

MEDICAL AID IN DYING: CALIFORNIA 2022

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DISCLOSURES

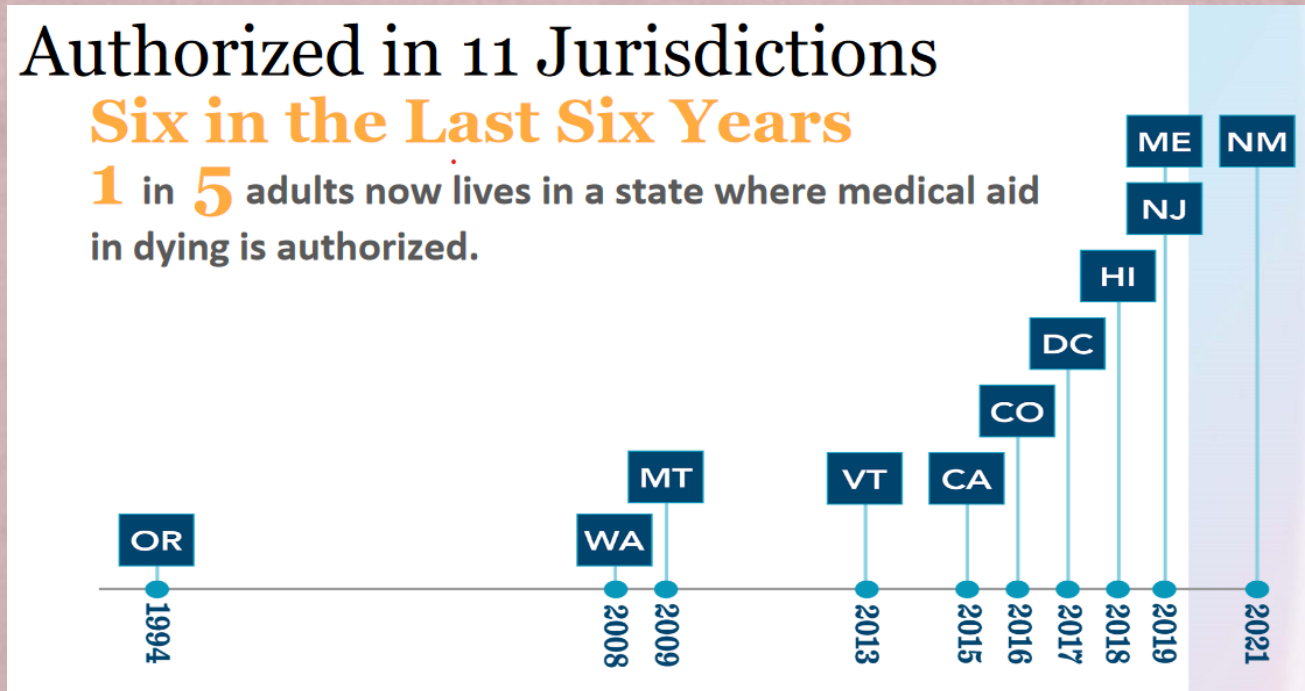
- + I have no financial disclosures or conflicts of interests to report

OVERVIEW

- + Overview of the law
 - Eligibility criteria
 - 2022 revisions
 - Public support for MAiD
- + Process to access MAiD
 - Required steps
 - Opportunities and barriers
 - Case study

END OF LIFE OPTIONS ACT

California law passed in 2016, revised in 2022 that permits terminally ill adults with less than 6 month prognosis to be prescribed medication to end their life



ELIGIBILITY CRITERIA

- + To qualify, a patient must:
 - Be an adult (18 years old or older).
 - Be a California resident.
 - Have a diagnosis from their physician of an incurable and irreversible disease which will, within reasonable medical judgement, result in death within six months.
 - Be able to make medical decisions for themselves as determined by health professionals.
 - Voluntarily request a prescription for an aid-in-dying drug without influence from others.
 - Be able to self-administer the aid-in-dying drug.

