

# Client Support Volunteer Information Packet

Thank you for your interest in volunteering with Compassion & Choices of Washington (C&C). Enclosed you will find information about this position, C&C's Guidelines & Safeguards, and an application packet.

C&C provides advocacy, counseling, and emotional support to individuals who desire a peaceful, humane death. We encourage everyone who calls us to explore all options for end-of-life care. C&C's client support motto is: "No one dies in pain. No one dies alone." Our Client Support Volunteers (CSV) empower patients to seek excellent end-of-life care and effective pain and symptom management, while upholding the individual's right to seek aid-in-dying to avoid intolerable suffering. Although open and honest dialogue about dying is becoming more common, many people still feel constrained in speaking their minds.

C&C was formed so people can have these conversations without discomfort, knowing that their concerns will be addressed in a nonjudgmental atmosphere. These concerns may include preparing advance directives, the availability of hospice, talking to their physician about end of life, need for referrals, and/or the many ways to control the timing and manner of death.

To see example patient resources and other information we provide, please see our website, [www.CompassionWA.org](http://www.CompassionWA.org). Please fill out the two-page Volunteer Questionnaire and return it to our office. If you have any questions, do not hesitate to contact us. Of course all contacts and information are held in the strictest confidence.

For those applying from Washington regions that are far from Seattle, special consideration for the monthly meeting and trainings will be arranged.

Please be aware that your current employer may not share your beliefs about end of life, particularly if you work for a healthcare agency that is affiliated with the Catholic Church. We recommend discretion when disclosing your intent to volunteer with our agency. While this is a noble cause not everyone shares our beliefs about the right to choice at the end of life.

Warm regards,

*Amber Wade, MSW*  
Director of Client Support

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## **Client Support Volunteers (CSV) are the heart of C&C**

CSVs work in their communities to deliver the most compassionate gift any of us can give a terminally or incurably ill person: the ability to talk openly and honestly about all end-of-life options, including the Death With Dignity Act (for qualified clients). CSVs establish ongoing relationships, provide support and advice to the client and their family, and offer personal presence at the time of a Death With Dignity, to qualified individuals.

### **Requirements**

- Regularly attend Client Support Team meetings scheduled on the second Monday of each month at 6:30pm in Seattle. (Please contact us if this is your only concern).
- Read the training manual (provided after attending 3 Client Support meetings) and other suggested material.
- Attend a national training session (usually located in Seattle).
- After attending three monthly meetings, become a Client Support Volunteer working with an experienced Client Support Volunteer.

### **Responsibilities**

- Adhere to C&C's Guidelines and Safeguards.
- Serve as neutral, nonjudgmental listeners and witnesses to the clients' beliefs, values, and concerns as they face the end of life.
- Provide information and consultation about end-of-life options to clients and their families by telephone and in person.
- Refer clients to hospice programs, pain specialists, and other needed supports.
- Support clients and families throughout the journey, as appropriate.
- Attend monthly client support team meetings.
- Attend a hastened death if requested by a qualified client.

### **The Successful CSV Possesses:**

- A clear sense of self, including beliefs, personal emotional boundaries, limitations, and available energy.
- Ability to set aside personal beliefs to listen effectively with compassion and objectivity to help clients explore a wide range of end-of-life options.
- Maturity and good judgment that prevent the Client Support Volunteer from becoming overly absorbed with the situations of clients and their families.
- Willingness to commit at least one year to serving as a Client Support Volunteer.
- Ability to attend monthly client support meetings and occasional continuing education presentations.

**Confidentiality:** Client Support Volunteers are responsible for maintaining and safeguarding the privacy and confidentiality of clients and their families. Client Support Volunteers will not disclose private information about or the identity of clients, families, or physicians during their volunteer service or after they have ended their involvement with C&C.

**Training, Supervision, and Support:** Training, mentoring, and ongoing support is provided to all Client Support Volunteers. New Client Support Volunteers will be teamed with experienced CSVs when first working with clients. CSVs are supervised by the CSV Coordinator and the Director of Client Support.

# GUIDELINES AND SAFEGUARDS FOR CLIENT SUPPORT SERVICES

## SECTION I: GUIDELINES FOR CLIENTS WITH TERMINAL ILLNESS OR INCURABLE, PROGRESSIVE ILLNESS

| A. Eligibility for Client Support  | B. Support Provided by C&C   |
|--|--|
| <ol style="list-style-type: none"> <li>1. Any mentally competent adult who has been diagnosed by his or her physician with either a terminal illness or an incurable, progressive illness is eligible for counseling and support.</li> <li>2. Any legal surrogate decision maker (legal next of kin or health care agent named in a Durable Power of Attorney for Health Care) who is making end-of-life decisions on behalf of an adult who has been diagnosed by his or her physician with either a terminal illness or an incurable, progressive illness is eligible for counseling and support.</li> <li>3. Anyone closely involved with the client may initiate contact with C&amp;C, but any request for counseling and support for a mentally competent client must be confirmed by the client.</li> <li>4. All clients described in items 1. and 2. (above) are eligible for counseling and support concerning the full range of options for treatment and comfort care. <u>To be eligible for C&amp;C's assistance using the Washington Death With Dignity Act (DWDA), the client must meet the eligibility requirements and safeguards in Section II.</u></li> </ol> | <ol style="list-style-type: none"> <li>1. Clients are encouraged to contact C&amp;C in the early stages of their illness. This gives client support volunteers opportunities to establish an ongoing relationship and the time to adequately explore the full range of end-of-life issues and options to relieve suffering.</li> <li>2. C&amp;C helps clients and families sort through issues related to the end of life. A team of volunteers, including experts in mental health and end-of-life care, is available to provide support and consultation regarding hospice and other palliative care programs; spiritual and existential concerns; effective symptom management; and refusing or withdrawing life-sustaining treatment. For ongoing counseling and support, one or two volunteers will be assigned to work directly with each client.</li> <li>3. C&amp;C's client support team, including medical and legal advisors, will work with the client's medical providers if requested and appropriate.</li> <li>4. If requested, spiritual support will be offered or arranged, depending on the client's beliefs and values.</li> <li>5. Following a death, ongoing counseling will be offered to surviving family members or other loved ones who request it. Information may also be provided about grief and bereavement support groups or other resources available in the community.</li> <li>6. All requests for counseling and support and all records maintained by C&amp;C are strictly confidential.</li> </ol> |

