

End of Life Option Act

On October 5, 2015, Governor Brown signed the End of Life Options Act (EOLOA), and the law goes into effect on June 9, 2016. EOLOA allows certain terminally ill adults to voluntarily request and receive a prescription medication to hasten their death. This end of life option is voluntary for both patients and their physicians. People who choose to follow the steps in the law and end their lives this way will not be considered to have committed suicide.

Who may request an aid-in-dying drug? To qualify you must be:

1. An adult, 18 years of age or older
2. A resident of California (verified through a driver's license or other state identification, voter registration, lease or tax return).
3. Diagnosed with a terminal disease, which cannot be cured or reversed and is reasonably expected to result in death within 6 months.
4. Mentally competent, or capable of making and communicating your health care decisions.

Two Physicians must determine whether all these criteria have been met.

You must also have the physical ability to self-administer the aid-in-dying drug.

Most importantly, only the person who has the terminal disease may request an aid-in-dying drug for himself or herself. Family members, friends, healthcare professionals, surrogates, and conservators cannot request aid-in-dying drug for a person, even if they know that is what they would have wanted. They cannot request to be given or to take an aid-in-dying drug in an advance directives or other documents.

What steps must the patient complete to request an aid-in-dying drug? Below is a summary of key steps but not a comprehensive list:

1. The individual must make two oral requests, at least 15 days apart, directly to his or her attending physician. The “attending physician” is defined as the physician who has primary responsibility for the patient’s healthcare, including treatment of the patient's terminal disease.
2. In addition, the individual must make one request in writing and it must be on a special form. The form must be witnessed and signed by the person. There are several witness requirements. The written request must also be directed to the patient’s attending physician.
3. The patient must discuss this decision with his or her physician without anyone else present (except an interpreter, if needed), to make sure the decision is really “theirs” and is voluntary.
4. 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 or mental condition affecting their ability to make a decision, the patient must also see a mental health specialist.

Do patients have to take the drug they requested?

No. If the patient has received the drug, they can take it whenever they want, or not take it at all. Taking the drug is only the patient's choice. The patient must take the drug by himself or herself. Others can help prepare the drug and sit with the patient, but the patient must be the one to physically take it.

Do physicians have to give the patients aid-in-dying if they ask for it?

No. A physician's participation is voluntary. However, physicians who do not participate in aid-in-dying can't prevent someone from referring patients to a physician who does participate.

Can a patient take the aid-in-dying drug as an inpatient at MemorialCare?

No, this law was intended to allow patients to take an aid-in-dying drug in the privacy of their own home, and due to the many logistics needed to make sure patients have met all the requirements, MemorialCare Policy does not allow patients to take an aid-in-dying drug on MemorialCare Hospital property or while on any of the MemorialCare outpatient locations.

Are aid-in-dying drugs covered by insurance?

Possibly. Individual insurers determine whether the prescribed drug is covered. Currently, Federal funding, Medicare and Medicaid does not cover.