



## END OF LIFE OPTION

**Effective:** July 18, 2016  
**Replaces:** New  
**Review:** November 1, 2019

### I. Purpose

The purpose of this policy is to assist providers in honoring valid end of life directives in the prehospital field setting and act in accordance with the patient's wishes when death appears imminent.

### II. Definitions

- A. **Aid-in-Dying Drug:** A drug determined and prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to terminal disease. The prescribed medicine may take effect within minutes to several days after self-administration.
- B. **End Of Life Option Act:** This California state law (Health & Safety Code section 443 et seq.) authorizes an adult, eighteen (18) years or older, who meets certain qualifications, and who has been determined by their attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending their life in a humane and dignified manner.
- C. **Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner ("Final Attestation"):** This is a patient's attestation of his or her desire to end his or her life. This form should be completed within forty-eight (48) hours prior to self-administering the Aid-in-Dying Drug. (See example of a Final Attestation in Section VI.)
- D. **Resuscitative measures:** medical interventions intended to restore cardiac activity and respirations; including, but not limited to: CPR, defibrillation, drug therapy, other life saving measures.
- E. **Supportive or comfort measures:** medical interventions used to provide and promote patient comfort, safety, and dignity, including

but not limited to airway maneuvers and removal of a foreign body obstruction.

### III. Key Principles

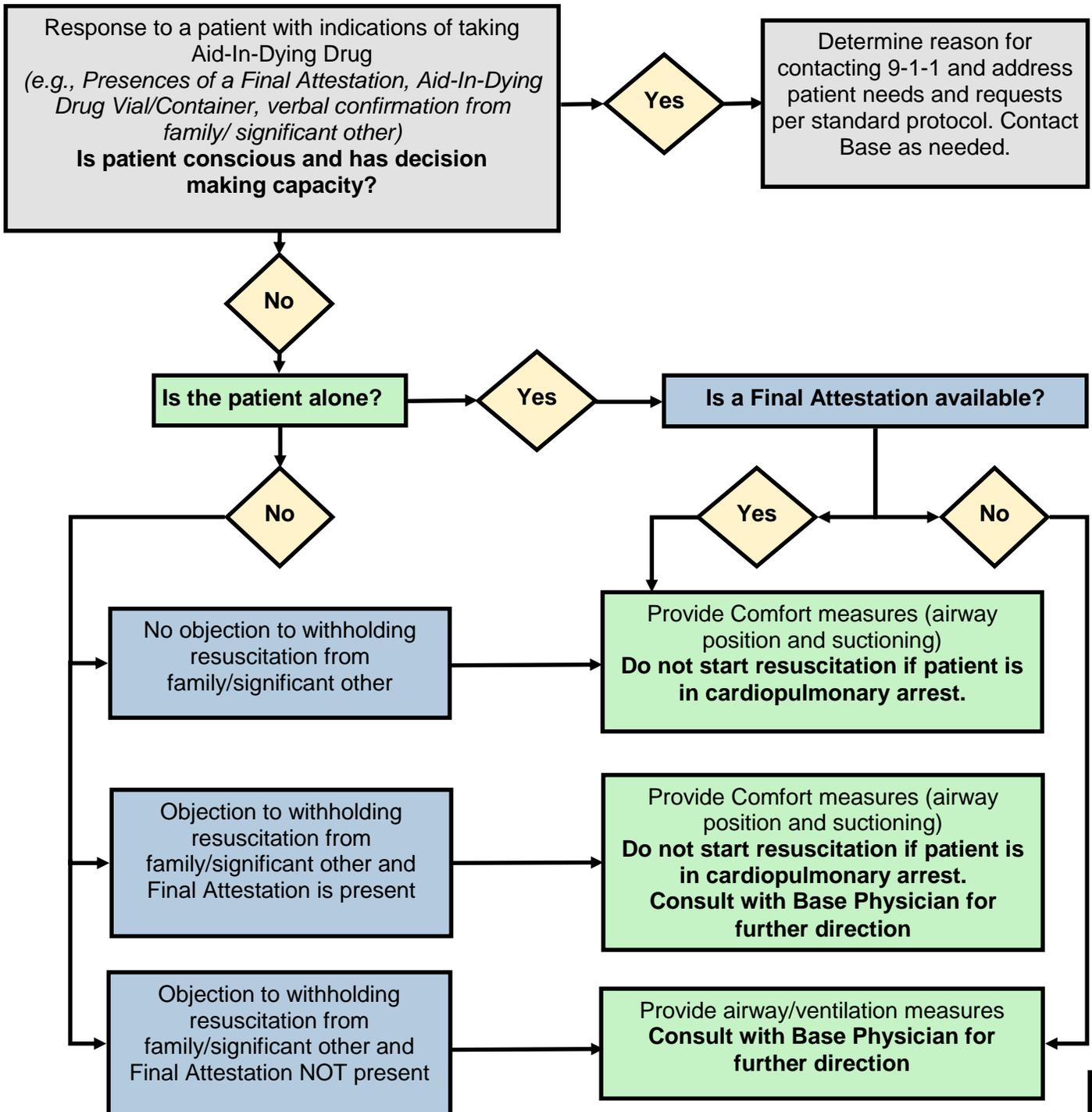
- A. The following guidelines are provided for prehospital personnel responding to a patient who may have self-administered an Aid-in-Dying Drug.
- B. Within forty-eight (48) hours prior to self-administering the prescribed Aid-in-Dying Drug, the patient is required to complete a Final Attestation.
- C. There is no standardized format for the Final Attestation, but the Final Attestation should contain the language in the example provided in Section VI of this policy.
- D. There is no mandate for a patient to maintain the Final Attestation in close proximity when he or she self-administers the Aid-in-Dying Drug.
- E. The provider should make a good faith effort to review and verify that the final attestation contains language in the example provided in Section VI of this policy.
- F. Every attempt should be made to verify the patient is the one denoted on the Final Attestation, including valid photo identification or family/witness identification. When possible a copy should be retained with the PCR.
- G. It is important to establish the reason for contacting 9-1-1 and address any patient needs that present. The Base Physician may assist in determining the proper actions that may need to be taken by providers.
- H. Provide supportive or comfort measures appropriately, and/or airway ventilation measures when applicable.
- I. If a valid DNR or POLST is present, follow the directive as appropriate. Refer to *Santa Clara County Prehospital Care Policy #604: Do Not Resuscitate/Advanced Directives*.
- J. If a Final Attestation is present, withhold resuscitative measures if patient is in cardiac arrest.

