
- ☐ 2. I am at least 18 years of age;
- ☐ 3. The above-named person appears to understand the nature of this document and to be free from duress or undue influence at the time this requested was signed.

Print Name **Witness 2**	Signature	Date

* An "Interested person" means: the patient's physician; a person who knows that he or she is a relative of the patient by blood, civil marriage, civil union, or adoption; a person who knows that he or she would be entitled upon the patient's death to any portion of the estate or assets of the patient under any will or trust, by operation of law, or by contract; or an owner, operator, or employee of a health care facility, nursing home, or residential care facility where the patient is receiving medical treatment or is a resident. *See* 18 V.S.A. § 5281(a)(6).

Please make a copy of this form to keep in your home

Copies of this form are available at:
http://healthvermont.gov/

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Letter to Your Physician

800 247 7421 phone
CompassionAndChoices.org

Dear Dr. _____:

The Vermont Patient Choice and Control at End of Life Act (Patient Choice Act) went into effect on May 20, 2013, authorizing medical aid in dying as an end-of-life option. You may receive patient inquiries about this option and thus might wish to discuss it alongside other end-of-life choices with your patients. Compassion & Choices has over 40 years of combined experience in this evolving field and is here to help you keep your practice safe, effective, patient-centered and legally compliant.

We stand ready to provide you the facts and a wide range of resources with which to guide your practice, including:

- One-on-one consultations with physicians who have years of end-of-life and medical aid-in-dying experience through our free and confidential **Doc2Doc program: 800.247.7421**.
- Clinical Criteria for Physician Aid in Dying and supplemental clinical information published in the Journal of Palliative Medicine (2015).
- Information on our website:
  - *CompassionAndChoices.org/vermont* – includes eligibility requirements, information for medical providers and forms needed to comply with the law.
  - *CompassionAndChoices.org/in-your-state/vermont/vermont-medical-providers* – provides free informative videos that can help you in your practice.
  - *CompassionAndChoices.org/end-of-life-planning* – features tips, toolkits and forms on end-of-life care and choice for individuals seeking information on the full range of end-of-life options, including a video for terminally ill patients wanting to learn more about medical aid in dying.
  - *CompassionAndChoices.org/resources* – includes fact sheets on medical aid in dying.

If you have a patient requesting medical aid in dying, please contact our Doc2Doc line at 800.247.7421 so we can provide you with up-to-date information on medication protocols. These protocols are updated and reviewed regularly, and provided free of charge.

Along with the guidance of a team of local doctors, Compassion & Choices is committed to providing stewardship of the law. As a leader in the medical aid-in-dying movement, we have established a record of authority, integrity and accessibility in this evolving field of medicine and law. We are committed to providing support and clinical information for physicians and other medical providers interested in supporting their patients who are eligible and want the option of medical aid in dying.

Please feel free to contact us at any time with questions or concerns. We look forward to hearing from you.

With kind regards,

Dr. David Grube
National Medical Director, Compassion & Choices

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Medical Aid-in-Dying Tracking Sheet

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Care and Choice at the End of Life

Individual Name _____ Consultant/Volunteer _____

This handout is a tool intended for personal use to help you keep track of important information related to the choice of medical aid in dying. It is neither a requirement of any medical aid-in-dying legislation, nor do you need to submit it to any person or medical professional.

It is important to review and update (if necessary) your advance directive and POLST prior to taking the medical aid-in-dying medication.

IMPORTANT: You may wish to contact your doctor if your health status changes or you are concerned about symptoms that may interfere with your ability to ingest aid-in-dying medications (i.e. uncontrolled nausea & vomiting; concerns about swallowing or ability to plunge feeding tube; digestive issues; changes in mental status).

Durable power of attorney for health care (name/relationship/phone) _____

_____

Hospice _____

If not on hospice: Physician designated to sign death certificate? _____

Individual designated to contact mortuary? _____

Prescribing physician _____ Phone _____

Consulting physician _____ Phone _____

Date of 1st verbal request _____ Physician Name _____

Date of 2nd verbal request _____ Physician Name _____

Date written request submitted _____

Mental health evaluation completed (if required) _____

Aid-in-dying medication protocol prescribed _____

Physician or pharmacist designated to review medication _____

Date aid-in-dying prescription sent to pharmacy _____

Date of planned ingestion _____

Who knows about plan _____

_____

Who will be present during ingestion _____

_____

Who will be your medical support on day of ingestion?

❍ Hospice ❍ Doctor

Contact _____ Phone Number _____

Individual plan for day of ingestion _____

_____

_____

Plan for support person(s) _____

_____

_____

_____

Plan for unexpected event (such as prolonged dying process or waking up)

Date(s) discussed _____

Details _____

_____

_____

For California ONLY:

Date Final Attestation form completed _____

Who will deliver form to prescribing physician _____

Additional Notes _____

_____

_____

_____

Compassion & Choices' End-of-Life Consultation program (EOLC) provides information on the full range of options at the end of life. EOLC, and representatives of EOLC, do not provide medical or legal advice. We simply inform individuals of the available options.

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