

UC San Diego Health

Policy Name:	California (CA) End of Life Option Act: Physician Aid in Dying
Policy Number:	UCSDHP 383.2
Authoring Department:	Ethics Committee
Last Revised Date:	January 25, 2022

APPLICABILITY:

This policy is an institutional policy applicable to all parts of UC San Diego Health Sciences, which reports to the Vice-Chancellor of Health Sciences.

UC San Diego Health Sciences includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences, and UC San Diego Health.

UC San Diego Health clinical locations include (but are not limited to): UC San Diego Health - Hillcrest, Jacobs Medical Center, Moores Cancer Center, Sulpizio Cardiovascular Center, Koman Outpatient Pavilion, and other health system outpatient clinic locations.

Departmental policies and procedures are unit-specific within a single department, unit, or service area.

The scope of this policy applies to any team member participating in clinical activities at UC San Diego Health Sciences.

PURPOSE:

This University of California, San Diego Health Center Policy (UCSDHP) describes the requirements and procedures for compliance with The California End of Life Option Act (SB 380). It provides guidelines for responding to patient requests for a prescription for aid-in-dying drugs for self-administration due to a terminal illness in accordance with state laws and regulations of The Joint Commission Accreditation Standards.

The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Withdrawing or Foregoing Life-Sustaining Treatment, Advance Directives/POLST.

POLICY:

- I. The SB 380, End of Life Option Act (hereinafter the "Act") allows adult (18 years or older) terminally ill patients, with the capacity to make health care decisions, seeking to end their life, to request lethal doses of drugs from an attending physician. These terminally ill patients must be California residents who will, within reasonable medical judgment, die within 6 months. Patients requesting lethal doses of drugs must satisfy all requirements of the Act in order to obtain the prescription for the aid in dying drug(s).

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- II. UC San Diego Health allows its physicians and others who otherwise qualify under the Act to participate in the Act, if they so choose, and allows other UC San Diego Health providers/employees to participate in relevant supporting roles. UC San Diego Health providers/employees may, as applicable and as defined in the Act and herein:
- A. Perform the duties of an attending physician.
 - B. Perform the duties of a consulting physician.
 - C. Perform the duties of a mental health specialist.
 - D. Prescribe drugs under this act.
 - E. Fill a prescription under this act.
 - F. Be present when the patient self-administers the aid-in-dying drug provided that the provider does not assist the patient in administering the life-ending medication.
- III. Participation in activities authorized under the Act is completely voluntary. A UC San Diego Health physician, staff, or employee that elects for reasons of conscience not to engage in activities authorized by the Act is not required to take any action in support of a patient's request for a prescription for an aid-in-dying drug. If a patient requests aid in dying from a physician who is opting out, that physician must document the request, inform the patient, and document that they are not participating. Upon transfer of care, the physician must transfer records upon request. Please see UCSDHP [611.6](#), "Refusal of Patient Care Responsibilities for Employees."
- A. If the patient's primary treating attending has opted out of participating, and the patient is requesting aid-in-dying, any member of the health care team shall refer the patient to the aid-in-dying patient clinical consultant. The aid-in-dying patient consultant will assist the patient to meet with a participating attending physician to serve as the attending physician for the aid-in-dying process. The patient's primary treating attending may continue to care for the patient in conjunction with the participating attending. Prior to engaging the participation of another provider, including a nurse, pharmacist, interpreter, or others, the attending physician, consulting physician, or mental health provider will confirm awareness of all providers involved that the activities are related to aid-in-dying and that all providers present are participating willingly

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- B. UC San Diego Health does not permit the ingestion of an aid-in-dying drug in its hospitals, clinics, or elsewhere on its premises. This does not prohibit a patient from inquiring about and discussing a request for an aid-in-dying drug during their hospitalization. The attending physician, as defined by the law, may participate in the process while the patient is hospitalized, including conducting visits to complete the aid-in-dying process prior to the patient's discharge.
- C. San Diego Health does not accept new patients solely for the purposes of accessing aid in dying. Eligible patients must be current UC San Diego Health patients.
- D. The Act necessitates the involvement of two physicians; an attending physician and a consulting physician as defined in the Act.
- E. UC San Diego Health will provide oversight and review records to ensure all the safeguards of the law have been followed and the correct documentation completed and submitted to the California Department of Public Health by the aid-in-dying consultant. UC San Diego Health will review all cases of use of the Act for quality improvement purposes. Each case will be reported monthly to the Hospital Ethics Committee. All patient requests for aid-in-dying drugs shall be reported to the aid-in-dying consultant, who will keep records and assure proper reporting of each case.

