



Lincoln Hospital will not participate in the Death with Dignity Act

February 2009 -- The recent passage of Initiative 1000, the Washington State Death with Dignity Act, has raised many questions for physicians, pharmacists, counselors, and hospitals statewide.

"After careful, thoughtful conversations with our medical staff, board of trustees/commissioners, Lincoln Hospital has chosen to not participate under the Washington State Death with Dignity Act. This means that Lincoln Hospital physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life on hospital district premises or on property owned by the hospital," says Tom Martin, Lincoln Hospital District #3 Administrator. "Providers who violate this policy could be sanctioned by the hospital."

The Death with Dignity Act is clear that no provider or hospital, including Lincoln Hospital, is required to assist a qualified patient in ending his or her own life. Hospitals that do not allow participation are required to provide public notice. Providers may, if they choose, independently contract outside their role with Lincoln Hospital to participate in the Act, off hospital premises.

Lincoln Hospital will continue to provide compassionate, high quality care to all our patients. "Any patient wishing to receive life-ending medication while a patient at this hospital, will be given assistance in transferring to another facility of the patient's choice. The transfer will assure continuity of care," says Martin.

"All providers at Lincoln Hospital will respond to any patient query about life-ending medication with openness and compassion," says Martin. "Lincoln Hospital encourages our providers to have an open discussion about patient concerns, unmet needs, feelings, and desires about the dying process. Providers will help patients understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, Lincoln Hospital's goal is to help patients make informed decisions about end-of-life care."