

The District of Columbia Death with Dignity Act: Information for Residents



The District of Columbia is now the seventh jurisdiction in the U.S. to authorize medical aid in dying. The D.C. law allows a mentally capable, terminally ill adult with six months or less to live to request a prescription for aid-in-dying medication from their doctor for self-administration, if suffering becomes unbearable, to bring about a peaceful death¹. The law went into effect on July 17, 2017.

Medical Aid in Dying is a Safe and Trusted Medical Practice

Proven at the state level

In more than 40 combined years of experience in authorized states, there has not been a single documented instance of abuse. In Oregon, end-of-life care has improved overall since the law's implementation, in large part due to the dialogue that medical aid in dying encourages between people and their doctors. Hospice referrals are up, as is the use of palliative care.

¹ District of Columbia, Death with Dignity Act, Available from: https://custom.statenet.com/public/resources.cgi?id=ID:bill:DC2015000B38&cuiq=24bec244-9665-58c1-94ba-c4c04c13963a&client_md=a68309e3dfe31df465ec5a24ba617a4b&mode=current_text

Supported by the public

Large majorities consistently support medical aid in dying, as shown in independent national and state surveys. Lifeway (67% support in December 2016)², Gallup (69% support in May 2016)³ and Harris (74% support in November 2014)⁴ each report strong support for medical aid in dying.

Marked by growing physician support

A 2016 Medscape survey⁵ of more than 7500 physicians from more than 25 specialties demonstrated a significant increase in support since 2010. Today well over half (57%) of the physicians surveyed agree that "Physician assisted death should be allowed for terminally ill patients."

Who is Eligible

To be eligible for medical aid in dying under the D.C. law, a person must be:

² American Views on Assisted Suicide, Lifeway Research, September, 2016. Available from: <http://lifewayresearch.com/wp-content/uploads/2016/12/Sept-2016-American-Views-Assisted-Suicide.pdf>

³ Swift, a. Euthanasia Still Acceptable to Solid Majority in U.S. Gallup, May 2016. Available from: <http://www.gallup.com/poll/193082/euthanasia-acceptable-solid-majority.aspx>

⁴ Thompson, D. Most Americans Agree With Right-to-Die Movement. The Harris Poll. December 2014. Available from: http://www.theharrispoll.com/health-and-life/Most_Americans_Agree_With_Right-to-Die_Movement.html

⁵ Medscape Ethics Report 2016: Life, Death, and Pain, December 23, 2016. Available from: <http://www.medscape.com/features/slideshow/ethics2016-part2#page=2>

- An adult
- Terminally ill and given a prognosis of six months or less to live
- Mentally capable of making their own healthcare decisions
- A resident of the District of Columbia
- Acting voluntarily
- Making an informed decision that includes information about all other end-of-life options
- Informed about the choice to obtain aid-in-dying medication but not take it
- Capable of self-administering and ingesting the aid-in-dying medication.

Two physicians must consult with the person and agree on eligibility. One physician prescribes the medication, and the other gives a consulting opinion. If either physician is unable to determine that the person has mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must conduct an evaluation to ensure that the person is capable of making their own healthcare decisions.

Requesting and Obtaining the Medication

There are several steps in the process of qualifying for a prescription for aid in dying medication. The average length of time is from 15 days to three months, and requires at least two doctor visits. It is important for those who may want to access the law to talk to their doctors early.

A total of three requests

The process requires making three (3) voluntary requests — two oral requests at least 15 days apart and one written request — directly to the doctor. The written request form

can be given to the doctor in the same visit as the first or second oral request, as long as it is given before the second oral request is made.

Personally making the requests

The requests cannot be made by a designee or third party (including a relative or anyone with power of attorney), and cannot be made via an advance healthcare directive.

Note: The requestor may at any time withdraw the request for the aid-in-dying medication or decide not to ingest it.

Preparing the written request form

The written request is made using [this form](#), signed by two witnesses. The patient request form and other information is also available at CompassionAndChoices.org/district-of-columbia

Rules Regarding Witnesses to Requests

To access medical aid in dying, a person must have two witnesses sign the statutory request form in the presence of the individual requesting aid-in-dying medication.

Specifically, the D.C. Death with Dignity Act requires that the two adult witnesses attest that, to the best of their knowledge and belief, the person requesting the medication:

- Is known to them or has provided proof of identity
- Voluntarily signed the request in their presence
- Appears to be of sound mind and not under duress, fraud or undue influence

Only one of the two witnesses may be related by blood, marriage or adoption; or be someone entitled to a portion of the requestor's estate upon death.

Only one of the two witnesses may own, operate or be employed at a healthcare facility where the requestor is receiving medical treatment or resides.

The requestor's attending physician, qualified power of attorney or durable medical power of attorney may NOT be one of the witnesses.

Talking with Your Doctor or Hospice About Medical Aid in Dying

If you ever want to access medical aid in dying you will want to make sure your doctor will support you. Doctors and medical providers may choose whether to participate, so it is important to ask your healthcare team whether they will support your end-of-life choices. This will encourage them to listen to your priorities and become prepared to provide you with the treatment you may want in the future. If they are unable or unwilling to support your end-of-life choices, you have the option to change your care to a healthcare team that puts your wishes first. Compassion & Choices has handouts on its website with tips on how to talk to your doctor about medical aid in dying, and how to interview a hospice to make sure that your medical team will support you in your choices.

Doctors can call Compassion & Choices' Doc2Doc consultation line at 800-247-7421 for a free, confidential consultation and information on end-of-life care with medical directors who have extensive aid-in-dying experience.

No Adverse Effect on a Person's Will or Insurance

Accessing medical aid in dying does not adversely affect a person's will or insurance. The law specifically mandates that wills, insurance, contracts and annuities are not affected if a qualified individual shortens their dying process by ingesting aid-in-dying medication. On the death certificate the underlying illness must be listed as the cause of death. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

Resources

The DC Department of Health offers information and forms on its website, <https://doh.dc.gov/page/death-dignity-act-2016>.

Questions can be submitted via email to deathwithdignitydc@dc.gov. You may call the Health Regulation and Licensing Administration receptionist on (202) 724-8800 and request assistance, or request by regular mail to:

Death with Dignity Program
Department of Health
Health Regulation and Licensing Administration
899 N. Capitol Street, NE. 2nd Floor
Washington, DC 20002

You can also find forms and information on the Compassion & Choices website, CompassionAndChoices.org. In addition it has videos, tips and handouts to help in conversations about end-of-life issues, including medical aid in dying.