

Right to Die (End of Life Option Act)

Hospice Manual

Purpose

To protect and promote the rights of qualified patients to make informed decisions regarding end of life treatment options.

Policy

The Company recognizes the right of qualified patients to request to receive a prescription for an aid-in-dying drug.

Definitions:

“Aid-in-dying drug” means a drug determined and prescribed by a physician for a qualified patient, which the qualified patient may choose to self-administer to bring about his or her death due to a terminal disease.

“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 a patient’s terminal disease.

“Medically confirmed” means the medical diagnosis and prognosis of the attending physician has been confirmed by a consulting physician who has examined the qualified patient and the qualified patient’s relevant medical records.

“Qualified patient” means an adult who has the capacity to make medical decisions is a resident of the state of California and meets the additional requirements outlined in Section I below.

“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

- I. A qualified patient is an adult with the capacity to make medical decisions and meets the following conditions:
 - A. The patient’s attending physician has diagnosed the patient with a terminal disease.
 - B. The patient has voluntarily expressed the wish to receive a prescription for an aid-in-dying drug.
 - C. The individual is a resident of California and is able to establish residency through any of the following means:
 - i. Possession of a California driver license or other identification issued by the State of California.
 - ii. Registration to vote in California.
 - iii. Evidence that the person owns or leases property in California.
 - iv. Filing of a California tax return for the most recent tax year.
 - D. The individual documents his or her request pursuant to the requirements detailed in Section III.
 - E. The individual has the physical and mental ability to self-administer the aid-in-dying drug.
- II. The attending physician is responsible for informing the qualified patient of the relevant information as outlined in this policy to ensure that the qualified patient is making an informed decision.
- III. A request for a prescription for an aid-in-dying drug must be made directly by the qualified patient diagnosed with the terminal disease and shall not be made on behalf of the qualified patient, including, but not limited to, through a power of attorney, an advance health care directive, a conservator, health care agent, surrogate, or any other legally recognized health care decision maker.

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- IV. Before prescribing an aid-in-dying drug, the attending physician will make the determination:
 - A. Of whether the requesting patient has the capacity to make medical decisions.
 - B. If there are indications of a mental disorder, the physician should refer the requesting patient for a mental health specialist assessment.
 - i. If a mental health specialist assessment referral is made, no aid-in-dying drugs should be prescribed until the mental health specialist determines that the requesting patient has the capacity to make medical decisions and is not suffering from impaired judgement due to a mental disorder.
 - C. Whether the requesting patient has a terminal disease.
 - D. Whether the requesting patient has voluntarily made the request for an aid-in-dying drug.
 - E. Whether the requesting patient is a qualified individual.
 - F. That the requesting patient is making an informed decision by discussing with them the following:
 - i. Their medical diagnosis and prognosis.
 - ii. The potential risks associated with ingesting the requested aid-in-dying drug.
 - iii. The probable result of ingesting the aid-in-dying drug.
 - iv. The possibility that they may choose to obtain the aid-in-dying drug but not take it.
 - v. The feasible alternatives or additional treatment options, including but not limited to:
 - a. Comfort care;
 - b. Hospice care;
 - c. Palliative care; and
 - d. Pain control.
 - G. To refer the qualified patient to a consulting physician for medical confirmation of the diagnosis and prognosis, and for a determination that the qualified patient has the capacity to make medical decisions.
- V. Following the assessment by the consulting physician and mental health specialist, as applicable, the physician will additionally:
 - A. Confirm that the qualified patient's request does not arise from coercion or undue influence by another person by discussing with the qualified patient, outside of the presence of any other persons, except for an interpreter, whether or not the qualified patient is feeling coerced or unduly influenced by another person.
 - i. If the attending physician is conducting the visit via telehealth. The attending physician will ensure that a private conversation is conducted with patient.
 - B. Counsel the qualified patient about the importance of the following:
 - i. Having another person present when they ingest the aid-in-dying drug prescribed.
 - ii. Notifying the next of kin of their request for an aid-in-dying drug. A qualified patient who declines or is unable to notify next of kin shall not have their request denied for that reason.
 - iii. Participating in a hospice program.
 - iv. Maintaining the aid-in-dying drug in a safe and secure location until the time that the qualified patient will ingest it.
 - v. Inform the patient that they may withdraw or rescind the request for an aid-in-dying drug at any time and in any manner.
 - vi. Offer the patient an opportunity to withdraw or rescind the request for an aid-in-dying drug before prescribing the aid-in-dying drug
 - vii. Verify, immediately before writing the prescription for an aid-in-dying drug, that the qualified patient is making an informed decision.

