

Office of Origin: Risk Management

## I. PURPOSE

- A. To describe the requirements and procedures for compliance with The California End of Life Option Act and to provide guidelines for responding to patient requests for information about Aid-in-Dying Drugs in accordance with federal and state laws and regulations and The Joint Commission Accreditation Standards.
- B. The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Withdrawing or Foregoing Life Sustaining Treatment, Pain Management, Advance Directives/POLST, Resuscitation Status (DNI/DNAR (Allow Natural Death)) or End-of-Life Care, referenced herein.

## II. REFERENCES

California Health and Safety Code section 443 et. Seq. (End of Life Option Act)

California Probate Code section 4609

UCSF Medical Center Administrative Policies:

[4.03.01 Employee Requests to be Excluded from Patient Care](#)

[6.04.01 Advance Healthcare Directives/POLST \(Physician's Order for Life Sustaining Treatment\)](#)

[6.04.10 Patient Rights and Responsibilities](#)

[6.05.03 End-of-Life Care](#)

[6.05.05 Withdrawing or Foregoing of Life Sustaining Treatment](#)

[6.06.02 Ethics Consultations](#)

[6.06.04 Interpreting and Translation Services](#)

[6.07.03 Resuscitation Status \(DNI/DNAR \(Allow Natural Death\)\)](#)

[6.07.15 Pain Management](#)

## III. DEFINITIONS

**Surrogate:** An agent appointed in an advance health care directive or a durable power of attorney for health care, or a court appointed conservator of the person. When patients without such an agent or conservator lose Capacity to Make Health Care Decisions, a family member, domestic partner, or persons with whom the patient is closely associated may be considered to act as Surrogates related to health care decisions.

**Capacity to Make Health Care Decisions:** A patient who, in the opinion of the patient's Attending Physician, Consulting Physician or psychiatrist, pursuant to Probate Code section 4609, 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 herein) to health care providers.

**Aid-in-Dying Drug:** A drug determined and prescribed by a physician for a qualified patient, which the qualified patient may choose to Self-Administer to bring about his or her death due to a Terminal Disease.

**Terminal Disease:** An incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.

**Attending Physician:** The physician who has primary responsibility for the health care of the patient and treatment of the patient's Terminal Disease. It does not include a resident, fellow, physician assistant or nurse practitioner. The Attending Physician may 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 Attending Physician may not serve as a witness to the patient's written request for Aid-in-Dying Drug. (See [Appendix A](#))

**Consulting Physician:** A physician who is independent from the Attending Physician and who is qualified by specialty or experience to make a professional diagnosis regarding a patient's terminal illness. The Consulting Physician may 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. It does not include a resident, fellow, physician assistant, or nurse practitioner.

**Mental Health Specialist:** Only a licensed psychiatrist or licensed psychologist may act as a Mental Health Specialist. The Mental Health Specialist may 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. It does not include a resident, fellow, physician assistant, or nurse practitioner.

**Informed Decision:** A decision by a patient with a Terminal Disease to request and obtain a prescription for a drug that the patient may Self-Administer to end the patient'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:

- a. The patient's medical diagnosis and prognosis.
- b. The potential risks associated with taking the drug to be prescribed.
- c. The probable result of taking the drug to be prescribed.
- d. The possibility that the individual may choose not to obtain the drug or may obtain the drug but may decide not to ingest it.
- e. The feasible alternatives or additional treatment opportunities, including, but not limited to, comfort care, hospice care, palliative care, and pain control.

**Self-Administer:** A qualified patient's affirmative, conscious, and physical act of administering and ingesting the Aid-in-Dying Drug to bring about his or her death in the method prescribed by the physician.

**Health Care Entity:** any clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200), including a general hospital, medical clinic, nursing home or hospice facility.

#### IV. POLICY

- A. The End of Life Option Act (herein after "EOLOA") allows adult (18 years or older)

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- terminally ill patients, with Capacity to Make Health Care Decisions, seeking to end their life, to request lethal doses of drugs from an Attending Physician. These terminally ill patients must be California residents (as defined herein) who will, within reasonable medical judgment, die within 6 months. Patients requesting lethal doses of drug must satisfy all requirements of the EOLOA in order to obtain the prescription for that drug. Such a request must be initiated by the patient and cannot be made through utilization of an Advance Health Care Directive, POLST, or other documents. It cannot be requested by the patient's Surrogate.
- B. UCSF Medical Center allows its physicians and others who otherwise qualify under the EOLOA to participate in The End of Life Option Act, if they so choose and allows other UCSF Medical Center providers/employees to participate in relevant supporting roles. UCSF Medical Center providers/employees may, as applicable and as defined in the EOLOA and herein:
- a. Perform the duties of an Attending Physician.
  - b. Perform the duties of a Consulting Physician.
  - c. Perform the duties of a Mental Health Specialist.
  - d. Prescribe drugs under this act.
  - e. Fill a prescription under this act.
  - f. Be present when the qualified patient Self-Administers the Aid-in-Dying Drug provided that the physician does not participate or assist the patient in Self-Administering the life-ending drugs.
  - g. Assist inpatient or provider support related to the EOLOA.
- C. UCSF Medical Center neither encourages nor discourages participation in the EOLOA; participation is entirely voluntary. Only those providers who are willing and desire to participate should do so. Those persons who do choose to participate are reminded that the overall goal is to support the patient's end-of-life wishes, and that participation may not necessarily result in Aid-in-Dying Drugs being prescribed if the patient's needs can be met in other ways (e.g., pain management, hospice or palliative care).
- D. Participation in activities authorized under the EOLOA is completely voluntary. A UCSF Medical Center physician, staff, or employee that elects, for reasons of conscience, morality, or ethics, not to engage in activities authorized by the EOLOA is not required to take any action in support of a patient's request for a prescription for an Aid-in-Dying Drug, including but not limited to, referral to another provider who participates in such activities. Notwithstanding the above, the provider shall, at a minimum, inform the individual that they do not participate in the EOLOA, document the individual's date of request and provider's notice to the individual of their objection in the medical record, and transfer the individual's relevant medical record upon request. Such a physician or employee who receives an inquiry from a patient about the EOLOA shall refer the patient to another designated administrative person to respond to the patient's inquiry. UCSF physicians or employees who experience moral or spiritual distress related to patient requests to access the EOLOA, may utilize supportive services such as the Faculty and Staff Assistance Program (415) 476-8279,