PROCEDURE:

- I. Requirements of the California End of Life Option Act.
 - A. Patients qualified to request aid-in-dying drugs: Adult patients who have decision-making capacity and who have a terminal illness may request to receive a prescription for an aid-in-dying drug if all of the following conditions are met:
 - 1. The patient's attending physician has confirmed that the patient has been diagnosed with a terminal illness with an anticipated less than 6-month prognosis;
 - 2. The patient has voluntarily requested an aid-in-dying drug on at least two separate occasions as described herein; and
 - 3. The patient has the physical and mental capacity to self-administer the aid-in-dying drugs.

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4. The patient is a California resident and can verify residency through at least one of the following:

- i. Possession of a California driver license or ID card issued by the State of California;
- ii. Registration to vote in California;
- iii. Evidence that the patient owns, rents, or leases property in California; and/or;
- iv. The filing of a California tax return for the most recent tax year.

B. Individuals who present to UC San Diego Health for the sole purpose of requesting an aid-in-dying drug are not eligible to request aid-in-dying drugs from UC San Diego Health providers.

II. Method for requesting an aid-in-dying drug and documentation requirements.

A. Requests for aid-in-dying drugs must come directly and solely from the patient. Such requests cannot be made by a patient's surrogate or in an advance directive. To request an aid-in-dying drug, the patient must directly submit to their attending physician:

B. Two oral requests that the patient makes, a minimum of 48 hours apart, AND One written request using the form required by the State of California "Request for an aid-in-dying drug" ([D3912](#), End-of-Life Form Packet, Appendix A.) The specific timing of the written request is not specified in the Act. This form must be placed in the patient's medical record (scanned into the EHR). The written form ([D3912](#), End-of-Life Form Packet, Appendix A) sets forth the following conditions:

1. The written request form ([D3912](#), End-of-Life Form Packet, Appendix A) must be signed and dated by the patient seeking the aid-in-dying drug in the presence of two witnesses.
2. The witnesses must also sign the form and, by so doing, attest that to the best of their knowledge and belief, the patient is all of the following:
3. An individual who is personally known to them or has provided proof of identity.
4. An individual who voluntarily signed the request in their presence.

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5. An individual whom they believe to be of sound mind and not under duress or undue influence.
 6. The patient's attending physician, consulting physician, and mental health specialist cannot serve as witnesses. Additionally, only one witness may be related to the requesting patient by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the requesting patient's estate upon death or own operate or be employed by a health care facility where the patient is receiving medical care or resides. The identities and qualifications of the two witnesses will be verified by the aid-in-dying patient clinical consultant.
- III. Trainees (residents, fellows) cannot serve the role of attending or consulting for aid-in-dying. Residents, fellows, physician assistants, and nurse practitioners are encouraged to be present for all such conversations with their patients but must immediately involve the attending physician in any patient requests as they are not authorized under UC San Diego Health policy to participate.
- IV. Responsibility of the Attending Physician: The responsibilities of the attending physician cannot be delegated. Before prescribing the aid-in-dying drug, the attending physician must do all of the following:
- A. Confirm that the patient is making a request for a medication to end their life.
 - B. Explore the patient's concerns and motivation for making a request for aid-in-dying medication, including but not limited to physical symptoms, emotional distress, mental illness, loss of function, concern for the future, loss of control or dignity, and social difficulties.
 - C. Make the initial determination about whether the patient is qualified under the Act as described in section I. A. above, including a determination that:
 1. The patient has the capacity to make health care decisions;
 2. The patient has a terminal illness with a prognosis of likely less than 6 months;
 3. The patient has made a voluntary request for an aid-in-dying drug, including completion of witness attestations that the patient is of sound mind and not under fraud, duress, or undue influence; and

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4. The patient has met the residency requirements of the Act.

