

END OF LIFE OPTION ACT

Policy No. H:8-035

PURPOSE

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 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.

POLICY

Wilshire Hospice (WHOC) 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. WHOC 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 WHOC will not abandon these patients or their families.

It is the mission of WHOC to meet the needs of patients and families in a way that honors how people want to live their final months or days. WHOC is ready to discuss and support end of life decisions with our patients while being sensitive to individual values and/or belief systems. 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. WHOC, 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." Patients who inquire about the option of securing the medical aid in dying drug will be asked to contact their attending/primary care physician. WHOC will continue to provide standard hospice services to patients regardless of their stated interest or intent in pursuing their legal right. Staff and volunteers who are morally or ethically opposed to medical aid in dying will have the option of transferring care responsibilities to other staff if their patient states an intent to pursue medical aid in dying.

WHOC 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. While recognizing that the request for medical aid in dying medication is a discussion between a patient and their attending/primary care physician, hospice staff will provide support to patients who are exploring this option.

PROCEDURE

WHOC provides procedures for staff involvement in discussions around requesting medical aid in dying medication under the Act:

- Hospice support for patients who choose to pursue the Act;
- Staff presence when patients ingest medication;
- Hospice responsibilities following death;
- Documentation standards around discussions and patient requests for medical aid in dying medication;
- Conscientious objections from Staff.

1. As is customary, WHOC 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, WHOC will respond to inquiries or requests for information and refer them to their attending/primary care physician.
3. Staff or volunteers who are aware that a patient is considering procuring medications for medical aid in dying will notify the appropriate designated staff (i.e., Case Manager and the Director of Patient Care Services/designee).
4. Patients who verbalize this intent will be informed that this information will be shared with the hospice team for appropriate support.
5. 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 Case Conference, or as needed, the interdisciplinary group will examine the patient's reasons for considering medical aid in dying and discuss how to address these issues with the patient without attempting to interfere with the patient's decisions.
7. Staff having contact with such patients will consult with supervisor and be supported on an ongoing basis.
8. If the patient chooses to pursue medical aid in dying as an option, the patient/family will be informed of the role of WHOC regarding participation in the law, which is WHOC 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. The Wilshire Hospice Medical Director will not participate as an attending physician or consulting physician for purposes of determining eligibility under the Act but will continue his/her regular duties as the Wilshire Hospice Medical Director.
10. As is customary, bereavement support will be available to all families.

11. WHOC Ethics Committee will meet as needed to review cases involving medical aid in dying and to review our policies and procedures. The Committee will also meet at the request of staff to discuss any concerns, to review an individual case, or to review our End-of-Life Option Act policies.

12. WHOC will not administer the medication for medical aid in dying.

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

1. It is the responsibility of WHOC staff to provide information to patients and families regarding end-of-life options and care when patients ask. This information will contain available resources on the Act and be placed in the Patient Information Handbook.

2. At time of admission, WHOC staff will provide information to patients about their rights under the Act, as well as our policy to continue to provide standard hospice services to patients regardless of their stated interest or intent in pursuing this legal right.

3. This information will be contained in a Patient Information sheet regarding the Act which will be included in the Patient Information Handbook.

4. If a patient indicates their wishes to participate in the Act, the interdisciplinary team, including the person's physician and/or 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 Care Plan.

5. If a patient obtains a medical aid in dying prescription, staff will continue to provide standard hospice services.

6. WHOC staff can respectfully ask their supervisor to transfer patients who are considering or have obtained medical aid in dying medication to another staff person without any fear of discipline or retaliation. Staff shall still, at a minimum, inform the individual that they do not participate in the End-of-Life Option Act, document their objection and the individual's date of request, and ask their supervisor to transfer the patient to another staff member.

a. If upon arriving at a patient's home, a staff member 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, you may leave the premises but must notify your supervisor immediately. If you arrive at a patient's home and find that the person has taken the medication and has died, you are to provide your 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 Procedure

Patients may want to discuss the option of the California End-of-Life Option Act with staff. WHOC staff will respond to patient questions or statements regarding the End-of-Life Option with respect and compassion. 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.

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. Wilshire Hospice staff will not refer patients and families to physicians or other professionals regarding the End-of-Life Option Act.

