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Page: 1 of 10 (Attachments)

**End of Life Option Act –
Qualifications,
Requirements and
Processes**

APPROVALS:

MEC: 02/07/22; BOD: 02/22

Scope: X Medical Center X Foundation

I. PURPOSE / BACKGROUND

This policy describes the position of City of Hope National Medical Center and City of Hope Medical Foundation (collectively “City of Hope”) regarding physician aid-in-dying activities under California Senate Bill No. 380, known as the End of Life Option Act (the “Act”) in City of Hope facilities, programs and services, and provides guidance in response to a request from a City of Hope patient for a drug prescription to end their own life (“Aid-in-Dying Drug”).

The Act permits an adult (18 years or older) terminally ill patient, with capacity to make health care decisions, seeking to end their life, to request an Aid-in-Dying Drug from their Attending Physician. The terminally ill patient must be a California resident who will, within reasonable medical judgment, die within six (6) months. A patient who requests an Aid-in-Dying Drug must satisfy all requirements of the Act to obtain the Drug. Such a request must be initiated by the patient and cannot be made through utilization of an Advance Health Care Directive, POLST or other document; it cannot be requested by the patient’s Surrogate Decision-maker.

City of Hope respects the right of an adult patient with Terminal Disease and their family, physicians, nurses, and other members of the health care team to discuss and explore fully all care and treatment options. The scope of this policy is limited to City of Hope’s response to a patient’s request for an Aid-in-Dying Drug and does not cover the many end-of-life care services which City of Hope routinely offers to patients.

II. POLICY

- A. It is City of Hope’s mission to care for and treat the physical, emotional, social, and spiritual needs of patients with a diagnosis of cancer and other life-threatening diseases.
- B. City of Hope recognizes a patient’s right of self-determination through use of advance care planning (e.g., advance directives); offering hospice, palliative, and other supportive care; providing effective pain and symptom management; and other social, spiritual, and pastoral care support and services.
- C. Participation in aid-in-dying activities sanctioned by the Act is completely voluntary. City of Hope permits physicians on its Medical Staff to participate in these activities, in accordance with the requirements of the Act and in compliance with this Policy, if they so choose, at City of Hope owned-and-operated facilities. City of Hope Medical Staff members practicing medicine at a location where the terms of the applicable lease prohibit aid-in-dying activities must respect and comply with the operative policy, rule and regulation governing that site; a list of these locations is attached as *Appendix Two* to this policy.

- D. In order to respect a patient's right to end-of-life care of their choice, if a patient requests an Aid-in-Dying Drug at a location in Appendix Two, the patient can be referred to another physician (internal or external to City of Hope).
- E. A physician on the City of Hope Medical Staff has no obligation to initiate a discussion of the Act as an end-of-life care option.
- F. City of Hope's overall goal is to support the patient's end-of-life wishes. This policy does not preclude the application of, or replace, other existing City of Hope policies, including but not limited to: Pain Management, Advance Directive, Care of the Dying Patient, and Do Not Resuscitate/Withholding/Withdrawal of Life Support.
- G. City of Hope does not accept new patients solely for the purposes of accessing the Act. Eligible individuals must be current City of Hope patients receiving active treatment and care for a Terminal Disease.
- H. A request for an Aid-in-Dying Drug must originate with the patient only (not a Surrogate Decision-maker), and this request must be immediately referred to the patient's Attending Physician.
 - 1. Trainees and allied health professional staff must notify their supervising physician(s) about any Aid-in-Dying Drug requests made to them by a patient. Physician Trainees with an active California State Medical License can participate as providers under the Act with supervision from a participating physician from the EOLOA Subcommittee. Allied Health Professionals cannot participate as attending or consulting physicians under this Policy; however, any request from a patient to them about an Aid-in-Dying Drug must be documented in the patient's medical record. The Allied Health Professional shall also notify the patient that any request for Aid-in-Dying Drug must be made to a physician.
- I. When a patient makes an inquiry about or requests an Aid-in-Dying Drug, the patient will be referred to the designated End of Life Option Act Social Worker in the Department of Supportive Care Medicine. Clinical Social Workers who are well-versed in the requirements of the Act will assist patient understanding of the Act, inform patients about the process and provide educational material related to the patient's end-of-life options. This activity will augment, but not substitute for, the obligations of the Attending Physician and Consulting Physician roles as described in this policy.
- J. City of Hope supports an Attending Physician's personal decision whether or not to participate in the activities sanctioned by the Act. City of Hope neither encourages nor discourages participation in the Act. Only those physicians who are willing and desire to participate should do so.
 - 1. If the Attending Physician decides that they will participate, there must be full compliance with the requirements of the Act within the parameters and processes established by this policy. Participation may not necessarily result in an Aid-in-Dying Drug being prescribed if the patient decides that their needs can be met in other ways (e.g., pain management, hospice, or palliative care).
 - 2. If the Attending Physician decides that they will not participate, which is their right under the Act, the Attending Physician will inform the patient that they do not participate, document the date of the individual's request and the provider's notice of their objection in their relevant medical record, transfer their relevant medical record upon request, and notify Clinical Social Work of the patient's request. The designated Clinical Social Worker will then assist in the identification of a City of Hope physician