- D. Confirm that the patient is making an informed decision.

- E. Refer the patient to a consulting physician.

- F. If there is any uncertainty regarding the patient’s decisional capacity, refer the patient to a licensed psychologist or psychiatrist to assess the patient’s decisional capacity.

- G. Confirm that the patient’s request does not arise from coercion or undue influence. The physician must do this by discussing with the patient, outside the presence of any other person (except for an interpreter as described in section 7 below), whether or not the patient feels coerced or unduly influenced by another person. If there is concern regarding the voluntary nature of the patient’s request by any health care team member, an Ethics Consult will be requested. aid-in-dying drugs will not be prescribed at any time in the presence of concerns on the part of UC San Diego Health regarding the voluntary nature of the request.

- H. Counsel the patient about the importance of:
 1. Having another person present when they ingest the aid-in-dying drug (Strongly encouraged, but not mandatory).
 2. Not ingesting the aid-in-dying drug in a public place. “Public place” means any street, alley, park, public building, or any area of business or assembly open to or frequented by the public and any other place that is open to the public view or to which the public has access.
 3. Notifying the next of kin of their request for an aid-in-dying drug. (Strongly encouraged, but not mandatory).
 4. Participating in a hospice program (Encouraged but not mandatory).
 5. Maintaining the aid-in-dying drug in a safe and secure location until the patient takes it.

- I. Inform the patient that they may withdraw or rescind the request for an aid-in-dying drug at any time and in any manner. The patient has the right to change their mind without regard to their mental state. Therefore, if a patient requests an aid-in-dying drug while

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having the capacity to make health care decisions then loses their capacity, the patient can still decide not to take the aid-in-dying drug.

- J. Verify, for a second time, immediately before writing the prescription for an aid-in-dying drug that the patient is making an informed decision.
- K. Confirm that all requirements are met, and all appropriate steps are carried out in accordance with the law (as outlined in this policy) before writing a prescription for an aid-in-dying drug.
- L. Inform the patient that a POLST should be completed indicating "DNAR" before the patient ingests the aid-in-dying drug.
- M. Fulfill all the documentation requirements (see section 6 below).
- N. Complete the "Attending Physician Checklist & Compliance form" ([D3912](#), End-of-Life Form Packet, Appendix C) and place it and the completed "Consulting Physician Compliance Form" ([D3912](#), End-of-Life Form Packet, Appendix D) and submit this to CDPH.
- O. Complete the Attending Physician Follow-up Form and submit it to CDPH, ([D3912](#), End-of-Life Form Packet, Appendix E.)
- V. Responsibility of Consulting Physician: The consulting physician visit can be conducted at any time in the process, including prior to the attending physician visits, if already requested by the attending physician. A physician who chooses to act as a consulting physician must do all the following:
 - A. Confirm that the patient has requested a medication to end their life.
 - B. Review and confirm the patient's reasons for making a request for aid-in-dying medication, including but not limited to physical symptoms, emotional distress, mental illness, loss of function, concern for the future, loss of control or dignity, and social difficulties.
 - C. Review available means of addressing the sources of distress identified by the patient, including, but not limited to, palliative care, mental health care, hospice care, and pain management.
 - D. Examine the patient and their relevant medical records.
 - E. Confirm in writing the patient's diagnosis and prognosis.

