

Below are instructions to complete the Physician Reporting Forms and other requirements in accordance with Vermont's Choice at End of Life law.

PRESCRIBING PHYSICIAN FORM

Sections A and B are self-explanatory.

Section C: Parts 1, 2 and 3 are self-explanatory. In Part 4 you must be able to check every box to demonstrate compliance after you have interviewed and examined your patient. The possible risk is vomiting and rarely the medication is ineffective. In Oregon, there have been 6 awakenings out of over 670 people due to malabsorption and vomiting with bowel obstruction. (We suggest you have a backup plan with hospice to provide sedation anticipating a possible awakening.)

Section D is self-explanatory.

On the patient's Request for Medication Form, all 3 dates must be identical.

Promptly after you write the prescription, mail the Physician Reporting Form, the Consulting Physician Reporting Form, and the Request for Medication Form to:

Vermont Department of Health, Vital Records
P. O. Box 70
Burlington, VT 05402-0070

Fill out the Death Certificate as follows:

1. The "Manner of Death" is "Natural".
2. The "Immediate Cause of Death" is the patient's terminal illness.

CONSULTING PHYSICIAN FORM

Sections A and B are self-explanatory.

Section C: You must be able to check every box to demonstrate compliance after you have interviewed and examined the patient.

Section D is self-explanatory.

Deliver the Consulting Physician Reporting Form to the prescribing physician by fax or mail.