to the extent possible who does participate (to whom the patient’s care may be transferred), or to a non-City of Hope physician (e.g., outside hospice physician), who is willing to serve as the patient’s new Attending Physician.

- a. Except as described herein, a City of Hope physician, staff or employee that elects, for reasons of conscience, morality or ethics, not to engage in activities authorized by the Act is not required to take any further action in support of a patient’s request for a prescription for an Aid-in-Dying Drug, including but not limited to, referral to another physician who participates in such activities.
 - b. City of Hope physicians who experience moral or spiritual distress related to patient requests to access the Act may seek support from the City of Hope Medical Staff Well-Being Committee (WBC). Physicians may access the WBC Chair directly or through the Medical Staff Services Department.
 - c. City of Hope employees who experience moral or spiritual distress related to patient requests to access the Act may seek support from City of Hope’s Employee Assistance Program (EAP). Employees may contact the EAP Liaison directory or the Human Resources Department.
- K. A consultation with members of the EOLOA subcommittee is required whenever there is concern regarding a patient’s eligibility by any member of the healthcare team. An Aid-in-Dying Drug will not be prescribed until such concern is addressed. The Ethics Committee will seriously consider and evaluate the concern to avoid inappropriate utilization or application of the Act. Once the concern is resolved, the Aid-in-Dying Drug may be prescribed in accordance with the Act and this policy. Referral for an Ethics Committee Consultation is encouraged when activities permitted under the Act present ethical challenges.
- L. Questions from specific patients regarding the interpretation of the Act or the processes established by this policy will be directed to City of Hope’s Clinical Social Work Department; all questions from the general public or media sources will be referred to City of Hope’s Communications Department.
- M. Attending Physicians are required to document and report all patient requests for Aid-in-Dying Drugs to City of Hope’s designated Clinical Social Worker who will in turn notify the Quality, Risk and Regulatory Management (QRRM) Department. The designated Clinical Social Worker will collect the data and provide it to QRRM, will be responsible for tracking and reviewing all cases of use of the Act for quality improvement and California Department of Public Health (CDPH) reporting purposes.
- N. Within thirty (30) calendar days of writing a prescription for an Aid-in-Dying Drug, the Attending Physician will notify QRRM that such a prescription has been written. QRRM will review the forms required to be filed with the CDPH and facilitate their submission. See *Procedure, Sections VI and VII* herein.