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- F. Determine that the individual has decision-making capacity.
 - G. Confirm that the patient has been referred for a mental health assessment if indicated
 - H. Fulfill the documentation requirements (see section 6 below).
 - I. Complete the State of California form “End of Life Option Act Consulting Physician Compliance form ([D3912](#), End-of-Life Form Packet, Appendix D).
- VI. Responsibility of Mental Health Specialist: A psychiatrist or psychologist who chooses to act as a mental health specialist must conduct one or more consultations with the patient and do all of the following:
- A. Confirm that the patient has requested a medication to end their life. Review and confirm the patient’s reasons for making a request for aid-in-dying medication, including but not limited to physical symptoms, emotional distress, mental illness, loss of function, concern for the future, loss of control or dignity, and social difficulties.
 - B. Examine the qualified patient and their relevant medical records.
 - C. Determine that the patient has the mental capacity to make medical decisions, act voluntarily, and make an informed decision.
 - D. Determine that the patient is not suffering from impaired judgment due to a mental disorder. Patients with depression are not automatically excluded, but it must be determined that a mental illness is not interfering with decision-making capacity.
 - E. Document in the patient’s medical record a report of the outcome and determinations made during the mental health specialist’s assessment.
 - F. Offer assistance to access treatment if indicated and the patient wants treatment
- VII. Responsibility of aid-in-dying clinical consultant:
- A. Further, explore the patient’s identified reasons for seeking aid-in-dying and sources of suffering. Assist patient in accessing treatment or resources to help relieve suffering.
 - B. Facilitate referrals for consulting physician, mental health professional, palliative medicine, pain management, hospice, or other referral needs identified.

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- C. Maintain a confidential list of participating providers.
 - D. Ensure that all steps in the aid-in-dying process as required
 - E. Report all aid-in-dying cases to the Hospital Ethics Committee quarterly
 - F. Maintain records of all cases of aid-in-dying.
- VIII. Documentation requirements: All of the following must be documented in the patient's Electronic Health Record:
- A. Both verbal requests for aid-in-dying drugs;
 - B. The patient's written request for aid-in-dying drugs;
 - C. The attending physician's diagnosis and prognosis, patient's reasons for requesting aid-in-dying, alternatives offered, the determination that the qualified patient has the capacity to make healthcare decisions, is acting voluntarily, and has made an informed decision, or that the attending physician has determined that the individual is not a qualified patient;
 - D. The consulting physician's diagnosis and prognosis, patient's reasons for requesting aid-in-dying, verification that the qualified patient has the capacity to make healthcare decisions, is acting voluntarily and has made an informed decision, or that the consulting physician has determined that the individual is not a qualified patient;
 - 1. A report of the outcome and determination made during a mental health specialist's assessment if completed;
 - 2. The attending physician's offer to the qualified patient to withdraw or rescind their request at the time of second oral request;
 - 3. A note by the attending physician indicating that all requirements of the Act have
 - 4. been met and indicating the steps taken to carry out the request, including a notation of the aid-in-dying drug prescribed;

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IX. Addressing conflicts that arise in evaluation concerning the Act:

A. If there is any disagreement or uncertainty on the part of the attending and consulting physicians regarding whether the patient qualifies for aid-in-dying, the process will not proceed until any uncertainty or disagreement is resolved.

B. If there is concern regarding the voluntariness of the request, Ethics consultation should be requested

X. Death Certificate: The Act does not provide direction as to what cause of death should be referenced on the patient's death certificate. Listing the underlying illness as the cause of death is strongly recommended. The Act provides that actions taken under the Act shall not, for any purpose, constitute suicide or homicide.

XI. Use of an Interpreter: Requirements:

A. Option 1: The written request form signed by the patient (Appendix A) must be written in the same language as any conversations, consultations, or interpreted conversations or consultations between a patient and their attending or consulting physician and must be an approved translation of the form provided to the patient by UC San Diego Health.

B. Option 2: Appendix A may be prepared in English even when the conversations or consultations were conducted in a language other than English if the Interpreter completes the interpreter's attestation on Appendix A.

C. The interpreter must not be related to the patient by blood, marriage, registered domestic partnership, or adoption or be entitled to a portion of the patient's estate upon death. The interpreter must meet the standards promulgated by the California Healthcare Interpreting Association or the National Council on

D. Interpreting in Health Care or other standards deemed acceptable by CDPH. UC San Diego Health also requires that interpreters who provide interpreter services in connection with the Act must also complete training from The California Healthcare Foundation, 2011.

