Disclosure

Victoria Ferraresi has nothing to disclose.
Learning Objectives

1. Contrast aid-in-dying to aggressive symptom management, palliative sedation, physician assisted suicide, and euthanasia.

2. Describe the new California law on Physician-Aid-in-Dying.

3. Describe the role of palliative care and hospice at end-of-life.
Learning Objectives

4. Learn about the drugs used, and how to obtain and dispose of them (if not used).


6. Become familiar with options for individuals and organizations to opt out of active participation while supporting patients wanting to pursue aid-in-dying.
Autonomy

• Personal rule of the self that is free from:
  • controlling interferences by others and
  • personal limitations that prevent meaningful choice.

• A fundamental guideline of clinical ethics.

• Allows patients to make their own decisions.

• Providers create the conditions necessary for patients to have autonomous choice.
Not I, nor anyone else can travel that road for you.
You must travel it by yourself.
It is not far. It is within reach.
Perhaps you have been on it since you were born, and did not know.
Perhaps it is everywhere - on water and land.

Walt Whitman, Leaves of Grass
Definitions

Aggressive Symptom Management—using medication to manage severe and refractory symptoms.

Sedation—the intentional lowering of awareness towards, and including, unconsciousness for patients with severe and refractory symptoms.

Physician Assisted Suicide—implies that the patient may be depressed or mentally ill.

Aid-in-Dying—assistance provided to competent patients to end their own life as an autonomous decision.

Euthanasia—death resulting from medication administered by a third party.
States Allowing Aid-in-Dying

Allowed by law in 5 states:
- Oregon
- Washington
- Vermont
- Montana
- California
CA End-of-Life Option Act

• Law in California as of June 9, 2016
• Health and Safety Code 443 - 443.22

http://leginfo.legislature.ca.gov/faces/codes.xhtml

• Permits terminally ill adult patients with capacity to make medical decisions to be prescribed an aid-in-dying medication if certain conditions are met.

• Very specific conditions must be met—will not include all terminally ill patients.
CA End-of-Life Option Act

• For adults with capacity to make decisions.
• With a terminal illness.
• Voluntarily expresses wish to participate.
• Is a resident of California.
• Able to document request as required.
• Has physical and mental ability to self-administer the drug.
• Only the individual can request the Physician-Aid-in Dying (PAD) drug.
Establishment of California Residency

• Can be done by any of the following:
  • Possession of CA driver’s license or other state-issued ID.
  • Registered to vote in CA.
  • Evidence that the person owns or leases property in CA.
  • Filing of a CA tax return for the most recent tax year.
Submitting the Request

• Two oral requests, at least 15 days apart.
• And a written request on the required form to the attending physician with signature of two witnesses.
• The attending physician directly (not via a designee) receives all 3 requests.
• Request can be withdrawn at any time.
• The attending must offer a withdrawal opportunity.
Prior to Prescribing

The attending must determine that:
• the requestor has capacity,
• with no mental health disorders,
• is terminally ill (death within 6 months),
• the request was voluntary,
• with informed consent, and
• is being made by a qualified individual.

Qualified individual—an adult resident of CA with capacity to make medical decisions, who has satisfied requirements of the law.
Informed Consent

The attending must discuss:

• The medical diagnosis and prognosis.
• Potential risks of ingesting the drug.
• The probable result of ingesting the drug.
• That can choose not to ingest the drug.
• Feasible or additional options such as comfort care, hospice care, palliative care, pain management.
Attending Physician

Counsels patient on:
• having another person present at time of ingestion,
• not ingesting in a public place,
• notifying next-of-kin,
• participation in hospice program,
• keeping the drug in a safe, secure location,
• that can withdraw the request at any time.
Attending Physician

- Completes required compliance form and attending checklist.
- Include both in the medical record.
- Submit both to CDPH.
- Give the patient the final attestation form, which they complete within 48 hours of taking the drugs.
Palliative Care

• Management of symptoms during a serious illness, including at end-of-life.
• Integrated with psychological and spiritual care.
• Ideally starts at the time of diagnosis.
• Team based approach.
• Offered as a consultative service.
• Allows for concurrent treatment of disease.
Hospice

• A subset of palliative care.
• A philosophy of care and a place to deliver care.
• Provided as a benefit under Medicare Part A or other insurance.
• Patients with a 6-month prognosis (Medicare Benefit).
• Team-based approach.
• Provides psychosocial, spiritual and bereavement support.
• Generally active treatments have stopped.
The Consulting Physician

• A second physician who meets with patient *alone* (except with an interpreter if needed).

• Examines patient, reviews records and confirms in writing:
  • the diagnosis and prognosis,
  • the determination of capacity to make medical decisions,
  • compliance with requirements of law,
  • that there is no coercion, influence or outside pressure.
Mental Health Referral

• If indications of a mental health disorder are present, must refer for a mental health specialist assessment.

• Must examine the patient, review records and submit required documentation.

• Can go forward if individual determined to:
  • have capacity without impaired judgment due to mental disorder and
  • can act voluntarily.
Documentation

All of the following must be in the medical record:
• All oral requests for PAD drugs.
• All written requests for PAD drugs.
• Attending and consulting physicians
  • Diagnosis and prognosis.
  • Determination that individual is qualified with capacity to make medical decisions, is acting voluntarily and made an informed decision OR
• Determination that the individual is NOT a qualified individual.
Documentation

Continued...

