APPENDIX A

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Introduction to the End of Life Option Act

The California End of Life Option Act allows a physician to prescribe a medication that will end the life of a terminally ill adult patient, provided that the patient meets eligibility criteria as described in the law, and makes the request independently and voluntarily. Physicians who follow the steps of the law will not be subject to any legal action or professional sanction. Healthcare professionals are able to choose whether or not they want to participate in any and all aspects of the End of Life Option Act.

Terminology

For the purposes of this Guide, we describe a patient’s voluntary request for a medication that will end his or her life as participation in “Aid in Dying” or participation in the End of Life Option Act. In other states and in ethics literature, this interaction between patients and physicians is also referred to as “Physician-Assisted Death” and “Death with Dignity.”

Who is an Eligible Patient?

To be eligible, a patient must meet ALL of the following criteria:

- Adult 18 years or older
- Can prove that he or she is a California resident (see below, Process, Step 1)
- Has been diagnosed with a terminal illness, defined as an incurable and irreversible disease that, within the reasonable medical judgment of the Attending physician and Consultant physician, will result in death within 6 months
- Has the capacity to request an aid-in-dying drug
- Has the physical and mental capacity to self-administer the aid-in-dying drug.

Who can serve as the Attending Physician?

The Attending Physician is the physician who has primary responsibility for the health care of an individual and treatment of the individual’s terminal disease. This can be a specialist or a primary care physician. When practicing in the San Francisco Health Network (SFHN), residents, fellows, nurse practitioners, and physician assistants are not allowed to act as an Attending Physician for the End of Life Option Act.

Who can serve as the Consulting Physician?

The Consulting Physician is independent from the Attending Physician and is qualified by specialty or experience to make a professional diagnosis and to estimate prognosis regarding the patient’s terminal disease. When practicing in the San Francisco Health Network, residents, fellows, nurse practitioners, and physician assistants are not allowed to act as a Consulting Physician for the End of Life Option Act.

The Consulting Physician reviews the patient’s history, including relevant medical records, performs a physical examination, and determines whether the patient has a terminal disease that would be expected to result in death within six months. The Consulting Physician also determines whether the patient has the capacity to make this decision, is acting voluntarily, and has made an informed decision.
Who can serve as the Mental Health Specialist?
A psychiatrist or licensed psychologist can serve as the Mental Health Specialist. When practicing in the San Francisco Health Network, residents, fellows, nurse practitioners, or physician assistants cannot serve as the Mental Health Specialist. The Mental Health Specialist conducts one or more consultations to: determine whether the patient has the mental capacity to make medical decisions, act voluntarily, and make an informed decision; and/or determine whether the patient is suffering from impaired judgment due to a mental disorder, and whether the mental illness is interfering with decision-making capacity.

Who can serve as the Interpreter?
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](http://chiaonline.org/CHIA-Standards) or the National Council on Interpreting in Health Care [http://www.ncihc.org/ethics-and-standards-of-practice](http://www.ncihc.org/ethics-and-standards-of-practice) or other standards deemed acceptable by California Department of Public Health. San Francisco Health Network physicians should arrange in advance for in-person interpretation services for patients with Limited English Proficiency.

Addressing a Patient Request for Aid in Dying
As stated above, staff who provide care in the San Francisco Health Network (SFHN) are free to choose whether or not to participate in Aid in Dying. Staff may choose to:

- Decline to participate in any aspect of Aid in Dying, including education or assistance with referrals;
- Provide education and/or assistance with referrals, but decline direct participation; or
- Provide education, assistance with referrals, and directly assist the patient in his/her request for Aid in Dying, as appropriate for the staff member’s role (e.g. Attending Physician, Consulting Physician, interpreter, pharmacist)

Experience from states which have legalized Aid in Dying suggests that many more patients make inquiries about Aid in Dying than will proceed with the formal process to obtain an aid-in-dying drug. In many cases, an initial inquiry regarding Aid in Dying may reveal that the patient misunderstands his/her diagnosis or prognosis, or has significant concerns regarding current or future suffering caused by physical, emotional, social, or spiritual problems. When these issues are addressed, the patient may decide not to proceed with his/her request for Aid in Dying. Given this experience, SFHN staff members are invited to respond to patient inquiries, whether or not they choose to participate in Aid in Dying.

