



City and County of San Francisco  
Edwin M. Lee, Mayor

## San Francisco Department of Public Health

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### San Francisco Department of Public Health

#### Policy & Procedure Detail\*

<b>Policy &amp; Procedure Title:</b> California End of Life Option Act	
<b>Category:</b> Client/Patient Services	
<b>Effective Date:</b> 1/10/2017	<b>Last Reissue/Revision Date:</b> n/a
<b>DPH Unit of Origin:</b> Office of Policy & Planning	
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<b>Distribution:</b> DPH-wide <input type="checkbox"/>	<b>If not DPH-wide, other distribution:</b> San Francisco Health Network

\*All sections in table required. Updated 3/2014

#### PURPOSE OF POLICY

The California End of Life Option Act allows qualified, terminally ill adults seeking to end their life to request lethal doses of medication from a physician. To be considered “qualified” patients must be:

- an adult with the capacity to make medical decisions,
- able to self-administer an aid-in-dying drug,
- a resident of California, and
- have less than six months to live.

Patients who request an aid-in-dying drug must satisfy all requirements of the Act to obtain a prescription for an aid-in-dying drug. This policy applies to relevant sites of the San Francisco Department of Public Health’s (SFDPH) San Francisco Health Network (SFHN) which includes 9 community based primary care clinics that care for adults, Zuckerberg San Francisco General Hospital (ZSFG), and Laguna Honda Hospital (LHH). Participating providers should refer to the SFHN Provider Guide (Appendix A) for step-by-step guidance and requirements for implementation in accordance with the Act and SFHN policy.

#### POLICY

- A. The San Francisco Health Network acknowledges the legal right of qualified patients to choose to end their life and allows health care providers to participate in the California End of Life

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**The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.**

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

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Option Act. SFHN permits its physicians, pharmacists, licensed psychologists, and psychiatrists who otherwise qualify by statute to participate in the California End of Life Option Act, if they so choose. More broadly, SFHN health care providers may also participate in relevant supporting roles (for related definitions see page 5 of this policy). SFHN health care providers may, as applicable:

- Perform the duties of an Attending physician, including prescribing medication under the Act
- Perform the duties of a Consulting physician
- Perform the duties of a Mental Health Specialist
- Fill a prescription under this Act
- Assist in patient support related to this Act

Residents, fellows, physician assistants, and nurse practitioners are not authorized under SFHN policy to participate as an Attending or Consulting physician and should notify their supervising physician about patient requests under the Act.

- B. **SFHN does not mandate any health care providers to participate in the California End of Life Option Act. Only providers who are willing to participate should do so.** Participation in activities authorized under the End of Life Option Act and this policy is strictly voluntary.
- C. SFHN physicians who participate in End of Life Option Act activities are required to complete a one-time online training.

## PRINCIPLES

SFHN respects the right of patients to access an aid-in-dying drug while ensuring safeguards to protect vulnerable patients who may feel that they are without alternative end-of-life options, or who may experience coercion or undue influence. The overall goal of SFHN is to support patients in their end-of-life care. This may not necessarily result in aid-in-dying medication being prescribed if patient needs can be met in other ways, such as hospice or palliative care (e.g symptom management or palliative sedation).

## PROCEDURES

- A. Requesting an Aid-in-Dying Medication
1. When a qualified patient requests access to an aid-in-dying drug, this process preferably involves an Attending physician with a longitudinal relationship with the patient, ideally the patient's primary care provider (PCP) or a specialist caring for the patient's condition that has led to the determination of less than six months' life expectancy. Eligible individuals must be current SFHN patients receiving care for a terminal disease.
    - i. If patient does not have a relationship with a physician who is willing to participate in the End of Life Option Act, but has an established relationship

with SFHN for clinical care, employees and providers may contact the relevant Chief Medical Officer (CMO) or his/her designee for a referral to a participating provider (e.g. CMO for primary care, ZSFG specialty care, or LHH).

- ii. If the PCP is a nurse practitioner or physician assistant, s/he shall work in close collaboration with his/her supervising physician, who may serve as the Attending physician.
2. If there is any disagreement regarding the appropriateness or voluntary nature of the patient request, or whether the patient's needs should be addressed by alternate means, these concerns should be discussed with the Ethics Committee at Zuckerberg San Francisco General (for primary care and ZSFG specialty care patients) or Laguna Honda Hospital (for LHH patients).
3. If there is any concern regarding the capacity of a patient to make an informed decision as defined by the Act or any concern for mental illness interfering with a patient's medical decision-making capacity, then a Mental Health Specialist consultation is required. Under the Act, a Mental Health Specialist is defined as a psychiatrist or licensed psychologist. The professional judgment of the Mental Health Specialist will determine whether the request for an aid-in-dying drug can proceed.
4. If the patient has Limited English Proficiency and requires an interpreter, participating physicians should arrange for an in-person professional interpreter. An interpreter should be present for discussions regarding the Act and to assist with completion of patient forms. The interpreter used for discussions regarding aid-in-dying must not 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. The interpreter must meet the standards promulgated by the California Healthcare Interpreting Association <http://chiaonline.org/CHIA-Standards> or the National Council on Interpreting in Health Care <http://www.ncihc.org/ethics-and-standards-of-practice> or other standards deemed acceptable by California Department of Public Health.
  - i. Option A: The written request form signed by the patient (Appendix B) must be written in the same language as any conversations, consultations or interpreted conversations or consultations between a patient and his or her Attending or Consulting physician.
  - ii. Option B: The written request form signed by the patient may be prepared in English even when the conversations or consultations were conducted in a language other than English if the Interpreter completes the interpreter attestation in Appendix

**B. Patient Ingestion of Aid-in-Dying Drug:**

1. The Act requires that patients not ingest an aid-in-dying drug in a public place. SFHN recognizes that not all patients may have an appropriate residence for ingestion of an aid-in-dying drug. In such cases, SFHN will facilitate placement of patients to an appropriate setting.