• A report of the outcome and determinations made during a mental health specialist’s assessment, if performed.

• The attending physician’s offer for the withdrawal of the request.

• A note indicating that all requirements have been met.

• A notation of the PAD drug prescribed.
Medications for PAD

Want medications that:

• Provide a quick and peaceful death.
• Rapid onset of sedation.
• Do not burn when ingested.
• Do not cause seizures.
• Do not cause respiratory paralysis prior to sedation.
• Are minimally emetogenic.
• Are safe for caregivers.
Medications for PAD

• Secobarbital 9000mg
• Pentobarbital 10,000mg (not available from any source)
• Taken all at once on an empty stomach.
• Premedicate with metoclopramide and ondansetron one hour before ingestion of barbiturate.
• Cost—10,000mg secobarbital (capsules) $3700 (AWP)

Pricing per Red Book Online, Truven Health Analytics, 10/13/2016
Other Medications Used

• Used when secobarbital not readily available or is cost prohibitive.
• Phenobarbital, chloral hydrate, morphine.
• Diazepam, propranolol, digoxin, morphine.
• Sometimes amitriptyline.
• May follow with an alcoholic beverage.
Obtaining the Drugs

• The physician may dispense the drug if they have appropriate DEA registration.

• May deliver a prescription to a pharmacist in person, by mail or electronically with the written consent of the patient.

• Pharmacist may deliver the drug in person to:
  • The attending physician or
  • The patient or
  • An agent specified to the pharmacist by the patient (orally or in writing) or
  • By USPS, UPS, FedEx, messenger service.
Drug Disposal if Not Used

• Person with custody to personally deliver unused PAD drugs:
  • To the nearest qualified facility that properly disposes of controlled substances, or if none available,
  • In accordance with guidelines promulgated by the CA Board of Pharmacy (proposed to date must be a DEA-registered collector),
  • A DEA approved take-back program.

• Find a DEA registered collector:
  https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
Other Provisions

• Provisions in contracts, wills or other legal agreements cannot be conditioned on PAD.

• Life insurance, health insurance or their rates cannot be conditioned on participation.

• Death from PAD is not suicide and cannot exempt health or life insurance or an annuity.

• Death is considered natural from underlying disease.

• Contains restrictions on insurance plan communications.
Other Provisions

• No civil or criminal liability from being present with someone using PAD.
• An individual can assist with drug preparation but not administration or ingestion.
• A request cannot be the sole basis for the appointment of a guardian or conservator.
• No actions associated with PAD can be used as the basis of elder abuse or neglect.
• Governmental entities can recover costs incurred if PAD occurs in a public place.
Data Collection

• Within 30 days of writing an Rx for a PAD drug, the following is submitted to CDPH:
  • Patient written request,
  • Attending physician checklist and compliance form,
  • Consulting physician compliance form.

• Within 30 days of patient death due to any cause, the following is submitted to CDPH:
  • Attending physician follow-up form.
Data Analysis by CDPH

• Will maintain confidentiality and privacy.
• Annual reports posted on CDPH web site:
  • Number of PAD Rxs written.
  • Number of PAD deaths.
  • Number of PAD deaths/10,000 CA deaths.
  • Number of deaths for hospice patients.
  • Number of deaths for palliative care patients.
  • Number of physicians who wrote PAD Rxs.
  • Patient demographics—age at death, education level, race, sex, type of insurance (or if had none), underlying illness.
Opting Out

• All federal programs per 42 U.S. Code § 14401
• Health-care providers may prohibit participation *within* their system.
  • Must provide notice of policy and can act on violations of policy.
  • Individual practitioners free to participate *outside* the system.
• Individual practitioners can choose not to participate, refer or provide information.
• No requirement that an individual must support another’s decision to use PAD.
Experience in OR and WA

UCSF End-of Life Option Act Response Conference 12/15/15

• Improved end-of-life care.
• Patients primarily Caucasian, well-educated, older, male.
• Residents of Western OR and WA.
• Mostly at home.
• Reasons—loss of autonomy, loss of dignity, unable to participate in enjoyable activities.
Experience at Pathways

• Policy created (opting out).
• Response team (social workers and spiritual care).
• Physician consult.
• Materials developed:
  • For patients and staff
• Staff training (including volunteers).
• Medication entered on medication list.
• Family educated on drug disposal.
• Support patient, family and caregivers.
Test Questions

True or False

1. Persons with chronic illnesses of any type are eligible to participate in PAD.

2. Unused medication prescribed for PAD can be disposed of at the local police department.

3. If my health-system opts out of participating in PAD, I can choose to do so outside of the health-system.
References

UCSF School of Medicine, Ethics Fast Facts  
http://missinglink.ucsf.edu/lm/ethics/Content%20Pages/fast_fact_intro.htm

Coalition for Compassionate Care of California  
http://coalitionccc.org/

Understanding California’s End-of-Life Option Act, UC Hastings College of the Law  

End-of-Life Option Task Force Resources  
www.eoloptionacttaskforce.org/resources.html
References


Compassion & Choices California  www.compassionandchoices.org/california/

California Department of Public Health (for forms, reports)
https://www.cdph.ca.gov/Pages/EndofLifeOptionAct.aspx
Questions
To claim CPE credit, go to the CPE pages of your program book and:

1. Write down the course code given by the moderator;

2. Read the instructions for claiming credit online and note the last day to claim credit.