

Section: Patient Rights/Advance Directives	Effective: 07/01/2018
Subject: End-of-Life Care: Medical Aid-in-Dying	Revised: 08/01/2023

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:

THE HOSPICE OF SAN DIEGO 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. THE HOSPICE OF SAN DIEGO 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.

It is the mission of THE HOSPICE OF SAN DIEGO to meet the needs of patients and families in a way that honors how people want to live their final months or days. While THE HOSPICE OF SAN DIEGO does not participate in the End of Life Option Act, patients who inquire about the option of securing medical aid in dying will be given information and resources.

If a patient decides to avail themselves of their right to pursue medical aid-in-dying, THE HOSPICE OF SAN DIEGO will offer to transfer the patient to a hospice that provides support in the Act. Until the patient is transferred to another hospice or if the patient decides to remain on service with THE HOSPICE OF SAN DIEGO, the Hospice 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.

THE HOSPICE OF SAN DIEGO 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 physician, hospice staff will provide information, resources, and support to patients who are exploring this option.

Procedures:

- 1) As is customary, THE HOSPICE OF SAN DIEGO will explore and evaluate patients’ statements related to all end-of-life options, including medical aid-in-dying if they arise during intake and/or routine visits. The Hospice will inform patients who are exploring medical aid-

- in-dying that the Hospice does not participate in the Act.
- 2) If patient or family members make an inquiry about seeking medication for medical aid-in-dying, THE HOSPICE OF SAN DIEGO will respond to inquiries or requests for information and refer them to their attending physician or the medical director, who may act as an Attending or Consulting Physician.
 - 3) Staff or volunteers who are aware that a patient is considering procuring medication for medical aid-in-dying will notify the appropriate designated staff (e.g. Registered Nurse Case Manager and the Director of Hospice Care Services).
 - 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 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 that THE HOSPICE OF SAN DIEGO does not participate in the Act. THE HOSPICE OF SAN DIEGO will offer to transfer the patient to a hospice program that provides support in the Act. If the patient chooses to remain on services with THE HOSPICE OF SAN DIEGO, the Hospice will continue to provide hospice services but will not provide assistance with the Act nor will Hospice staff attend to the patient as the patient is self-administering the medication.
 - 9) The Medical Director may serve, if he or she chooses, as the attending or consulting physician as defined in the Act to determine patient's eligibility.
 - 10) 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.
 - 11) As is customary, bereavement support will be available to all families.
 - 12) THE HOSPICE OF SAN DIEGO 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 staff to discuss any concerns, to review an individual case, or to review any and/or all of our [End-of-life Choice] policies.

Staff Roles in the California End of Life Option Act

Procedure:

- 1) It is the responsibility of THE HOSPICE OF SAN DIEGO staff to educate and inform patients and families regarding end-of-life options and care when patients ask.
- 2) When requested by the patient, THE HOSPICE OF SAN DIEGO staff will inform patients about their rights under the Act.
- 3) 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.
- 4) If a patient obtains a medical aid-in-dying prescription, the Hospice will offer to transfer the patient to a Hospice that participates in the Act. If the patient remains on service with THE HOSPICE OF SAN DIEGO, the Hospice will continue to provide standard hospice services to the patient and family.
- 5) THE HOSPICE OF SAN DIEGO 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.
- 6) 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.

THE HOSPICE OF SAN DIEGO 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 or another physician who participates in the End of Life Option Act.

Staff will:

- 1) Notify the appropriate staff (Registered Nurse Case Manager and Director of Hospice Care Services) 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 others. 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:

THE HOSPICE OF SAN DIEGO staff 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 designated staff (Registered Nurse Case Manager and Director of Hospice Care Services). The Hospice may transfer the patient to another hospice that participates/provides support in the Act.

Prior to the patient ingesting the medical aid-in-dying medication and while continuing to provide any usual hospice care, staff will assist with the following routine hospice care standards:

- 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, i.e. non-clinical notes, end-of-life notes, etc.
- 8) If patient dies without self-administering the medical aid-in-dying medication and these medications are in the home, staff will assess for safety and provide information around safe disposal of medications.

On-call and time of death instructions visit standards

Procedure:

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). 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. Time of death calls to coroners, which are rarely required, will list patient's underlying illness as cause of 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 case communication note indicating notification to designated/appropriate staff. (RNCM and DPCS)

Reporting a California End-of-Life Option Act Death

THE HOSPICE OF SAN DIEGO 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

Procedure:

THE HOSPICE OF SAN DIEGO 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 Hospice 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 Registered Nurse Case Managers will be responsible for assessing and, if needed, re-assigning staff to ensure excellent patient care.

1. 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.
2. THE HOSPICE OF SAN DIEGO 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 (Registered Nurse Case Manager and Director of Patient Care Services) and they will identify a staff member who can provide the necessary care.