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- viii. Confirm that all requirements are met and all appropriate steps are carried out in accordance with state regulations before writing a prescription for an aid-in-dying drug.
- VI. A qualified patient seeking to obtain a prescription for an aid-in-dying drug must submit two oral requests, a minimum of 48 hours apart, and a written request to his or her attending physician.
- A. The attending physician shall directly, and not through a designee, receive all three requests.
 - B. The prescription for an aid-in-dying drug may not be written without the attending physician, not a designee, directly offering the patient an opportunity to withdraw or rescind the request at the time of the qualified patient's second oral request.
 - C. The written request may be on Form A – Request for an Aid-In-Dying Drug to End My Life, or another form that contains all of the same information.
 - i. The request will be signed and dated, in the presence of two adult witnesses by the qualified patient seeking the aid-in-dying drug.
 - ii. The witnesses must attest that to the best of their knowledge and belief that the qualified patient is all of the following:
 - a. A person who has the capacity to make medical decisions.
 - b. Acting voluntarily.
 - c. Not being coerced to make or sign the request.
 - iii. Only one of the two witnesses may:
 - a. Be related to the qualified patient by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the individual's estate upon death.
 - b. Own, operate, or be employed at a health care Company where the patient is receiving medical treatment or resides.
 - iv. The attending physician, consulting physician, or mental health specialist of the qualified patient cannot be one of the witnesses.
 - D. If the conversations or consultations about Form A – Request for an Aid-In-Dying Drug to End My Life were conducted in a language other than English, Form B – Interpreter's Declaration must be completed.
 - i. The interpreter cannot be related to the patient by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the patient's estate upon death.
- VII. The Company should determine whether the qualified patient has an existing advance directive and determine whether the advance directive is consistent with the qualified patient's request for an aid-in-dying drug.
- A. If the qualified patient's request for an aid-in-dying drug conflicts with the qualified patient's advance directive, the Company will notify the attending physician.
- VIII. Prior to prescribing an aid-in-dying drug, the attending physician must refer the qualified patient to a consulting physician and a mental health specialist, if indicated.
- IX. The qualified patient may withdraw his or her request for an aid-in-dying drug, or decide not to ingest an aid-in-dying drug, at any time without regard to the qualified patient's mental state.
- X. All of the following shall be documented in the qualified patient's medical record:
- A. Both oral requests for the aid-in-dying drug.
 - B. The written request for the aid-in-dying drug.
 - C. The attending physician's diagnosis and prognosis, and the determination the qualified patient has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision, or that the attending physician has determined that the individual is not a qualified patient.

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<p>D. The consulting physician's diagnosis and prognosis, and verification that the qualified patient has the capacity to make medical decisions, is acting voluntarily, and has made an informed decision, <u>or</u> that the consulting physician has determined that the individual is not a qualified patient.</p> <p>E. A report of the outcome and determinations made during a mental health specialist's assessment, if performed.</p> <p>F. The attending physician's offer to the qualified patient to withdraw or rescind his or her request at the time of the qualified patient's second oral request.</p> <p>G. Completion by the attending physician of Form B – End of Life Option Act Checklist or a substantively similar form.</p> <p>XI. Upon revocation or transfer, the documentation of the qualified patient's requests for the aid-in-dying drug will be provided to the qualified patient.</p> <p>XII. Any unused aid-in-dying drugs after the death of the qualified patient to whom they were prescribed must be disposed of in the same manner as controlled substances and documented.</p> <p>XIII. The Company will provide employees, applicable independent contractors and affiliated healthcare providers with a copy of this policy to notify these individuals that the Company has opted to participate in the EOLOA upon hire or the date that the independent contractor/affiliated healthcare provider first provides services to patient of the Company.</p> <p>A. The Company will post this policy on its website to satisfy the requirement to provide annual notice of participation in EOLOA to it employees, applicable independent contractors and affiliated healthcare providers.</p> <p>XIV. Staff members may request to not participate in assisting qualified patients with exercising their rights outlined in this policy if the End-of-Life Option Act conflicts with the staff member's cultural values, religious beliefs, or health.</p> <p>A. The staff member will be allowed to refuse to care for a patient only during that portion of care that directly conflicts with the staff member's values, beliefs or health.</p> <p>B. In the event of a staff member not providing care for a patient during the portion of care that directly conflicts with the staff member's values, beliefs or health, an alternate qualified staff member will be available to provide such care as necessary.</p> <p>C. If a physician cannot or will not support a patient's request, the physician will:</p> <p>i. Notify the patient that they are unable/unwilling to participate in the EOLOA.</p> <p>ii. Document the patient's request to obtain the aid-in-dying drug. Notify the Executive Director and Director of Patient Care services of the patient's request.</p> <p>iii. Transfer the patient's request and medical record to an alternate physician of the patient's choice. (Refer to Company's designation of attending physician process.)</p>	
References	
Sources: CAL. HEALTH & SAFETY CODE §§ 443.	
Forms: HSP – 06 – Form A – End of Life Option Act Request Form HSP – 06 – Form B – End of Life Option Act Checklist HSP – 06 – Form C – Interpreter's Declaration	
Employee(s): Executive Director, Medical Director, Attending Physicians, Director of Patient Care Services	
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