PROCEDURE

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
City of Hope Patient	I. <u>Initiation by Patient of a Request for an Aid-in-Dying Drug</u> A. <u>Patient Initiation Process:</u>

As required by the Act, only the patient (not a Surrogate Decision-maker):

1. Makes a first, and then a second, verbal request for an Aid-in-Dying Drug, at least forty-eight (48) hours apart,
2. Followed by a written request for an Aid-in-Dying Drug, signed and dated by the patient, in the presence of two (2) witnesses. See COH Form No. 8793-E016 [CHA Form 5-5]: *Request for an Aid-in-Dying Drug to End my Life in a Humane and Dignified Manner*.

B. Patient Eligibility Criteria (“Qualified Individual”):

1. California resident with the ability to establish residency through at least one of the following means: (i) possession of a California Driver’s License or identification card issued by the State of California; (ii) registration to vote in California; (iii) evidence of ownership or lease of property in California; or (iv) the filing of a California tax return for the most recent tax year. See COH Form No. 8793-E021: *Patient Certification of California Residency*.
2. Current City of Hope adult patient receiving care;
3. Diagnosed with Terminal Disease;
4. With capacity to make healthcare decisions;
5. Possessing the physical and mental capability to self-administer the Aid-in-Dying Drug.

C. Witness Eligibility Criteria:

1. Each witness must be an adult, 18 years of age or older; and
2. 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 at a health facility where the patient is receiving medical treatment.
3. The patient’s Attending Physician, Consulting Physician, Mental Health Specialist and designated Clinical Social Worker cannot serve as a witness.

D. Role of Witnesses: In the presence of the requesting patient, each witness must attest to the best of their knowledge and belief that the requesting patient is:

1. An individual who is personally known to them or has provided proof of identity;
2. An individual who voluntarily signed the written request for an Aid-in-Dying Drug in their presence;
3. An individual whom each believes to be of sound mind and not under duress, fraud, or undue influence.

E. Use of Interpreter: When conversations or consultations with the requesting patient are to be conducted in a language other than English, the services of a qualified interpreter must be obtained. The written *Request for an Aid-in-Dying Drug* may be prepared in English if the English language form includes an attached interpreter’s declaration that is signed under penalty of perjury.

1. Eligibility Criteria for Interpreter:

- a) An adult, 18 years of age or older;
- b) Who meets the standards promulgated by the California Healthcare Interpreting Association (<http://chiaonline.org/CHIA-Standards>) or the National Council on Interpreting in Health Care (www.ncihc.org/ethics-and-standards-of-practice) or other standards deemed acceptable by the California Department of Public Health (CDPH) or health care providers in California; and
- c) Who 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.
- d) Whenever possible face to face interpretation is the preferred method.

F. All verbal and written requests for an Aid-in-Dying Drug must be directed exclusively to the patient's Attending Physician.

II. Physician Response to Request: Steps Before an Aid-in-Dying Drug Is Prescribed

Attending Physician

A. Upon receipt of a (first) verbal request from a patient seeking an Aid-in-Dying Drug, the patient's Attending Physician will refer the patient to Clinical Social Work within City of Hope's Department of Supportive Care Medicine.

Clinical Social Work

1. A designated Clinical Social Worker (CSW) contacts the patient as soon as possible, but no more than five (5) business days following the referral.
2. The designated CSW personally meets with the patient in person, via telephone (or televideo) to learn of their perspective, including the circumstances which have contributed to the patient's request for an Aid-in-Dying Drug at this time.
3. The designated CSW informs the patient about the Act process and provides educational material related to the patient's end of life options.
4. The designated CSW documents their interaction(s) with the patient in the medical record and notifies the patient's Attending Physician of their impressions and of any recommendations for referral to other COH services.
5. The designated CSW facilitates additional City of Hope services for the patient as requested by the patient's Attending Physician.
6. If the patient's Attending Physician is unwilling to participate in aid-in-dying activities, the designated CSW will assist with the identification of a City of Hope physician who does participate to whom the patient's care may be transferred, or identifies a non-City of Hope physician (e.g., outside hospice physician), who may be willing to serve as the patient's new Attending Physician.
7. The designated CSW is responsible for distributing the appropriate forms (including the CHA forms) to the patient.
8. The designated CSW shall follow-up with the patient's family after the passing of the patient.