OTHER END OF LIFE OPTIONS

- + Palliative care
- + Hospice
- + Voluntarily stopping eating and drinking (VSED)
- + Declining or stopping life-sustaining treatment
- + Continuous deep sedation/palliative sedation

BARRIERS TO ACCESS

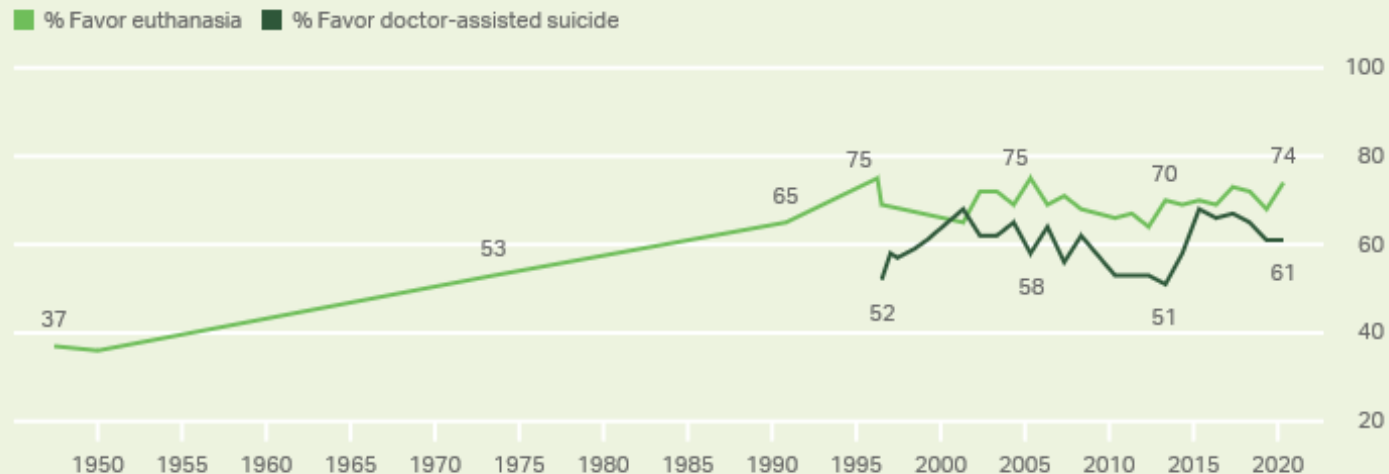
- + Complexity of MAiD process (variable by jurisdiction)
- + Currently MAiD prescriptions must be obtained at a compounding pharmacy
- + Cost (lack of Federal/Medicare Insurance)
- + Some pharmacists will not dispense
- + Some faith based organizations will not discuss options

MAIN 2022 UPDATES TO LAW

- + **TIME:** Reduced wait time from 15 days to 48 hours between requests for medications
- + **TRANSPARENCY:** Requirement for hospitals and hospice agencies to disclose policies surrounding medical aid in dying on their websites
- + **DOCUMENTATION:** First oral request must be documented in a patient's medical record

SUPPORT FOR MAID IN US

Americans Have Consistently Favored Euthanasia, Doctor-Assisted Suicide in Past 25 Years



Euthanasia wording: When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?

Doctor-assisted suicide wording: When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

Questions are typically asked of separate, randomly selected half-samples when measured in same survey

GALLUP

REQUIRED FORMS

- + The law requires specified forms to be completed before the aid-in-dying drugs can be prescribed and additional forms after the drugs have been prescribed.
- + These forms must be submitted to the California Department of Public Health (CDPH) and also included in the individual's medical record.
- + *Attending Physician Checklist and Compliance Form*
- + *Consulting Physician Compliance Form*
- + *Patient's Request for Aid-in-Dying Drug*
- + *Interpreter Form (if one is used)*

ATTENDING PHYSICIAN CHECKLIST AND COMPLIANCE FORM

- + Attending physician information
- + Patient information
- + Consulting physician information
- + Eligibility determination
 - Terminal disease
 - Compliance requirements
 - Mental status
- + Medication prescribed

ATTENDING PHYSICIAN CHECKLIST AND COMPLIANCE FORM CONT.

