

What Patients Need to Know About California's End of Life Option Act

Sutter Health is supportive of helping our patients explore their end-of-life options that can include palliative care, home health and hospice, and our Advanced Illness Management program. The End of Life Option Act, which takes effect June 9 in California, provides another choice for certain terminally ill patients, who are making decisions at the end of their lives.

Sutter Health respects the rights of our patients to use this option, as well as the rights of our doctors and staff who can choose to participate or not. If doctors choose not to participate, patients are free to transfer to another doctor and receive a copy of their medical records.

What is the End of Life Option Act?

- The End of Life Option Act is a California law that allows certain terminally ill adults to request a prescription for an aid-in-dying drug.
- This law is effective as of June 9, 2016. California is the fifth state to enact an aid-in-dying law.

Which terminally ill patients can take an end-of-dying drug under the law?

The patient must:

- Be an adult (18 years old or older).
- Be a California resident.
- Have a diagnosis of an incurable and irreversible disease with a prognosis of less than six months to live.
- Be able to make medical decisions for themselves as determined by health professionals.
- Voluntarily ask for a prescription for an aid-in-dying drug without influence from others.
- Be able to take (eat, drink, swallow or inject) the aid-in-dying drug by themselves.

I am a terminally ill patient and I believe I meet the criteria under the law. What should I discuss with my doctor regarding taking an aid-in-dying drug?

- Ask about alternative and additional treatments available to you – such as palliative care, comfort care, home health and hospice, and pain management.
- Talk about how to involve family and significant others. Talk about how they can support you. Talk about others who can support you like faith leaders, friends or social workers.
- Ask about the process of obtaining an aid-in-dying drug.
- Ask how the drug affects patients. Ask about the risks involved.

- Talk about having a friend or family member present with you if you decided to take the drug.
- Talk about your options if you change your mind. Receiving the aid-in-dying drug does not mean you have to take it.

I want to request an aid-in dying drug. How should I proceed?

- Make a request for the medication to your doctor who has primary responsibility for the care and treatment of your disease. **You must verbally ask two times.** Your two verbal requests must be made a minimum of 15 days apart.
 - For example, if you ask for the prescription on July 1, the earliest you may ask again is July 16.
- Then submit one written request for the aid-in-dying drug to your doctor using the required form. The form must be signed in the presence of two witnesses. Your written request should come after your second verbal request.
- Your doctor must receive all three requests (two verbal and one written) and must participate in all steps of the process. Your doctor cannot ask someone else to help with any part of the process.
- Obtain a referral from your doctor for a second doctor who will provide a consult to verify your diagnosis and prognosis.

What if my doctor does not want to participate in this process?

- If your doctor does not want to participate, you always have the option to find another doctor who will prescribe you an aid-in-dying drug and to receive copies of your medical records.
- Sutter Health respects the rights of our patients who meet the criteria to request an aid-in-dying drug. We also respect the rights of our doctors and staff to choose not to participate in this process.
- Per the End of Life Option Act, your doctor's participation is voluntary. All members of the health care team can refuse to participate in this process if they so choose.
- Though your doctor can choose to do any one of these, the rights of your doctor also include the right to:
 - Not tell you about this option
 - Not discuss this option with you
 - Not prescribe the aid-in-dying drugs
 - Not refer you to another doctor who will participate
- If your doctor does not want to participate, you always have the option to find another doctor who will prescribe you an aid-in-dying drug and to receive copies of your medical records.

Will my insurance cover the aid-in-dying drug and the consulting doctor?

- Each health plan will determine whether or not to cover the prescription or consulting doctor fees.
- At this time, the law does not require health plans to provide coverage.
- You should contact your health insurance agency for more information.

Does taking an aid-in-dying drug affect my will or my life insurance?

- Taking an aid-in-dying drug should not adversely affect your will or life insurance.

- The law states that wills, insurance, contracts and annuities are not affected if qualified individuals shorten their dying process by taking an aid-in-dying drug.
- Taking an aid-in-dying drug (as the law outlines) will not be viewed as suicide, assisted suicide, homicide or elder abuse.
- When following all of the requirements of the End of Life Act, your death certificate should indicate that you died from an underlying illness and that death occurred naturally.
- You should contact your insurance agency for additional information.

How should I involve my family and significant others?

- The law requires that your doctor talks to you about the importance of informing your family and significant others, though you are not required to inform your family or significant others.
- Your doctor will also discuss the matter privately with you to make sure you made your decision to take an aid-in-dying drug on your own.

Can I ask for use of an aid-in-drug in my advance directive?

- No. Including your desire to use an aid-in-dying drug in your advance directive does not meet the requirements of the law.
- You must follow the certain steps discussed above to obtain an aid-in-dying drug.
- Health care agents/decision makers, surrogates and conservators cannot request the aid-in-dying drug for you.
- However, including your desire to not prolong your life in your advance directive will help direct your treatment team understand your wishes in the event of any confusion.

Do I need to be in hospice or some other end-of-life treatment program?

- No. However, many patients who qualify for this option may choose to enroll in these programs at the same time.
- Palliative care, comfort care, hospice, etc. offer great resources for relief from the symptoms, pain, physical, mental and emotional stress that comes with a terminal diagnosis.

Where can I take the medication?

- This medication may not be taken in a public place. Most patients who take this medication choose to take it at home.

Are there other end-of-life options that I should know about?

- Yes. Ask your doctor about other options available to you—such as palliative care, comfort care, home health and hospice, and pain management.
- If you are able to make your own decisions, you always have the right to refuse any medical treatments or to have life-prolonging interventions withheld or withdrawn. Patients with terminal diseases are advised to discuss advance care planning options with their health care provider, including the completion of Advance Health Care Directives and/or POLST (Physician Order for Life Sustaining Treatment) forms to document their end of life wishes.

Key definitions:

- An **adult** is 18 years of age or older.
- An **aid-in-dying drug** is prescribed by an attending physician to patients who qualify under the law to administer it to themselves, bringing about their own deaths.
- The **attending doctor** has primary responsibility for the patient's health care and treatment of that patient's terminal disease.
- The **attending physician checklist and compliance form** is a document created by the End of Life Option Act to specify all of the attending doctor's requirements under the law.
- **Capacity to make medical decisions** is the ability to understand the nature and consequences of a health care decision as well as its significant benefits, risks and alternatives; and the ability to make and communicate an informed decision to health care providers.
- A **consulting doctor** is a specialist or other qualified doctor who, independent from the attending doctor, can make a professional assessment of a patient's terminal disease.
- A **physician** is a doctor of medicine or osteopathy currently licensed to practice medicine.
- **Self-administering** is a patient's conscious and physical act of taking and swallowing the aid-in-dying drug to bring about his or her own death.
- A **terminal disease** is an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.

Where can I go for more information on the End of Life Option Act?

Visit <https://newsplus.sutterhealth.org/the-end-of-life-option-act/>