

Origination 11/7/2017
Last Approved 6/22/2022
Effective 6/22/2022
Last Revised 6/22/2022
Next Review 6/21/2025

Owner Prog Coord-ACP
Policy Area Medical Staff
Applicability SCOR SCV SGH
SMB SMH SMV
References SCOR, SCV,
SGH, SMB,
SMH, SMV,
TJC-Provision
of Care,
Treatment
and Services,
TJC-Rights
and
Responsibilities
of the
Individual

SHARP

COPY

End of Life Option Act, 42031.99

I. PURPOSE:

The purpose of this policy is to describe the requirements and procedures for compliance with The California End of Life Option Act (EOLOA) and to provide guidelines for responding to patient requests for information about aid-in-dying drugs in accordance with federal and state laws and regulations and TJC accreditation standards.

II. DEFINITIONS:

For purposes of this policy:

- A. **Aid-in-dying drug:** A drug determined and prescribed by a physician for a Qualified Individual, which the Qualified Individual may choose to Self-Administer to bring about his or her death due to a terminal disease.
- B. **Attending Physician:** The physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease.

- C. **Capacity to Make Health Care Decisions:** In the opinion of an individual's Attending Physician, Consulting Physician, psychiatrist, or psychologist, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives, and the ability to make and communicate an Informed Decision to health care providers.
- D. **Consulting Physician:** A physician who is independent from the Attending Physician and who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding an individual's terminal disease.
- E. **Informed Decision:** A decision by an individual with a terminal disease to request and obtain a prescription for a drug that the individual may Self-Administer to end the individual's life, that is based on an understanding and acknowledgment of the relevant facts, and that is made after being fully informed by the Attending Physician.
- F. **Mental Health Specialist:** A psychiatrist or a licensed psychologist.
- G. **Qualified Individual:** An adult who has the Capacity to Make Health Care Decisions, is a resident of California, and has satisfied the requirements of the EOLOA in order to obtain a prescription for a drug to end his or her life.
- H. **Self-Administer:** A Qualified Individual's affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug to bring about his or her own death.

III. TEXT:

- A. In compliance with the End of Life Option Act (Health and Safety Code 443- 443.22), SHC (SHC) affiliated physicians or employees will provide information on EOLOA only upon patient request.
- B. EOLOA permits an adult (18 years or older) California resident with a terminal disease and the mental Capacity to Make Health Care Decisions to request and be prescribed an aid-in-dying drug if specified conditions are met [Health and Safety Code Section 443 *et seq.*]. Patients with terminal disease must be California residents who will, based on reasonable medical judgment, die within 6 months. Patients requesting an aid-in-dying drug must satisfy all requirements of the EOLOA in order to obtain the prescription.
- C. SHC allows its physicians to comply with requests to prescribe an aid-in-dying drug, provided adherence to all the conditions required by law and this policy are met. This does not imply promotion of the practice, but recognizes patients' rights to access services permitted by law.
- D. Patients with a terminal disease who request an aid-in-dying drug must have a comprehensive medical assessment by their Attending Physician and receive information on all legal end-of-life care options to include comfort-focused treatment, palliative care, and hospice care. Special attention must be paid to those patients whose suffering may be related to or exacerbated by a lack of access to medical treatment and or environmental factors.
- E. All forms of undue influence, intentional or otherwise, must be meticulously avoided in the approach to aid-in-dying requests. SHC providers will not offer false, misleading, or deceptive practices relating to their willingness to qualify an individual or provide a prescription for an aid-in-dying drugs to a qualified individual.
- F. The law makes participation in any part of the EOLOA process entirely voluntary for physicians and any member of the health care team. SHC respects the voluntary nature of participation

and the right of healthcare professionals not to participate on grounds of conscience, morality and ethics. Physicians who cannot or will not support patient requests for EOLOA must inform the patient they will not support them, and will document the patient’s request and provider’s notice of rejection in the patient’s medical record. The physician will transfer the relevant medical record upon request.

