

END-OF-LIFE OPTION ACT	Policy Number: PC.E30 Page 1 of 7
NHPCO Standard(s):	
Regulatory Citation(s):	
L-Tag(s):	

POLICY

The End-of-Life Option Act (the “Act”) allows terminally ill, mentally capable California residents that are adults (18 years or older) with a prognosis of six (6) months or less the option to request medication from a medical or osteopathic physician that they can choose to self-ingest to shorten their dying process and bring about a peaceful death.

1. Hospice of the Foothills (HOF) reaffirms a basic element of the hospice philosophy that states that because dying is a natural process, hospice neither seeks to hasten nor postpone death. HOF acknowledges that there may be hospice patients who will wish to avail themselves of their legal right to pursue medical aid-in-dying as their end-of-life option and HOF will not abandon these patients or their families.
2. It is the mission of HOF to meet the needs of patients and families in a way that honors how people want to live their final months or days. HOF is ready to discuss and support end-of-life decisions with our patients while being sensitive to individual values and/or belief systems.
3. Patients requesting medication for medical aid-in-dying must satisfy all of the requirements of the Act in order to obtain a prescription for the medication. HOF, acknowledging the legal right of qualified patients to exercise this choice, supports patients in completing the requirements of the Act so that the patient may self-administer the medication and end his or her life as the law intends, “in a humane and dignified manner.”
4. Patients who inquire about the option of securing the medical aid-in-dying drug will be asked to contact their attending physician.
5. HOF will continue to provide standard hospice services to patients regardless of their stated interest or intent in pursuing their legal right.
6. HOF staff and volunteers who are morally or ethically opposed to medical aid-in-dying will have the option of transferring care responsibilities to other HOF staff if their patient states an intent to pursue medical-aid-in-dying
7. HOF shall honor California state law and shall honor our hospice patients’ wishes regarding end-of-life. No patient will be denied medical care or treatment because of the patient’s participation under the Act. We will continue to provide quality end-of-life care, symptom management and services to patients and families with the goal of providing excellent patient care, safe and comfortable dying and positive life closure.

8. HOF provides procedures for staff involvement in discussions around requesting medical aid-in-dying medication under the Act:
 - a. hospice support for patients who choose to pursue the Act;
 - b. HOF staff presence when patients ingest medication;
 - c. hospice responsibilities following death;
 - d. documentation standards around discussions and patient requests for medical aid-in-dying medication;
 - e. HOF staff conscientious objections.
9. While recognizing that the request for medical aid-in-dying medication is a discussion between a patient and their attending physician, HOF staff will provide information, resources and support to patients who are exploring this option. If the patient requests the hospice Medical Director to be the consulting physician, the Medical Director may provide that service, for a fee, at their discretion.

PROCEDURES

1. As is customary, HOF will explore and evaluate patient's statements related to all end-of-life options, including medical aid-in-dying if they arise during intake and/or routine visits.
2. If patient or family members make an inquiry about seeking medication for medical aid-in-dying, HOF will respond to inquiries or requests for information and refer them to their attending physician.
3. HOF staff or volunteers who are aware that a patient is considering procuring medications for medical aid-in-dying will notify the appropriate HOF staff. Volunteers will notify the Volunteer Coordinator (VSC) and HOF staff will notify the Director of Patient Care Services (DPCS) or the Clinical Care Manager (CCM) and Counseling and Program Services Manager (CPSM).
4. Patients who verbalize this intent will be informed that this information will be shared with the HOF team for appropriate support.
5. HOF Staff and volunteers working with a patient/family who has verbalized an interest in this end-of-life option will document all discussions with patient, family, other team members, and any other person who may be involved with the patient. This documentation will become part of the patient's permanent medical record.
6. During the interdisciplinary team (IDT) meeting, or as needed, the IDT will examine the patient's reasons for considering medical aid-in-dying and discuss if there is anything HOF needs to address with the patient without attempting to interfere with the patient's decisions.
7. HOF staff having been assigned to patients who are considering medical-aid-in-dying will have counseling available as needed through the Employee Assistance Program.