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- Student Health Services (415) 476-1281, the Medical Student Well-Being Program (415) 476-0468 or Spiritual Care Services (24/7 pager (415) 443-2273 at Parnassus; 24/7 pager (415) 443-5786 or Voalte phone (415) 476-9720 at Mission Bay).
- E. UCSF Medical Center does not permit the ingestion or Self-Administration of an Aid-in-Dying Drug in its hospitals, clinics, or elsewhere on its premises. However, inquiry and discussion of such a request is permitted during a patient's hospitalization. An Attending Physician may prescribe the Aid-in-Dying Drug after discharge so long as all the requirements of the EOLOA are fulfilled. (See section V. for requirements)
  - F. UCSF Medical Center does not accept new patients solely for the purposes of accessing the EOLOA. Eligible individuals must be current UCSF Medical Center patients receiving care for a Terminal Disease.
  - G. When a patient makes an inquiry about or requests access to the EOLOA, the patient will initially be referred to UCSF Social Work. Social workers who are well versed in the requirements of the EOLOA will assist patients' understanding of the EOLOA, inform them about the process and provide educational material related to the patient's end of life options. This activity will augment, but not substitute for, the obligations of the Attending and Consulting Physicians' roles described herein. If the patient's UCSF physician chooses not to participate in the EOLOA, which is his or her right under the law, a social worker will assist in the identification of a UCSF physician who does participate.
  - H. The EOLOA necessitates the involvement of two physicians, an Attending Physician and a Consulting Physician as defined in the EOLOA and herein in section V. UCSF Medical Center requires that at least one of these physicians be privileged pursuant to criteria set forth by the UCSF Medical Staff for participation in the EOLOA.
  - I. In consideration of the vulnerabilities of particular patient populations, including but not limited to patients with lack of social support or patients with disabilities, UCSF Medical Center requires a thorough assessment for consent and capacity determination beyond what is required by the EOLOA. All patients who request an Aid-in-Dying Drug will receive a mental health evaluation. These safeguards will serve the objective of protecting individuals who might seek Aid-in-Dying Drugs but are not capable of making an autonomous and informed choice.
  - J. UCSF Medical Center may provide oversight and may review records to the extent necessary to ensure all the safeguards of the law have been followed and the correct documentation completed and submitted to the California Department of Public Health. UCSF Medical Center will also review all cases of use of the EOLOA for quality improvement purposes. Attending Physicians are required to report all patient requests for Aid-in-Dying Drugs to UCSF Medical Center Risk Management.

**V. PROCEDURES**

- A. Requirements of the California End of Life Option Act
  - 1. Patients Qualified to Request Aid-in-Dying Drugs: Existing UCSF Medical Center adult patients who have Capacity to Make Health Care Decisions and who have a Terminal Disease may make a request to receive a prescription for an Aid-in-Dying Drug if all of the following conditions are met:

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- a. The patient's Attending Physician has diagnosed the patient with a Terminal Disease;
  - b. The patient has voluntarily requested an Aid-in-Dying Drug on three separate occasions as described herein;
  - c. The patient has the physical and mental capacity to Self-Administer the Aid-in-Dying Drugs;
  - d. The patient is a California resident and is able to establish residency through at least one of the following:
    - i. Possession of a California Driver License or ID card issued by the State of California.
    - ii. Registration to vote in California.
    - iii. Evidence that the patient owns, rents, or leases property in California.
    - iv. The filing of a California tax return for the most recent tax year.
  - e. Notwithstanding fulfillment of the above requirements, eligible individuals must be current UCSF Medical Center patients receiving care for a Terminal Disease. Individuals who present to UCSF Medical Center for the sole purpose of requesting an Aid-in-Dying Drug are not eligible to request Aid-in-Dying Drugs from UCSF Medical Center physicians, staff, or employees.
  - f. A patient must not be considered a "qualified individual" under the EOLOA solely because of age or disability. If there is concern regarding the voluntariness of the patient's request by any member of the health care team, or if there is disagreement between health care team members regarding whether the patient's needs can be met in ways other than by a prescription for an Aid-in-Dying Drug, these concerns must be shared with the Ethics Committee who will pursue the concerns with the utmost seriousness to avoid inappropriate utilization or application of the EOLOA. Aid-in-Dying Drugs will not be prescribed at any time in the presence of concerns on the part of UCSF Medical Center regarding the voluntary nature of the request.
2. Method for request and Aid-in-Dying Drug and documentation requirements: requests for Aid-in-Dying Drugs must come directly and solely from the patient who will Self-Administer the drugs. Such requests cannot be made by a patient's Surrogate or by the patient's health care provider.
- a. To make a request for a prescription for an Aid-in-Dying Drug, the patient must directly submit to his or her Attending Physician:
    - i. Two oral requests (made in person) that are made at least 48 hours apart (an oral request documented in an individual's medical record shall not be disregarded by an attending physician solely because it was received by a prior attending physician or an attending physician who chose not to participate). Patients who are unable to speak because of their medical condition shall communicate their request in a manner consistent with their inability to speak, such as through sign language. The Attending Physician must document these requests in the medical record, and the EOLOA does not specify particular language; and