XII. Prescribing the Aid-in-Dying Drug:

A. The attending physician is responsible for writing the prescription for the aid-in-dying drug(s) once they have fulfilled their responsibilities under the Act. The prescription can be transmitted electronically

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B. Attending physician may prescribe the aid in dying drug in any of the following ways:

1. With the patient's written consent, contacting a pharmacist, informing the pharmacist of the Prescription; delivering the written prescription:
 - ii. personally;
 - iii. by mail;
 - iv. or electronically to the pharmacist;
 - v. It is not permissible to give the patient a written prescription to take to a pharmacy

C. The pharmacist may dispense the drug to the patient, the attending physician, or a person expressly designated by the patient. This designation may be delivered to the pharmacist in writing or verbally

D. Physicians should counsel the patient and any family involved that in the event the patient dies without ingesting the aid-in-dying medication, the leftover medications should be properly disposed of by returning it to a facility authorized to dispose of controlled substances. The patient should also be advised not to fill the prescription within 72 hours of planned ingestion. (2. Resources/References attached)

XIII. CDPH Reporting Requirements:

A. Within 30 calendar days of writing a prescription for an aid-in-dying drug, the attending physician must submit the following to CDPH:

1. A copy of the qualifying patient's written request: "Request for an Aid-in-Dying Drug to End My Life: ([D3912](#), End-of-Life Form Packet, Appendix A).
2. The "End of Life Option Act Attending Physician Checklist & Compliance Form" ([D3912](#), End-of-Life Form Packet, Appendix C).
3. The "End of Life Option Act Consulting Physician Compliance Form" ([D3912](#), End-of-Life Form Packet, Appendix D).

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4. Within 30 calendar days following the qualified patient’s death from ingesting the aid-in-dying drug, or any other cause, the attending physician must submit to CDPH the “End of Life Option Act Attending Physician Follow-up Form,” (D3912, End-of-Life Form Packet, Appendix E.) The Act does not specify the Attending Physician’s obligation in the event the physician does not receive ([D3912](#), End-of-Life Form Packet, Appendix E).

XIV. Support for staff who are negatively impacted by involvement in an aid in dying case:

UC San Diego Health recognizes that some individuals may experience moral distress in relation to the care of a patient who seeks aid in dying. Support will be made available to any staff who are adversely affected in any way.

DEFINITIONS:

- I. *Aid-in-dying drug:* A drug or combination of drugs, which the patient may choose to self-administer to bring about their death.
- II. *Aid-in-dying patient clinical consultant:* A qualified MSW/LCSW trained and designated to assist patients and providers through the aid-in-dying process.
- III. *Attending physician:* The physician who has accepted the primary responsibility for providing aid-in-dying assistance. This physician may or may not be the primary treating physician. It does not include a resident, fellow, physician assistant, or nurse practitioner.
- IV. *Consulting physician:* A physician independent of the attending physician and qualified by specialty or experience to confirm a patient’s diagnosis, prognosis, and decision-making capacity. It does not include a resident, fellow, physician assistant, or nurse practitioner.
- V. *Decision-making capacity:* The ability to make medical treatment choices with understanding and appreciation of the nature and consequences of the decisions in a specific set of clinical circumstances. It is important to note that a patient may be legally incompetent, e.g., have a guardian or conservator for financial affairs, yet still have decision-making capacity about a particular medical decision. Decision-making capacity is determined by the patient’s physician, which can be done with the assistance of consultants, family members, and/or close friends. The patient is considered to possess decision-making capacity if the patient:
 1. Understands the nature of the medical condition and its prognosis.
 2. Understands the available treatments (including no treatment) and the expected outcomes, including potential benefits and harms.

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3. Is able to use the information to arrive at a reasoned decision.
4. Is able to express that decision understandably.
5. Communicates consistent wishes over time.

- VI. *Euthanasia*: The active administration of a lethal dose of medication by a health care provider.
- VII. *Mental Health Specialist*: A licensed psychiatrist or licensed psychologist. It does not include a resident, fellow, physician assistant, or nurse practitioner. The mental health specialist may not be related to the patient by blood, marriage, registered domestic partnership, or adoption, or be entitled to a portion of the patient's estate upon death.
- VIII. *Self-Administer*: A qualified patient's affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug to bring about their death in the method prescribed by the physician.
- IX. *Terminal disease*: An incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.