8. If the patient chooses to pursue medical aid-in-dying as an option, the patient/family will be informed of the role of HOF regarding participation in the law; that is, HOF will continue to serve the patient and family; we will offer our customary hospice services, seeking to meet not only the physical needs of the patient/family, but the emotional, social, and spiritual needs as well.
9. If a patient asks his/her physician for a prescription for medication for medical aid-in-dying, the patient and family will receive ongoing support.
10. If the patient asks for the hospice Medical Director to be the second consulting physician, staff will notify the Medical Director of the request. The Medical Director will make direct contact with the patient to confirm, or deny, their request. The conversation and agreement will be documented in the electronic medical record OR on a progress note and placed in the patient's chart. The Medical Director will follow the guidelines set by the state regarding physician documentation.
11. As is customary, bereavement support will be available to all families.
12. HOF Ethics Committee will meet as needed to review cases involving medical aid-in-dying and to review our Patient End-of-Life policies and procedures. The Committee will also meet at the request of HOF staff to discuss any concerns, to review an individual case, or to review any and/or all of our End-of-life Choice policies.
13. HOF staff will not administer the medication for medical-aid-in-dying.

HOF Staff Roles in the California End-of-Life Option Act

1. It is the responsibility of HOF staff to educate and inform patients and families regarding end-of-life options and care when patients ask. HOF staff will inform the patient what of our policy. HOF will continue to provide standard hospice services to patients regardless of their stated interest or intent in pursuing this legal right.
2. This information will be contained in a Patient Information sheet regarding the Act which will be included in the HOF Resource Binder.
3. If a patient indicates their wishes to participate in the Act, the IDT, including the person's physician and/or HOF Medical Director, should work to identify the factors contributing to the person's desire for medical aid-in-dying and to try to address them as part of the plan of care (POC).
4. If a patient obtains a medical aid-in-dying prescription, HOF staff will continue to provide standard hospice services.
5. HOF staff or volunteer can respectfully ask their supervisor to transfer patients' who are considering or have obtained medical aid-in-dying medication to another HOF staff or volunteer without any fear of discipline or retaliation.
 - a. If upon arriving at a patient's home, HOF staff or volunteer discovers that a patient who had not divulged their intention to utilize the Act is in the process of or has taken the medical aid-in-dying prescription, they may leave the premises but must notify their supervisor immediately. If they arrive at a patient's home and find that the person has taken the medication and has died, they are to provide their

professional services as in any other case and initiate the usual bereavement follow-up with the family/significant other(s).

Patient Discussions Related to the California End-of-Life Option Act

1. Patients may want to discuss the option of the California End-of-Life Option Act with staff.
2. HOF staff will respond to patient questions or statements regarding the end-of-life option with respect and compassion. HOF staff should inquire about the patient's concerns, fears, symptoms, etc. to encourage deeper exploration, to identify the patient's experience and priorities, with the goal to improve patient care.
3. Patients who are requesting further information or who are seriously considering making a request for medical aid-in-dying medications should be advised of the need to begin the process by speaking to their physician about reviewing the Act forms with the patient.
4. Staff will:
 - a. Notify the appropriate staff of the patient's inquiry, along with patient name, medical ID, and a brief summary of the contact.
 - b. Notify other involved members of the IDT on a need to know basis; all HOF staff will be respectful of patient's privacy.
 - c. Obtain patient permission prior to any communication with a patient's family members or other. While it is recommended that patients inform their families of their wishes around obtaining medical aid-in-dying medication, patients are not legally required to inform their families or caregivers of their wishes.

Care of Patients Who Pursue Obtaining Medical Aid-in-Dying Medications Procedure

1. HOF staff and volunteers will respect the patient's decision; continue to provide care as indicated by the patient's physical, emotional, and spiritual needs; communicate and coordinate as needed with the appropriate staff.
2. Prior to the patient ingesting medical aid-in-dying medication and while continuing to provide any usual hospice care, staff will assist with the following routine hospice care standards including:
 - a. Ensuring the patient's POLST form is complete and in the home.
 - b. Making funeral arrangements, including discussion of disposition of remains if needed.
 - c. Encouraging the patient to complete any other end-of-life arrangements.
 - d. Instructing caregivers around time of death and contacting HOF at time of death.
 - e. Identifying next of kin who are to be notified of death if they will not be in attendance.
 - f. Providing patient and family members or other caregivers with information around safe disposal of medications.
 - g. Complete any additional documentation needed in patient's chart or EMR as identified.

- h. If patient dies without self-administering the medical aid-in-dying medication and these medications are in the home, HOF staff will advise the family on how to collect and dispose of the medications according to established procedure (or assess for safety and provide information around safe disposal of medications).