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- ii. One written request using the form required by the State of California "Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner" ([Appendix A](#)). This form must be placed in the patient's medical record. The written form ([Appendix A](#)) sets forth the following conditions:
    - (a) The written request form ([Appendix A](#)) must be signed and dated, in the presence of two witnesses, by the patient seeking the Aid-in-Dying Drug.
    - (b) The witnesses must also sign the form, and by so doing attest that to the best of their knowledge and belief the patient is all of the following:
      - (i) An individual who is personally known to them or has provided proof of identity.
      - (ii) An individual who voluntarily signed the request in their presence.
      - (iii) An individual whom they believe to be of sound mind and not under duress, fraud, or undue influence.
  - iii. The patient's Attending Physician, Consulting Physician, and Mental Health Specialist cannot serve as witnesses. Additionally, only one witness 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 or own, operate or be employed by a health care facility where the patient is receiving medical care or resides.
  - iv. The request may not be made through a nurse practitioner, physician assistant, resident, or fellow. Nurse practitioners, physician assistants, residents, and fellows must notify their Attending Physician about any patient requests as they are not authorized under UCSF Medical Center policy to participate as statutory providers under the EOLOA.
  - v. If a patient transfers their care to another physician, the dates that the patient made a request for Aid-In-Dying Drugs must be provided to the new physician. In addition to the foregoing, upon the request of the patient, the physician shall transfer all relevant medical records including written documentation, including the dates of the patient's oral and written request seeking to obtain a prescription for an aid-in-dying drug.
  - vi. Within 48 hours prior to self-administration of the Aid-in-Dying Drug, the patient may complete the State of California issued form "Final Attestation for an Aid-in-Dying Drug to End my Life in a Humane and Dignified Manner" ([Appendix B](#)). If the Attending Physician receives this document, he or she is required to put it in the patient's medical record.
3. Responsibility of the Attending Physician: The responsibilities of an Attending Physician are non-delegable. Before prescribing the Aid-in-Dying Drug, the Attending Physician must do all of the following:
    - a. Make the initial determination about whether the patient is qualified under the EOLOA as described in section A.1. above, including determination that:



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- i. The patient has Capacity to Make Health Care Decisions.
  - ii. The patient has a Terminal Disease, medically confirmed by a Consulting Physician.
  - iii. The patient has made a voluntary request for an Aid-in-Dying Drug, including completion of witness attestations that the patient is of sound mind and not under fraud, duress or undue influence.
  - iv. The patient has met the residency requirements of the EOLOA.
- b. Confirm that the patient is making an Informed Decision as defined herein.
  - c. Refer the patient to a Consulting Physician. (NOTE: UCSF Medical Center requires that at least one of the involved physicians be privileged to participate in the EOLOA through the UCSF Medical Center Staff).
  - d. Refer the patient for a mental health assessment and confirm that the assessment has been documented in the patient's medical record.
  - e. Confirm that the patient's request does not arise from coercion or undue influence. The physician must do this by discussing with the patient, outside the presence of any other person (except for a UCSF Medical Center provided interpreter as described in section 7 below) whether or not the patient is feeling coerced or unduly influenced by another person. Family members or friends of the patient cannot act as interpreters.
  - f. Counsel the patient about the importance of:
    - i. Having another person present when he or she ingests the Aid-in-Dying Drug.
    - ii. Not ingesting the Aid-in-Dying Drug in a public place. "Public place" means any street, alley, park, public building, or 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. "Public place" does not include a health care entity.
    - iii. Notifying the next of kin of his or her request for an Aid-in-Dying Drug. A patient who declines or is unable to notify next of kin must not have his or her request denied for that reason.
    - iv. Participating in a hospice program.
    - v. Maintaining the Aid-in-Dying Drug in a safe and secure location until the patient takes it.
  - g. Inform 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. The patient has the right to change his or her mind without regard to his or her mental state. Therefore, if a patient makes a request for an Aid-in-Dying Drug while having Capacity to Make Health Care Decisions, then loses his or her capacity, the patient can still decide not to take the Aid-in-Dying Drug.
  - h. Offer the patient an opportunity to withdraw or rescind the request for an Aid-in-Dying Drug before prescribing the drug.