- G. Sharp affiliated physicians may voluntarily participate in the EOLOA upon patient request as may other Sharp providers/employees in relevant supporting roles. These roles may include prescribing and dispensing an aid-in-dying drug, being present when the patient Self-Administers the medication, and providing patient or provider support.
- H. Self-administration of an aid-in-dying drug is recommended to occur in the home setting. However, SHC recognizes that under unusual and rare circumstances, self-administration could potentially take place in a Sharp hospital. Self-administration of aid-in-dying drugs is not allowed in the Sharp HospiceCare Homes. Requests for self-administration of an aid-in-dying drug will only be considered for patients who are Qualified Individuals.
- I. Self-administration of the EOLOA aid-in-dying drug does NOT meet criteria for hospital admission.
- J. For self-administration of an aid-in-dying drug to occur in the hospital setting, patients who have been prescribed an aid-in-dying drug must have an active DNAR/DNI resuscitation status.
- K. Patients who possess or have been prescribed an aid-in-dying drug, and who are receiving care in the hospital setting, will be placed in a private room, as available.
- L. Advanced Illness Management (AIM) teams at each entity will assume responsibility for patient and physician consults.
- M. The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Withdrawing or Foregoing Life Sustaining Treatment, Pain Management, Advance Directives /POLST, Resuscitation Status (DNR) or End-of-Life Care, referenced herein.
- N. California’s EOLOA law has a repeal clause dated January 1, 2031.
- O. The SHC EOLOA policy will be posted appropriately as required by CA law.

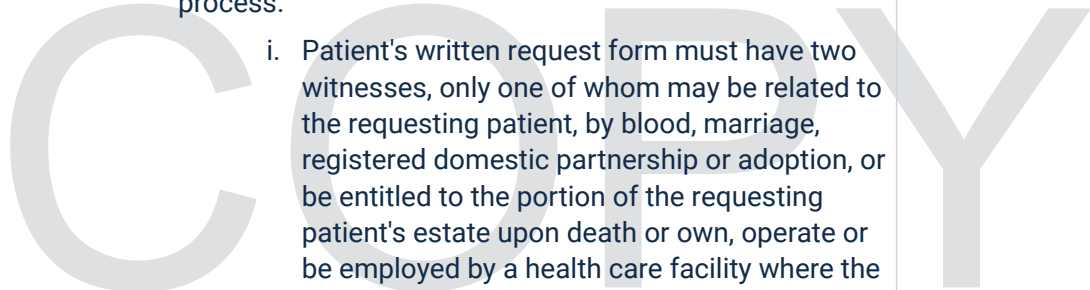
IV. PROCEDURE:

PROCEDURE:	RESPONSIBILITY
<ul style="list-style-type: none"> A. Qualified Individual voluntarily expresses request for an aid-in-dying drug to their Attending Physician (two verbal requests must be made a minimum of 48 hours apart) <ul style="list-style-type: none"> a. Attending Physician determines eligibility of patient <ul style="list-style-type: none"> i. Must be 18 years of age or older ii. Has been diagnosed with a terminal disease iii. Has capacity to make decisions about their health care (Attending Physician must refer patient to a Mental Health Specialist if this is in 	<ul style="list-style-type: none"> A. Physician

question)

- iv. Is acting voluntarily without coercion (verified by 1:1 interaction between Attending Physician and patient, exceptions made ONLY in the case where a patient requires an interpreter)
- v. Determines patient has made an Informed Decision after counseling regarding his/her:
 - 1. Medical diagnosis
 - 2. Prognosis
 - 3. Potential risks associated with ingesting aid-in-dying drug
 - 4. Probable result of ingesting aid-in-dying drug
 - 5. The option to choose to obtain the aid-in-dying drug but not ingest it
 - 6. Participation in any feasible alternative option, to include (but not limited to) palliative care, hospice care, or comfort-focused treatment
- vi. Is a California resident meeting one of the following requirements:
 - 1. Possesses a California driver's license or other identification issued by the State of California
 - 2. Registered to vote in California
 - 3. Has evidence that the person owns or leases property in California
 - 4. Has a copy of a filed California tax return for the most recent tax year
- vii. Has the physical and mental ability to Self-Administer an aid-in-dying drug without assistance.
- viii. Has the ability to complete all the required documentation/forms.
- ix. Counsels patient about the importance of all of the following:
 - 1. Maintaining the aid-in-dying drug in a safe and secure location until the time the Qualified Individual will ingest it.

