

END OF LIFE OPTION ACT**Policy 2HOS-068.1****PURPOSE**

To create safe and supportive instructions for patients pursuing the California End of Life Option Act (ELOA).

POLICY

Legal protocols will be followed as outlined in California's End of Life Option Act when a patient elects to use the option. Mission Hospice & Home Care (MHHC) will respect each patient's decision and will continue to provide care as indicated by the patient's physical, emotional, and spiritual needs. Any staff member may at any time choose to opt out of care for a patient pursuing the ELOA, and may request, without fear of discipline or retaliation, to have that patient transferred to another team member.

Interdisciplinary clinical staff will be available to step in and replace staff members who opt out, to ensure continuity of patient care. Ongoing education for all staff will be provided informing them of any updates in the law or changes to policy and procedures. Mission Hospice staff may not give advice or opinions to the patient considering or pursuing ELOA. ELOA is never suggested or recommended to a patient, but a patient is always supported in their decision. ELOA medications are not covered by Medicare, patients, and/or their designated healthcare agents are responsible for payment of medications.

End of Life Criteria according to California state law

- Must be 18 years or older
- Must be diagnosed with a terminal disease of 6 months or less; must have the ability physically and mentally to take medication
- Patient make 2 oral requests at least 48 hours apart directly to his or her attending physician and one request in writing.
- The written request must be on a special form that is witnessed and signed by the patient. The patient must discuss this decision with his or her attending physician without anyone else present except for an interpreter, if needed, to ensure the decision is voluntary.
- The patient must then see a second physician (a consulting physician) who can confirm the patient's diagnosis, prognosis, and ability to make medical decisions. If either physician thinks the patient might have a mental disorder that could affect capacity to make decisions, the patient shall be referred to a mental health specialist to make sure his or her judgement is not impaired. The choice of whether to take the medication always remains with the patient. Participation in ELOA is voluntary for both patients and health care providers.

PROCEDURE

1. Once patient brings up ELOA, the team member involved will:
 - a. Explore patient's understanding of ELOA and goals of care, and document accordingly in the EMR.
 - b. Give them printed copy of "Understanding California's End of Life Option Act Factsheet" and encourage them to review the current CA ELOA legislation.
 - c. Notify supervisor, and members of the IDT.
 - d. Depending on where they are in the ELOA process, patients will be advised of the need to begin discussions with their attending physician.
2. Once a patient indicates their intention to pursue ELOA:
 - a. The physician will initiate the legal form and obtain approval of a second consulting physician.
 - b. Once this process is completed, the physician sends a copy of this form to MHHC to be uploaded into the EMR.
 - c. A member of IDT will educate patient on the next steps of the process
3. Obtaining the medication
 - a. The physician will educate patient/family on the medication and medications used for potential symptom management needs.
 - b. Attending physician will write prescription for ELOA medication
 - c. Patient and/or authorized individual will pick up medication from the pharmacy.
 - d. RN case manager will educate patient/family on safe storage of the medication.
 - e. RN case manager will document presence of medication in home and add to the medication profile.
4. Ingestion
 - a. Patient will notify a member of the IDT of desired date for ingestion (ideally 24 hours in advance).
 - b. Patient will identify which team members if any they would like to be present. Mission requires a minimum of two staff members or 1 staff and MD if requested.
 - c. At a patient request MHHC physician, NP, and/or RN may mix medications if they so choose.
 - d. Staff or family/friend may hand the patient the medication, but the law still requires the patient to take the medication without any assistance.
 - e. If the patient experiences complications after ingestion such as vomiting, the medications for symptom management will be used as indicated per MD order.
5. Time of death records and reporting
 - a. All regular protocols for patient death will be followed.
 - b. Act requires that the cause of death under ELOA is not reported as "suicide". It will be recorded as the patient's underlying hospice diagnosis.
 - c. Cause of death will not contain any language that the California End of Life Option Act was used and/or including "suicide", "assisted suicide", "physician assisted suicide", "death with dignity", "mercy killing", "euthanasia", "Secobarbital", "Seconal",

“Pentobarbital”, or “Nembutal”.

- d. The attending physician for a patient utilizing ELOA will submit the legally required form within 30 days of death.