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- i. Verify, for a second time, immediately before writing the prescription for an Aid-in-Dying Drug, that the patient is making an Informed Decision.
  - j. Confirm that all requirements are met and all appropriate steps are carried out in accordance with the law (as outlined in this policy) before writing a prescription for an Aid-in-Dying Drug.
  - k. Fulfill all the documentation requirements. (see section 6 below)
  - l. Inform Risk Management that such a request has been made.
  - m. Complete the "End-Of-Life Option Act Attending Physician Checklist & Compliance Form" ([Appendix C](#)) and place it and the completed "End-Of-Life Option Act Consulting Physician Compliance Form" ([Appendix D](#)) in the patient's medical record and arrange for the form's submittal to CDPH by the Office of Regulatory Affairs.
  - n. Give the requesting patient the "Final Attestation For an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner" form" ([Appendix B](#)) to the patient and instruct the patient about completing it, should the patient elect to do so.
  - o. Complete the Attending Physician Follow-up Form and submit it to CDPH [Appendix E](#)) through the Office of Regulatory Affairs.
4. Responsibility of Consulting Physician: A physician who chooses to act as a Consulting Physician must do all the following:
- a. Examine the patient and his or her relevant medical records.
  - b. Confirm in writing the Attending Physician's diagnosis and prognosis.
  - c. Determine that the individual has the capacity to make medical decisions, is acting voluntarily and has made an Informed Decision.
  - d. Confirm that the patient has been referred for a mental health assessment.
  - e. Fulfill the documentation requirements. (see section 6 below).
  - f. Complete the State of California form "End-Of-Life Option Act Consulting Physician Compliance Form" ([Appendix D](#)).
5. Responsibility of Mental Health Specialist: In the interest of protecting mentally ill patients, or patients lacking capacity, from receiving prescriptions for Aid-in-Dying Drugs and to ensure a vigilant and systematic examination for depression or other mental health conditions that could be interfering with Informed Decision making, all patients who request an Aid-in-Dying Drug shall be screened through a mental health assessment. A psychiatrist or psychologist who chooses to act as a Mental Health Specialist must conduct one or more consultations with the patient and do all of the following:
- a. Examine the qualified patient and his or her relevant medical records.
  - b. Determine that the patient has the mental capacity to make medical decisions, act voluntarily, and make an Informed Decision.
  - c. Determine that the patient is not suffering from impaired judgment due to a mental



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- disorder. Patients with depression are not automatically excluded and it must be determined that a mental illness is interfering with decision making capacity.
- d. Document in the patient's medical record a report of the outcome and determinations made during the Mental Health Specialist's assessment.
6. Documentation requirements: All of the following must be documented in the patient's medical record:
- a. All oral requests for Aid-in-Dying Drugs, including the dates the requests are made.
  - b. All written requests for Aid-in-Dying Drugs, including the dates the requests are made.
  - c. The Attending Physician's diagnosis and prognosis, and the determination that the qualified patient has the Capacity to Make Healthcare Decisions, is acting voluntarily, and has made an Informed Decision, or that the Attending Physician has determined that the individual is not a qualified patient.
  - d. The Consulting Physician's diagnosis and prognosis and verification that the qualified patient has the Capacity to Make Healthcare Decisions, is acting voluntarily and has made an Informed Decision, or that the Consulting Physician has determined that the individual is not a qualified patient.
  - e. A report of the outcome and determination made during a Mental Health Specialist's assessment.
  - f. The Attending Physician's offer to the qualified patient to withdraw or rescind his or her request at the time of second oral request.
  - g. A note by the Attending Physician indicating that all requirements of the EOLOA have been met and indicating the steps taken to carry out the request, including a notation of the Aid-in-Dying Drug prescribed.
  - h. Death Certificate: The EOLOA does not provide direction as to what cause of death should be referenced on the patient's death certificate. The EOLOA provides that actions taken under the EOLOA shall not, for any purpose, constitute suicide, assisted suicide, homicide, or elder abuse. It is UCSF Medical Center policy that the physician reference the California End of Life Option Act as the manner of death and the patient's underlying medical condition that qualified the patient for the Aid-in-Dying Drug should be reported as the underlying cause of death. The ingestion of the aid-in-dying drug should be recorded as an antecedent cause.
7. Use of an Interpreter: Requirements:
- a. Option 1: The written request form signed by the patient, "Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner" ([Appendix A](#)) 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.
  - b. Option 2: "Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner" ([Appendix A](#)) may be prepared in English even when the