When patients make an initial inquiry regarding Aid in Dying, SFHN staff may choose to respond in any or all of the following ways, depending on the staff member’s role:

- Acknowledge the request and clarify whether the patient is specifically requesting Aid in Dying, as opposed to other types of end-of-life care
• Inform patient whether he/she (staff member) is able/willing to provide further education or assistance with referrals for Aid in Dying
• If willing, offer to help the patient by identifying participating physicians
• If willing and able, provide education on Aid in Dying eligibility and process
• If willing and able, explore circumstances prompting the patient to inquire about Aid in Dying, and offer assistance in connecting patient with appropriate resources (e.g. behavioral health, palliative care, hospice care, further information on Aid in Dying)
• If willing and able, evaluate patient’s eligibility for participation (see below)
• If willing and able, provide education on alternatives to Aid in Dying (e.g. withdrawal of life-prolonging treatments, hospice care, palliative sedation in the event of intractable symptoms)

Staff can further explore the circumstances prompting the inquiry, for example:
• Assess patient’s understanding of his/her diagnosis and prognosis
• Assess for any active or concerns regarding future suffering, for example:
  o Uncontrolled symptoms (pain, shortness of breath, anxiety, depression, etc.)
  o Loss of dignity
  o Inability to care for him-/herself
  o Spiritual or emotional distress
  o Social concerns (e.g. fear of isolation, burdening family, etc.)
  o Economic concerns, including suffering related to lack of housing, or food insecurity, or loss of safety and/or privacy due to living situations
  o Pressure or coercion from any friends, family, caregivers, or providers

If a staff member is unable or does not wish to participate directly in Aid in Dying, and the patient needs further assistance, employees and providers can contact the relevant Chief Medical Officers (CMO) or their designees (e.g. CMO for primary care, ZSFG, or LHH). Please refer to Key Contacts on page 13.

The staff member can also refer the patient to Compassion and Choices California for more information
  o http://endoflifeoption.org/
  o 800-247-7421

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Process for Directly Assisting Patients with Aid in Dying

Process Overview
1. Attending Physician Initial Evaluation*
2. Consulting Physician Evaluation*
3. Attending Physician Follow-Up Visit*
4. Patient Completes Formal Written Request for Aid in Dying
5. Attending Physician Writes and Delivers Prescription for the Aid-in-Dying Drug
6. Attending Physician Completes and Submits Required Documentation

*At any point in the process, the Attending or Consulting Physician can also involve:
• Mental Health Specialist (evaluation is required if there is any concern that any mental illness may be impacting the patient’s request for Aid in Dying)
• ZSFG or LHH Ethics Committee (if there is unresolved disagreement among providers regarding the patient’s eligibility for participation, or if there is any concern regarding
coercion or whether the patient’s motivation regarding anticipatory suffering is due to economic situations)

**STEP 1: Attending Physician Initial Evaluation**

When a physician willing to participate in prescribing an aid-in-dying drug receives a request for Aid in Dying, s/he should perform the following steps:

1. If the patient has Limited English Proficiency and requires an interpreter, the Attending Physician should contact Interpreter Services at their practice site in advance to arrange for an in-person, professional interpreter who participates in the End of Life Option Act.

2. Explore the circumstances leading to the patient’s request (as suggested above). Offer assistance in addressing any sources of current or future suffering, and provide education on alternatives to Aid in Dying.

3. If the patient continues to request Aid in Dying, the Attending Physician verifies that the patient is eligible, as specified under the Act:
   - Patient is 18 years of age or older
   - Patient is making the request personally and voluntarily, directly to the Attending Physician (i.e. is not making the request through a surrogate, health care professional, or other advocate, and is not being coerced)
   - Patient is a California resident, demonstrating proof of residency through one of the following methods:
     - Valid Driver's license or California ID
     - Proof of California voter registration
     - Proof that he/she rents or owns property in California
     - Proof that he/she paid California tax in the most recent tax year
   - Patient has a terminal illness (an incurable and irreversible disease that will, within reasonable medical judgment, result in death within 6 months)
   - Patient has the mental capacity to request an aid-in-dying drug
   - Patient has the mental and physical ability to self-administer the aid-in-dying drug

**NOTE:** If a patient requests an aid-in-dying drug and is found to be ineligible for any reason, the Attending Physician should tell the patient why s/he is currently ineligible, and should specify if/when the patient might be eligible to request an aid-in-dying drug in the future.