Staff will:

1. Notify the appropriate staff (Nurse Case Manager and Director of Patient Care Services/designee) of the patient's inquiry, along with patient name, medical ID, and a brief summary of the contact.
2. Notify other involved members of the interdisciplinary team on a need-to-know basis. All staff will be respectful of patient's privacy.
3. 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

WHOC staff will respect the patient's decision, continue to provide care as indicated by the patient's physical, emotional, and spiritual needs, and communicate and coordinate as needed with the designated staff (Nurse Case Manager and Director of Patient Care Services/designee). 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:

1. Ensuring the patient's POLST form is complete and in the home.
2. Making funeral arrangements, including discussion of disposition of remains if needed.
3. Encouraging the patient to complete any other end of life arrangements.
4. Instructing caregivers around time of death and contacting hospice at time of death.
5. Identifying next of kin who are to be notified of death if they will not be in attendance.
6. Providing patient and family members or other caregivers with information around safe disposal of medications.
7. Complete any additional documentation needed in patient's chart.
8. If patient dies without self-administering the medical aid in dying medication and these medications are in the home, direct family/caregivers on disposal of the medications according to established procedure (or assess for safety and provide information around safe disposal of medications).

Staff Presence at Time of Patient Death Procedure

Wilshire Hospice staff 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:

1. The patient specifically requests staff presence; no 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, even if measures such as symptom management for pain or nausea have the consequence of hastening death);
2. Staff member can be present in the home or with patient while medication is taken;
3. Staff members can not assist with the preparation of medication;
4. Staff member discusses patient request for presence at time of death with the appropriate or designated staff (Nurse Case Manager and Director of Patient Care Services/designee) in a timely fashion and receives approval prior to agreeing to attend patient's death (this discussion should include planning for if the dying process is prolonged) ;

5. Staff presence is to meet the needs of the patient and family; prior to approving staff presence, staff will consult with their supervisor. Staff may be required to have another clinician accompany them;
6. The patient will be ingesting the medication in a private home, property, or residence, i.e., not a public place;
7. Patient is planning to ingest medication during the staff member's normal work time; we will encourage the patient to have another adult present in addition to staff;
8. The visit is treated like any other end of life visit in which symptom management and comfort are the focus (staff member is not expected to remain in the home until the patient's death, as there will be considerable variations between the time that a patient ingests medication until the time of death).

On-Call and Time of Death Instructions/Visit Standards Procedure

Time of death visits will be handled according to normal procedures with on-call staff making a determination according to the individual family needs and specific circumstances.

1. Hospice staff will inform on-call if they are aware that the patient is planning to ingest medical aid in dying medication during on-call hours.
2. Time of death voicemail/email announcement to staff will not list information related to the California End-of-Life Option Act.
3. 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 Procedure

Staff 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:

1. Case communication note indicating notification to designated/appropriate staff (RN Case Manager and DPCS/designee).
2. Medications dispensed under the California End-of-Life Option Act.
3. Documentation in discipline notes that medical aid in dying medications have been dispensed and are in the patient's home.
4. Staff presence at time of death will be documented in routine visit and/or death notes as with any hospice death.
5. Documentation at time of death visit should include:
 - a) Healthcare professional/staff presence
 - b) Time of death
 - c) Bereavement concerns

Reporting a California End-of-Life Option Act Death

Wilshire Hospice 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.

Procedure

1. The underlying terminal disease must be listed as the cause of death.
2. The manner of death must be marked as "Natural."
3. The cause of death section may not contain any language that indicates that the California End-of-Life Option Act was used, such as:
 - a) Suicide
 - b) Assisted suicide

- c) Physician assisted suicide
- d) Death with Dignity
- e) Mercy killing
- f) Euthanasia
- g) Secobarbital or Seconal
- h) Pentobarbital or Nembutal

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

Wilshire Hospice management team and staff recognize that each staff member 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.

It is not the intent of the management team to assume staff involvement. It is the staff member's responsibility to inform appropriate staff (their Administrator or Director of Pt. Care Services) of concerns or reluctance around caring for patients who are requesting medical aid-in-dying prescriptions, including discussions and requests for information.

The DPCS and RN Case Managers will be responsible for assessing and, if needed, re-assigning staff to ensure excellent patient care.

1. Clinicians 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.
2. WHOC staff may never coerce or exert undue influence on a patient with respect to these issues.
3. If at any time you do not desire to continue to provide care to a person because their decision to participate in the Act conflicts with your personal values, please inform the patient's designated staff (RN Case Manager and DPCS) and they will identify a staff member who can provide the necessary care.