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- conversations or consultations were conducted in a language other than English if the Interpreter completes the interpreter attestation in “ Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner” Appendix A).
- c. The interpreter 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 or the National Council on Interpreting in Health Care or other standards deemed acceptable by CDPH. UCSF Medical Center will also provide its interpreters training from The California Healthcare Foundation. 2011. Web: <http://www.chcf.org/publications/2011/11/interpreting-palliative-care-curriculum> or the equivalent. Whenever practicable, UCSF will provide interpreters who have received this training.
8. Prescribing or Delivering the Aid-in-Dying Drug: After the Attending Physician has fulfilled his or her responsibilities under the EOLOA, the Attending Physician may deliver the Aid-in-Dying Drug in any of the following ways:
- a. Dispensing the Aid-in-Dying Drug directly, including ancillary medication intended to minimize the patient's discomfort, if the Attending Physician meets all of the following criteria:
    - i. Is authorized to dispense medicine under California law (The EOLOA does not specify which drugs can be used as an Aid-in-Dying Drug);
    - ii. Has a current United States Drug Enforcement Administration (USDEA) certificate; and
    - iii. Complies with any applicable administrative rule or regulation;
  - b. Aid-in-Dying Drugs cannot be dispensed by a physician in the in-patient setting.
  - c. With the patient's written consent, contacting a pharmacist, informing the pharmacist of the prescription, and delivering the written prescription personally, by mail, or electronically to the pharmacist. It is not permissible to give the patient a written prescription to take to a pharmacy. The pharmacist may dispense the drug to the patient, the Attending Physician, or a person expressly designated by the patient. This designation may be delivered to the pharmacist in writing or verbally.
  - d. Delivery of the dispensed drug to the patient, the Attending Physician, or a person expressly designated by the patient may be made by personal delivery, or with a signature required on delivery, by UPS, US Postal Service, FedEx or by messenger service.
  - e. Physicians should counsel patients that left over Aid-in-Dying Drugs should be properly disposed by returning to a facility authorized to dispose or as provided by the Board of Pharmacy.
9. CDPH Reporting Requirements: Within 30 calendar days of writing a prescription for an Aid-in-Dying Drug the Attending Physician (through UCSF Medical Center's Office of Regulatory Affairs) must submit the following to CDPH:

- a. A copy of the qualifying patient’s written request: “Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner” ([Appendix A](#)).
- b. The “End of Life Option Act Attending Physician Checklist & Compliance Form” ([Appendix C](#)).
- c. The “End of Life Option Act Consulting Physician Compliance form” ([Appendix D](#)).
- d. Within 30 calendar days following the qualified patient’s death from ingesting the Aid-in-Dying Drug, or any other cause, the Attending Physician (thru the Office of Regulatory Affairs) must submit to CDPH the “End of Life Option Act Attending Physician Follow-Up Form” ([Appendix E](#)). The EOLOA does not specify the Attending Physician’s obligation in the event the physician does not receive an “End of Life Option Act Attending Physician Follow-Up Form” ([Appendix E](#)).

10. Guidelines for Physicians: “Guidelines for Physicians in Connection with Patient Requests for Aid-in-Dying Drugs” ([Appendix F](#)).

**VI. RESPONSIBILITY**

For questions regarding the implementation of this policy, please consult with the UCSF Medical Center Ethics Committee and/or Risk Management.

**VII. HISTORY OF POLICY**

Drafted and Reviewed May 2016 by UCSF Medical Center Task Force for Aid-in-Dying Policy

Reviewed and Approved in May 2016 by Risk Management and Office of Legal Affairs

Reviewed and Approved in May 2016 by Policy Steering Committee

Reviewed and Approved in May 2016 by Executive Medical Board and Governance Advisory Council

Reviewed and Revised March 2020 by Susan Penney, Director of Risk Management (changes from “DNR” to “(DNI/DNAR (Allow Natural Death))” for ABOB updates); no EMB or GAC approval needed

Reviewed and Approved March 2020 by Policy Steering Committee

Reviewed and Approved November 2020 by Medical Ethics Committee

Reviewed and Approved January 2021 by Policy Steering Committee

Reviewed and Approved in January 2021 by Executive Medical Board and Governance Advisory Council

Reviewed and Approved April 2022 by Policy Steering Committee

Reviewed and Approved April 2022 by Executive Medical Board and Governance Advisory Council

**VIII. APPENDIX**

- A. Appendix A: Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner.

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- B. Appendix B: Final Attestation for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner.
  - C. Appendix C: End-Of-Life Option Act Attending Physician Checklist and Compliance Form
  - D. Appendix D: End-Of-Life Option Act Consulting Physician Compliance Form
  - E. Appendix E: End-Of-Life Option Act Attending Physician Follow-Up Form
  - F. Appendix F: Guidelines for Physicians in Connection with Patient Requests for Aid-in-Dying Drugs

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The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

POLICY 6.06.16 Patient Care The CA End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life) Issued: 05/2016 Last Approval: 04/2022

Appendix A: Request for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner

UCSF Medical Center

REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER (Page 1 of 2)

UNIT NUMBER

PT. NAME

BIRTHDATE:

DATE OF SERVICE:

I, \_\_\_\_\_, am an adult of sound mind and a resident of the State of California.

I am suffering from \_\_\_\_\_, which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

I request that my attending physician prescribe an aid-in-dying drug that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

INITIAL ONE:

\_\_\_\_\_ I have informed one or more members of my family of my decision and taken their opinions into consideration.

\_\_\_\_\_ I have decided not to inform my family of my decision.

\_\_\_\_\_ I have no family to inform of my decision.

I understand that I have the right to withdraw or rescind this request at any time.

I understand the full import of this request and I expect to die if I take the aid-in-dying drug to be prescribed. My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.

I make this request voluntarily, without reservation, and without being coerced.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

(continued)

The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

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DECLARATION OF WITNESSES

We declare that the person signing this request:

- a. Is personally known to us or has provided proof of identity;
b. Voluntarily signed this request in our presence;
c. Is an individual whom we believe to be of sound mind and not under duress, fraud, or undue influence; and
d. Is not an individual for whom either of us is the attending physician, consulting physician, or mental health specialist.

