

Attending Physician's (AP) Checklist for Maine Death with Dignity Act

This document has been created to assist attending physicians with completing Maine Death with Dignity Act requirements. This document is not a legal substitute and is not part of state-required paperwork. Items are not necessarily listed in chronological order. Refer to the Maine Death with Dignity Act for complete details and for *legal definitions italicized in this check-sheet*. (http://legislature.maine.gov/legis/bills/bills_129th/chapters/PUBLIC271.asp).

Patient Name:	
<input type="checkbox"/> Patient initiated first verbal request to <i>Attending Physician (AP)</i>	Date:
<input type="checkbox"/> Verified patient is an <i>adult resident of Maine</i> .	Date:
<input type="checkbox"/> Verified patient has a <i>terminal disease</i> .	Date:
<input type="checkbox"/> Determined patient is <i>competent and acting voluntarily</i> .	Date:
<input type="checkbox"/> Determined patient is making an <i>informed decision</i> by notifying patient of: <ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Prognosis <input type="checkbox"/> Risks of ingesting medication <input type="checkbox"/> Probable results of ingesting medication <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. 	Date: Date: Date: Date: Date:
<input type="checkbox"/> Advised patient s/he may rescind request at any time and in any manner.	Date:
<input type="checkbox"/> Referred patient to consulting physician (CP) for medical confirmation of diagnosis/prognosis and for determination that the patient is <i>competent, acting voluntarily</i> , and has made an <i>informed decision</i> .	Date:
<input type="checkbox"/> Received CP <i>medical confirmation</i> of patient diagnosis, prognosis, and that patient is <i>competent, acting voluntarily</i> , and has made an <i>informed decision</i> .	Date:
<input type="checkbox"/> IF REQUIRED, referred patient for <i>counseling with qualified mental health professional</i> .	Date: Date:
<input type="checkbox"/> Mental Health Professional counseling report received, and patient is: <ul style="list-style-type: none"> <input type="checkbox"/> <u>Cleared</u> to request medication <input type="checkbox"/> <u>NOT CLEARED</u> to request medication (STOPS PROCESS) 	
<input type="checkbox"/> Received: <ul style="list-style-type: none"> <input type="checkbox"/> 2nd verbal request from patient (minimum of 15 days after 1st verbal). <input type="checkbox"/> <i>Written, witnessed request</i> from patient. 	Date: Date:
<input type="checkbox"/> 48 hour wait period from date of written request ended:	Date:
<input type="checkbox"/> Counseled patient to notify next of kin.	Date:
<input type="checkbox"/> Counseled patient not to take medication in a public place.	Date:
<input type="checkbox"/> Counseled patient to have someone present when taking medication.	Date:
<input type="checkbox"/> Advised patient 2nd time that s/he may rescind request.	Date:
<input type="checkbox"/> RX for anti-emetic:	Date:
<input type="checkbox"/> RX for Maine Death with Dignity medication(s):	Date:
<input type="checkbox"/> Dispensed medication directly to patient OR contacted pharmacist with prescription.	Date:
<input type="checkbox"/> Initial State-required data submitted within 30 days of prescription date.	Date:
<input type="checkbox"/> Final State-required data submitted within 30 days of patient death.	Date: