



Patient-Directed Care at End of Life Annual Report

April 28, 2020

Pursuant to Title 22, MRS §2140(17)

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*Revised May 4, 2020 to update report date

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Executive Summary

In accordance with 22 MRS § 2140(17), the Department of Health and Human Services (Department) shall generate and make available to the public an annual statistical report of information collected under the Maine Death with Dignity Act (Act). The Department is mandated to submit a copy of the report to the Joint Standing Committee of the Legislature having jurisdiction over health matters, annually by March 1st. This first report covers the period of time between September 19, 2019 and December 31, 2019. Subsequent reports will be submitted March 1st and cover the previous calendar year.

This March 2020 report provides statistics concerning the utilization of Patient-directed Care, 22 MRS chapter 418. Specifically, this report provides information about patients who have reportedly met the requirements of the Act, the underlying causes of qualified patient death, and the number of prescriptions for life-ending medication written or dispensed to qualified patients.

Introduction

In 2019, the 129th Maine Legislature passed Public Law 271 known and cited as the Death with Dignity Act (Appendix A). The Act enables physicians to prescribe medication to a Maine resident with a terminal condition with the intent that the medication be self-administered for the purpose of hastening the patient's death. The Act set forth conditions for the patient and the physician for this action to be taken lawfully. Those conditions include, but are not limited to, an oral and written request by the patient to the physician, a reminder that all steps in the process must be voluntary, that the patient be capable of making such a decision, confirmation of the diagnosis and prognosis by a second physician, and an attestation by a qualified witness to these steps.

Once the prescribing physician fulfills all of the statutory requirements, the physician is required to attest to compliance with the Act and submit required report forms to the Department. The fact that a health care provider participates in activities under this Act may not be the sole basis for a complaint or report by another health care provider to the appropriate licensing board under Title 32, including, but not limited to, the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the Maine Board of Pharmacy.

Within six months of the effective date of the Act, the Department is directed to adopt major substantive rules to facilitate the collection of information regarding compliance with the Act. The information collected is confidential, is not a public record and may not be made available for inspection by the public.

On June 12, 2019, Governor Janet Mills issued executive order number 9 FY19/20, directing the Department to conduct rulemaking on an emergency basis following the enactment of 2019 PL c. 271. Emergency rulemaking was conducted in accordance with 5 MRS §8054, and the Death with Dignity Act Reporting Rule, 10-146 CMR chapter 15, was in place when the law became effective on September 19, 2019 (Appendix B). The emergency rule provided guidance on reporting requirements for physicians to demonstrate that the individual made an informed decision about their end-of-life care and to ensure compliance with the law. Reporting forms were developed to collect the information required both in law and in the Governor's executive order.

To coincide with expiration of the emergency rule as means to ensuring continuity, the Department submitted for provisional adoption, a major substantive rule in January 2020. In accordance with the Maine Administrative Procedures Act, this major substantive rule was submitted to the legislature for review and approval for final adoption.

In March 2020, the Health and Human Services Committee voted to pass LD 2068, *Resolve, Regarding Legislative Review of Portions of Chapter 15: Death with Dignity Act Reporting Rule, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention*, to be engrossed as amended.

Currently in effect, the Death with Dignity Act Reporting Rule requires up to five documents for reporting and compliance purposes. The content of reporting forms required by the Department is consistent with the statute. Forms are found on the Data, Research, and Vital Statistics (DRVS) website¹ or by request to the State Registrar and these forms are: the Request for Medication to End My Life in a Humane and Dignified Manner Form that is to be completed and signed by the patient and two witnesses; Interpreter Attachment Form, if applicable; the Consulting Physician Form that is to be signed by a physician who has reviewed and confirmed the medical opinion of the attending physician; the Attending Physician End-of Life Reporting Form which certifies all the requirements of the Act have been met, including adherence to the waiting periods set forth by the Act; and the End-of-Life Closure Form to be completed by the attending physician within 30 days of the death of the qualified patient (Appendix C).

Summary

The following summary is based on cases reportable under the Act and reported to the Department's Office of Data, Research and Vital Statistics between the time period of September 19, 2019, and December 31, 2019.

General Statistics

- There was one event for this reporting period.
- The underlying diagnosis was prostate cancer.
- The individual was more than 65 years old, a longtime Maine resident, educated with a college degree.
- The mechanism for death was patient choice/self-administered medication.

