

INITIATIVE-1000 POSITION STATEMENT

Initiative 1000, Washington's version of the Death With Dignity Act, became effective March 4, 2009. The requirements of the Act and the approach Swedish should take in responding to these patient choices was a subject of discussion throughout the organization, including the Ethics Committee, Medical Staff and medical leadership, pharmacy staff, home care and hospice staff, senior leaders and the Board of Trustees. We also reviewed the experience of hospitals and physicians in Oregon. We worked with the Washington Hospital Association and individual hospitals in Washington to better understand the approach that others have taken.

Based upon the foregoing, the following position statement summarizes the organization's position with respect to I-1000:

- Swedish is committed to improving end of life care for patients, including assuring access to effective pain and symptom management, and expanding access to hospice and palliative care.
- Swedish recognizes and respects patient autonomy and the right of patients to make choices related to their care at the end of life.
- Swedish recognizes and respects the right of any health care provider to counsel patients on their options and to participate, if they so choose, in activities under I-1000. Swedish also recognizes and respects the right of any health care provider to decline to participate in activities specific to I-1000.
- Swedish works with its entire team, including its palliative medicine team, its pain management team, and its home care and hospice partners, to ensure that patients are informed of their rights and options available to them relating to end of life decisions.
- Educational materials specific to patient rights under I-1000 are available to patients who request such materials and will include a list of I-1000 resources for use by patients and our care management team.
- Swedish believes that its acute care hospitals are not the appropriate setting for patients taking life ending medications. The need for active engagement of the patient's primary physician, documentation requirements, right of staff to opt-out, and the required waiting periods and reporting requirements, all present operational challenges and make the process inconsistent with Swedish's focus on providing quality care for those in need of acute care, tertiary services.

- Because the primary purpose of the Swedish pharmacies is to provide services to inpatients, the Swedish pharmacies will not fill prescriptions for life-ending medications. Swedish will assist patients in identifying other community pharmacies willing to participate in dispensing medications under I-1000.
- Where appropriate, referrals to other community providers will be made if requested by patients whose needs cannot be met within Swedish.
- Physicians, including physicians working in Swedish clinics and other facilities, will need to make an individual decision to participate or not participate under I-1000, either as an Attending Physician or a Consulting Physician, as those terms are defined in the Act. We urge those who wish to participate to become familiar with the requirements of the Act. To the extent there is counseling, discussions with patients regarding options, etc. those discussions should be documented in accordance with the requirements of I-1000 and Swedish policies. Patients will not be permitted to self-administer life ending medication within Swedish clinics or other facilities.
- We believe Swedish's decision to not participate under I-1000, except as described above, is consistent with the experience in Oregon and consistent with the position taken by other hospitals in Washington. It is also consistent with the statutory freedom of choice of all health care providers to opt-out of participation. Further, we believe it is consistent with the expectation of the public, our patients and their physicians, that Swedish hospitals will remain focused on the provision of acute care and tertiary services for those in need.