Responding to Questions about Provider-Hastened Death Policy

Talking Points

Why did Providence develop a policy related to provider-hastened death (or aid in dying)?

A large number of regional and local health-facility policies related to end-of-life care and responses to hastened-death laws within our large health system have created questions and confusion among providers, caregivers, and program managers. This system policy does not create new provisions or restrictions; rather it synthesizes existing policies within a clear and consistent statement.

What is Providence's stance regarding provider-hastened death (or aid in dying)?

As a matter of public policy, Providence does not support legalizing provider-hastened death (PHD). This policy addresses clinical practice within states in which provider-hastened death is legally available in defined circumstance.

Our policy is guided by Providence's core values. We honor the dignity and worth of all people and practice with excellence and compassion. We strive to provide the best care possible to alleviate patient's suffering, diminish their fears, and improve people's quality of life.

We consider actions intended to hasten a patient's death to fall outside the bounds of medical practice. This stance is consistent with the formal stances of Catholic Health Association-USA, American Medical Association, American College of Physicians and the National Hospice and Palliative Care Organization. Our policies and clinical guidance are consistent with Catholic teachings and the Ethical and Religious Directives for Catholic Healthcare.

Does Providence obstruct terminally ill people from seeking to end their own lives through provider-hastened death?

No. Our policy reflects a stance of non-participation and non-interference. We do not obstruct or impose barriers to patients who inquire about or decide to legally proceed with provider-hastened death.

While Providence providers are prohibited from prescribing, administering, or being present when a patient self-administers lethal agents to hasten death, they must not prevent or obstruct patients from seeking these services from non-Providence providers who are willing to do so. We do not refer patients for purposes of procuring life-ending prescriptions. At a patient's request we transfer records to other providers identified by a patient.

When patients ask about PHD, Providence providers and caregivers are encouraged to engage in deeper conversations about what led to the inquiry, and to comprehensively address pain and symptom management, as well as emotional, psychological, and spiritual concerns.

Because Providence prohibits provider participation in PHD, will Providence providers withhold information about applicable PHD laws and other information?

No. When patients ask about PHD, Providence policy encourages caregivers and providers to engage in deeper conversations about what concerns underlie the question, and to fully attend to pain and symptom management, as well as emotional, psychological, and spiritual concerns. Providence employees can refer patients and loved ones to publicly available resources, such as government public health websites.

Can patients talk with their clinicians at Providence about PHD?

Yes. We believe all physicians have a responsibility to discuss care through the end of life with patients. We are committed to providing the best care possible to every person at every stage of life.

We respect the rights of patients and their care teams to discuss and explore all treatment options and believe those conversations are important, privileged, and confidential. As part of a discussion, patient requests for self-administered life-ending medication may occur, but our clinicians do not participate in any way in assisted dying.

We provide all other requested care through the end of life for patients and families, including palliative care, hospice, and other services.

Can Providence refer patients to doctors who perform provider-hastened death?

Providence employees cannot refer patients to physicians or other providers for the purpose of evaluation of PHD qualifications or prescription of life-ending drugs because this is considered actively participating in PHD. Providence providers and caregivers can provide patients with publicly available information, including websites that include information about providers who support PHD.

Why does Swedish have its own PHD policy?

When Providence and Swedish came together in 2012, it was established that Swedish would remain a nonreligious organization. As such, Swedish is not subject to the Ethical and Religious Directives (ERDs) that govern Providence, a Catholic health organization.

Swedish policy allows Swedish physicians to:

1) complete legally required eligibility forms for aid in dying,

2) write prescriptions in accordance with Washington's Death with Dignity Act and

3) make referrals to providers who fully participate in the Death with Dignity Act.

Swedish caregivers and providers can share publicly available information about applicable state law, procedures, and organizations that fully assist people in seeking provider-hastened death.

Swedish clinicians within the scope of their employment, cannot:

1) administer drugs in support of hastened death in a Swedish hospital or clinic,

2) administer drugs by any route with the intention of hastening death,

3) be present at the time the patient ingests the lethal agent, and

4) actively obstruct eligible patients from discussing, exploring, or pursuing legal avenues to hastening death.

Will Providence providers in Washington State refer patients seeking PHD to Swedish? Why or why not?

Providence will not refer patients to Swedish for the purpose of seeking PHD, because that is considered to be actively participating in PHD.

Does Providence consider palliative care or hospice an alternative to PHD?

No. Palliative care and hospice are parts of the continuum of best practices. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment. Specialty palliative care is an important means of providing excellent symptom management, skillful communication to enable shared decision-making and psychosocial counseling and spiritual support. However, these services should be available to patients in need regardless of enrollment in actual palliative care programs.

What is Providence doing to ensure proper staffing for palliative care or hospice services?

Palliative care, hospice, and care through the end of life are strategic clinical priorities for Providence, as it strives to provide the best care possible, especially for the poor and vulnerable. Providence has developed a robust Palliative Practice Group, which strives to identify unmet needs and optimize palliative care across the seven Western states in which the organization operates. To expand this service line, Providence has stood up a tele-palliative care service to help meet the needs of patients in rural areas. Providence strives to offer palliative care, hospice, and care through the end of life for all patients in need.

Will patients' advance directive or POLST documentation be respected?

Yes. We have long believed that everyone deserves the best possible care at every stage of life. That's why we want every American to have the opportunity to plan in advance – in consultation with their care team – for the type of care they wish to receive through the end of life. Advance directives for all our adult patients are encouraged and respected, as are physician orders for life-sustaining treatment or POLST forms from applicable patients.

Will Providence physicians write or fill lethal prescriptions on Providence premises?

No. We encourage patients and their care team to discuss and explore all treatment options and believe those conversations are important and confidential. Our physicians will not participate in hastened death if they are working on "Providence time" or on Providence premises, which includes within our medical foundation or in our hospitals under a contractual agreement (i.e., anesthesia, radiology, pathology).

A physician who has privileges at one of our hospitals but chooses to be a "prescribing physician" on "non-Providence time" and in their own office space at another medical office building (not Providence premises) can do so because we have no authority/responsibility with them in that separate context.

How many Providence patients inquire about PHD in any given year?

Unknown. Because conversations between patients and providers are privileged and confidential, Providence does not track this information.