FORMS:

[D3912](#), End-of-Life Form Packet (5 Forms):

Appendix A: Written Request for an aid-in-dying drug

Appendix B: Attending Physician Checklist & Compliance form

Appendix C: Consulting Physician Compliance form

Appendix D: Attending Physician follow-up form

REFERENCES/RESOURCES/RELATED DOCUMENTS:

1. California Health and Safety Code, section 443: SB No. 380 [The California End of Life Option Act](#)
2. [Locations for controlled substance medication disposal in SD County](#)

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ATTACHMENTS:

Attachment A: UC San Diego Health Physician Guide to A-I-D process

RELATED POLICIES:

UCSDHP [301.8](#), "Patients' Rights and Responsibilities"

UCSDHP [305.1](#), "Advance Directives"

UCSDHP [381.1](#), "Limitation of Life-Sustaining Treatment"

UCSDHP [381.2](#), "POLST (Physician Orders for Life-Sustaining Treatment)"

UCSDHP [611.6](#), "Refusal of Patient Care Responsibilities for Employees"

CONTACTS:

Director of Clinical Ethics Program

APPROVALS:

Ethics Committee (EC)

Nursing Policy & Procedure Committee (NPP)

Nurse Executive Committee (NEC)

Medical Staff Executive Committee (MSEC)

UC San Diego Health Executive Governing Body (EGB)

REVISION HISTORY:

ORIGINAL: 6/7/2016

Aid in Dying

As of June 2016, California residents with terminal illnesses that are not expected to live longer than 6 months may choose to ask their primary care physicians for Aid in Dying. Physicians may decide to opt-out of helping the patient die, if they decide to, then the patient will be referred to an aid in dying clinical consultant who will assist the patient to find a participating attending physician.

Ambulatory Physicians will use the Advance Care Planning activity within Epic when documenting the Aid in Dying request. There is three aid in dying note types, the first is the Initial Visit with the attending physician, the second is with a mental health specialist, and the final is with a consulting physician. Once the patient has met with the three physicians, they can receive the drug that may be used to end their life. However, the drug is not to be ingested at any hospital or clinic.

The Aid in Dying Notes can be found in Release of Information under the notes section:

The screenshot shows the Epic EMR interface for patient TEST, MARLA (MRN: 30053167). The main window is titled "Release Information" and shows an "Authorization" error: "This release is not authorized". A pop-up window titled "Encounters Report" is open, displaying a note titled "Aid in Dying Initial Attending Note by Owens, Erik Lee, MD on 05/16/17 1325". The note text is as follows:

Notes
Aid in Dying Initial Attending Note - All Notes
Aid in Dying Initial Attending Note by Owens, Erik Lee, MD on 05/16/17 1325
 Author: Owens, Erik Lee, MD Service: (none) Author Type: Attending Physician
 Filed: 05/16/17 13:52 Encounter Date: 5/16/2017 Status: Signed
 Editor: Owens, Erik Lee, MD (Attending Physician)
 Marla Test
 Erik Lee Owens, MD
 Primary MD: Clotfelter, Christine Elizabeth

Marla Test has made the first verbal request today for aid-in-dying. She has indicated the reasons for making this request including: loss of control or dignity.

I have counseled Marla Test regarding other options to address suffering, including a hospice referral.

Diagnosis:

	ICD-10- CM	ICD-9-CM
1.	DCIS (ductal carcinoma in situ), right	D05.11 233.0

Marla Test's prognosis is less than 6 months.
She does have decision making capacity.

I have confirmed that Marla is a resident of California by driver's license.
She has the ability to self administer the medication.

I have referred Marla to a second consulting attending to confirm her diagnosis, prognosis, and decision making capacity.
I have contacted the aid in dying patient care coordinator to assist in this process, and secure compliance.

