



CALIFORNIA

Introduction to Medical Aid in Dying



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California's End of Life Option Act / **02**

Steps for Using the Law / **04**

Talking With Your Physician / **05**

End-of-Life Planning Checklist / **06**

California's End of Life Option Act

California's End of Life Option Act authorizes the practice of medical aid in dying, allowing a terminally ill, mentally capable adult with six months or less to live to request from their doctor a prescription for medication that the patient can choose to self-administer to bring about a peaceful death if their suffering becomes unbearable.

To be eligible to use the law, one must:

- » Be 18 years or older
- » Have been diagnosed with a terminal illness
- » Have a prognosis of six months or less to live
- » Be capable of making their own healthcare decisions

One must also be:

- » A resident of California
- » Capable of self-administering and ingesting the aid-in-dying medication
- » Making an informed decision and voluntary request

Eligibility to use the law is not the same as eligibility for hospice.

Two California physicians must confirm eligibility to use the California End of Life Option Act, as well as confirm that you are making an informed decision and voluntarily requesting the aid-in-dying medication. The attending physician prescribes the medication, and the consulting physician provides a second opinion. (An attending physician is described as a physician who has primary responsibility for care of the individual and their disease.) If either physician questions your mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must evaluate you to ensure that you are capable of making your own healthcare decisions before a prescription can be written.

You may change your mind at any time and withdraw your request, or choose not to take the medication.

You must make three requests to your attending physician (also called the prescribing physician) to use the California End of Life Option Act: two verbal and one written. The written request is the Patient Request form, which is included in this packet. Only you can make these requests; they cannot be made through an advance directive or by a family member or friend. The requests must be made to a physician, not office staff. Please see the "Steps" section of this document for details.

The type and dosage of aid-in dying medication doctors prescribe, including medications to prevent nausea and vomiting, varies with each individual. The medication may not be injected. You must be able to ingest the medication without assistance, usually by swallowing or by using a feeding tube. **Your physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a prescription directly from a patient.** Your physician or healthcare system will give you the name of suitable pharmacies. A designated family member or friend may pick up the medications, or it can be mailed to you.

If your doctor has any questions about medications, they may call Compassion & Choices' free and confidential Doc2Doc consultation line at 800.247.7421.

You may ask your provider or pharmacy about the cost of these medications. Some insurance policies cover the cost of the medication and/or the physician visits. Please contact your insurance provider to find out what your policy covers.

Life insurance benefits are not affected by using the California End of Life Option Act. The underlying illness will be listed as the cause of death. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

Unused medication:

There is no obligation to take the medication. If the person who was prescribed the medication does not use it, it should be destroyed. Please note it is illegal to use another person's medication. What to do with unused medication:

- » You can use the following website to search for a controlled substance public disposal location near you: <https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>
- » You can contact your pharmacist for more information.

If pharmacists have any questions, they may call Compassion & Choices' free and confidential Pharmacist2Pharmacist consultation line at 503.943.6517 for more information.

Steps for Using the Law

- 1. Make two verbal requests for a prescription for aid-in-dying medication directly to your attending physician.** Ask your physician to make sure these requests are documented in your medical record. These two verbal requests must be separated by at least 15 calendar days.
- 2. In addition to your prescribing physician, a consulting physician must certify that you are eligible to use the law and that you are making both an informed decision and voluntary request.**
- 3. You must fill out the Patient Request form and give the completed form directly to the attending physician. This form must be witnessed by two people.** Please read the form carefully to determine who may or may not be a witness.
- 4. At least 48 hours after the written Request for Medication form is signed and dated, your prescribing physician may write the prescription.** The prescription must be sent directly to the pharmacy by the prescribing physician, not by you, a family member or friend. The pharmacy may need time to order the medication. Some pharmacies will prepare the medication before it is picked up if the prescribing doctor adds this instruction to the prescription.
- 5. The minimum amount of time the process can take, from the first request to the written prescription, is 15 days.** However, for many people it takes considerably longer. We encourage people who are interested in using medical aid in dying as one of their end-of-life care options to start talking to their healthcare providers well in advance. Once the prescription is written, you may choose to keep it on file at the pharmacy if and until you choose to use the medication. You need not pay for the medication until the prescription is filled.
- 6. Your attending physician will also provide you with a Final Attestation form. You must fill out and sign this form within 48 hours before you plan to take the aid-in-dying medication.** The form should be sent or turned in to your attending physician after your death to ensure it is added to your medical record.
- 7. You may withdraw your request at any time.** There is no obligation to take the aid-in-dying medication simply because you have it in your possession. Many people find comfort in simply knowing the medication is available.

The forms required for the End of Life Option Act are available on the California Department of Public Health website: www.cdph.ca.gov

Talking With Your Physician

Some people feel anxious about discussing medical aid in dying with their physicians. By explaining your preferences early in your illness, you are more likely to have an end-of-life experience consistent with your values.

No one but you can make this request to your physician(s). It is important to ask only your doctor; do not ask your physician's office staff, nurse or physician's assistant, or leave a request on voicemail.

SUGGESTIONS ON HOW TO DISCUSS AID IN DYING WITH YOUR PHYSICIANS

Language for someone who **DOES NOT** have a terminal illness:

I want to live with as much quality as I can for as long as I can. If I am no longer able to find dignity in my life and I meet the legal requirements, I would like to have the option of using the California End of Life Option Act.

I hope you will honor my decisions and respect my values, as I respect yours. Will you write a prescription for aid-in-dying medication in accordance with the California End of Life Option Act when I am eligible? If you will not honor my request, please tell me now.