HOF Staff and Volunteers Presence at Time of Patient Deaths

1. HOF staff and volunteers may be present at the time of death to provide emotional support for the patient, family, and others in attendance only under the following circumstances:
 - a. the patient specifically requests HOF staff or volunteer presence; no HOF staff member shall assist the patient in the administration of medical aid-in-dying medications (this is not intended to prohibit provision of appropriate comfort measures, however, even if such measures such as symptom management for pain or nausea have the consequence of hastening death);
 - b. HOF staff or volunteer can be present in the home or with patient while medication is taken;
 - c. HOF staff member cannot assist with the preparation of medication;
 - d. HOF staff member discusses patient request for presence at time of death with the DPCS in a timely fashion and receives approval prior to agreeing to attend patient's death (this discussion should include planning for HOF staff to inform the family that they may not be able to remain in the home until patient dies if the dying process is prolonged);
 - e. the patient will be ingesting the medication in a private home, property, or residence, i.e. not a public place;
 - f. patient is planning to ingest medication during the HOF staff member's normal work time; we will encourage that the patient also have another adult present in addition to HOF staff;
 - g. the visit is treated like any other end-of-life visit in which symptom management and comfort are the focus (HOF staff or volunteer is not expected to remain in the home until the patient's death, as there will be considerable time variations between the time that a patient ingests medication until the time of death).

On-call and Time of Death Instructions Visit Standards

1. Time of death visits will be handled according to normal procedures with on-call HOF staff making a determination according to the individual family needs and specific circumstances.
 - a. HOF staff will inform on-call staff if they are aware that the patient is planning to ingest medical aid-in-dying medication during on-call hours.
 - b. Time of death announcement to HOF staff will not specify any information related to the California End-of-Life Option Act.
 - c. Time of death calls to coroners, which are rarely required, will list patient's underlying illness as cause for death.

Specific Medical Record Issues Related to Patients Making Requests for End-Of-Life Medications

1. HOF staff and volunteers will document discussions with patients requesting information about the California End-of-Life Option Act or who are pursuing medical aid-in-dying medications including:
 - a. Case communication note indicating notification to appropriate HOF staff.
 - b. HOF Medical Director will document patient/family conversation and decision to participate as the consulting physician for the End-of-Life Option Act.
 - c. Medications dispensed under the California End-of-Life Option Act.
 - d. Documentation in discipline notes that medical aid-in-dying medications have been dispensed and are in the patient's home.
 - e. HOF staff presence at time of death will be documented in routine visit and/or death notes as with any hospice death
 - f. Documentation at time of death visit should include:
 - 1) healthcare professional/staff presence
 - 2) time of death
 - 3) bereavement concerns

Reporting a California End-of-Life Option Act Death

1. HOF will report a patient's cause of death after ingesting medical aid-in-dying medications as the patient's underlying hospice diagnosis. We do not report the California End-of-Life Option Act as cause of death.
 - a. The underlying terminal disease must be listed as the cause of death.
 - b. The manner of death must be marked as "Natural."
 - c. The cause of death section may not contain any language that indicates that the California End-of-Life Option Act was used, such as:
 - 1) Suicide
 - 2) Assisted suicide
 - 3) Physician-assisted suicide
 - 4) Death with Dignity
 - 5) Mercy killing
 - 6) Euthanasia
 - 7) Secobarbital or Seconal
 - 8) Pentobarbital or Nembutal

Conscientious Objections and Personal Responsibility Related to Patients Requesting Medical Aid-in-Dying Medications

1. HOF management team and HOF staff recognize that each HOF staff member or volunteer will need to thoughtfully consider whether it is within their own ability, values, and beliefs to provide care for patients who are requesting medical aid-in-dying medications.

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2. It is not the intent of the management team to assume HOF staff involvement. It is the HOF staff member's responsibility to inform appropriate staff of concerns or reluctance around caring for patients who are requesting medical aid-in-dying prescriptions, including discussions and requests for information.
3. The DPCS, CCM, and CPSM will be responsible for assessing and, if needed, re-assigning HOF staff to ensure excellent patient care.
 - a. Caregivers should think about and discuss this issue in order to clarify their personal and professional understanding of the ramifications of the California End-of-Life Option Act. Education and training on the Act will be available on an as needed basis.
 - b. HOF staff or volunteer may never coerce or exert undue influence on a patient with respect to these issues.
 - c. If at any time HOF staff or volunteer does not desire to continue to provide care to a person because their decision to participate in the Act conflicts with their personal values, the DPCS, CCM and CPSM should be notified and a HOF staff member or volunteer who can provide the necessary care will be identified.