

Table Comparing Enacted Physician-Assisted Suicide ("Death with Dignity") Acts and Statutes

Feature	IMPLEMENTED AND CURRENT STATUTES/ACTS		
	OR	WA	VT*
	Enacted by ballot initiative followed by statute, 1994; attempt at repeal 1997 failed; challenged by US Atty General; upheld by US Supreme Court 2006.	Enacted by ballot measure 2008	Enacted by legislature, 2013. *All provisions indicated by X or # are present in the VT Act; however, those indicated by # will sunset in 2016 and be replaced by general requirements of informed consent and a blanket immunity.
Eligibility	• Must be 18+	X	#
	• Resident of state (no specific time period stated)	X	#
	• Capable of decision making	X	X
	• Voluntarily expressed wish to die	X	#
	• Terminal diagnosis (dx)	X	X
	Self-administration not explicit in statute but required by rule	Must be able to self-administer meds	#
Form of request	• Oral and written requests required	X	# Oral; in presence of physician
	• Written request must be signed/dated, 2 witnesses attesting to competence (statute includes suggested form for written request). At least one witness not a relative or family member or heir; owner, operator, employee of hc facility in which person receiving care. Physician cannot witness. If person in SNF, one witness MUST be individual desig. by facility.	X	#
	• Second oral request must be made to attending no <15 days after initial oral request	X	# In presence of phys

Feature	IMPLEMENTED AND CURRENT STATUTES/ACTS		
	OR	WA	VT*
	<ul style="list-style-type: none"> Physician cannot write prescription until at least 15 days after initial oral request and no less than 48 hours after written request 	X	# No less than 48 hrs after last of 2nd oral request, written request, offer of oppty to rescind
Attending physician* responsibility *Note: VT Act does not specify "attending" physician but does require a "bona-fide physician-patient relationship" to exist	<ul style="list-style-type: none"> Determination of terminal dx 	X	X
	<ul style="list-style-type: none"> Confirm residency in state of patient (pt) 	X	#
	<ul style="list-style-type: none"> Determination of competence 	X	X
	<ul style="list-style-type: none"> Inform pt of: 		
	<ul style="list-style-type: none"> o Dx & prognosis 	X	X
	<ul style="list-style-type: none"> o Risks & probable result of lethal medication 	X	X
	<ul style="list-style-type: none"> o Alternatives including comfort care, hospice care, pain control 	X	X
			# Range of tx avail for terminal dx
	<ul style="list-style-type: none"> Refer to 2nd physician for confirmation of term dx and capacity to make hc decisions 	X	#
	<ul style="list-style-type: none"> Refer to counseling if appropriate (if mental illness CAUSING incapacity possible) 	X	#
	<ul style="list-style-type: none"> Fulfil reporting and documentation requirements 	X	#
	<ul style="list-style-type: none"> Recommend to pt that family be notified of request 	X	
	<ul style="list-style-type: none"> Offer pt oppty to rescind at 2nd oral request 	X	#
	<ul style="list-style-type: none"> Dispense meds directly or deliver prescription to pharmacist by hand or by mail 	X	#
Consulting physician responsibility	<ul style="list-style-type: none"> Examine pt and medical records 	X	#
	<ul style="list-style-type: none"> Confirm, in writing, attending's dx 	X	# ("in writing" not req)
	<ul style="list-style-type: none"> Verify pt is competent and acting voluntarily 	X	#
	<ul style="list-style-type: none"> Refer to counseling if appropriate (if mental illness CAUSING incapacity possible) 	X	
			# If applicable, consult with pt's PCP

Feature	IMPLEMENTED AND CURRENT STATUTES/ACTS		
	OR	WA	VT*
Process	• No prescription to be filled if psychiatric or psychological illness CAUSING impaired judgment present	X	
	• No prescription to be filled if patient has not made a voluntary and informed decision	X	
	• Pt may rescind request at any point	X	
Documentation requirements	• Physician must document:		
	o All oral and written requests by pt	X	# Date, time & wording of all oral requests and all written requests
	o Dx, prognosis, verification of competence by attending and consulting phys	X	# + pt did not have impaired judgment or referral for evaluation
	o Report of outcome of counseling, if performed	X	#
	o Offer to pt to rescind	X	# Date, time & wording of offer of oppty to rescind
	o Note by attending that all requirements have been met and medication prescribed.	X	#
			• Attestation that pt enrolled in hospice or informed of EOL services
Regulatory follow-up and public reporting requirements	• Dept of Human Services to conduct sample review of records	X	
	• May require copy of dispensing record	X	
	• Rules to facilitate collection of information regarding compliance	X	
	• Dept will generate and make public annual statistical report of information collected	X	
Immunities	• HCPs immune from any civil or criminal prosecution, disciplinary action, revocation of licenses or privileges for prescribing lethal prescription under terms of the law	X	

Feature	IMPLEMENTED AND CURRENT STATUTES/ACTS		
	OR	WA	VT*
	• No provider can be compelled to participate (but must transfer pt)	X	
	• Provider can prohibit other providers (employees or contractors) from participating as long as written policy in place and provider notified.	X	
			# Facility may prohibit physicians from writing prescript for residents as long as physician provided with policy
	• Various sanctions may be imposed on providers participating against policy	X	X
			• No person subject to civil or criminal liability on basis of being present when pt self-administers meds or of not preventing the pt from self-administ. meds
			• Act shall not limit or effect provision of palliative sedation consistent with accepted medical standards
Liabilities	• Forging prescription or concealing/destroying rescission of request Class A felony	X	
	• Coercion into request or to destroy rescission Class A felony	X	