Witness 1 Signature Date

Witness 2 Signature Date

NOTE: Only one of the two witnesses may be a relative (by blood, marriage, registered domestic partnership, or adoption) of the person signing this request or be entitled to a portion of the person's estate upon death. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident.

INTERPRETER

I, (insert name of interpreter), am fluent in English and (insert target language).

On (insert date) at approximately (insert time), I read the "Request for an Aid-In-Dying Drug to End My Life" to (insert name of individual/patient) in (insert target language).

Mr./Ms. (insert name of patient/qualified individual) affirmed to me that he/she understood the content of this form and affirmed his/her desire to sign this form under his/her own power and volition and that the request to sign the form followed consultations with an attending and consulting physician.

I declare that I am fluent in English and (insert target language) and further declare under penalty of perjury that the foregoing is true and correct.

Executed at (insert city, county, and state) on this (insert day of month) of (insert month), (insert year).

Interpreter signature

Interpreter printed name

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The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

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Appendix B: Final Attestation for an Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner

UCSF Medical Center

FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER (Page 1 of 2)

UNIT NUMBER

PT. NAME

BIRTHDATE:

DATE OF SERVICE:

I, \_\_\_\_\_, am an adult of sound mind and a resident of the State of California.

I am suffering from \_\_\_\_\_, which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

I have received the aid-in-dying drug and am fully aware that this aid-in-dying drug will end my life in a humane and dignified manner.

INITIAL ONE:

\_\_\_\_\_ I have informed one or more members of my family of my decision and taken their opinions into consideration.

\_\_\_\_\_ I have decided not to inform my family of my decision.

\_\_\_\_\_ I have no family to inform of my decision.

My attending physician has counseled me about the possibility that my death may not be immediate upon the consumption of the drug.

I make this decision to ingest the aid-in-dying drug to end my life in a humane and dignified manner. I understand I still may choose not to ingest the drug and by signing this form I am under no obligation to ingest the drug. I understand I may rescind this request at any time.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

(continued)

500-0524A (Rev. 08/16) MEDICAL RECORD COPY

FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER (Page 1 of 2)

The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

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INTERPRETER

I, \_\_\_\_\_ (insert name of interpreter), am fluent in English and \_\_\_\_\_ (insert target language).

On \_\_\_\_\_ (insert date) at approximately \_\_\_\_\_ (insert time), I read the "Final Attestation For An Aid-In-Dying Drug To End My Life In A Humane And Dignified Manner" to \_\_\_\_\_ (insert name of individual/patient) in \_\_\_\_\_ (insert target language).

Mr./Ms. \_\_\_\_\_ (insert name of patient/qualified individual) affirmed to me that he/she understood the content of this form and affirmed his/her desire to sign this form under his/her own power and volition and that the request to sign the form followed consultations with an attending and consulting physician.

I declare that I am fluent in English and \_\_\_\_\_ (insert target language) and further declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_ (insert city, county, and state) on this \_\_\_\_\_ (insert day of month) of \_\_\_\_\_ (insert month), \_\_\_\_\_ (insert year).

Interpreter signature

Interpreter printed name

The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

POLICY 6.06.16 Patient Care The CA End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life) Issued: 05/2016 Last Approval: 04/2022

Appendix C: End-Of-Life Option Act Attending Physician Checklist and Compliance Form

UCSF Medical Center

END-OF-LIFE OPTION ACT ATTENDING PHYSICIAN CHECKLIST & COMPLIANCE FORM (Page 1 of 2)

UNIT NUMBER

PT. NAME

BIRTHDATE:

DATE OF SERVICE:

PATIENT INFORMATION

Patient's Name: (last) (first) (M.I.)

Date of Birth:

Patient's Address: (street)

(city) (zip code)

ATTENDING PHYSICIAN INFORMATION

Physician's Name: (last) (first) (M.I.)

Telephone Number:

Mailing Address: (street)

(city) (zip code)

Physician's License Number:

CONSULTING PHYSICIAN INFORMATION

Physician's Name: (last) (first) (M.I.)

Telephone Number:

Mailing Address: (street)

(city) (zip code)

Physician's License Number:

500-6621A (Rev. 08/16) MEDICAL RECORD COPY

END-OF-LIFE OPTION ACT ATTENDING PHYSICIAN CHECKLIST & COMPLIANCE FORM (Page 1 of 2)

**The California End of Life  
Option Act (Patient’s  
Request for a Drug for the  
Purpose of Ending Life)**

**POLICY 6.06.16**  
Patient Care  
The CA End of Life Option Act  
(Patient’s Request for a Drug  
for the Purpose of Ending Life)  
Issued: 05/2016  
Last Approval: 04/2022

**ELIGIBILITY DETERMINATION**

1. Terminal Disease
- 
2. Check boxes for compliance:
    - 1. Determination that the patient has a terminal disease.
    - 2. Determination that the patient is a resident of California.
    - 3. Determination that the patient has the capacity to make medical decisions.<sup>1</sup>
    - 4. Determination that patient is acting voluntarily.
    - 5. Determination of capacity by mental health specialist, if necessary.
    - 6. Determination that patient has made his/her decision after being fully informed of:
      - a. His or her medical diagnosis; and
      - b. His or her prognosis; and
      - c. The potential risks associated with ingesting the requested aid-in-dying drug;
      - d. The probable result of ingesting the aid-in-dying drug;
      - e. The possibility that he or she may choose to obtain the aid-in-dying drug but not take it.

