

## **POLICY & PROCEDURE**

SECTION: RIGHTS & ETHICS		NUMBER:	RI.139
TITLE:		ORIGINATED:	06/16
End of Life Act (CA AB15)Aid in Dying		REVISED:	
		REVIEWED:	7/19, 4/23
		EFFECTIVE:	4/23
	APPROVALS		
Responsible Person: Director-Patient	Approved by: Ethics Committee	Approved by: Medical Exec Committee	
Relations/Risk	Date: 5/16, 3/20, 4/23	Date: 7/16, 4/20, 4/23	
	Approved by: Medical Council	Approved by: Board of Trustees	
	Date: 7/16, 4/20, 4/23	Date: 7/16, 4/20	), 4/23
	Approved by: Quality and Safety Date: 4/23		

## I. Applies to:

All hospital personnel, Medical Staff, Licensed Independent Practitioners, independent contractors, volunteers, or other persons or entities

# II. Purpose:

To describe the position of Riverside Community Hospital regarding allowing participation of its employees, independent contractors, or other persons or entities in activities under the California End of Life Option Act (the "Act"), and to provide guidance in caring for patient(s) who express interest in ending their life under the Act by requesting an aid-in-dying drug (as defined pursuant to the Act).

# III. Policy Statement:

Riverside Community Hospital has determined that the requirements of the Act make it more conducive to a setting or environment other than an acute care hospital. Riverside Community Hospital (RCH) will not participate or assist in participation with activities pursuant to the Act. RCH employees, independent contractors, physicians and volunteers may not knowingly participate in or facilitate activities under the Act, except as provided herein, while: "(1) on premises owned or under the management and direct control of RCH (including but not limited to Hospital grounds and Hospital operated facilities, clinics, pharmacies, etc.) or (2) while acting within the scope of any employment by, or contract with, RCH.

#### IV. Definitions:

- a. "Aid-in-dying drug" means a drug determined and prescribed by a physician for a qualified individual (as defined in the Act), which the qualified individual may choose to self-administer to bring about his or her death to a terminal disease.
- b. "Attending physician" means the physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease.



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## V. <u>Procedure</u>:

- **A.** Patients, families, nurses, physicians and other providers are encouraged to explore fully and discuss care and treatment options for terminally ill patients. As part of that discussion, requests for physician-assisted death or self-administered life-ending medication may occur. We respect the rights of patients and their care team to discuss and explore all treatment options; however, Riverside Community Hospital (RCH), its facilities, programs and caregivers do not allow participation in the activities under the Act, which include, without limitation, delivering a prescription for, dispensing, or delivering the dispensed aid-in-dying drug. Any member of a patient care team may respond to questions from a patient and family, but any request for an aid-in-dying drug must be referred to an "attending physician," as defined in the Act.
- B. RCH physicians, employees, contractors, and volunteers may not knowingly participate in or facilitate activities under the Act and may not provide, deliver, administer, or assist with t the administration of any aid-in-dying drug, or be present when a patient ingests an aid-in-dying drug.
- C. When a patient expresses intent to pursue physician-assisted death:
  - 1. Handout End of Life Option Act, Talking Points from CHA (2016) will be provided to the patient for follow up after discharge from facility.
  - 2. The patient will be informed that RCH will not participate in the activities under the Act and its physicians, employees, contractors, and volunteers will not provide, deliver, administer or assist the patient with the aid-in-dying drug.
  - 3. RCH caregivers will still provide all other requested end-of-life, hospice, palliative care and other services to patients and families.
- D. Consistent with this policy, RCH will continue to provide appropriate care to patients who qualify for and request end-of-life services, regardless of their stated interest in seeking an aid-in-dying drug.

### IV. <u>Exceptions/Clinical Alerts:</u>

None

### V. Documentation:

Document information discussed/provided in the patient's medical record

#### VI. References:

 DURE /GUIDELINES 315 – End of Life Option Act, Health & Safety Code Section 443 et seq.