## Guidelines & Safeguards Continued

### SECTION II: GUIDELINES FOR QUALIFIED CLIENTS WHO WISH TO USE THE DWDA

| A. Eligibility for C&C's Client Support Services   | B. Support Provided by C&C (In addition to Section I-B)   |
|--|---|
| <ol style="list-style-type: none"> <li>1. The client's condition must be diagnosed as terminal illness by an attending physician and a consulting physician. Terminal illness means an incurable condition which, according to medical judgment, will result in death within six months, regardless of continued treatment.</li> <li>2. The client's attending and consulting physicians must verify that the client is a mentally competent adult who is capable of making an informed decision.</li> <li>3. The client must be a Washington resident.</li> <li>4. A request for DWD cannot be made through advance directives or by any person other than the client.</li> </ol> | <ol style="list-style-type: none"> <li>1. If needed, assistance with finding attending or consulting physicians will be provided to clients who appear to qualify for DWD.</li> <li>2. If requested by the client and feasible, C&amp;C will provide two representatives who will be present at the time of death to provide support for the client, family, and others in attendance.</li> </ol> |

### SAFEGUARDS

1. A client support volunteer will develop a relationship with the client in order to understand his or her values, beliefs, and end-of-life decisions.
2. The client must make an oral request and a written request to his or her attending physician and reiterate the oral request at least fifteen days after making the initial oral request.
3. The client must understand his or her condition, prognosis, and types of comfort care which are available as alternatives to DWD.
4. If the client has family members, C&C strongly recommends that they agree with the client's decision to use the DWDA. If requested by the client, C&C's client support volunteers will meet with involved family members, if feasible.
5. The terminal prognosis and the client's decision-making capacity will be verified with the client's attending physician.
6. Any sign of indecision, uncertainty, or ambivalence on the part of the client will result in further assessment of the client's readiness or appropriateness for DWD. Supportive counseling, as outlined in Section I, may continue.
7. The prescription for life-ending medications must be obtained from the attending physician. Medications are not provided by C&C.
8. To assure that the process of dying is respectful of the client's dignity, the identities of the client, family, and health care providers will not be disclosed. All records maintained by C&C are strictly confidential.

## Client Support Volunteer Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Days and Hours Available:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

### Work (attach a CV if you have one)

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, are you retired? \_\_\_\_\_

If yes where do you currently work? \_\_\_\_\_

### Motivation & Interest (attach a separate sheet if necessary)

1. What personal experiences have you had with death and dying?
2. What is your understanding of Compassion & Choices' mission and the work we do?
3. What concerns or fears, if any, do you have about volunteering with us?
4. Are the people closest to you supportive of your interest and involvement with Compassion & Choices'?
5. How do you deal with grief, death, stress, and burnout – physically, emotionally, and spiritually?

6. Describe the pathway in your life that led you to Compassion & Choices' Client Support Team:
  
7. Please list any relevant experience and/or education:
  
8. Can you commit to volunteering for a minimum of one year?
  
9. Can you commit to attending Client Support Team meetings the second Monday of every month at 6:30pm in Seattle? (If you live far away, a conference call can be arranged).
  
10. Are you willing to attend seminars and workshops for continuing education in the fields of Death and Dying and the Right to Die Movement?
  
11. What kinds of time constraints/conflicts do you foresee (job schedule, family responsibilities, vacations, etc.) ?
  
12. Do you have any questions for us?

### Personal References

Please provide non-familial references. In the reference interview we will disclose the kind of role that you will be volunteering for. Before listing a reference, please consider whether or not it will have a negative impact on your relationship (such as a priest or pastor who is opposed to aid in dying) or your employment, particularly if you are employed by a Catholic health care provider.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



CONFIDENTIALITY AGREEMENT FOR  
DIRECTORS, EMPLOYEES AND VOLUNTEERS

People trust us with deeply personal information; we owe them the utmost care in keeping private information private. Similarly, certain information about Compassion & Choices of Washington (C&C) must stay confidential in order for us to accomplish our work. Sometimes, what is private and confidential is obvious; but that is not always so.

To preserve confidentiality:

- I will treat ALL information about clients, their families and friends, and their health-care providers as confidential.
- I understand that I may share confidential information with C&C directors, employees, and volunteers as appropriate to accomplish my work.
- I will not disclose client information to anyone – including clients’ families, friends, and health-care providers – without client permission.
- I will not disclose verbally or in writing confidential information about C&C’s clients, policies or procedures outside C&C unless expressly authorized to do so by the Board of Directors, Executive Director, or Medical Director.
- I will not participate in research studies without obtaining permission to do so from the Board of Directors.

These obligations continue even after a director, employee, or volunteer ends his or her association with C&C.

If I come into possession of confidential documents, or make such documents myself, I will protect them adequately, and turn them in when my association as a C&C director, employee, or volunteer ends.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
C&C Title