<p>Attending Physician</p>	<p>B. Upon receipt of a request from a patient seeking an Aid-in-Dying Drug, the participating Physician <u>must</u>:</p> <ol style="list-style-type: none"> 1. Document each verbal and written request in the patient’s medical record; 2. Engage the patient in a candid conversation which elicits, among other things, the patient’s motivation for making such a request; 3. Make an initial determination that the patient is a Qualified Individual with Terminal Disease and has capacity to make a medical decision to voluntarily receive an Aid-in-Dying Drug; and 4. Confirm that the patient is making an Informed Decision by discussing with the patient <u>all</u> of the following: <ol style="list-style-type: none"> a. Their medical diagnosis and prognosis; b. The potential risks associated with ingesting the requested Aid-in-Dying Drug; c. The probable result of ingesting the Aid-in-Dying Drug; d. The possibility that they may choose to obtain the Aid-in-Dying Drug but not take it. e. The feasible alternatives or additional treatment options, including, but not limited to, comfort care, hospice care, palliative care, and pain control; f. Outside the presence of others (except a qualified interpreter), ask the patient whether or not they are feeling coerced or unduly influenced by another person to make the request for an Aid-in-Dying Drug; and g. Affirmatively offer the patient an opportunity to withdraw or rescind their request for an Aid-in-Dying Drug. This offer must be made at the time of the patient’s second verbal request and must be documented in the patient’s medical record.
<p>Attending Physician</p>	<ol style="list-style-type: none"> 5. Document the Informed Decision/consent discussion (as listed in II.B.4.a-g) with the patient, including the patient’s diagnosis and prognosis, the determination that the patient is a Qualified Individual with the capacity to make medical decisions, that the patient is acting voluntarily, and has made an Informed Decision or, in the alternative, that the Attending Physician has determined that the patient is not a Qualified Individual. 6. If the patient is a Qualified Individual who is deemed to be making an Informed Decision, refer the patient to a Consulting Physician for medical confirmation of the diagnosis and prognosis, and for a determination that the patient has the capacity to make medical decisions.
<p>Consulting Physician</p>	<ol style="list-style-type: none"> 7. Examine the patient’s relevant medical records and meet with the patient in person, or, in circumstances where the referred patient is unable to travel, via telephone or televideo. 8. Evaluate the patient’s request for an Aid-in-Dying Drug by meeting with the patient to (i) Confirm the diagnosis and prognosis; and (ii) Determine whether the patient has the capacity to make medical decisions, (iii) is acting voluntarily, and (iv) has