4. If the patient is eligible to participate, the Attending Physician provides education and counseling to the patient:
   - Clarifies nature of diagnosis and terminal prognosis
   - Informs the patient that he or she can rescind the request for an aid-in-dying drug at any time
Discuss risks and probable result of taking an aid-in-dying drug
Discuss the possibility that the patient may obtain an aid-in-dying drug but choose not to take it
Discuss the alternatives to taking an aid-in-dying drug, including, but not limited to: palliative care, hospice care, expert symptom management, withdrawal of life-prolonging treatments, etc.
Discuss the patient’s code status, and offer assistance in completing an Advance Directive and/or POLST form, if the patient has not previously completed these forms. The completion of a POLST or pre-hospital DNR form is not required but is strongly recommended, if the patient wishes to pursue Aid in Dying.
Counsels the patient on the next steps in the process:

- Minimum 15-day waiting period before patient can make 2nd oral request
- Referral for evaluation by Consulting Physician
- Referral for evaluation by Mental Health Specialist, if needed (see section on Mental Health Specialist Evaluation)
- Patient completion of Written Request (see below) – Attending should review with the patient who can/cannot serve as witnesses for the written request, and can offer to review the form (Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner) with the patient

5. Attending Physician refers the patient for evaluation by a Consulting Physician. The Attending Physician may contact the relevant Chief Medical Officers (CMO) or their designees (e.g. CMO for primary care, ZSFG, or LHH) to identify a Consulting Physician (see Key SFHN Contact Information on page 13).

6. Attending Physician initiates required documentation

a. The physician should document the following in the medical record:

- Patient’s first oral request for an aid-in-dying drug
- Assessment of patient’s diagnosis and prognosis
- Assessment of patient’s capacity to request an aid-in-dying drug
- Determination as to whether any mental illness may be impacting the patient’s request for Aid in Dying, and documentation of plan to refer for evaluation by a Mental Health Specialist, if needed
- Assessment of whether the patient’s request is voluntary

b. The physician should begin the End-Of-Life Option Act Attending Physician Checklist and Compliance Form.
STEP 2: Consulting Physician Evaluation

1. If the patient has Limited English Proficiency and requires an interpreter, the Consulting Physician should contact Interpreter Services at their practice site in advance to arrange for an in-person, professional interpreter who participates in the End of Life Option Act.

2. The Consulting Physician evaluates and counsels the patient:
   a. Performs a physical examination and reviews the relevant medical history in the patient’s medical record
   b. Determines if s/he agrees with the Attending Physician’s diagnosis and prognosis
   c. Determines patient’s mental capacity to request an aid-in-dying drug
   d. Assesses whether any mental illness may be impacting the patient’s request for Aid in Dying, and documents plan to refer for evaluation by a Mental Health Specialist, if needed
   e. Based on these assessments, determines whether patient is eligible for Aid in Dying, and communicates this conclusion with the patient.

3. The Consulting Physician communicates his/her findings to the Attending Physician and completes the required documentation:
   a. Documents the patient’s oral request for Aid in Dying, and the components of the Consulting Physician’s evaluation (as above) in the medical record
   b. Completes the End of Life Option Act Consulting Physician Compliance Form and submits the form to ZSFG Office of Regulatory Affairs or LHH Quality Management.

STEP 3: Attending Physician Follow-up Visit

1. If the patient has Limited English Proficiency and requires an interpreter, the Attending Physician should contact Interpreter Services at their practice site in advance to arrange for an in-person, professional interpreter who participates in the End of Life Option Act.

2. The Attending Physician reviews the assessment of the Consulting Physician, and, if needed, the assessment of the Mental Health Specialist, and confirms that all of the previous requirements have been met.

3. The Attending Physician receives the second oral request from the patient

4. The Attending Physician meets with the patient alone (or, if needed, with the interpreter) to confirm that the patient is making an informed decision, and that the request for Aid in Dying is voluntary and free from coercion or undue influence from any other person.