Prescriptions

- A prescription of digoxin, diazepam, morphine sulfate, and amitriptyline was dispensed.

¹ Maine CDC Office of Data, Research and Vital Statistics; <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>

Appendices

Appendix A

22 MRS chapter 418, available for download at:

<http://legislature.maine.gov/legis/statutes/22/title22sec2140.html>

Appendix B

10-146 CMR chapter 15, available for download at:

<http://www.maine.gov/sos/cec/rules/10/chaps10.htm#146>

Appendix C

Reporting Forms (Attending Physician End-of-Life Reporting Form, Consulting Physician Form, Interpreter Attachment Form, Request for Medication to End My Life in a Humane and Dignified Manner Form, End of Life Closure Form), available for download at:

<http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>

§2140. Patient-directed care at the end of life

1. Short title. This chapter may be known and cited as "the Maine Death with Dignity Act." [PL 2019, c. 271, §4 (NEW).]

2. Definitions. As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

A. "Adult" means a person who is 18 years of age or older. [PL 2019, c. 271, §4 (NEW).]

B. "Attending physician" means the physician who has primary responsibility for the care of a patient and the treatment of that patient's terminal disease. [PL 2019, c. 271, §4 (NEW).]

C. "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available. [PL 2019, c. 271, §4 (NEW).]

D. "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient's disease. [PL 2019, c. 271, §4 (NEW).]

E. "Counseling" means one or more consultations between a state-licensed psychiatrist, state-licensed psychologist, state-licensed clinical social worker or state-licensed clinical professional counselor and a patient for the purpose of determining that the patient is competent and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment. [PL 2019, c. 271, §4 (NEW).]

F. "Health care provider" means:

(1) A person licensed, certified or otherwise authorized or permitted by law to administer health care services or dispense medication in the ordinary course of business or practice of a profession; or

(2) A health care facility. [PL 2019, c. 271, §4 (NEW).]

G. "Informed decision" means a decision by a qualified patient to request and obtain a prescription for medication that the qualified patient may self-administer to end the qualified patient's life in a humane and dignified manner that is based on an appreciation of the relevant facts and that is made after being fully informed by the attending physician of:

(1) The qualified patient's medical diagnosis;

(2) The qualified patient's prognosis;

(3) The potential risks associated with taking the medication to be prescribed;

(4) The probable result of taking the medication to be prescribed; and

(5) The feasible alternatives to taking the medication to be prescribed, including palliative care and comfort care, hospice care, pain control and disease-directed treatment options. [PL 2019, c. 271, §4 (NEW).]

H. "Medically confirmed" means the medical opinion of an attending physician has been confirmed by a consulting physician who has examined the patient and the patient's relevant medical records. [PL 2019, c. 271, §4 (NEW).]

I. "Patient" means an adult who is under the care of a physician. [PL 2019, c. 271, §4 (NEW).]

J. "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this State. [PL 2019, c. 271, §4 (NEW).]

STATE OF MAINE
DEATH WITH DIGNITY ACT
REPORTING RULE
10-146 CODE OF MAINE RULES
CHAPTER 15



Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
Augusta, Maine 04333-0011

Effective Date: September 19, 2019 (Emergency Major Substantive Rule)

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SECTION 1. PURPOSE AND DEFINITIONS

- A. Purpose.** This rule implements 22 MRS chapter 418, the *Maine Death with Dignity Act*, and specifies the Department's authority to collect and use information related to patient-directed care at the end of life.
- B. Definitions.** As used in this rule, unless the context indicates otherwise, the following terms have the following meanings:
1. **Act** means the *Maine Death with Dignity Act*, 22 MRS Chapter 418.
 2. **Attending physician** means the physician who has primary responsibility for the care of a patient and the treatment of that patient's terminal disease.
 3. **Competent** means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating, if those persons are available.
 4. **Consulting physician** means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient's disease.
 5. **Department** means the Department of Health and Human Services, Maine Center for Disease Control and Prevention.
 6. **Form** means a form prescribed by the Department that the Department requires to be completed for purposes of compliance with this rule. Forms that are missing required signatures, dates or information will not be considered valid or acceptable.
 7. **Life-ending medication** means the medication prescribed or dispensed by a licensed healthcare provider in accordance with the Act to be self-administered by the qualified patient suffering from a terminal disease to end the qualified patient's life in a humane and dignified manner.
 8. **Physician** means a doctor of medicine or osteopathy licensed pursuant to 32 MRS chapter 48 or 36.
 9. **Qualified patient** means a competent adult who is a resident of this State and who has satisfied the requirements of the Act in order to obtain a prescription for medication that the qualified patient may self-administer to end the qualified patient's life in a humane and dignified manner.