+ Compliance checklist:

- Determination that the patient has a terminal disease.
- Determination that patient has the mental capacity to make medical decisions.
- Determination that patient is acting voluntarily.
- Determination that patient has made his/her decision after being fully informed of:
 - × Medical diagnosis
 - × Prognosis
 - × Risks associated with ingesting the aid-in-dying drug
 - × Probable result of ingesting the aid-in-dying drug
 - × Possibility that he or she may choose to obtain the aid-in-dying drug but not take it

ATTENDING PHYSICIAN CHECKLIST AND COMPLIANCE FORM CONT.

- + Additional compliance requirements
 - Counseled patient about the importance of the following:
 - × Maintaining the drug in a safe and secure location until self administration;
 - × Presence of another person during ingestion
 - × Not ingesting the aid-in-dying drug in a public place
 - × Notifying the next of kin of request for aid-in-dying drug. (Not a basis for exclusion)
 - × Participating in a hospice program or palliative care program.
 - Informed patient of right to rescind request (1st time)
 - Discussed the feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control.
 - Met with patient one-on-one, except in the presence of an interpreter, to confirm the request is not coming from coercion
 - Record the following dates
 - × First oral request for aid-in-dying, second oral request for aid-in-dying, written request submitted, and offered patient right to rescind (2nd time)

CONSULTING PHYSICIAN VISIT

- + Second physician completes *Consulting Physician Compliance Form*
 - Patient information
 - Attending physician information
 - Consulting physician report
 - × Terminal diagnosis, mental capacity, voluntary action
 - Mental status
 - Consulting physician information

FINAL ATTESTATION FORM

REQUEST 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 request that my attending physician prescribe an aid-in-dying drug that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

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.

I understand that I have the right to withdraw or rescind this request at any time.

I understand the full import of this request and I expect to die if I take the aid-in-dying drug to be prescribed. 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 request voluntarily, without reservation, and without being coerced.

Signed: _____

Dated: _____

PRESCRIPTION MEDICATIONS

- + Patient does not need to fill prescription until ready to utilize MAiD
- + Premedication (30 min prior to MAiD regimen):
metoclopramide 10 mg, ondansetron 8 mg
- + MAiD regimen—powder mixed in 2-4 oz juice/water, ingested within two minutes
 - Digoxin 100 mg
 - Diazepam 1 g
 - Morphine 15 g
 - Amitriptyline 8 g
 - Phenobarbital 5 g

ADMINISTRATION OF MEDICATION

- + Self-administration requirement
- + Attending physician or other provider may be present but not required
- + Routes of administration
 - Oral
 - Rectal
- + Optimizing measures for palatability

AFTER DEATH

- + Death certificate
 - Cause of death is terminal diagnosis
- + Autopsy not required in most counties
- + Attending Physician Follow-up Form must be completed and submitted

PATIENT RECOMMENDATIONS

Please consider whether any of the following are appropriate for your situation:

- Advance directive or living will
- Identifying and assigning a healthcare proxy (also called agent, durable power of attorney, healthcare representative)
- Last will and testament or living trust
- Life insurance policies
- POLST (Physician Orders for Life-Sustaining Treatment) and/or DNR (Do Not Resuscitate order)
- Memorial service and/or funeral arrangements
- Detailed instructions regarding finances (bank accounts, pensions, investments, property, etc.)

PATIENT RECOMMENDATIONS

One week before taking aid in dying medications:

Notify your care providers – Let hospice and your attending/prescribing doctor know that you are planning to take aid-in-dying medications, and when you plan to do this.