	<p>made an Informed Decision or, in the alternative, that the Consulting Physician has determined that the patient is not a Qualified Individual. If there are indications of a mental disorder, refer the patient for a Mental Health Specialist assessment. [H&S 443.6(d)] Document this discussion with the patient in the medical record.</p> <p>9. Issue a written Consultation Report to the patient's Attending Physician which references all findings and determinations.</p> <p>10. Complete the state-mandated form: <i>End of Life Option Act Consulting Physician Compliance Form</i> (COH Form No. 8793-E019; CHA Form 5-8) and submit it to the patient's Attending Physician.</p>
Attending Physician	<p>11. Review the Consultation Report from the Consulting Physician and receive the completed <i>End of Life Option Act Consulting Physician Compliance Form</i> (COH Form No. 8793-E019; CHA Form 5-8).</p> <p>12. In the event of a disagreement between the Attending and Consulting Physicians regarding patient eligibility, the case will be referred to the Patient Rights and Organizational Ethics Joint Committee.</p> <p>13. Determine whether the patient would benefit from an assessment by a Mental Health Specialist, and if so, discuss with the patient and make a referral.</p> <p>14. Document the rationale for the referral, the discussion with the patient, and the referral to a Mental Health Specialist in the patient's medical record.</p>
Mental Health Specialist	<p>15. Examine the patient and their relevant medical records and meet with the patient in person, or, in circumstances where referred patient is unable to travel, via telephone or televideo.</p> <p>16. Conduct one or more in person consultations, or if patient is unable to travel, via telephone or televideo consultations, with the patient for the purpose of determining whether:</p> <ol style="list-style-type: none"> The patient has the capacity to make medical decisions, can act voluntarily and can make an Informed Decision; and The patient is not suffering from impaired judgment due to a mental disorder. <p>17. Document in a confidential written report the determinations, findings and outcomes made and transmit the report to the patient's Attending Physician and, as applicable, to the Consulting Physician. Fulfill other documentation requirements of the Act, if applicable.</p>
Attending Physician/ Consulting Physician	<p>18. Review the Assessment Report from the Mental Health Specialist and determine whether it is appropriate for an Aid-in-Dying Drug to be prescribed to the requesting patient.</p>
Attending Physician	<p>19. Document in the patient's medical record:</p> <ol style="list-style-type: none"> A note indicating that all requirements of the Attending Physician and of the Consulting Physician have been met –

	<p>and, as applicable, the requirements based on an assessment by a Mental Health Specialist have also been met – along with the steps taken to carry out the patient’s request, including the Aid-in-Dying Drug to be prescribed. <u>OR</u></p> <p>b. A note indicating that all such requirements have <u>not</u> been met, and the Attending Physician’s rationale for their determination not to carry out the patient’s request for an Aid-in-Dying Drug.</p>
<p>Attending Physician</p>	<p>20. If all requirements have been met, counsel the patient (in person, or if patient is unable to travel, via telephone or televideo) about the importance of <u>all</u> the following:</p> <p>a. Not ingesting the Aid-in-Dying Drug in a public place. This is defined as any street, alley, park, public building, any place of business or assembly open to or frequented by the public, and any other place that is open to public view, or to which the public has access;</p> <p>b. Having another person present when they ingest the Aid-in-Dying Drug;</p> <p>c. Notifying next-of-kin of their request for an Aid-in-Dying Drug. (Note: A request for an Aid-in-Dying Drug cannot be denied because a patient declines or is unable to notify next-of-kin.);</p> <p>d. Participating in a hospice program; and</p> <p>e. Maintaining the Aid-in-Dying Drug in a safe and secure location until the patient self-administers the drug.</p>
<p>Attending Physician</p>	<p>III. <u>Immediately prior to Writing the Prescription for an Aid-in-Dying Drug:</u></p> <p>A. Offer the patient an opportunity to withdraw or rescind the request for an Aid-in-Dying Drug at any time and in any manner. [H&S 443.5(a)(6)]</p> <p>B. Verify that the patient is making an Informed Decision.</p> <p>C. Confirm that all requirements are met and all appropriate steps are carried out in accordance with the Act.</p>
<p>Attending Physician</p>	<p>IV. <u>Within seven (7) calendar days of writing the prescription for an Aid-in-Dying Drug, the Attending Physician will notify QRRM that a prescription for an Aid-in-Dying Drug has been written.</u></p>
<p>Attending Physician</p>	<p>V. <u>Prescribing or Delivering the Aid-in-Dying Drug:</u></p> <p>A. Once all responsibilities and requirements under the Act have been fulfilled, the Attending Physician may deliver the Aid-in-Dying Drug in any of the following ways:</p>
<p>Attending Physician, Pharmacist, Clinical Social Work</p>	<p>1. Dispense the Aid-in-Dying Drug directly, including ancillary medication intended to minimize the patient’s discomfort, if the Attending Physician is authorized to dispense medication under California law, has a current DEA certificate and complies with any applicable administrative rule or regulation [H&S 443.5(b)(1)(C)];</p> <p>2. With the patient’s written consent, contact a pharmacist to inform the pharmacist of the prescription, and deliver the prescription personally, by mail, or electronically [H&S 443.5(b)(2)], to the</p>

pharmacist. (It is not permissible to give the patient a written prescription to take to the pharmacy.) The pharmacist may dispense the drug to the Attending Physician, to the patient, or to a person expressly designated by the patient to the pharmacist (in writing or verbally).

