



DEPARTMENT OF HEALTH

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Hawai'i Department of Health urges health care organizations statewide to prepare for start of "Our Care, Our Choice" Act

HONOLULU -- The Hawai'i Department of Health (DOH) is advising health care organizations statewide to prepare for the Jan. 1, 2019 effective date of the "Our Care, Our Choice Act" which allows adult residents with a medically confirmed terminal disease and less than six months to live the choice to obtain a prescription for medication to end their life. The DOH, guided by an advisory group, is working with the community to establish a process which assures the patient experience is optimal and that patients and their family members fully understand all end-of-life care options.

The DOH is requesting health care providers statewide anticipate patient needs and develop policies and procedures that assure patients are fully aware and informed of alternative treatments such as palliative care and hospice care, as well as workflows that support timely referrals, effective clinical standards, clinician support, and clear communication.

Health care organizations statewide seeking assistance or more information may contact the DOH Office of Planning, Policy, and Program Development at (808) 586-4188.

About the "Our Care, Our Choice" Act

The new law will give mentally capable, terminally ill people with six months or less to live the option to take prescription medication that enables them to die peacefully in their sleep.

Modeled after Oregon's Death with Dignity Act, which has been in practice for 20 years, the Hawai'i law establishes a regulatory process under which the terminally ill patient may choose to obtain a prescription for medication to end their life. This includes strict eligibility criteria and safeguards that ensure a safe, compassionate and patient-centered end-of-life process.

Among the safeguards: the patient is required to take the medication on his/her own; two doctors must confirm the terminal illness and six-month prognosis; patients are not eligible for medical aid in dying based on age or disability; the attending physician must inform the requesting patient about all end-of-life care options including pain and symptom management, hospice and palliative care; the patient's mental capacity must be confirmed by a mental health professional; two separate requests for medication must be made, with a 20-day waiting period between the first and second request; a

written request overseen by two witnesses is also required, with one witnesses prohibited from being a beneficiary of the patient's estate. The new law will also make it a criminal offense to tamper with a patient's request for a prescription or to coerce a patient to request a prescription.

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