Sutter Health
We Plus You

May 23, 2016

End of Life Option Act

FAQ

Instructions: Click on the question you want below, and the answer will appear.

Ethics

1. **If I believe that helping a patient with this process makes me an accomplice in an act I consider immoral or unethical, what can I do?**
2. **How will a physician who declines to provide this service refer a patient to an appropriate physician within Sutter?**
3. **How does this law work if the qualified patient also would like to be an organ donor?**

General

4. **What is the process if a patient comes to the office and makes a first verbal request for an aid-in-dying drug but the clinician is not able to "qualify" the patient that day (maybe the patient needs to bring in proof of residency)? Would this still serve as the date you document as the first verbal request and does the 15-day time clock start ticking? Or must the clinician first deem the patient to be "qualified?"**
5. **A physician sees a patient who meets qualifications to get a prescription, however that physician does not want to write the prescription. This physician is willing to be the consultant and fill out the consultant's report. He/she then sends the patient to a physician willing to be the attending physician and write the prescription. Can the first physician (the consultant) use that initial visit as the basis for filling out the consultant's form or is another visit needed? In other words, can the consultant's patient visit come before the first oral request is made to the attending physician?**
6. **A patient has already requested the medications for an aid-in-dying drug and fulfilled all the requirements as stated in the law prior to June 9 when the law takes effect. Can the meds be written on that day? Or does the whole process need to begin on June 9 with the initial oral request submitted on that day or after?**
7. **Which acronym is the one we should be using?**
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11. **Can a relative help "prepare" the aid-in-dying drug, like opening up the capsules and making them into a slurry drink and then giving it to the patient to ingest? The law says**

patients need to administer and ingest the drug on their own, but I'm not sure whether or not administer also means prepare.

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Ethics

1. **If I believe that helping a patient with this process makes me an accomplice in an act I consider immoral or unethical, what can I do?**
   According to the law, health care professionals can choose not to participate and are not obligated to refer patients to participating physicians. However, if you are willing to refer patients to participating physicians, you are welcome to contact Sutter Health's palliative care experts for additional resources. You can reach Sharon Tapper, M.D. (Bay Area) at tappers@sutterhealth.org and Jim McGregor, M.D. (Valley Area) at McGregJ@sutterhealth.org. To discuss the new law's ethical issues, you can contact our Ethics Hotline at 415-600-3991 for a confidential discussion with a professional bioethicist.

2. **How will a physician who declines to provide this service refer a patient to an appropriate physician within Sutter?**
   First, it's important to note that, according to the law, any health care professional can choose not to participate and are not obligated to refer patients to participating physicians. However, physicians can choose to refer patients to participating physicians they know. They can also contact Sutter Health System palliative care experts Sharon Tapper, M.D. (Bay Area) at tappers@sutterhealth.org or Jim McGregor, M.D. (Valley Area) at McGregJ@sutterhealth.org. Drs. Tapper and McGregor will work to find appropriate attending physicians for patients. These expert physicians are also available to discuss patient cases and will answer physician questions about the new law.

3. **How does this law work if the qualified patient also would like to be an organ donor?**
   California's End of Life Option Act does not restrict qualified patients from participating in organ donation. Further, California's Uniform Anatomical Gift Act does not present any restrictions that would apply to qualified ELOA patients. However, there are many variables that must be considered in this scenario. If a patient does request to be an organ donor, please contact the ELOA Advisory Team as each case will need to be considered independently.

General

4. **What is the process if a patient comes to the office and makes a first verbal request for an aid-in-dying drug but the clinician is not able to "qualify" the patient that day (maybe the patient needs to bring in proof of residency)? Would this still serve as the date you document as the first verbal request and does the 15-day time clock start ticking? Or must the clinician first deem the patient to be "qualified?"**

The clock would not start for this patient's request until the patient completely satisfies the legal requirements to be a "qualified individual." Legally, all criteria must be met before the patient is deemed a "qualified individual" and only then can a physician document the date of the first oral request.

5. **A physician sees a patient who meets qualifications to get a prescription, however that physician does not want to write the prescription. This physician is willing to be the consultant and fill out the consultant's report. He/she then sends the patient to a physician willing to be the attending physician and write the prescription. Can the first physician (the consultant) use that initial visit as the basis for filling out the consultant's form or is another visit needed? In other words, can the consultant's patient visit come before the first oral request is made to the attending physician?**
   No, the patient must move through the process in order. The first step in the ELOA process is for the patient to submit an oral request to a participating attending physician (who must deem the patient to be qualified). If the physician who receives the initial oral request is not willing to participate as an attending physician, then the process has NOT begun and the patient must find or get a referral to a physician willing to act as the attending physician. Then the patient must present the oral request to that new attending physician in order to start the process. The consulting physician's role does not even start until a minimum 15 days and multiple other pre-cursor steps after the first oral request.

