

END OF LIFE OPTION ACT POLICY 2-058.1**POLICY**

To outline Central Coast Home Health and Hospice's position and responsibilities regarding the California State, "End of Life Option Act," Senate Bill 128 (SB-128)

PURPOSE

The agency's role will be one of "Educate and Support" if a patient decides to pursue to "End of Life Option Act." This support includes continuing to provide physical, emotional and spiritual care for the patient, family and caregivers throughout the dying process but we will not actively participate in ordering or obtaining the medication for ingestion. Additionally, Central Coast Hospice Medical Directors will not function as attending or consulting physicians in assisting with end of life act decisions and process.

All levels of staff will be knowledgeable about the law, ensuring appropriate steps and referrals to knowledgeable staff should a patient desire to exercise this end of life option.

Definitions

1. Attending Physician: The physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease.
2. Consulting Physician: A physician who is independent from the attending physician and is qualified by specialty or experience to make a professional diagnosis regarding an individual's terminal disease.
3. Staff: Refers to physicians, nurses, home health aides, social services, spiritual counselors, volunteer services, musicians, and art therapy.
4. Conscientious Objection: Refers to a staff member's right to transition care to other caregivers if the patient's decision to pursue the "End of Life Option Act" is against a staff member's personal or religious beliefs.

PROCEDURE

1. Patient Inquiry of the "End of Life Option Act":
 - A. If a patient requests information on California's "End of Life Option Act," a copy of the law, Central Coast Home Health and Hospice Position Statement and contact

information for the Coalition for Compassionate Care of California are available for reference.

- B. Upon patient request, they will immediately be referred to appropriate Home Health and Hospice staff for discussion regarding the “End of Life Option Act.” (See addendum 2-058-A)
- C. The patient will be immediately directed to discuss this end of life option with their attending physician.
- D. If any support disciplines (home health aides, volunteers, musicians, art therapist) are approached for information, they are to inform the patient that they will relay this request back to the RN Case Manager for follow up.
- E. The team assigned to the patient will re-evaluate the patient for unmet comfort needs, such as pain and anxiety, and will further explore the motivation surrounding the request.
- F. It may be necessary to refer the patient to their attending physician for specialized assessment and care.

Note: the attending physician may refer the individual for mental health evaluation if “mental illness” is suspected as referenced in SB-128.

- G. It may be appropriate to discuss transition to Hospice Care if patient wishes to proceed with End of Life Option Act.
- H. All requests, discussions, and actions are to be documented in the patient’s record in clinical notes by the nurses, and/or social workers and communicated to clinical supervisor and attending physician.
- I. Staffs who discuss the end of life option with the patient must do so in a non-biased factual manner without attempts to influence the patient.
- J. Any complaints voiced by individuals surrounding this issue are to be handled according to Agency policy. (See “Complaint/Grievance Process” Policy No. 1-010.1)

2. Exercising the Option:

- A. Staff can choose to be at the bedside or simply be present in the home should the patient decide to ingest End of Life prescribed medications. *Staff cannot assist patient with the administration of End of Life prescribed medications.* If staff is present at the time of ingestion, they must be in the presence of a second individual such as a family member or friend but *not* another agency staff member. If no other individual is available, the staff member *cannot be present and must exit the home.*
- B. As the law states, patients must act on their own behalf and cannot be assisted by staff members in this process. It is not expected that staff remain in the home until the patient’s death. These visits should be treated like any other end of life visit in which symptom management and comfort are the focus.

Note: There is individual variation between the time an individual ingests the medication and the time of death. The average time for death to occur is typically within 5 hours.

- C. Visits made at the time of death are to be handled according to normal procedures:
 - 1) Staff presence/non presence at time of death will be documented on the Discharge-Death note. If staff present call 911 or instruct caregiver to call 911. Notify attending physician.
- D. Staff assigned a patient who has made the decision to adopt this end of life choice may request reassignment if this goes against their personal or religious beliefs, thereby exercising the right to a “conscientious objection.”
- E. Reporting
 - 1) The underlying terminal diagnosis must be listed as cause of death
 - 2) The manner of death must be marked as natural
 - 3) The cause of death section may not contain any language that indicates that the California End of Life Option Act was used such as:
 - a. Suicide
 - b. Assisted suicide
 - c. Physician assisted suicide
 - d. Death with dignity