END OF LIFE OPTION ACT

PURPOSE

To provide direction in responding and providing care to patients who inquire about and/or participate in the California End of Life Option Act (EOLOA) law.

POLICY

The organization respects patient autonomy and self-determination, recognizes the right of California citizens to participate in the End of Life Option Act, and will comply with the law as required. BTBH takes a neutral stance toward the EOLOA and will provide education and supportive care to adult patients exercising their rights under the law.

Organization staff will respect patient's EOLOA decisions. No patient will be denied services because of the patient's participation in the EOLOA.

DEFINITIONS

"Adult" means an individual 18 years of age or older.

"Aid-in-dying drug" means 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.

"Attending physician" means the physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease.

"Capacity to make medical decisions" means that, in the opinion of an individual's attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Section 4609 of the Probate Code, 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.

"Consulting physician" means 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.

"Informed decision" means 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 of all of the following:

(1) The individual's medical diagnosis and prognosis.

(2) The potential risks associated with taking the drug to be prescribed.

(3) The probable result of taking the drug to be prescribed.

(4) The possibility that the individual may choose not to obtain the drug or may obtain the drug but may decide not to ingest it.

(5) The feasible alternatives or additional treatment opportunities, including, but not limited to, comfort care, hospice care, palliative care, and pain control.

"Medically confirmed" means the medical diagnosis and prognosis of the attending physician has been confirmed by a consulting physician who has examined the individual and the individual's relevant medical records.

"Mental health specialist assessment" means one or more consultations between an individual and a mental health specialist for the purpose of determining that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.

"Mental health specialist" means a psychiatrist or a licensed psychologist.

"Physician" means a doctor of medicine or osteopathy currently licensed to practice medicine in the State of California.

"Qualified individual" means an adult who has the capacity to make medical decisions, is a resident of California, and has satisfied the requirements of this part in order to obtain a prescription for a drug to end his or her life.

"Self-administer" means 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.

PROCEDURE

1. Patients are not required to disclose to the organization whether they are participating in the EOLOA.

2. If the patient initiates a discussion or inquiry about the EOLOA, clinicians may answer questions about the organization's position, provide additional printed information about the act, and refer the patient to the Attending Physician.

3. If the patient’s Attending Physician does not participate in the EOLOA, or if an agency Hospice Physician is the patient’s Attending Physician, patients will be informed that it is their responsibility to identify an Attending Physician who participates in the EOLOA. BTBH will ensure timely transfer of medical records when needed.

4. The agency’s Hospice Physicians/Chief Medical Officer will not prescribe EOLOA medications nor serve in the capacity of the Attending Physician under the EOLOA.

5. It is the responsibility of the Attending Physician to ensure that the patient’s and Attending Physician’s requirements for participation in the EOLOA are met.

6. If requested by the Attending Physician or patient, an agency Hospice Physician/Chief Medical Officer may act in the capacity of the Consulting Physician under the EOLOA. As Consulting Physician, s/he will

   A. Examine the patient and relevant medical records

   B. Confirm in writing the Attending Physician’s diagnosis and prognosis

   C. Determine that the individual has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision.

   D. If there are indications of a mental disorder, refer the individual for a mental health specialist assessment (by way of informing Attending)

   E. Fulfill the record documentation required.

   F. Submit the compliance form to the Attending Physician. A copy of the form will be retained in the patient’s medical record.

7. If patient verbalizes a wish to end their suffering but appears to be unaware of the EOLOA law AND the patient does not have an Attending Physician, or the Attending Physician is unable or unwilling to provide EOLOA information, the team may request the Hospice Physician to outreach to the patient to inform him/her of their legal options.

   This information will be presented in a neutral manner and the Hospice Physician will make it clear that they are not guaranteeing that patient will be eligible to participate. If appropriate, the agency Hospice Physician may refer patient to several resources that could help him/her navigate the process.

8. Discussions with patients about the EOLOA will be conducted in a respectful, patient-centered, and non-judgmental manner, and staff will not impose their personal views nor attempt to influence the patient’s decision in any way.

9. Employees will respect the wishes of the patient to confidentiality, including the patient's right to not disclose their participation in the EOLOA with family.

10. The clinician will document the inquiry and discussion in the medical record and inform the TDT.

11. Members of the clinical team (RN, SW, SSC) can follow up with patients who request further information and will respond to patient questions or statements regarding the EOLOA with respectful and non-judgmental inquiry around the patient's concerns, motivations, fears, symptoms, etc. to encourage deeper exploration and to identify the patient's goals.

12. The TDT will assess the patient's physical, emotional, psychosocial, and spiritual needs and update the plan of care as necessary to help the patient achieve his/her goals.

13. It is the responsibility of the patient to obtain aid-in-dying drugs. Aid-in-dying drugs will not be on the agency's formulary and will not be paid for by the agency.

14. Employees may not assist the patient in preparing the written request for aid-in-dying drugs, and may not serve as witness to the request.

15. Employees may not dispense, deliver, prepare, or assist in the preparation or ingestion of aid-in-dying drugs.

16. If requested by the patient and if feasible, an RN, SW, Spiritual Support Counselor, or Hospice Physician may be present at the time of death to provide symptom management and emotional support. The patient must have a valid DNR in place in order for an employee to be present at time of death. It is recommended, but not required, that two staff members are present at time of death if staff presence is requested.

17. Employees may not be present in the patient's room during patient self-administration of EOLOA medications. Employees may not observe ingestion or assist with preparation of EOLOA medications.

18. Disposal of any unused aid-in-dying drugs remaining after patient's death will be handled by patient's family/representative in accordance with the organization's policy. (See "Medication Disposal" Policy.)

19. The Attending Physician will be notified of patient's death and whether they ingested the aid-in-dying drugs (if known).

20. If Coroner notification of death is required (e.g. in compliance with county-specific regulations) the cause of death will be reported as the primary diagnosis

21. Documentation in the medical record will include:

    A. The patient’s initial inquiry or statements about participation in the EOLOA

    B. Recommendation that the patient consult with the Attending Physician, and communication with Attending Physician if applicable

    C. Assessment of the patient’s physical, emotional, psychosocial, and spiritual needs and goals

    D. Aid-in-dying drugs entered on the medication profile (if the patient informs BTBH that drugs have been obtained)

    E. Chief Medical Officer/Hospice Physician notes if serving in capacity of Consulting Physician

    F. End of life arrangements as appropriate

22. Employees and the Hospice Physicians/Chief Medical Officer have the right to not participate in discussing the EOLOA and/or engage in activities related to the EOLOA as allowed by the agency under this policy. The individual will inform their supervisor, and the choice will be accommodated while also ensuring that care of the patient is not disrupted and is transferred to an employee who does participate in EOLOA. Employees are required to respond to care needs not directly related to a patient’s participation in the EOLOA.

23. Employees’ choices about participation will not affect their performance evaluations.

24. Any employee or the Hospice Physician/Chief Medical Officer who participates in the EOLOA with a patient beyond what is allowed in this policy will be subject to disciplinary action.