SECTION 2. SCOPE

This rule applies to healthcare providers involved in the decisions pursuant to the Act. This rule establishes reporting requirements related to patient-directed care at the end of life and responsibilities of healthcare providers participating in specific conduct under the Act. This rule does not require a healthcare provider to provide life-ending medication to a qualified patient.

SECTION 3. RESPONSIBILITIES OF HEALTHCARE PROVIDERS

- A. Compliance.** The attending physician must verify that all requirements of the Act have been met before prescribing or dispensing life-ending medication. The attending physician is responsible for ensuring that copies of all required forms are received by the Department. The attending physician must ensure that each original, completed form is retained in the qualified patient's medical record. Copies of required forms must be filed within 30 days after the date the prescription for life-ending medication is written, unless otherwise specified.
- B. Request for Medication to End My Life in a Humane and Dignified Manner.** The Request for Medication to End My Life in a Humane and Dignified Manner Form must be used for all written requests for life-ending medication. This form must be completed by the patient and two witnesses no sooner than 15 days following the patient's first verbal request for life-ending medication, in accordance with 22 MRS §§ 2140(5) and 2140(24). A copy of the completed form must be provided to the qualified patient.
1. **Witnesses.** The qualified patient's signature on this form must be witnessed by at least two individuals who, in the presence of the qualified patient, attest that to the best of their knowledge and belief, the patient is competent, is acting voluntarily, and is not being coerced to sign the request. One witness must be a person who is not a relative of the patient by blood, marriage, or adoption; a person who at the time the form is signed would be entitled to any portion of the estate of the patient upon death, under any will or by operation of any law; or an owner, operator or employee of a health care facility where the patient is receiving medical treatment or is a resident.
 - a. **Attending Physician.** The patient's attending physician at the time the written request is signed may not be a witness.
 - b. **Patient in a Long-Term Care Facility.** If the patient resides in a long-term care facility at the time of the patient's written request, one witness must be a licensed healthcare provider designated by the facility. The facility's designee may be an owner, operator or employee of the healthcare facility where the patient resides.
- C. Interpreter Attachment.** The Interpreter Attachment Form is only required if an interpreter is used pursuant to 22 MRS §2140(5)(B), to interpret conversations or consultations between the patient and the patient's attending or consulting physician in a language other than English, regarding the written request for life-ending medication. If an interpreter is used, this form, containing the elements required by 22 MRS §2140 (25), must accompany the Request for Medication to End My Life in a Humane and Dignified Manner Form.
1. **Interpreter Limitations.** The interpreter must not be a person who is a relative of the patient by blood, marriage, or adoption; a person who at the time the written request is signed would be entitled to any portion of the estate of the patient upon death, under any will or by operation of any law; or an owner, operator, or employee of a health care facility where the patient is receiving medical treatment or is a resident.
- D. Consulting Physician End-of-Life Care Form.** The Consulting Physician End-of-Life Care Form, containing the reporting requirements of 22 MRS §§ 2140 (7) and 2140 (14)(D), must be completed by the consulting physician who has examined the patient, has reviewed the patient's medical record, and who has confirmed the medical opinion of the attending

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physician that the patient is suffering from a terminal disease and has verified that the patient is competent, is acting voluntarily, and has made an informed decision.

- E. Attending Physician End-of-Life Reporting Form.** The Attending Physician End-of-Life-Reporting Form must be completed by the attending physician to certify that all requirements of the Act have been met, including the attending physician's responsibilities at 22 MRS §2140(6), the documentation requirements at 22 MRS §2140(14), and the waiting periods set forth at 22 MRS §2140(13). A copy of the written prescription record must accompany this form.
- F. End-of-Life Closure Form.** The End-of-Life Closure Form must be completed by the attending physician within 30 days after the qualified patient's death, in accordance with 22 MRS §2140 (17)(B)(1). If six months have passed from the date the attending physician prescribed or dispensed the life-ending medication and the qualified patient's death has not been confirmed, the attending physician must complete this form and provide a copy to the State Registrar within 30 days following the expiration of that six-month period, retaining the original in the patient's medical record.