**ADDITIONAL COMPLIANCE REQUIREMENTS**

- 1. Counseled patient about the importance of all of the following:
  - a. Maintaining the aid-in-dying drug in a safe and secure location until the time the qualified individual will ingest it;
  - b. Having another person present when he or she ingests the aid-in-dying drug;
  - c. Not ingesting the aid-in-dying drug in a public place;
  - d. Notifying the next of kin of his or her request for an aid-in-dying drug (an individual who declines or is unable to notify next of kin shall not have his or her request denied for that reason); and
  - e. Participating in a hospice program or palliative care program.
- 2. Informed patient of right to rescind request (1st time).
- 3. Discussed the feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control.
- 4. Met with patient one-on-one, except in the presence of an interpreter, to confirm the request is not coming from coercion.

---

<sup>1</sup> “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 the significant benefits, risks, and alternatives, and the ability to make and communicate an informed decision to health care providers.

500-06218 (Rev. 08/16) MEDICAL RECORD COPY

# The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

## Appendix D: End-Of-Life Option Act Consulting Physician Compliance Form

UCSF Medical Center

### END-OF-LIFE OPTION ACT CONSULTING PHYSICIAN COMPLIANCE FORM (Page 1 of 2)

UNIT NUMBER

PT. NAME

BIRTHDATE:

DATE OF SERVICE:

#### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_  
(last) (first) (M.I.)

Date of Birth: \_\_\_\_\_

#### ATTENDING PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_  
(last) (first) (M.I.)

Telephone Number: \_\_\_\_\_

#### CONSULTING PHYSICIAN'S REPORT

1. Terminal Disease \_\_\_\_\_ Date of Examination(s) \_\_\_\_\_
2. Check boxes for compliance. *(Both the attending and consulting physicians must make these determinations.)*
  - 1. Determination that the patient has a terminal disease.
  - 2. Determination that the patient has the capacity to make medical decisions.<sup>1</sup>
  - 3. Determination that patient is acting voluntarily.
  - 4. Determination that patient has made his/her decision after being fully informed of:
    - a. His or her medical diagnosis; and
    - b. His or her prognosis; and
    - c. The potential risks associated with taking the drug to be prescribed; and
    - d. The potential result of taking the drug to be prescribed; and
    - e. The feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control.

<sup>1</sup> "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 the significant benefits, risks, and alternatives, and the ability to make and communicate an informed decision to health care providers.

# The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

## **PATIENT'S MENTAL STATUS**

Check one of the following (required):

- I have determined that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- I have referred the patient to the mental health specialist<sup>2</sup> listed below for one or more consultations to determine that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- If a referral was made to a mental health specialist, the mental health specialist has determined that the patient is not suffering from impaired judgment due to a mental disorder.

## **MENTAL HEALTH SPECIALIST'S INFORMATION, IF APPLICABLE:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

## **CONSULTANT'S INFORMATION**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip Code



# The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

## Appendix E: End-Of-Life Option Act Attending Physician Follow-Up Form

UCSF Medical Center

### END-OF-LIFE OPTION ACT ATTENDING PHYSICIAN FOLLOW-UP FORM (Page 1 of 2)

UNIT NUMBER

PT. NAME

BIRTHDATE:

DATE OF SERVICE:

The End-of-Life Option Act requires physicians who write a prescription for an aid-in-dying drug to complete this follow-up form within **30 calendar days** of a patient's death, whether from ingestion of the aid-in-dying drug obtained under the Act or from any other cause.

**For the State Department of Public Health to accept this form, it must be signed by the attending physician, whether or not he or she was present at the patient's time of death.**

This form should be mailed or sent electronically to the State Department of Public Health. All information is kept strictly confidential.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Attending Physician Name: \_\_\_\_\_

#### CAUSE OF DEATH

Did the patient die from ingesting the aid-in-dying drug, from their underlying illness, or from another cause, such as terminal sedation or ceasing to eat or drink?

- Aid-in-dying drug (lethal dose) — Please sign below and go to page 2.

Attending physician signature: \_\_\_\_\_

- Underlying illness — There is no need to complete the rest of the form. Please sign below.

Attending physician signature: \_\_\_\_\_

- Other — There is no need to complete the rest of the form. Please specify the circumstances surrounding the patient's death and sign.

Please specify: \_\_\_\_\_

Attending physician signature: \_\_\_\_\_

(over)

# The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

*Part A and Part B should only be completed if the patient died from ingesting the lethal dose of the aid-in-dying drug.*

Please read carefully the following to determine which situation applies. Check the box that indicates the scenario and complete the remainder of the form accordingly.

- The attending physician was present at the time of death.  
The attending physician must complete this form in its entirety and sign Part A and Part B.
- The attending physician was not present at the time of death, but another licensed health care provider was present.  
The licensed health care provider must complete and sign Part A of this form. The attending physician must complete and sign Part B of this form.
- Neither the attending physician nor another licensed health care provider was present at the time of death.  
Part A may be left blank. The attending physician must complete and sign Part B of this form.