5. The Attending Physician reviews the completed Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner with the patient and Interpreter, if needed (see Step 4, below). Physician should review that the form has been appropriately witnessed.
6. The Attending Physician provides education and counseling to the patient regarding the prescription for and ingestion of the aid-in-dying drug:
   a. Educates patient on how to take the aid-in-dying drug, and reiterates that the patient must self-administer the medication.
   b. Recommends that the patient has another person present when he or she ingests the aid-in-dying drug, and recommends completion of an Advance Directive and/or POLST form indicating the patient’s resuscitation preferences, if not already completed or updated.
   c. Informs patient that s/he may not ingest the aid-in-dying drug in a public place.
   d. Advises patient to maintain the aid-in-dying drug in a safe and secure location until the time that he/she will ingest it. Advises the patient that any unused aid-in-dying drug must be disposed of safely, at locations that accept controlled substances (pg.2 of pdf).
   e. Recommends that the patient notify his/her next of kin of his/her request for an aid-in-dying drug. However, a qualified individual who declines to or is unable to notify next of kin shall not have his or her request denied for that reason.
   f. Recommends that the patient enroll in a home or residential hospice program.
   g. Informs the patient that he or she may withdraw or rescind the request for an aid-in-dying drug at any time and in any manner.
   h. Offers the patient an opportunity to withdraw or rescind the request for an aid-in-dying drug before prescribing the aid-in-dying drug.
   i. Informs the patient that he/she must complete the Final Attestation for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner no more than 48 hours before self-administering the medication, and should submit the completed form to his/her Attending Physician.

7. The Attending Physician completes the required documentation
   a. Documents the education, counseling, and assessments made at the Follow-Up Visit, as well as the patient’s written and second oral request made at least 15 days after the first oral request, in the medical record.
   c. Completes the End-Of-Life Option Act Attending Physician Checklist and Compliance Form, which was begun at the first visit.

STEP 4: Patient Completes Formal Written Request for Aid in Dying

In order to be eligible for Aid in Dying, the patient must complete a formal written request, using the Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner form. This form must be completed by the patient and requires the signature of two witnesses. Only one of the two witnesses may be related to the requesting patient by blood, marriage, registered domestic partnership or adoption, or be entitled to a portion of the requesting patient’s estate upon death. Only one of the two witnesses may own, operate or be employed by a health care facility where the patient is receiving medical care or resides. However, the Attending Physician, Consulting Physician and Mental Health Specialist cannot serve as witnesses.

If the patient has Limited English Proficiency (reports speaking English less than “very well”)
• The written request form should 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; or
• The written request form 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 section on the written request form. The Interpreter’s role is to:
  o Read the form to the patient, in the patient’s preferred language
  o Verify that the patient understands the content read to him/her
  o Attest that the patient desires to sign the form under his/her own power and choice

SFHN can provide copies of the written request form in English, Spanish, Chinese, Russian, Tagalog, and Vietnamese. To obtain these forms, contact David Dao, Manager of Interpreter Services, ZSFG (see Key SFHN Contact Information on page 13).

STEP 5: Attending Physician Writes and Delivers Prescription for the Aid-in-Dying Drug

The Attending Physician cannot provide the patient with the written prescription for an aid-in-dying drug. Instead, the Attending Physician must deliver the prescription directly to the identified pharmacy, either in-person, by mail, or electronically. A pharmacist willing to participate in the aid-in-dying process will dispense the aid-in-dying drug to the patient or to a person designated in writing by the patient. The pharmacist will counsel the patient or the patient’s designated person on the optimal procedures for administration of the drug and provide a written handout with instructions.

The physician documents the aid-in-dying drug (name, dosage), anti-emetic (name, dosage), and method of prescription delivery on the End-Of-Life Option Act Attending Physician Checklist and Compliance Form.