SECTION 4. REPORTING AND RECORD RETENTION

A. Reporting.

1. Reporting must be in the manner prescribed by the Department, using the forms specified in this rule. Copies of the forms may be accessed at the Department's Data Research and Vital Statistics website at <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>, or by request to the State Registrar.
2. Copies of completed forms must be mailed to the attention of the State Registrar, Office of Data, Research, and Vital Statistics, 220 Capitol Street, 11 State House Station, Augusta, Maine 04333-0011.
3. All forms must be completed in accordance with the Act and this rule. Unless otherwise specified, all forms must be submitted to the State Registrar no later than 30 days after the date of the prescription for life-ending medication is written. The Department will contact the qualified patient's attending physician when it appears that any required form has not been filed.
4. The Department will collect information from attending physicians who have prescribed or dispensed life-ending medication to ensure compliance with the Act and this rule, and for use in assembling an annual statistical report as required by the Act. Required information will include any information requested on the forms prescribed by the Department and specified in this rule. Additionally, the Department may request from an attending physician any other information reasonably necessary to determine compliance with the Act and this rule.

B. Record Retention.

1. The attending physician prescribing or dispensing life-ending medication to a qualified patient must retain the original of each required form in the patient's medical record.

APPENDIX C.

2. Paper forms submitted to the State Registrar will be retained by the Department to inform the annual report and may be destroyed only after the Department publishes the yearly report required by the Act.
- C. Confidentiality.** Information collected by the Department pursuant to this rule is confidential, is not a public record, and may not be made available for inspection by the public.
-

STATUTORY AUTHORITY AND HISTORY

STATUTORY AUTHORITY:

22 MRS Chapter 418 §2140

EFFECTIVE DATE:

September 19, 2019 – filing 2019-170 (*Emergency major substantive*)

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
220 Capitol Street
Augusta, Maine 04333-0011
Tel; (207) 287-5500; Toll Free: (888) 664-9491
TTY: Dial 711 (Maine Relay); Fax (207) 287-5470

Request for Medication to End My Life in a Humane and Dignified Manner

Part One: Declaration of Patient

I, _____, am an adult of sound mind and am a resident of the State of Maine and have been since _____ (month) of _____ (year) and I am suffering from _____, which my attending physician has determined is a terminal disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis and prognosis, the nature of the medication to be prescribed and potential associated risks, the expected result and feasible alternatives, including palliative care and comfort care, hospice care, pain control and disease-directed treatment options.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and contact any pharmacist to fill the prescription.

INITIAL ONE:

_____ I have informed my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request, and I expect to die when I take the medication to be prescribed. I further understand that, although most deaths occur within 3 hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signature	Date
-----------	------

Part Two: Declaration of Witnesses

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing above request:

Initials of Witness 1:

- _____ 1. Is personally known to us or has provided proof of identity;
- _____ 2. Signed this request in our presence on the date of the person's signature;
- _____ 3. Appears to be of sound mind and not under duress, fraud, or undue influence; and
- _____ 4. Is not a patient for whom either of us is the attending physician.

Witness 1 Print name	Signature	Date
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Initials of Witness 2:

- _____ 1. Is personally known to us or has provided proof of identity;
- _____ 2. Signed this request in our presence on the date of the person's signature;
- _____ 3. Appears to be of sound mind and not under duress, fraud, or undue influence; and
- _____ 4. Is not a patient for whom either of us is the attending physician.

Witness 2 Print name	Signature	Date
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NOTE: One witness must be a person who is not a relative by blood, marriage, or adoption of the person signing this request, is not entitled to any portion of the person's estate upon death and does not own or operate or is not employed at a health care facility where the person is a patient or resident. The person's attending physician at the time of the request is signed may not be a witness. If the person is an inpatient at a long-term care facility, one of the witnesses must be a licensed healthcare provider designated by the facility; the facility's designee may be an owner, operator, or employee of the health care facility.

