

# **Patient Choice and Control at End of Life**

#### **March 2024**

# **Patient Eligibility**

- Patient must be 18 years or older and diagnosed with a terminal illness with a prognosis of six months or less to live.
- Vermont residency is no longer a requirement.

# **Request for Medication**

- The patient must make two oral requests to their physician with a minimum of 15 days between requests.
- The patient also has to make a written request in the presence of two or more witnesses. Witnesses must be 18 or older and cannot be an interested person as defined in <u>the statute</u>.

# **Consulting Physician**

- The patient must undergo a consultation with a second physician to confirm the diagnosis, prognosis and the patient's capacity to make an informed decision.
- The Consulting Physician must complete the Consulting Physician Reporting Form and return it to the Prescribing Physician.

### **Tips for Completing Forms**

- Write clearly
- Fill in all fields
- Confirm spelling of patient name is correct
- Confirm patient date of birth is correct
- Use current version of forms
- Submit forms in a timely manner
- Submit all forms together

# **How to Submit**

Mail: Vermont Department of Health, Vital Records, 280 State Drive, Waterbury VT, 0567-8370 Fax: 802-651-1787 Email: VitalRecords@vermont.gov

## **Required Forms**

- Patient Request for Medication Form
- Physician Reporting Form
- <u>Consulting Physician Reporting Form</u>
- Prescribing Physician Follow up Form

\*The follow up form must be submitted within 10 days of death or within 60 days of writing the prescription.

The prescribing physician is responsible for submitting all forms to the Vermont Department of Health.

Forms can be found at: <u>HealthVermont.gov/patient-choice</u>

### **More Information**

Find more information and FAQs at HealthVermont.gov/patient-choice

#### Other questions can be directed to:

Jessie Hammond Division Director Health Statistics and Informatics Jessie.Hammond@Vermont.gov 802-863-7663