

# Protect Patient Care Act

## *Support SB 5542, HB 2561 and HB 1608*

No matter where in Washington a patient lives or goes to seek medical treatment, they should trust that they can get the care they need. Yet, a sharply increasing number of hospitals and clinics in Washington prohibit or limit the information, resources, and services a health provider may offer to a patient. Such restrictions, which are often unknown to patients, disproportionately harm women, the LGBTQ community, people of color, rural residents, people with limited resources, and people seeking end of life care.

Your doctor and nurse should be allowed to discuss all relevant information about your care and provide appropriate medical treatment when your health or life is at serious risk. The legislature must act to protect patients by ensuring access to lawful, medically appropriate information and services. Health care decisions should be made between patients and providers, free of health entities' restrictions.

### **Patients Are Being Denied Information & Resources**

Patients need and deserve full information in order to make informed choices about their health care. Yet across the state, hospitals and clinics are limiting the information and resources providers can give to their patients about reproductive and end-of-life health care services.

Due to these prohibitions, patients and their families are struggling to get requested information about health care services - including services related to the Death with Dignity Act. That act, passed by voter initiative in 2008, enables a terminally ill adult to request medication that allows them to die on their own terms. At the end of life, any delay in the provision of care, including those due to denials of information and resources, is significant. In Washington state, suffering and even violent suicide have occurred due to patients not receiving the information and resources they needed (see stories on opposite side of this page).

### **Pregnant Patients Aren't Receiving Necessary Health Care Services**

As health system affiliations continue to proliferate in Washington state, more and more doctors and nurses are also being prohibited from providing patients with needed pregnancy-related care.

In the event of pregnancy loss, a woman should not have to worry that she won't receive appropriate care because of a hospital's policies. However, in Washington state, women experiencing miscarriages have had their care delayed or have been turned away from hospitals due to health entity restrictions. The result is significant and unnecessary risk to the health and lives of women (see stories on opposite side of this page).

Additional complications and risks increase for patients in rural areas, where access can be limited to a single facility. In these instances, health care entity restrictions may result in insurmountable barriers to care.

### **Reform is Needed Now**

Health care facilities should not restrict the information, resources, and services health care providers may make available to their patients. Such restrictions, often in end-of-life and reproductive health care, serve no medical purpose, harm the relationship between patient and provider, and create barriers to informed decision-making and health care access.

SB 5542 would prevent health entities from interfering with a qualified healthcare practitioner's ability to provide their patients with medically accurate and comprehensive information, resources, and, in cases of pregnancy complications where there is a serious risk to the patient's life or health, services.

Trust between patients and their health care providers is vital to preserving and promoting individuals' well-being. The Protecting Patient Care Act will ensure providers can deliver needed information, resources, and services that are in the best interests of the patients they serve.

# Pass the Protecting Patient Care Act

---

The Protecting Patient Care Act (PPCA) respects the privilege and privacy of the patient-provider relationship by ensuring a doctor, nurse, or other health care professional is not prevented from providing information, resources, and in cases of pregnancy complications, standard of care health services that are in the best interests of their patients. We know this is necessary because patients and providers across Washington have shared their stories with us. Here are a few of these stories:

- Frank (a pseudonym), was an elderly man, with cancer. He was terminally ill and in a tremendous amount of pain. He wanted to consider his options under the Washington state Death with Dignity law but knew the health care system he was using did not allow doctors to participate. For this reason, he did not discuss it with his doctor. Frank was eventually referred to another oncologist employed by a different, less-restrictive health system for cancer treatment. Frank discussed Death with Dignity with the doctor and decided to obtain the medication – a process that would take at least 15 days. Unfortunately, Frank began the process too late. A few days after meeting with the oncologist the pain was unbearable and Frank shot himself.
- Gary (a pseudonym) was terminally ill with aggressive, stage 4 liver cancer and had decided he wanted to utilize our Death with Dignity Law. Gary asked his providers at the only healthcare system near his rural home to provide him with the medication and to document his request. This oral request began the mandatory 15-day waiting period for qualification to use the law. Gary made this request multiple times, hoping that even if the providers declined to participate, they would document the request in his medical record. Yet when asked for copies of the documentation, he was told that they “didn’t do that here” and given vague excuses for the delay. Due to these delays Gary, was unable to obtain the medication and experienced a painful death.
- Sarah (a pseudonym) was around 21 weeks pregnant when she began bleeding and cramping. Her high risk OB/GYN determined that she was miscarrying and that she needed to be admitted to labor and delivery immediately to prevent infection, sepsis, and even death. Sarah’s primary OB/GYN was contacted and agreed that Sarah needed to be admitted. However when Sarah arrived at the nearest hospital, the hospital refused to admit Sarah, citing the health system’s opposition to pregnancy terminations. Sarah’s high risk OB/GYN knew that Sarah needed immediate treatment and so told Sarah’s husband to drive her to Seattle, which was 45 minutes to an hour away, where Sarah was finally admitted and treated.
- Jane (a pseudonym), a woman in western Washington, had a much-wanted pregnancy. When she began bleeding and experiencing pain, she went to the only hospital near her. An OB/GYN there explained to her that she had an infection, that the fetus would not survive, and that if her pregnancy were not terminated, her reproductive health system and her life were at risk. At this point, when her life was at risk, Jane’s OB/GYN informed her that an ethics committee would have to be consulted. Jane, by now extremely ill, ended up miscarrying in the hospital.
- Maria (a pseudonym) was miscarrying. Her doctor at the hospital where Maria also worked said her uterus needed to be evacuated. But, due to hospital policies, the staff delayed performing this necessary procedure for seven hours. By then, Maria’s iron levels were so low that she needed a blood transfusion. In response to the blood transfusion, Maria developed anti-Kell antibodies. Because her husband was Kell positive, this meant that their next pregnancy was at risk for sudden fetal demise. When Maria became pregnant again several years later, she and her husband were terrified. Thankfully, their baby survived.
- A doctor contacted the receptionist at a local oncology practice and asked if she could print some information from the End of Life Washington website for a mutual patient. The receptionist told the doctor that she would be fired if she accessed the website from a work computer using her login.