Aid-in-Dying Drug Instructions for Pharmacists

Zuckerberg San Francisco General and Laguna Honda Hospital may provide secobarbital (Seconal) 100 mg in bottles of 100 capsules for use as an aid-in-dying drug. The typical dose is 9 to 10 grams. Instructions for pharmacists/patients:

• Remove the secobarbital powder from the capsules
• Mix the powder in a half a cup of water, a sweet substance such as applesauce or orange juice (to mask the bitter taste)
• Swallow the dissolved liquid in 1 to 2 minutes and in 4 or more separate swallows
• Patients may be instructed to take an antiemetic about one hour before ingesting the secobarbital to prevent nausea and vomiting.

Secobarbital can be specially ordered by the ZSFG pharmacy. If possible, contact the Outpatient Pharmacy Supervisor (Swati Patel, swati.patel@sfdph.org, 206-8462) at least 2 days before the prescription will be written, to ensure that the medication is in stock. If advance notification is not possible, the patient should be informed that he/she will likely need to wait for a period of days after the prescription is written, before the medication will be ready.
STEP 6: Attending Physician Completes and Submits Required Documentation

As outlined above, documentation of the steps in providing the aid-in-dying drug should be included in the medical record:

- All oral requests for aid-in-dying drug
- Written request for aid-in-dying drug
- Attending Physician’s diagnosis and prognosis; the determination that the qualified patient has capacity to make the aid-in-dying decision, is acting voluntarily, and has made an informed decision; or that the Attending Physician determined the individual is not a qualified patient
- Consulting Physician’s diagnosis and prognosis; verification that the qualified patient has capacity to make the aid-in-dying decision, is acting voluntarily and has made an informed decision; or that the Consulting Physician determined the individual is not a qualified patient
- Report of the Mental Health Specialist’s assessment, if performed
- If returned by patient or family: Final Attestation for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner

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:

1. Patient’s Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner
2. Attending Physician’s Checklist & Compliance Form
3. Consulting Physician’s Compliance form
4. If returned by patient or family: Final Attestation for an Aid-in-Dying Drug
5. 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.
6. For a patient who has an Attending Physician outside of SFHN, SFHN providers who serve as a Consulting Physician or Mental Health must submit a copy of completed documentation to ZSFG Regulatory Affairs or LHH Quality Management.

Completing the Death Certificate

The End of Life Option Act does not provide direction as to what cause of death should be referenced on the patient’s death certificate. The law states that actions taken under the Act shall not, for any purpose, constitute suicide, assisted suicide, homicide, or elder abuse. Physicians should not list suicide as the cause of death.

Specifically, Health and Safety Code Sections 102825 and 102860 require certifiers to identify on the certificate of death the “disease or condition directly leading to death, antecedent causes, other
significant conditions contributing to death.” Because the “End of Life Act” is not a “disease,” “condition,” or “antecedent cause” of death, it should not be listed on the death certificate.

CDPH recommends that certifiers report the underlying terminal disease. Such reporting advances the data collection and analysis purposes for which death certificates are used. From a public health perspective, in terms of collecting vital statistics data that informs policy decision-making by the State, reporting the underlying condition(s) that began the chain of events resulting in an individual’s death is of paramount usefulness.

**Additional Support and Consultation**

**Mental Health Specialist Evaluation**

If, during the evaluations of the patient, the Attending or Consulting Physician has questions as to the patient’s mental capacity to request an aid-in-dying drug, or whether the patient is suffering from a mental illness which may impact his or her decision to request Aid in Dying, the patient must be referred to a Mental Health Specialist for further evaluation.

At the request of the Attending or Consulting Physician, the Mental Health Specialist will conduct one or more consultations to:

- Examine the patient and review relevant medical records
- Determine whether the patient has the capacity to request an aid-in-dying drug, act voluntarily, and make an informed decision; and/or
- Determine whether the patient is suffering from impaired judgment due to a mental disorder and whether the mental illness is interfering with decision making capacity.

Once the mental health evaluation is completed, the Mental Health Specialist documents his/her findings in the medical record and communicates them to the Attending Physician. If the patient is deemed to have capacity to request an aid-in-dying drug and is not suffering from impaired judgment due to a mental disorder, the Attending Physician documents these findings on the **End-Of-Life Option Act Attending Physician Checklist and Compliance Form**. If the patient lacks capacity or if his or her judgment may be impaired by a mental illness, he or she is ineligible for Aid in Dying.