a. Delivery of the dispensed drug to the Attending Physician, the patient or to a person expressly designated by the patient may be made by personal delivery, or with a signature required on delivery, by United Parcel Service, United States Postal Service, FedEx, or by messenger service. [H&S 443.5(c)]

B. Counsel the patient that any person who has custody or control of unused Aid-in-Dying Drugs after the patient’s death must personally deliver the unused Aid-in-Dying Drugs for disposal to the nearest facility authorized to dispose of controlled substances, or if none is available, dispose of it by lawful means in accordance with the California State Board of Pharmacy’s guidelines or a federal Drug Enforcement Administration approved take-back program. (The Attending Physician may provide this information before or at the time that an Aid-in-Dying drug is prescribed.) [H&S 443.20]

Attending Physician

VI. Attending Physician’s Documentation and Reporting Requirements After Writing an Aid-in-Dying Drug Prescription:

A. Fulfill all documentation requirements, including but not limited to:

1. Complete COH Form No. 8793-E018 [CHA Form 5-7]: *End of Life Option Act Attending Physician Checklist and Compliance Form*,
2. Obtain from the Consulting Physician a completed and signed COH Form No. 8793-E019 [CHA Form 5-8]: *End of Life Option Act Consulting Physician Compliance Form*,
3. Place both of these Forms in the patient’s medical record, and
4. Submit both Forms, along with a copy of the patient’s written *Request For an Aid-in-Dying Drug to End My Life In a Humane and Dignified Manner* (COH Form No. 8793-E016; CHA Form 5-5), to City of Hope’s Quality, Risk and Regulatory Management Dept. for transmittal to the California Department of Public Health (CDPH); **CDPH requires transmission of these documents within thirty (30) calendar days of writing a prescription for an Aid-in-Dying Drug.**

Attending Physician

VII. Attending Physician’s Documentation and Reporting Requirements Following Notice of the Patient’s Death from the Aid-in-Dying Drug:

A. Death Certificate Completion: List the cause of death that is most accurate: the patient’s underlying terminal disease.

1. The disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death.
2. Under no circumstances should the Attending Physician document “pursuant to the End of Life Option Act” or list suicide as the cause of the patient’s death since the Act provides that death caused by the self-administration of an Aid-in-Dying Drug shall not constitute suicide. [H&S 443.18]

QRRM

- B. Internal Reporting to QRRM: Contact QRRM to advise of the patient's death to facilitate tracking of information for data-reporting purposes and to assist with the submission of remaining forms due to CDPH.
- C. External Reporting with Documentation Due to CDPH: Following the patient's death, assist the Attending Physician with submission to the CDPH of a completed and signed *Attending Physician Follow-up Form* (COH Form No. 8793-E020; CHA Form 5-9) **within thirty (30) calendar days of the patient's death from ingesting the Aid-in-Dying Drug**.
 1. This requirement assumes that the Attending Physician is notified or otherwise aware of the patient's death.
 2. If the Attending Physician does not know of the patient's death until after the thirty (30) day period has lapsed, COH Form No. 8793-E020 [CHA Form 5-9] will be submitted to the CDPH as soon as possible after learning of the patient's death.