To the person signing this request:

Give this completed form to your attending physician. Request a copy to keep for yourself.

To the attending physician:

Retain this completed original form in the patient's medical record. Provide a copy to the State Registrar, Office of Data, Research, and Vital Statistics.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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Form of Interpreter Attachment

I, _____, am fluent in English and _____
(language of patient)

On _____ (date) at approximately _____ (time) I read the "REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER" to _____ (name of patient) in _____ (language of patient).

Mr./Ms. _____ (name of patient) affirmed to me that he/she understands the content of this form, that he/she desires to sign this form under his/her own power and volition and that he/she requested to sign the form after consultations with an attending physician and a consulting physician.

Under penalty of perjury, I declare that I am fluent in English and _____ (language of the patient) and that the contents of this form, to the best of my knowledge, are true and correct.

Executed at _____ (city, county, and state)
on _____ (date).

Interpreter's signature: _____
Interpreter's printed name: _____
Interpreter's address: _____

To the interpreter: Give this completed form to the attending physician.

To the attending physician: Retain the original form in the patient's medical record. Mail a copy to the attention of the State Registrar, Office of Data, Research, and Vital Statistics.

Janet T. Mills
Governor

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End-of-Life Closure Form

Dear Physician:

Pursuant to the Department of Health and Human Services' authority to collect information under **the Death with Dignity Act**, 22 M.R.S. chapter 418, the Department requires physicians who write a prescription for medication for a patient to self-administer for the purpose of ending the patient's life in a humane and dignified manner to complete this follow-up form within **30 calendar days** of a patient's death, if known to the physician or **or 6 months of writing the prescription**.

For the Department of Health and Human Services to accept this form, it must be signed by the Attending Physician, whether or not he or she was present at the patient's time of death.

This form should be mailed to the attention of the State Registrar at: 220 Capitol Street, 11 State House Station, Augusta, Maine, 04330. *All information is kept strictly confidential.* If you have any questions, call: 207-287-5459.

Patient's Name: _____ **DOB:** ____/____/____

Name of Attending Physician: _____

Prescription Record

Did the patient die from ingesting the lethal dose of medication, from their underlying illness, or from another cause such as terminal sedation or ceasing to eat or drink? **If unknown, please mark the form indicating that.**

- 1. Patient Choice** (self-administered medication)
- 2. Underlying illness**
- 3. Unknown**
- 4. Other** (please specify):

How was the unused medication disposed of? If unknown, please indicate the same.

Attending Physician Signature: _____

Date: ____/____/____

Janet T. Mills
Governor

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Consulting Physician End-of-Life Care

PLEASE PRINT

A PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, MI)	DATE OF BIRTH
B REFERRING/ATTENDING PHYSICIAN INFORMATION	
NAME	TELEPHONE NUMBER
C CONSULTING PHYSICIAN DETERMINATIONS	
<p>I examined the above-named patient on _____ (date) at _____ (time). I have also reviewed the patient's relevant medical records.</p> <p>By checking below, I confirm the attending physician's diagnosis that the patient is suffering from a terminal disease, specifically _____ (list diagnosis), and verify that the patient is competent, is acting voluntarily, and had made an informed decision:</p> <p><input type="checkbox"/> a) diagnosis that patient is suffering from a terminal disease; <input type="checkbox"/> b) patient is competent; <input type="checkbox"/> c) patient is making an informed decision; <input type="checkbox"/> d) patient is acting voluntarily in his/her request for medication to end his/her life in a humane and dignified manner.</p>	
D CONSULTING PHYSICIAN'S INFORMATION	
NAME (please print)	LICENSE NUMBER
MAILING ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER
PHYSICIAN'S SIGNATURE	DATE

To the consulting physician: Provide the completed form to the attending physician.

To the attending physician: Provide a copy of the completed form to the State Registrar, Office of Data, Research, and Vital Statistics. Retain the original in the patient's medical record.