6. **A patient has already requested the medications for an aid-in-dying drug and fulfilled all the requirements as stated in the law prior to June 9 when the law takes effect. Can the meds be written on that day? Or does the whole process need to begin on June 9 with the initial oral request submitted on that day or after?**
   Any requests prior to the law taking effect on June 9 are legally invalid.

7. **Which acronym is the one we should be using?**
   For simplification, Sutter Health uses the ELOA acronym in its forms and materials.

8. **Are participating patients required to notify their next of kin?**
   No, the law requires physicians to speak with patients about the importance of talking with their family/next of kin about the patients' plans for obtaining the aid-in-dying medication. The law does not require the patient to do so nor does it require that the physician verify that the conversation took place.

9. **Can the patient bring his/her written request at ANY point in the process or is there an order in which the requests must occur?**
   The written request cannot be made sooner than the date of the second oral request. From that date forward, patients can submit the written request.

10. **Can the attending physician co-sign/be a witness on the written request for an aid-in-dying drug? Can a Sutter employee be a witness? Can the Sutter employee be a witness along with the attending physician?**
    Attending physicians, consulting physicians or mental health specialists cannot sign as a witness for a patient's written request.

    A Sutter employee can serve as a witness but only one of the two witnesses can own, operate or be employed at the health care facility where the person is a patient.

11. **Can a relative help "prepare" the aid-in-dying drug, like opening up the capsules and making them into a slurry drink and then giving it to the patient to ingest? The law says patients need to administer and ingest the drug on their own, but I'm not sure whether or not administer also means prepare.**
    A person who is present may, without liability, assist the qualified individual by preparing the aid-in-dying drug. What the person cannot do is assist the qualified person in ingesting the aid-in-dying drug by holding it to the patient's mouth or pouring it into a peg tube.

12. What is the ACP Navigator?

It's a single location in EPIC which can be viewed from both the ambulatory and inpatient modules that house all documentation related to Advance Care Planning (ACP) such as POLST and advance directive documents, code status, name of patient surrogate, ACP note types, and of course, all documentation related to the ELOA.

13. How do I get to the ACP Navigator?

Click on the ACP docs bit in the banner 2. Click on More Activities in the left navigation bar then click on ACP Navigator.

Liability

14. What is the liability of a provider/caregiver who participates in this activity on any level?

According to the law, health care providers who comply with the law are not subject to civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, medical staff action, sanction, penalty or other liability for participating in this act. Specifically, the law says a person shall not be subject to liability solely because the person was present when the patient self-administered the aid-in-dying drug, nor if the person assists the patient by preparing the aid-in-dying drug, so long as the person does not assist the qualified person in ingesting the aid-in-dying drug. Providers also cannot be subject to liability solely because they refuse to prescribe an aid-in-dying drug.

Pharmacy

15. What are the aid-in-dying drug options? While there are no FDA-approved aid-in-dying drugs nor approved dosages, states with similar laws in effect have generally had physicians prescribe one of the following:

1. **MCP** (Morphine, Chloral Hydrate, Phenobarbital) compounded oral powder formulation with a cost of about $400.
2. **Seconal** (secobarbital) with a cost of about $3,700.
3. **Nembutal** (pentobarbital) with a cost of about $14,000.

16. Once the physician has written the prescription for the aid-in-dying medication, how is it dispensed to the patient? Can I simply give the prescription to the patient to take to the pharmacy?

No, the prescription cannot be handed to the patient to take to the pharmacy. According to the law, pharmacists can choose not to participate and are not obligated to fill the prescription or refer patients or providers. The physician must send the prescription to a participating pharmacy and must alert the pharmacist that an aid-in-dying prescription has been written. This gives the pharmacist more time to get the appropriate medication so it is available when the patient arrives. These drugs are often not in stock and may need to be ordered.

17. As a physician, where can I go to learn more about the medications and find what drug doses are appropriate?

Drug and dosing information will be built into the Medication section of the ELOA SmartSet, which can be found in the ELOA section of the ACP Navigator. You can also reach out to Sutter Health Pharmacy Benefit Coordinator Patrick Robinson at robinsp1@sutterhealth.org.