***It is especially important to notify your attending doctor promptly if you are having any difficulty with swallowing, any nausea or vomiting or significant constipation. These issues may need to be managed before you take aid-in-dying medications.**

Practice swallowing – Daily, practice swallowing 4 ounces (1/2 cup) of slightly thickened liquids, in two minutes (so that you don't fall asleep before you complete the dose), from a short glass cup; tall glasses may be difficult to tip and empty, and plastic can bind the medications. You may need to use a straw. The medications have the consistency of *Ensure* and taste bitter. Practice can help you feel confident that you will be able to easily swallow all the aid-in-dying medications within the required two minutes. You will be able to have a popsicle or some sorbet after you finish swallowing all the medications, to help clear the bitter taste and any burning from the medications.

Bowel care – make sure your bowels are moving easily and regularly, at least every other day, even if you are eating very little. If needed, gently increase your laxatives. It is also recommended that you try to continue to eat at least small amounts of food 2-3 times a day or take small amounts of *Ensure* or another dietary supplement. This helps your digestive tract continue to move and be able to absorb the aid-in-dying medications.

Medications – Continue all of your usual medications unless you receive specific instructions from hospice or your attending/prescribing doctor.

Finalize plans for your remains – let your loved ones and providers know what you want done with your remains. You should contact a local mortuary and make arrangements. Your death certificate will cite your underlying disease as the cause of your death and will make no mention of medical aid in dying. The death certificate will be available from the mortuary or institution after being signed by your doctor.

24-hours before taking aid-in-dying medications:

- Continue all of your usual medications unless you've received specific other instructions.
- Starting after dinner, the night before you take aid-in-dying medications: Do not eat any solid foods. Water and other clear, non-fatty fluids are fine, but don't take in large volumes of liquid.
- Continue to not eat any solid foods on the aid-in-dying day. No breakfast or lunch on that day, only clear liquids.
- NOTE: The best time to begin taking the medications is about 11 AM. That provides the patient with some time with their family and assures that death will be achieved during the daytime while family

CASE REPORT

- + 100 y/o female
- + PMH: CHF 2/2 Severe TR, CAD, PVD
- + HPI:
 - Recent hospitalization. Went in for outpatient TEE and valve replacement evaluation
 - Volume overloaded with LE edema and severe venous stasis dermatitis
- + Expressed unwillingness to undergo further procedures or invasive measures
- + Recommended discharge with hospice

CONT.

- + Discharged on hospice Day 0
 - Experienced intractable nausea, vomiting, and severe leg pain preventing ambulation
- + Submitted initial request and had initial visit for MAiD on morning of Day 5
- + Met with consulting physician on Day 6
- + Had 2nd visit with attending physician on Day 7
- + Ingested medication on morning of Day 10
 - Unconscious after 3 minutes
 - Time of death occurred one hour later

OVERVIEW OF PROCESS

1. Initial appointment with an "attending physician" for aid in dying, at which you make your first formal verbal request for the life-ending drug
2. Consulting physician visit to verify that you qualify
3. Second visit with the attending physician (at least 48 hours after your first appointment)
4. Submittal of your signed witnessed written request for aid in dying on form provided to you
5. Appointment with a mental health specialist if requested by either the attending physician or consulting physician to determine if you have the ability to make this decision for yourself
6. Attending physician sends the prescription to a pharmacy. You can leave the prescription at the pharmacy if you are not ready to fill it yet, but want the option of filling it at a later date.
7. Enrollment in hospice care prior to ingesting the medication is strongly recommended
8. Before ingesting the medication, think about personal considerations and your desires of how you want the day to go and communicate with your caregivers/loved ones
9. Having someone in attendance with experience to help you on the day of ingesting the medication is strongly recommended

REFERENCES

- + https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15
- + <https://www.uclahealth.org/patients-families/support-information/advance-directive/introduction-california-end-life-option-act>
- + <https://www.compassionandchoices.org/resource/polling-medical-aid-dying/>
- + <https://www.cmadocs.org/store?item=the-california-end-of-life-option-act>
- + <https://coalitionccc.org/CCCC/CCCC/Resources/End-of-Life-Option-Act.aspx>
- + <https://compassionandchoices.org/in-your-state/california>