Janet T. Mills
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Attending Physician End-of-Life Reporting Form

PLEASE PRINT

A PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, MI)	DATE OF BIRTH
MEDICAL DIAGNOSIS AND PROGNOSIS	
B PHYSICIAN INFORMATION	
NAME (LAST, FIRST, MI)	TELEPHONE
MAILING ADDRESS	
CITY, STATE, ZIP	
CONSULTING PHYSICIAN NAME	TELEPHONE
C ACTION TAKEN TO COMPLY WITH LAW	
1. FIRST ORAL REQUEST	
<input type="checkbox"/> The patient made an oral request for medication to be self-administered for the purpose of ending the patient's life in a humane and dignified manner.	DATE
Comments:	
2. SECOND ORAL REQUEST (Must be made 15 days or more after the first oral request.)	
Indicate compliance by checking the boxes.	DATE
<input type="checkbox"/> 1. The patient made a second oral request for medication to be self-administered for the purpose of ending the patient's life in a humane and dignified manner.	
<input type="checkbox"/> 2. Attending physician has offered the patient an opportunity to rescind the request.	
Comments:	
3. WRITTEN REQUEST (Must be made 15 days or more after the first oral request.)	
<input type="checkbox"/> The patient made a written request for medication to be self-administered for the purpose of ending the patient's life in a humane and dignified manner.	DATE
Comments:	

4. ATTENDING PHYSICIAN DETERMINATIONS AND ACTIONS	
<p>Indicate compliance by checking the boxes. I have determined that the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> is at least 18 years of age; <input type="checkbox"/> is suffering with a terminal disease; <input type="checkbox"/> is competent; and <input type="checkbox"/> has made a voluntary request for medication to self-administer for the purpose of ending the patient's life in a humane and dignified manner. <p>I have requested that the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> demonstrate he/she is a Maine state resident, and I am satisfied the patient is a Maine state resident. <p>To ensure the patient is making an informed decision, I have informed the patient of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the patient's medical diagnosis; <input type="checkbox"/> the patient's prognosis; <input type="checkbox"/> the potential risks associated with taking the medication to be prescribed; <input type="checkbox"/> the probable result of taking the medication to be prescribed; and <input type="checkbox"/> the feasible alternatives to taking the medication to be prescribed, including palliative care and comfort care, hospice care, pain control and disease-directed treatment options. <p>I have taken the additional following steps:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referred the patient to a consulting physician for medical confirmation of the diagnosis and for a determination that the patient is competent and acting voluntarily; <input type="checkbox"/> Confirmed that the patient's request does not arise from coercion or undue influence by another individual by discussing with the patient, outside the presence of any other individual, except for an interpreter, whether the patient is making an informed decision; <input type="checkbox"/> Verified that the patient, based on my evaluation or following a referral for counseling, is not suffering from a psychiatric or psychological disorder or depression causing impaired judgement; <input type="checkbox"/> Recommended that the patient notify the patient's next of kin; <input type="checkbox"/> Counseled the patient about the importance of having another person present when the patient takes the medication prescribed, and counseled the patient about not taking the medication prescribed in a public place; <input type="checkbox"/> Informed the patient that the patient has the opportunity to rescind the request at any time and in any manner; and <input type="checkbox"/> Verified immediately before writing a prescription for life-ending medication that the patient is making an informed decision. 	
D MEDICATION PRESCRIBED AND INFORMATION PROVIDED TO PATIENT	
To be prescribed no sooner than 48 hours after the date of the written request.	
MEDICATION PRESCRIBED AND DOSAGE:	DATE PRESCRIBED
NAME OF PHARMACIST AND ADDRESS (if applicable)	
E MEDICAL COVERAGE/PATIENT INSURANCE	
What is the principal source of medical coverage for the patient?	
<ul style="list-style-type: none"> <input type="checkbox"/> a) Private Insurance <input type="checkbox"/> b) Government Payor includes Medicare, Indian Health Service, or CHAMPUS <input type="checkbox"/> c) Mainecare or Medicaid <input type="checkbox"/> d) Self Pay <input type="checkbox"/> e) None <input type="checkbox"/> f) Unknown 	
To the best of my knowledge, all of the requirements of the Death with Dignity Act, 22 M.R.S. chapter 418, have been met.	
PHYSICIAN'S SIGNATURE	DATE

If comments in any section exceed the space provided, please use an attached page. Supplemental comments should be identified using the appropriate alphanumeric notation (e.g., C3). **Retain the original form in the patient's medical record. Provide a copy of the completed form to the State Registrar, Office of Data, Research, and Vital Statistics within 30 days of writing the prescription.**