

# End of Life Option Act ABX2-15

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## Medical Board of California



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and  
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# History

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States with aid-in-dying authorization:

- ▶ Oregon – 1997
- ▶ Washington – 2009
- ▶ Montana – 2009
- ▶ Vermont – 2013
- ▶ California – 2016

# Statistics



## Oregon:

- ▶ ~ 34,000 deaths/year in Oregon
- ▶ ~ 3,500 requests for information
  - 2015:
    - 218 prescriptions written
    - 132 deaths (61%)
    - 5 referrals for mental health evaluation
  - 2014
    - 155 prescriptions written
    - 105 deaths (67%)
  - Since 1997:
    - 1,545 prescriptions written
    - 991 deaths (64%)

*Resource: Oregon Public Health Division Annual Report 2/2016 and Dr. Grube presentation*

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## ▶ Synopsis:

- Allows an adult resident of California, who has been diagnosed with a terminal disease and who has the mental capacity to make a medical decision, to make a request to receive a prescription for an aid-in-dying drug from their physician for the purposes of ending his or her life.
- The request must be made solely and directly by the individual diagnosed with the terminal disease (see bill for request specifications).
- The patient must have the physical and mental ability to self-administer the aid-in-dying drug.

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## ▶ Requirements

- Patient
  - Oral/written requests
  - Complete required form
- Attending physician – requirements including, but not limited to:
  - Determination of:
    - Patient capacity to make medical decision
    - Referral to mental health specialist
    - Whether patient has terminal illness
    - Whether patient voluntarily made the request

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## ▶ Requirements (cont.)

- Attending physician – requirements including, but not limited to:
  - Discussions with the patient about:
    - Diagnosis and prognosis
    - Risks of drug
    - Results of taking drug
    - Alternative or additional treatment options
  - Refer patient to a consulting physician
  - Confirm patient's request does not arise from coercion or undue influence

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## ▶ Requirements (cont.)

- Attending physician – requirements including, but not limited to:
  - Counsel the patient about:
    - Another person present during ingestion and not ingesting in public place
    - Next of kin notification
    - Hospice
    - Drug maintenance
    - Form completion
  - Discuss/offer withdrawal/rescinding the request
  - Complete checklist, required forms, and documentation

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## ▶ Requirements (cont.)

- Attending physician – requirements including, but not limited to:
  - Submit forms to CDPH
  - Dispense drug or provide alternative
- Consulting physician – requirements including, but not limited to:
  - Examine patient and his/her medical records
  - Confirm attending physician diagnosis or prognosis
  - Determine patient has capacity to make medical decisions, is acting voluntarily, and has made an informed decision



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## ▶ Requirements (cont.)

- Consulting physician – requirements including, but not limited to:
  - Refer to mental health specialist, if necessary
  - Complete required forms and documentation
  - Submit form to attending physician
- Mental health specialist – requirements including, but not limited to:
  - Examine patient and his/her medical records
  - Determine patient has capacity to make medical decisions, is acting voluntarily, and has made an informed decision

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- ▶ Requirements (cont.)
  - Mental health specialist – requirements including, but not limited to:
    - Determine patient is not suffering from impaired judgment due to a mental disorder
    - Documentation

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## ▶ Required Forms

- Patient's request for aid-in-dying drug
  - Interpreter declaration
- Attending physician checklist and compliance form and the consulting physician compliance form – sent to CDPH 30 days prior to writing prescription
- Final attestation for aid-in-dying drug – attending physician provides form to patient when drug is prescribed; patient completes within 48 hours prior to ingesting drug
- Attending physician follow-up form – within 30 days after patient ingests drug

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## ▶ Important definitions

- “Attending physician” means the physician who has primary responsibility for the health care of an individual and treatment of the individual’s terminal disease.
- “Consulting physician” means a physician who is independent from the attending physician and who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding an individual’s terminal disease.

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- ▶ Important definitions (cont.)
  - “Mental health specialist” means a psychiatrist or a licensed psychologist.
  - “Mental health specialist assessment” means one or more consultations between an individual and a mental health specialist for the purpose of determining that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.

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- ▶ Important definitions (cont.)
  - “Capacity to make medical decisions” means that, in the opinion of an individual’s attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Section 4609 of the Probate Code, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives, and the ability to make and communicate an informed decision to health care providers.

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- ▶ Note: The attending physician, consulting physician, or mental health specialist shall not be related to the individual by blood, marriage, registered domestic partnership, or adoption, or be entitled to a portion of the individual's estate upon death.
- ▶ Participation is optional
- ▶ Immunities

# Resources

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## Medical Board of California

- ▶ [http://www.mbc.ca.gov/Licensees/Physicians\\_and\\_Surgeons/End\\_of\\_Life.aspx](http://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/End_of_Life.aspx)
- ▶ [EndOfLife@mbc.ca.gov](mailto:EndOfLife@mbc.ca.gov)
- ▶ Phone: 916-263-2389
- ▶ July 28, 2016 Board Meeting presentation  
<https://youtu.be/jM5xDsW7IU8>

## California Department of Public Health

- ▶ <https://www.cdph.ca.gov/Pages/EndofLifeOptionAct.aspx>





THANK YOU!