Language for someone who **DOES** have a terminal illness:

I want the option to advance the time of my death if my suffering becomes unbearable. Am I eligible? If yes, will you write a prescription for aid-in-dying medication in accordance with the California End of Life Option Act? If you will not write the prescription, will you record in my chart that I am eligible to use the law and refer me to a physician who is able and willing to honor my request?

If I am not eligible, what will my condition look like when I am eligible?

Regardless of your physician's response, it is important to ask that your request be recorded in your medical record.

You may mention that Compassion & Choices provides free and confidential consultation to physicians who have questions about end-of-life options, including medical aid in dying through our Doc2Doc consultation program at 800.247.7421. Also feel free to give them the "Letter to Your Physician" included in this packet.

End-of-Life Planning Checklist

Many people postpone making arrangements for the end of life. Planning ahead allows individuals to spend their final days with friends and family while focusing on the present. Informing loved ones of wishes ahead of time relieves them of the possible burden of making decisions about your final arrangements.

Please consider whether any of the following are appropriate for your situation:

- Advance directive or living will
- Identifying and assigning a healthcare proxy (also called agent, durable power of attorney, healthcare representative)
- Last will and testament or living trust
- Life insurance policies
- POLST (Physician Orders for Life-Sustaining Treatment) and/or DNR (do not resuscitate)
- Memorial service and/or funeral arrangements
- Detailed instructions regarding finances (bank accounts, pensions, investments, property, etc.)

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Compassion & Choices' End-of-Life Consultation program (EOLC) provides information on the full range of options at the end of life. EOLC, and representatives of EOLC, do not provide medical or legal advice. We simply inform individuals of the available options.

REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

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.

Signed: _____ **Dated:** _____

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: _____ **Date:** _____

Witness 2: _____ **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.



Letter for Your Physician

Dear Dr. _____:

With the passage of California's End of Life Option Act, medical aid in dying became an authorized end-of-life option. You may receive patient inquiries about this option and thus might wish to discuss it alongside other end-of-life options with your patients. *Compassion & Choices, with 30 years of experience, is here to help you keep your practice safe, effective, patient-centered and legally compliant.*

We stand ready to provide you the facts and a wide range of resources with which to guide your practice, including:

- One-on-one consultations with physicians who have years of end-of-life and medical aid-in-dying experience through our free and confidential **Doc2Doc program at 800-247-7421**.
- *Clinical Criteria for Physician Aid in Dying* and supplemental clinical information published in the Journal of Palliative Medicine (2015).
- Information on our website:
 - www.EndOfLifeOption.org – contains the California Physician Medical Aid-in-Dying Reference Guide and all the forms you will need to comply with the law.
 - www.CompassionAndChoices.org/eolc – features tips, toolkits and forms on end-of-life care and choice for individuals seeking information on the full range of end-of-life options, including a video for terminally ill patients wanting to learn more about medical aid in dying.
 - www.CompassionAndChoices.org/understand-the-issues – includes fact sheets on medical aid in dying.

If you have a patient requesting medical aid in dying, please contact our Doc2Doc line at 1-800-247-7421 so we can provide you with up-to-date information on medication protocols. These protocols are updated and reviewed regularly, and provided free of charge.

Along with the guidance of a team of local doctors, Compassion & Choices California is committed to providing stewardship of the California law. The aggregate of more than 30 years of leadership in the medical aid-in-dying movement, we have established a record of authority, integrity and accessibility in this evolving field of medicine and law. Compassion & Choices is committed to providing clinical information in a way that helps in your practice, including through one-on-one consultations, presentations and videos that will help you meet your CME requirements.

Please feel free to contact us at any time with questions or concerns. We look forward to hearing from you.

With kind regards,

A handwritten signature in black ink that reads 'David B. Grube'.

Dr. David Grube
National Medical Director, Compassion & Choices

Medical Aid-in Dying Tracking Sheet



Individual Name _____ Consultant/Volunteer _____

This handout is a tool intended for personal use to help you keep track of important information related to the choice of medical aid in dying. It is neither a requirement of any medical aid-in-dying legislation, nor do you need to submit it to any person or medical professional.

It is important to review and update (if necessary) your advance directive and POLST prior to taking the medical aid-in-dying medication.

IMPORTANT: You may wish to contact your doctor if your health status changes or you are concerned about symptoms that may interfere with your ability to ingest aid-in-dying medications (i.e. uncontrolled nausea & vomiting; concerns about swallowing or ability to plunge feeding tube; digestive issues; changes in mental status).

Durable power of attorney for health care (name/relationship/phone) _____

Hospice _____

If not on hospice: Physician designated to sign death certificate? _____

Individual designated to contact mortuary? _____

Prescribing physician _____ Phone _____

Consulting physician _____ Phone _____

Date of 1st verbal request _____ Physician Name _____

Date of 2nd verbal request _____ Physician Name _____

Date written request submitted _____

Aid-in-dying medication protocol prescribed _____

Physician or pharmacist designated to review medication _____

Date aid-in-dying prescription sent to pharmacy _____

Date of planned ingestion _____

Who knows about plan _____

Who will be present during ingestion _____

Who will be your medical support on day of ingestion?

- Hospice Doctor

Contact _____ Phone Number _____

Individual plan for day of ingestion _____

Plan for support person(s) _____

Plan for unexpected event (such as prolonged dying process or waking up)

Date(s) discussed _____

Details _____

For California ONLY:

Date Final Attestation form completed _____

Who will deliver form to prescribing physician _____

Additional Notes _____

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