Overview

• Signed into law by Gov. Brown, in Oct 2015
• Formally enacted June 9, 2016
• Allows patients to request for physician “Aid in Dying”
  • Terminally ill patient voluntarily self-ingests medication to hasten death
  • “Aid in Dying Drug” = medication(s) a physician would prescribe to hasten a terminally ill patient’s death
• Requires specific procedures and forms
• Prescribing an aid-in-dying drug is voluntary
Who is Eligible?

• To qualify, patients must:
  • be 18 years or older
  • be a resident of California
  • have a terminal illness (<6 months)
  • have the capacity to make medical decisions
  • have the physical and mental capacity to self-administer an aid-in-dying medication
Experience from Other States

• **Who requests aid in dying?**
  - White (92-98%)
  - Finished/started college (43-76%)
  - Cancer patients (>70%)
  - Less religious affiliation

• **Many more people think or talk about it than actually take the aid in dying medication**
  - 1 in 6 terminally ill patients talks with family about it
  - 1 in 50 talks with a physician about it
  - 1 in 500 accesses the option
  - ~30-40% of people who get prescription don’t use it

• Oregon 2015: 218 requested, 132 (60.6%) ingested
• Washington 2015: 213 requested, 166 (77.9%) ingested
• California Projections: ~2,000 requested, (~66%)~1320 ingested
End of Life Option Act Process

- **PATIENT**
  - 2 oral requests at least 15 days apart
  - Completes written request CDPH form

- **ATTENDING PHYSICIAN**
  - Determines if patient meets eligibility
  - Provides counseling and education
  - Refers for consulting physician confirmation
  - Completes CDPH form

- **CONSULTING PHYSICIAN**
  - Confirms diagnosis, prognosis, capacity
  - Completes CDPH form

- **ATTENDING PHYSICIAN**
  - Writes prescription
  - Delivers prescription to pharmacy
  - Completes follow up CDPH form within 30 days of patients death

- **PHARMACIST**
  - Dispenses aid-in-dying drug to the patient or to a person designed in writing by the patient

- **PATIENT**
  - Completes final attestation CDPH form within 48 hours of ingestion

- **MENTAL HEALTH SPECIALIST**
  - Determines mental capacity to make medical decisions
  - Determines if suffering from impaired judgement due to a mental disorder

01/17/17 Office of Policy and Planning
SFHN Policy Development

- Advisory Committee
  - ZSFG
  - LHH
  - Primary Care
  - Behavioral Health
  - Palliative Care
  - Ethics Committee
  - Risk Management
  - Pharmacy

- Physician survey at ZSFG, LHH, PC

- Review of policies in other health systems
<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>EDUCATION &amp; TRAINING</th>
<th>REGULATORY &amp; COMPLIANCE</th>
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</thead>
<tbody>
<tr>
<td>• Respect patient choice</td>
<td>• Requires participating physicians to complete online training</td>
<td>• Central role of ZSFG Regulatory Affairs and LHH Quality Management in managing documentation</td>
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<td>• Intended to balance patient rights and protections</td>
<td>• Provider guide and website in development</td>
<td>• Central role of ZSFG and LHH Medical Staff Office in collecting data on willingness to serve as attending or consulting physician</td>
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<td>• Permits –does not mandate – SFHN providers to participate</td>
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SFHN Policy & Procedures

QUESTIONS & CONCERNS

• Provider guide with key SFHN contacts
• Involve the Ethics Committee

INGESTION

• Patients can not ingest in a public space
• If patients do not have an appropriate residence, Transitions will facilitate placement

AID-IN-DYING DRUG

• SFHN Pharmacy
• Medi-Cal coverage
• Drug disposal
Thank you