## **PART A. TO BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN OR ANOTHER LICENSED HEALTH CARE PROVIDER PRESENT AT DEATH**

1. Was the attending physician at the patient's bedside when the patient took the aid-in-dying drug?
  - Yes
  - No

If no: was another physician or trained health care provider present when the patient ingested the aid-in-dying drug?

  - Yes, another physician
  - Yes, a trained health care provider/volunteer
  - No
  - Unknown
2. Was the attending physician at the patient's bedside at the time of death?
  - Yes
  - No

If no: was another physician or licensed health care provider present at the patient's time of death?

  - Yes, another physician or licensed health care provider
  - No
  - Unknown

## The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

### Appendix F: Guidelines for Physicians in Connection with Patient Requests for Aid-in-Dying Drugs

- A. Aid-in-Dying patients presenting to the Emergency Department following ingestion of Aid-in-Dying Drug:
1. Even with careful planning, it is possible that deaths which take longer than expected might lead to occasional ambulance calls and transport to emergency departments and thus, ED physicians may care for patients who are brought to the ED.
  2. ED should have policies for addressing the care of these patients consistent with following the known wishes of the patient as evidenced by an Advance Directive and POLST.
- B. Physician's response to a patient's request for Aid-in-Dying Drug Request:
1. The highest quality health care is an outgrowth of a partnership between the patient, the family and the health professional or professional team. Within the context of this continuing relationship, physicians must seek the underlying causes of suffering at the end of life, and then aggressively implement measures to correct them. Appropriate education in palliative care and medical management, advanced communication skills to discover the patient's wishes and value choices, connection to services, support and resources, and appropriate sharing of decision making with the patient and the patient's family can go a long way to alleviating suffering and improving care at the end of life. Physicians should continue to provide assistance in dealing with dying patients' symptoms, needs and fears.
  2. When a patient asks about the End of Life Option Act, the Attending Physician's initial response should be to explore the meaning behind the question, regardless of his/her personal views or willingness to participate. Loss of control, abandonment, financial hardship, burden to others, and personal or moral beliefs may be areas of concern to many patients.
  3. The Attending Physician should seek to understand what constitutes unacceptable suffering in the patient's view. Pain, other physical symptoms, psychological distress, and existential crisis are potential causes of suffering.
  4. The Attending Physician has an obligation to explore treatment for symptoms for which there are treatment options available. This includes hospice, psychological support, and other palliative care. (See UCSF Medical Center Administrative Policy 6.05.03, End of Life.)
  5. The physician should recommend that a patient complete an advance directive and POLST.
  6. The Attending Physician should reflect on his/her own beliefs and motivations and the policies of the health care system, and consider the impact of those motivations on decision making with patients near the end of life.
- C. Guidelines for physicians when speaking with family members, caregivers or supporters:

## The California End of Life Option Act (Patient's Request for a Drug for the Purpose of Ending Life)

1. When a patient has authorized the Attending Physician to share personal health information with his or her family, caregiver or supporters, the following are suggested as guidelines for participating physicians and other health care professionals work with families:
  - a. It is important for health care professionals to recognize the critical role that family and friends play in the life and care of a patient. Families can provide knowledge of a patient's values and personality. Families are profoundly affected by the care of the patient at the end of life.
  - b. It is also important to recognize the different responses family members and supporters may have to a patient's request for a prescription under the EOLOA. Some may be supportive, others may become supportive, and still others may be consistently opposed.
  - c. Physicians who agree to participate in the EOLOA are required to recommend to the patient that the next of kin be notified of the request for a lethal dose of medication. However, a refusal to do so does not in itself make a patient ineligible for the EOLOA. Some patients have difficult relationships or religious or moral differences with family members; their decisions regarding disclosure generally should be respected on the basis of confidentiality. However, there may be circumstances which create concerns regarding an adverse impact on family, and that would indicate the need for further dialogue.
  - d. Physicians are required to counsel patients about the importance of having another person present when the medication is taken. The EOLOA does not require another person to be present.
  - e. Patients and family members have a great need for information about the EOLOA and its requirements, what to expect during the ingestion of a lethal dose of medication itself, and what to expect afterwards. Also, the Attending Physician should confirm that the members of the health care team are willing to participate. It behooves the Attending Physician and other appropriate professionals or volunteers to supply the needed information in as much detail as possible, and to plan strategies for care. This planning should include:
    - i. The specific requirements and process of the EOLOA, including timeline.
    - ii. Alternatives to the EOLOA, including comfort care, palliative care, hospice care and pain control.
- D. Discussion of disclosure to family members; discussion of who will be present at the time the patient takes the lethal dose of medication.
- E. Suggesting that Advance Directives and Physician Orders for Life-Sustaining Treatment (POLST) are appropriately completed and available where the patient is receiving care.
- F. An idea of what to expect during the ingestion itself, and contingency plans if things do not proceed as expected, especially if the death takes longer than expected. Death may not be immediate and may take hours.
- G. Discussion of the availability of the Attending Physician, either in person or by phone, to deal

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with questions and complications, or for support.

- H. Information on funeral arrangements, including a plan to have the Attending Physician notify the hospice and funeral home that the death was expected and that he/she will sign the death certificate.
- I. Health care professionals should understand the special needs of families involved with the EOLOA for discussion of their experiences and the concern about secrecy. The secrecy may prolong the grieving process.