- K. The patient may at any time withdraw or rescind their request for an Aid-in-Dying Drug regardless of the patient's mental state. Prehospital providers shall intervene per standard protocols and consult with Base Physician in these situations.
- L. Family members may be present on the scene of a patient who has self-administered an Aid-in-Dying Drug. If a family member objects to the patient's decision to exercise his or her rights under the End of Life Option Act, inform the family that comfort measures will be provided and contact Base Physician for further direction.
- M. Complete the prehospital care report (PCR) documenting care/actions taken, including all communications made with patient and/or family, with necessary times provided.

#### **IV. Notification**

- A. Notify the appropriate authorities regarding the death and remain on scene until released by local law enforcement or Coroner's Office personnel.
- B. If the decedent is at an acute or residential care facility (skilled nursing facility, etc.), the staff of the facility will make the appropriate arrangements.

## V. Quick Reference Guide



## VI. Example of Final Attestation

### FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, \_\_\_\_\_,  
am an adult of sound mind and a resident of the State of California.

I am suffering from \_\_\_\_\_,  
which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.

I have received the aid-in-dying drug and am fully aware that this aid-in-dying drug will end my life in a humane and dignified manner.

#### INITIAL ONE:

\_\_\_\_\_ I have informed one or more members of my family of my decision and taken their opinions into consideration.

\_\_\_\_\_ I have decided not to inform my family of my decision.

\_\_\_\_\_ I have no family to inform of my decision.

My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.

I make this decision to ingest the aid-in-dying drug to end my life in a humane and dignified manner. I understand I still may choose not to ingest the drug and by signing this form I am under no obligation to ingest the drug. I understand I may rescind this request at any time.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Time:** \_\_\_\_\_