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Approvers: Bioethics Committee, Medical Executive Committee, Patient Care Policy Approval Committee, Patient Care Policy Committee	
End of Life Option Act	

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Policy:

Kaweah Delta Health Care District herein after referred to as Kaweah Health is committed to providing high quality end of life care that attends to the physical, emotional, social and spiritual needs of the patient and his or her family. This care is grounded in the values of respecting the sacredness of life, providing compassionate care to dying and vulnerable persons, and respecting the integrity of health care providers. Kaweah Health believes that compassionate end of life care should neither prolong nor hasten the natural dying process and is committed to providing appropriate support for dying persons and their families through the final stages of life. Inherent in this process is ensuring support for patient self-determination through the appropriate use of palliative consultation services to assist in goals of care clarification, effective pain and symptom management, ongoing social, spiritual and pastoral support and referral for hospice care when appropriate.

Passage of the California End of Life Option act necessitates Kaweah Health establish policies/procedures related to this act to ensure appropriate guidance and support for patients, families as well as hospital and medical staff on this important issue. The following represents Kaweah Health's current position. This policy will be reviewed and updated on a regular basis.

Procedure:

- I. Patients, families, hospital and medical staff are encouraged to discuss and fully explore care and treatment options for terminally ill patients. As part of that discussion, requests for medical aid in dying or self-administered life-ending medication may occur. Any member of a patient care team may respond to questions from a patient/family, however, should discussion of the End of Life Option Act represent a values conflict for a staff member, they are free to refer the patient/family to other appropriate staff members.

- II. In response to patient/family requests for GENERAL information regarding the End of Life Option Act, Kaweah Health staff may provide the patient/family with the following websites and/or the attached pamphlet designed to provide general information. Websites:
www.compassionandchoices.com and/or www.coalitionccc.org .
www.ACAmid.org

- III. In response to patient and family requests for SPECIFIC discussion regarding possible use of the End of Life Option for currently hospitalized patients District and Medical staff will consider referral for Palliative Consultation to assist in goals of care clarification, and assessment of current pain and symptom management as well as social and spiritual issues to ensure the patient's end of life care is optimized. If the request for specific discussion regarding possible use of the End of Life Option is initiated by an established patient in Kaweah Health Hospice, Kaweah Health Home Health Palliative Care or the Chronic Disease Management Center, staff in each of these agencies will collaborate with members of the patient's Interdisciplinary Team to explore physical, emotional or spiritual care needs and will discuss care needs and potential care plan changes with patient, family and all appropriate providers. The Palliative Care Team will remain available to these agencies for further consultation as needed.
- IV. Physician's may formally engage with patient/family/surrogates in discussions regarding options available in the End of Life Option act when initiated by the patient, and legally document this discussion as a verbal request for medical aid in dying when appropriate. Requests must be documented in the medical record and it will be up to the discretion of the physician as to whether or not the discussion will be considered a formal verbal request for medical aid in dying and if the state mandated paperwork should be completed. There will likely be requests that cannot be completed since patients often lose capacity to articulate their verbal requests and/or self-administer medications. If for any reason a physician does not wish to and/or feel comfortable participating in such discussions, they are encouraged to refer patient for consultation with Palliative Medicine Team.
- V. Kaweah Health employees, contractors, volunteers and Medical Staff members while on premises owned or under the management or direct control of Kaweah Health or while acting within the course and scope of any employment by, or contract with Kaweah Health may not knowingly participate in or facilitate medical aid in dying and may not provide, deliver, administer, or assist with the administration of any medication intended for medical aid in dying. ..
EXCEPTION: For those patients who are currently enrolled in hospice care, the Kaweah Health Hospice Medical Director can at his/her discretion, document a discussion held with a patient as an initial verbal request and complete the state mandated paperwork required to formally establish a verbal request for participation in the End of Life Option Act.
- VI. When a patient expresses intent to pursue medical aid in dying , the patient will be informed of the above stated policy, Kaweah Health staff and medical staff members will continue to provide all other appropriate palliative and supportive care services to patient and families, regardless of their stated interest in seeking medical aid in dying. .

- VII. Bioethics Consultation Services will be available to assist patients, families; hospital and medical staff members in addressing concerns related to the End of Life Option Act.
- VIII. The End of Life Option Act Policy will be posted on the Kaweah Health website as of January 2022, as required by Senate Bill 380.

**Related Documents:
CHA and Consent Manual**

**References:
None**

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."