2. Having another person present when he/she ingests the aid-in-dying drug.
 3. Not ingesting the aid-in-dying drug in a public place.
 4. Notifying the next of kin of his/her request for an aid-in-dying drug (although patient declination of this will not result in denial of their request).
 5. Participating in a hospice program. [Health and Safety Code Section 443.5].
 6. The right to rescind request at any time.
- b. Qualified patient may submit their written request form ("Request for an aid-in-Dying Drug to End My Life in a Humane and Dignified Manner") at any point in the process.
- i. Patient's written request form must have two witnesses, only one of whom may be related to the requesting patient, by blood, marriage, registered domestic partnership or adoption, or be entitled to the portion of the requesting patient's estate upon death or own, operate or be employed by a health care facility where the patient is receiving medical care or resides. The second witness may not be a relative, the Attending Physician, consulting physician or Mental Health Specialist participating in the care of the patient.
- B. Attending Physician initiates "Attending Physician Checklist & Compliance Form" and refers the patient to a Consulting Physician.
- C. Consulting Physician examines the referred patient and his/her relevant medical records.
1. Completes "Consulting Physician Compliance Form" and submits this form back to Attending Physician. Completion of this form acknowledges the following:
 - a. The Consulting Physician has confirmed the diagnosis and prognosis made by the patient's Attending Physician.
 - b. The Consulting Physician has determined that the individual has capacity to make decisions



regarding their health care, is acting voluntarily, and has made an Informed Decision.

- c. If there an indication of a mental health disorder and/or any question regarding capacity, the Consulting Physician will recommend referral of the patient to a Mental Health Specialist.

D. Once the patient has completed all of the requirements set forth by the law, the Attending Physician can write a prescription for an aid-in dying drug.

1. The Attending Physician cannot provide the patient with a written prescription for an aid-in-dying drug. The Attending Physician must deliver the prescription personally to a designated pharmacist that has agreed to fill it. This may be done via written prescription, electronic transmittal, or mail. (Sharp pharmacy guidelines).
2. The Attending Physician must inform the patient where they can take the drugs to be disposed if he/she should change his/her mind. (<http://www.sdsheriff.net/prescription-drugs/dropbox.html>)

E. Attending Physician Follow-up and Completion

1. Attending Physician must document all of the following in the patient's medical record [Health and Safety Code Section 443.9]:
 - a. All oral requests for an aid-in-dying drug.
 - b. All written requests for an aid-in-dying drug.
 - c. The Attending Physician's diagnosis and prognosis, and the determination that a Qualified Individual has the Capacity to Make Health Care Decisions, is acting voluntarily, and has made an Informed Decision, OR that the Attending Physician has determined that the individual is NOT a Qualified Individual.
 - d. The Consulting Physician's diagnosis and prognosis, and verification that the Qualified Individual has the Capacity to Make Health Care Decisions, is acting voluntarily, and has made an Informed Decision, OR that the Consulting Physician has determined that the individual is NOT a Qualified Individual.
 - e. A report of the outcome and determinations made during a Mental Health Specialist's

assessment, if performed.

- f. The Attending Physician's offer to the Qualified Individual to withdraw or rescind his or her request at the time of the individual's second oral request.
 - g. A note by the Attending Physician indicating that all requirements under Health and Safety Code Section 443.5 and 443.7 have been met and indicating the steps taken to carry out the request, including a notation of the aid-in-dying drug prescribed.
- 2. Within 30 calendar days of writing a prescription for an aid-in-dying drug, the Attending Physician must submit a copy of the patient's written request form, Attending Physician Checklist and Compliance Form, and Consulting Physician Compliance form to the State Department of Public Health.
 - 3. Within 30 calendar days of the patient's death from ingesting an aid-in-dying drug or any other cause, the Attending Physician must submit the Attending Physician Follow-Up form and submit to the State Department of Public Health.
 - 4. Submissions may be made:
 - a. **by mail:** California Department of Public Health
Public Health Policy and Research branch
Attention: End of Life Option Act
MS5205
P.O. Box 997377
Sacramento, CA 95899-7377
 - b. **by fax:** (916) 440-5209

V. REFERENCES:

- A. Health and Safety Code 443- 443.22
- B. Safe disposal link: ([REDACTED])
- C. *End of Life Option Act* – California Hospital Association, email [REDACTED] for copy