

End of Life Option Act

Frequently Asked Questions

Sharp HealthCare respects the rights of patients to participate in the End of Life Option Act (EOLOA) and the rights of physicians and clinicians who choose to participate or not. Participating in this end-of-life option is voluntary to patients, physicians and clinicians.

What is the End of Life Option Act?

EOLOA became law effective June 9, 2016 and was amended in October 2021. It allows California adult residents who have a terminal illness with a life expectancy of 6 months or less to request aid-in-dying medications from their physician.

Patients interested in EOLOA should talk to their physician who is best able to address their questions about eligibility and the steps required.

Who can use this option?

To receive aid-in-dying medications, a person must:

- Be 18 years or older
- Be a resident of California
- Have a terminal disease where:
 - Two physicians have determined that the disease cannot be cured or reversed and the patient's life expectancy is within six months;
- Have the capacity to make sound medical decisions;
- Not have impaired judgment due to a mental disorder;
 - Note: Not all people with mental disorders have impaired judgment.
- Be able to self-administer the medications by mouth, rectum, or through an existing feeding tube.

Patients cannot request EOLOA in Advance Health Care Directives or other documents. Health care agents, surrogates and conservators cannot request aid-in-dying medications for a patient, even if they know it is what the patient would want.

The law does not allow someone to end a patient's life by lethal injection, mercy killing or active euthanasia. Those actions are illegal in California.

What is the process of obtaining EOLOA medications?

Completing the EOLOA process may take time, so it is important to allow enough time for each step. Patients who are interested in EOLOA or would like more information should talk to their attending physician* as soon as possible.

**Attending physician means the physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease.*

- The patient's attending physician must make a determination that the patient's illness is terminal. This means that the illness cannot be cured or reversed and the patient will likely die in six months or less. The attending physician must also determine that the patient has the capacity to make medical decisions. The attending physician providing aid-in-dying medications cannot be related to, or eligible to inherit from, the patient.
- The patient must make three requests for the aid-in-dying medication directly to his or her attending physician. The two requests must be made orally at least 48 hours apart. A separate request must be in writing on a special form declaring that the patient is intentionally requesting aid-in-dying medications. The form must be signed by the patient and two witnesses.
- When deciding who will be a witness, please keep in mind:
 - The witnesses will be signing the request form if they agree that the patient is: voluntarily signing the request in their presence; known to them or has provided proof of identity; and of sound mind and not under duress, fraud or undue influence.
 - At least one of the witnesses must be unrelated to the patient or not entitled to inherit part of the patient's estate. At least one of the witnesses must be someone who does not work for the facility where the patient is receiving care. A physician treating or diagnosing the patient cannot be a witness.
- The attending physician must be willing to prescribe an aid-in-dying medication and ensure the patient qualifies for EOLOA.
- The patient must discuss his or her decision with their attending physician

without anyone else present (except an interpreter, if needed) to ensure the decision is voluntary. An interpreter cannot be related or be eligible to inherit from the patient.

- The patient must then see a second physician (a consulting physician) who confirms the terminal diagnosis and that the patient is qualified to receive an aid-in-dying medication according to EOLOA.
- If either physician thinks the patient might have a mental disorder, the patient may also be required to see a mental health specialist to ensure their judgment is not impaired.

The patient and attending physician must discuss the following:

- The patient's medical diagnosis and prognosis.
- How the aid-in-dying medications will affect the patient, and that death might not come immediately.
- Realistic alternatives to taking the medication, including comfort care, hospice, palliative care, and pain control.
- Whether the patient wants to withdraw their request.
- Whether the patient will notify next of kin of his or her request for an aid-in-dying medication; have someone else present when taking the medication; or participate in a hospice program. The patient is not required to do any of these things.
- Ensure the patient knows they do not have to take the medication even once the prescription has been filled. A patient can change his or her mind at any time and decide not to take the medications, regardless of their mental state.
- If the patient still wishes, the attending physician will write a prescription for the medications.
- How to safely store and administer the medication.

Do patients have to take the medications they requested?

No. If the patient has received the medications, they can take them whenever they want, or not take them at all. Taking the medications is the patient's choice alone.

The patient must self-administer the medications. Others can help prepare the medications and be present with the patient, but the patient must be the one to

physically self-administer the medications.

Do physicians have to give patients aid-in-dying care if they request it?

No. A physician's participation is always voluntary. In addition, entire facilities (such as hospitals or nursing homes) can decide not to participate in EOLOA and can prohibit employees and contractors from doing so, as well.

However, physicians or facilities that do not participate in EOLOA cannot prevent someone from referring patients to physicians who do participate. Since the law requires the patient's attending physician be the person that helps the patient with aid-in-dying care, the patient should learn about their physician or facility policies when choosing who provides their care.

How does the law protect patients from being pressured to end their lives?

EOLOA contains a number of safeguards described above. Patients must meet qualifications and complete the required steps to obtain the aid-in-dying medications.

How does EOLOA protect a patient's insurance, wills and other contracts?

EOLOA protects patients from feeling financial or other pressure to end their lives by placing restrictions on what insurance companies and others can do. Patients cannot be denied life, health insurance or annuities because they are requesting or participating in EOLOA.

A health insurer cannot tell a patient that aid-in-dying support is covered unless the patient asks and cannot refuse treatment for the patient's illness at the same time they offer coverage for aid-in-dying care.

Finally, a will, contract or other agreement cannot require a patient to receive aid-in-dying care or prevent the patient from doing so.

Does Sharp HospiceCare provide physicians for patient's interested in EOLOA?

Patients considering EOLOA should talk with their attending physician or consult with a specialty physician. Sharp HospiceCare does not provide or refer patients to physicians who serve as attending physicians for EOLOA. Affiliated physicians at Sharp may voluntarily participate upon patient request.

Self-administration of aid-in-dying medications is recommended to occur in a home setting. Self-administration of aid-in-dying medications is not allowed in Sharp HospiceCare hospice homes (LakeView Home, ParkView Home, and BonitaView Home).

This document provides information only about the law and does not constitute legal advice. It is recommended to seek the advice of a lawyer for specific questions about your situation. Last updated April 2023.