

Section: Section 1 Rights and Ethics	Effective: 6/9/16
Subject: End of Life Option Act	Reviewed/ Revised: 1/23/17, 2/8/18, 6/1/2021

Policy:

The End of Life Options Act (EoLOA) is a California law that will allow a terminally ill patient to request a medication from his or her attending physician that will end the patient's life. Patients who choose to end their lives this way, and who carefully follow the steps in the law, will not be considered to have committed suicide. Physicians who assist patients with this process, and who carefully follow the steps in the law, will be providing a new, legal form of end of life care and will not be subject to legal liability or professional sanction. The end of life options act is voluntary for both patients and their physicians. Patients cannot request aid in dying in advance directives or other documents. Healthcare agents, surrogates, and conservators cannot request aid in dying for a patient, even if they know that is what the patient would have wanted. This policy will address the End of Life Options Act, patient criteria, required procedure, and Family Hospice Care's position on participation.

To receive the aid-in-dying medication, a patient must be 18 or older and a resident of California. The patient must also:

- Have a terminal illness. A physician must determine that the disease cannot be cured or reversed and is expected to result in death within six months.
- Have the capacity to make medical decisions.
- Not have impaired judgement due to mental disorder.
- Have the ability, physically and mentally, to take the medication at the time they want to take it.

Procedure:

If a patient wishes to receive the aid in dying medication, the patient and his or her attending must follow the steps in the law.

1. The patient's attending physician must decide that the patient's illness is terminal, with a life expectancy of six months or less.
2. The patient's attending physician must also determine that the patient has capacity to make medical decisions.
3. The patient must make two oral requests, at least 48 hours apart, directly to the attending physician as well as one request in writing. The written request must be on the ***REQUEST FOR AN AID-IN DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER*** form that is witnessed and signed by the patient. One of the witnesses must be unrelated to the patient or not entitled to inherit part of the patient's estate. At least one of the witnesses must be someone who does not work for the facility/agency where the patient is receiving care. A physician who is treating or diagnosing the patient cannot be a witness. A certified interpreter must be made available as needed. The interpreter must complete the interpreter section of all end-of-life option act forms.
4. To ensure that the decision is voluntary, the patient must discuss this decision with the attending physician without anyone else present. The attending physician must complete the ***END OF LIFE OPTION ACT ATTENDING PHYSICIAN CHECKLIST AND COMPLIANCE FORM***.

5. The patient must then seek a second physician (consulting) who can confirm the patient's diagnosis, prognosis, and ability to make medical decisions. The consulting physician must complete the ***END OF LIFE OPTION ACT CONSULTING PHYSICIAN COMPLIANCE FORM***. If either physician feels the patient lacks capacity to make decisions, the patient must also be evaluated by a mental health specialist (licensed psychologist or psychiatrist) to make sure the patient's judgment is not impaired.
6. The patient and attending physician must discuss all of the following:
 - a. How the aid-in dying medication will affect the patient, and the fact that death may not be immediate.
 - b. Realistic alternatives to taking the drug, including comfort care, hospice and palliative care, and pain control
 - c. The option to withdraw the request. The physician must discuss with the patient on two separate occasions the patient's right to rescind their request
 - d. Whether the patient will notify next of kin, or have someone else present when taking the medication, however the patient is not required to do either of these things.
 - e. Ensure the patient knows that they do not have to take the medication, even after they have filled the prescription.
7. If the patient still wishes to take the aid-in-dying medication, the physician will write a prescription for the medication.
8. Once the medication has been received the patient can take the medication whenever they want, or not at all. The patient must take the medication himself or herself and in a non-public location.
9. Patients can change their minds and rescind their decision at any time, regardless of their mental state.
10. The End-of-Life Option Act requires physicians who write a prescription for an aid-in-dying medication to complete the ***END OF LIFE OPTION ACT ATTENDING PHYSICIAN FOLLOW-UP FORM*** within **30 calendar days** of a patient's death, whether death is from ingestion of the aid-in-dying medication obtained under the Act or from any other cause. The form must be signed by the attending physician and sent to the State Department of Public Health.
11. All forms and documentation will be completed per the End of Life Options Act of California.

Family Hospice Care Participation:

Physician/agency participation is voluntary. The board of Family Hospice Care agrees with both the "Values Life Statement" of the National Hospice and Palliative Care Organization (NHPCO) and the California Hospice & Palliative Care Association (CHAPCA) position on Public Policy:

NHPCO: "The philosophical constructs and evolving practices of hospice/palliative care are concerned foremost with the dignity of persons throughout the trajectory of life-limiting illness. When symptoms or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness without purposefully hastening death as the means to that end. These modalities and the means to

safely administer them must be within the expertise of and available from all hospice/palliative care providers as an alternative to PAS.”

CHAPCA: *“We reaffirm the fundamental hospice philosophy that hospice values life and neither hastens nor prolongs the dying process. For this reason we are neutral on legislation that physician assisted suicide or physician aid in dying.”*

Family Hospice Care recognizes the need for more community education regarding pain and symptom management and the philosophy of hospice/palliative care, FHC does not participate in the End of Life Options Act.

Only a Family Hospice Care Provider (Physician or Nurse Practitioner), Registered Nurse, or Medical Social Worker will provide information to a patient or Durable Power of Attorney for Healthcare (DPOAH) requesting information about the End of Life Option Act of California. A certified interpreter will be provided if the patient/DPOAH does not speak English. A handout will be available to all Providers, Registered Nurses, and Medical Social Workers to give to the patient/DPOAH with the “Talking Points” of the new law.

Family Hospice Care recognizes a patients’ right and respects the law, and will provide education to patients and families regarding the End of Life Options Act if requested. Family Hospice Care will facilitate referrals to participating End of Life Options Act providers, only after exhaustive efforts of hospice/palliative care education. Family Hospice Care Physicians will not participate in prescribing, but rather focus on interventional education.

Reference

UCSF/UC Hastings Consortium on Law, Science, and Health Policy
California Hospice and Palliative Care Association Position on Public Policy Issues March 2015
National Hospice and Palliative Care Organization Commentary and Resolution on Physician Assisted Suicide