**Mental Health Evaluation Special Considerations**

- If the patient’s psychiatrist or psychologist has concerns about evaluating the patient in an unbiased manner, they should not serve as the mental health specialist.
- The mental health specialist should disclose his/her personal biases for or against the End of Life Option to the attending or consulting physician at the time of referral.
- If there is a mental disorder (i.e., delirium or severe depression) that may be impairing judgment, the mental health specialist may recommend treatments before making a determination about capacity.
- It is recommended that a participating mental health specialists receive training on performing capacity evaluations.
Process for Referring Patient to a Mental Health Specialist

- The Attending or Consulting physician requests consultation with one of the on-site mental health providers (psychiatrists or psychologists only).
- If no on-site mental health provider is able or willing to participate in the End of Life Option Act, the referring provider can contact a specified medical director (see Key SFHN Contact Information on page 13) to identify a participating mental health specialist.

Addressing Conflict or Distress

Concerns or conflicts identified by the Attending Physician, the Consulting Physician, the Mental Health Specialist or another consulting clinician or staff should be addressed by convening a meeting of appropriate clinicians and possibly the Ethics Committee at Zuckerberg San Francisco General or Laguna Honda Hospital.

Physicians and other clinicians may feel conflicted about prescribing aid-in-dying medication, but may still choose to do so in order to honor the patient’s wishes. Others may feel distressed if their refusal to prescribe for professional, moral or ethical reasons appears to harm or upset their patient. Aid-in-Dying is a controversial clinical action and may provoke strong emotions. Physicians with concerns can receive support and counseling by contacting the Faculty and Staff Assistance Program (UCSF physicians), the Employee Assistance Program (CCSF physicians), and/or Sojourn Chaplaincy at ZSFG.
# Key SFHN Contact Information

## Patient Referral to Participating Providers
- **Primary Care** – Cathy James, MD, Chief Medical Officer  
  catherine.james@sfdph.org
- **ZSFG** – Todd May, MD, Chief Medical Officer  
  todd.may@ucsf.edu
- **ZSFG** - Lukejohn Day, MD, Associate Chief Medical Officer  
  lukejohn.day@ucsf.edu
- **LHH** - Michael McShane, MD, Chief Medical Officer  
  michael.mcshane@sfdph.org

## Interpreter Services
- David Dao, Manager of Interpreter Services, ZSFG  
  david.dao@sfdph.org

## Patient Referral to Mental Health Specialist
- **Primary Care** - Hamilton Holt, MD, Medical Director, Primary Care Psychiatry  
  hamilton.holt@sfdph.org
- **ZSFG Inpatient** - Mark Leary, MD, Deputy Chief, ZSFG Department of Psychiatry  
  mark.leary@sfdph.org
- **LHH** - Yifang Qian, MD, PhD, Chief of Psychiatry, LHH  
  yifang.qian@sfdph.org

## Submitting Documentation to CDPH
- **Primary Care & ZSFG** – Jay Kloo, Director of Regulatory Affairs  
  jay.kloo@sfdph.org
- **LHH** - Regina Gomez, RN, MS HCA, Director of Quality Management  
  regina.gomez@sfdph.org

## SFHN Ethics Committee
- **Primary Care & ZSFG** – Sharad Jain, MD, Ethics Committee Co-Chair  
  Sharad.jain@ucsf.edu
- **LHH** – Grace Dammann, MD, Ethics Committee Co-Chair  
  Grace.dammann@sfdph.org
| Patient Ingestion in Appropriate Setting | • Primary Care & ZSFG - Kelly Hiramoto, Director of Transitions  
 Kelly.hiramoto@sfdph.org  
 • LHH – Madonna Valencia, RN, MSN, Chief Nursing Officer |
|----------------------------------------|---------------------------------------------------------------------------------------------------------|
| Physician Support and Counseling       | • UCSF Office of Risk Management at ZSFG – Robyn Shanzenbach, Risk Manager  
 Robyn.Schanzenbach@ucsf.edu  
 • UCSF Physicians - Faculty and Staff Assistance Program,  
 (415) 476-8279  
 • CCSF physicians - The Employee Assistance Program,  
 1-800-795-2351 or 415-554-0610  
 • Sojourn Chaplaincy at ZSFG  
 http://sojournchaplaincy.org/ |