### C. CDPH Reporting Requirements

1. Within 21 calendar days of **writing the prescription for an aid-in-dying drug**, the Attending Physician must submit completed documentation as listed below to Zuckerberg San Francisco General Office of Regulatory Affairs (for primary care or ZSFG specialty patients) or Laguna Honda Hospital Quality Management (for LHH patients). ZSFG Regulatory Affairs and LHH Quality Management will ensure that documentation is submitted to CDPH within 30 calendar days of writing the prescription. Required documentation includes the following CDPH forms:
  - i. Patient's Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner
  - ii. Attending Physician's Checklist & Compliance Form
  - iii. Consulting Physician's Compliance form
  - iv. If returned by patient or family: Final Attestation for an Aid-in-Dying Drug
  - v. Within 21 calendar days **following the qualified patient's death from ingesting the aid-in-dying drug**, or any other cause, the Attending Physician must submit the CDPH form "Attending Physician Follow-Up Form" to either ZSFG Office of Regulatory Affairs or LHH Quality Management, who will forward to CDPH within 30 days of patient death.
2. SFHN providers who serve as a Consulting physician or Mental Health Specialist for a patient with an Attending physician outside of SFHN must submit a copy of completed documentation to ZSFG Regulatory Affairs or LHH Quality Management.

### D. Aid-in-Dying Drug

1. A qualified patient requesting an aid-in-drug in San Francisco Health Network may obtain the drug from either Zuckerberg San Francisco General Outpatient Pharmacy or Laguna Honda Hospital Pharmacy.
2. As required by the Act, any patient who is prescribed an aid-in-dying drug and no longer wishes to take the drug, is to take the medication to a facility that disposes controlled substances. Controlled substances are drugs or chemicals whose manufacture, possession, or use is regulated by the government, including prescription medications. In San Francisco, five Walgreens locations are authorized to collect controlled substances (see References).

## APPENDICES

- A. SFHN Provider Guide
- B. End of Life Option Act Physician and Patient Forms

## REFERENCES

- California’s End of Life Option Act:  
[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520162AB15](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15)
- California Medical Association:  
<http://www.cmanet.org/resource-library/detail/?item=the-california-end-of-life-option-act>
- End of Life Option Act Checklist and Forms – California Department of Public Health:  
<https://www.cdph.ca.gov/Pages/EndofLifeOptionAct.aspx>
- Disposing Controlled Substances (page 2):  
[http://sfenvironment.org/sites/default/files/editor-uploads/toxics/safemedsdisposalfactsheet\\_20160601\\_english.pdf](http://sfenvironment.org/sites/default/files/editor-uploads/toxics/safemedsdisposalfactsheet_20160601_english.pdf)

## DEFINITIONS

*The following terms are used in the California End of Life Option Act and are excerpted from documents provided by the California Hospital Association:*

**Adult:** individual 18 years of age or older.

**Aid-in-dying drug:** 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:** 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:** a specific form created by the End of Life Option Act that identifies each and every requirement that must be fulfilled by an attending physician to be in good faith compliance with this law should the attending physician choose to participate. This form may be found at the end of this chapter as CHA Form 5-7.

**Capacity to make medical decisions:** in the opinion of an individual’s attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Probate Code Section 4609, 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” (defined below) to health care providers. (Probate Code Section 4609 defines “**capacity**” as a person’s ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.)

**Consulting physician:** 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.

**Health care provider or provider of health care** means:

1. Any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code. This includes physicians, nurses, psychologists, physician assistants, pharmacists, and other professionals;
2. Any person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act;
3. Any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code. This includes emergency medical technicians and paramedics; and
4. Any clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. This includes general acute care hospitals, acute psychiatric hospitals, special hospitals, skilled nursing facilities, intermediate care facilities, and other facilities.

**Informed decision:** 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 of all of the following:

1. The individual's medical diagnosis and prognosis.
2. The potential risks associated with taking the drug to be prescribed.
3. The probable result of taking the drug to be prescribed.
4. The possibility that the individual may choose not to obtain the drug or may obtain the drug but may decide not to ingest it.
5. The feasible alternatives or additional treatment opportunities, including, but not limited to, comfort care, hospice care, palliative care, and pain control.

**Medically confirmed:** 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:** 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:** a psychiatrist or a licensed psychologist.

**Physician:** a doctor of medicine or osteopathy currently licensed to practice medicine in California.

**Public place:** 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:** an adult who has the capacity to make medical decisions, is a resident of California, and has satisfied the requirements of this law in order to obtain a prescription for a drug to end his or her life.

**Self-administer:** 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:** an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.