The background window shows a list of encounters for the patient, with the following data:

When	Type	Department	Physician	Location	Encounter Date	Encounter ID	CSN
05/16/2017	Document/Orders	SCVSRGVASC	SRGVAS	Owens, Erik Lee, MD			66016309172
05/10/2017	Admission (Discharged)	S-Burn ICU	SRGBRN	Clay, Brian Jens, MD	5/16/2017	55000039638	66016309169
05/08/2017	BPA	MUC Onc	ONC	Caifano, Joseph A, MD			66016195121
05/08/2017	Telephone	MUC Onc	ONC	Caifano, Joseph A, MD			66016194203
04/19/2017	Document/Orders	MUC Onc	ONC	Caifano, Joseph A, MD			66015902844
04/17/2017	Document/Orders	MUC Onc	ONC	Caifano, Joseph A, MD			66015862728
04/17/2017	BPA	MUC Onc	ONC	Caifano, Joseph A, MD			66015861703
04/05/2017	Document/Orders	MUC Onc	ONC	Caifano, Joseph A, MD			66015712823

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Attachment A

Release Information

Release type: PATIENT
Assigned to: ROGERS, SHANNA M

Requester
Patient: TEST, MARLA
Release address: 123 Main st, SAN DIEGO CA 92123, 619-555-1212

Authorization
No authorization for this release

Encounters Report

Aid In Dying Second Note - All Notes
Author: Owens, Erik Lee, MD
Filed: 05/16/17 1532
Editor: Owens, Erik Lee, MD (Attending Physician)
Author Type: Attending Physician
Status: Signed
Date: 05/16/2017
Date needed: 05/19/2017

Marla Test
Erik Lee Owens, MD
Primary MD: Clotfelter, Christine Elizabeth

Marla Test presents today to make her second verbal request for aid in dying. Initial verbal request was made 05/01/2017. Marla has provided me with the written request for aid-in-dying, which is also signed by 2 qualified witnesses.

My patient has been seen by a second consulting physician to confirm the her diagnosis, prognosis, and decision making capacity. The Consulting Physician Compliance form has been completed.

If Marla had uncertain decision making capacity, a formal assessment was completed by a mental health professional (psychologist or psychiatrist).

I have once again offered Marla Test other options rather than aid-in-dying, including palliative care, hospice referral, pain management, or a mental health care provider.

I have confirmed that Marla is making an informed decision, with no evidence of coercion. I have had at least one conversation confirming this with nobody else in the room (except when needed a medical interpreter).

I have offered Marla the second opportunity to rescind the request for aid-in-dying.

I have counseled Marla about:

- The importance of having another person present when she ingests the medication (strongly encouraged, but not mandated).
- Not to ingest the medication in a public place, such as a beach or park.

Release Information

Release type: PATIENT
Assigned to: ROGERS, SHANNA M

Requester
Patient: TEST, MARLA
Release address: 123 Main st, SAN DIEGO CA 92123, 619-555-1212

Authorization
No authorization for this release

Encounters Report

Aid In Dying Consult Note - All Notes
Author: Owens, Erik Lee, MD
Filed: 05/16/17 1532
Editor: Owens, Erik Lee, MD (Attending Physician)
Author Type: Attending Physician
Status: Signed
Date: 05/16/2017
Date needed: 05/19/2017

Marla Test
Erik Lee Owens, MD
Primary MD: Clotfelter, Christine Elizabeth
Consult Requested By: No ref. provider found

Marla Test was referred to me by No ref. provider found to perform the duties of the consulting attending for Marla's request for aid-in-dying.

I have confirmed that Marla Test has made a request for an aid-in-dying drug. I have also confirmed Marla's reasons for making this request, including AID Reasons: loss of control or dignity I have offered this Marla other means of addressing suffering, including a hospice referral.

I have reviewed Marla's medical records.

I confirm that Marla's diagnosis is

ICD-10-	ICD-9-CM
CM	

1. DCIS (ductal carcinoma in situ), right D05.11 233.0

I confirm that Marla has a prognosis of less than six months.

I have determined that this she does have decision making capacity.

I believe Marla is making this request in a voluntary fashion, with no concern about possible coercion.

I have completed the mandatory "End of Life Option Act Consulting Physician Compliance" form, to be submitted to CDPH.

1. [Aid in Dying Policy Link](#)

2. [Aid in Dying E-Learning Video for Physicians](#)