

Sample CCRC/Assisted Living CA End of Life Option Act Model Policy:

[Name of institution]

Administrative Policies and Operating Procedures

Section: Patient Care Services

Policy Title: End-of-Life Care

Organization Wide

Section: Medical Aid in Dying

PURPOSE:

The End of Life Option Act (the “Act”) allows terminally ill, mentally capable adults (18 years or older) seeking to shorten their dying process to request medication for medical aid in dying from medical and osteopathic physicians. These terminally ill patients must be California residents who have less than six months to live.

POLICY STATEMENTS:

1. [CCRC] places a high value on life and is committed to compassionate care and high quality of life. [CCRC] respects a resident’s right to self determination and respects the relationship between our residents and staff/caregivers.
2. [California] law recognizes the rights and responsibilities of qualified patients and healthcare providers under the CA End of Life Option Act (“the Act”).
3. Under [California’s] End of Life Option Act, qualified patients have the right to self administer medication that will end their life. Healthcare providers are not required to aid a qualified patient in ending that patient’s life. It is illegal for anyone other than a qualified patient to administer the drugs.
4. In the performance of their duties, [CCRC] employees, independent contractors, vendors and volunteers shall not influence through encouragement or discouragement, nor communicate a value judgment, upon a resident’s decision to end the resident’s life under the Act.
5. No resident will be denied other medical care or treatment because of the resident’s participation under the Act. The resident will be treated in the same manner as all other [CCRC] residents.

DEFINITIONS

cited in the End of Life Option Act.

“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.

“Attending physician checklist and compliance form” means a form, as described in Section 443.22, identifying each and every requirement that must be fulfilled by an attending physician to be in good faith compliance with this part should the attending physician choose to participate.

“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 healthcare 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.

“Department” means the State Department of Public Health.

“Health care provider” or “provider of health care” means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; any person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; any person certified pursuant to Division 2.5 (commencing with Section 1797) of this code; and any clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of this code.

“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 on reviewing end of life options and factors of taking the aid-in-dying drug.

“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 this state.

“Public place” means any street, alley, park, public building, any place of business or assembly open to or frequented by the public, and any other place that is open to the public view, or to which the public has access.

“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.

“Terminal disease” means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.

PROCEDURES

The following shall take place for a resident contemplating exercising his/her options under the Act.

1. No employee, independent contractor or volunteer will encourage or discourage a resident’s request nor communicate a value judgment about the resident’s choices.
2. The resident must be able to ingest the prescribed medication on their own

without assistance. It is illegal for anyone, including [CCRC] employees, independent contractors or volunteers to assist a resident and/or qualified patient in ingesting the medication prescribed under the Act.

3. A resident that chooses to exercise his/her options under the Act, is allowed to ingest the medication in his/her room and/or apartment and complete the dying process.
4. Residents and/or families requesting information about the End of Life Option Act will be referred to the resident's physician.
5. Staff or volunteers who are aware that a patient is considering procuring life ending medications will notify the appropriate [CCRC] Act designated staff.
6. Do not inform residents' families of a resident's request for information or contemplation to exercise his/her option under the Act without express approval from the resident, and noting such approval in the medical record.
7. If an employee or independent contractor is unable to do any of the acts specified above, the employee or independent contractor must notify his or her manager /supervisor and request a reassignment. Reassignments will be handled without judgment or consequences for the employee or independent contractor.

A) Skilled Nursing [or when the CCRC provides physician]

1. If a resident makes a request for information or request to end their life under the Act, refer the resident to his/her physician and inform the resident's physician as soon as possible, or no later than one working day of the resident's request for information about the Act, or the resident's desire to end his/her life under the Act.
2. All physicians are legally allowed to discuss the Act with a patient that requests information and/or to refer patients to another physician. [CCRC] does not inhibit a physician that it contracts with to prescribe medication or provide consultation under the Act.
3. If a physician that [CCRC] contracts with is unable or unwilling to prescribe medication upon the request of a resident, that physician should provide a referral to another physician that can prescribe the medication.
4. Physicians will document all requests regarding the Act in the resident's medical record.

B) Independent Living Care, Assisted Living, LongTerm and Memory Care [when residents have their own physicians]

1. If a resident makes a request for information or request to end their life under the Act, refer the resident to his/her physician.

C) Hospice

1. If a resident, while under hospice care, makes a request for information or request to end his/her life under the Act, refer the resident to hospice staff.

2. Hospice staff should document the request in the resident's medical record, and inform the resident's hospice physician as soon as possible.

3. If the hospice physician, after appropriate efforts to control pain or other concerns of the resident, is unable or unwilling to prescribe medication upon the request of a resident, that physician should provide a referral to another physician that can prescribe the medication.