Owners: Clinical Social Work Dept./Supportive Care Medicine; Quality, Risk and Regulatory Management (QRRM)
 Sponsors: Chief Medical Officer; Senior Vice President, Chief Nursing and Patient Services Officer

Policy History:

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 Revised: 10/10/16; 09/14/20

References:

1. California Health & Safety Code Section 443 et. seq. [End of Life Option Act]
2. California Health & Safety Code Section 442.5 [End of Life Care, Patient Notification]
3. California Probate Code Section 4609 [Health Care Decisions Law]

Related Policies:

1. Care of the Dying Patient
2. Ethics Committee Consultation
3. Ethical, Cultural and Religious Rights of Staff Members in Relation to Care Refusal

Related Forms:

1. Request for an Aid-In-Dying Drug to End my Life in a Humane and Dignified Manner, COH Form No. 8793-E016
2. End of Life Option Act Patient Certification of California Residency, COH Form No. 8793-E021
3. End of Life Option Act Attending Physician Checklist and Compliance Form, COH Form No. 8793-E018
4. End of Life Option Act Consulting Physician Compliance Form, COH Form No. 8793-E019
5. End of Life Option Act Attending Physician Follow-up Form, COH Form No. 8793-E020

Additional Resources:

California Medical Assoc. (CMA) On-Call Doc. #3459: The California End of Life Option Act (January 2016)
 California Hospital Assoc. (CHA) 2021 Consent Manual: End of Life Option Act and Forms

Appendix One – Acronyms, Terms and Definitions Applicable to this Policy**Appendix Two – Location of COH Practices Where Aid-in-Dying Activities are Prohibited**

Appendix One

Acronyms, Terms and Definitions Applicable to this Policy

* All references to terms defined by the End of Life Option Act (“Act”) will include a citation to the corresponding section of California’s Health & Safety Code (“H&S”).*

1. **Adult** – 18 years of age or older.
2. **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 their death due to a Terminal Disease. [H&S 443.1(b)]
3. **Attending Physician** – The physician who has primary responsibility for the health care of an individual and treatment of the individual’s terminal disease. [H&S 443.1(d)] Note: The Attending Physician may not serve as a witness to a written Request for an Aid in Dying Drug [H&S 443.1(a)], cannot be related to the requesting patient by blood, marriage, registered domestic partnership, or adoption, or be entitled to a portion of the patient’s estate upon death [H&S 443.17(d)].
4. **Capacity to Make Health Care Decisions** – A patient who, in the opinion of the patient’s Attending Physician, Consulting Physician or Mental Health Specialist, has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks, and alternatives and the ability to make and communicate an Informed Decision to health care providers. [H&S 443.1(e); Probate Code Sec. 4609]
5. **City of Hope** – City of Hope National Medical Center and City of Hope Medical Foundation collectively referred to as City of Hope for purposes of this policy.
6. **City of Hope National Medical Center or Hospital** – Refers to all facilities covered by City of Hope National Medical Center’s hospital license.
7. **City of Hope Premises** – City of Hope’s Duarte campus as well as those facilities owned and operated by City of Hope elsewhere, except those locations where the terms of the applicable lease prohibits aid-in-dying activities, as listed in *Appendix Two* hereto.
8. **Consulting Physician** – A physician who is independent from the Attending Physician and who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding an individual’s Terminal Disease. [H&S 443.1(f)]
9. **Informed Decision** – A decision by an individual with a Terminal Disease to request and obtain a prescription for a drug that the individual may self-administer to end the individual’s life, that is based on an understanding and acknowledgment of the relevant facts, and that is made after being fully informed by the Attending Physician of all of the following: (i) the individual’s medical diagnosis and prognosis; (ii) the potential risks associated with taking the drug to be prescribed; (iii) the probable result of taking the drug to be prescribed; (iv) the possibility that the individual may choose not to obtain the drug or may obtain the drug but may decide not to ingest it; and (v) the feasible alternatives or additional treatment opportunities, including but not limited to, comfort care, hospice care, palliative care and pain control. [H&S 443.1(j)]
10. **Medically Confirmed** – The medical diagnosis and prognosis of the Attending Physician has been confirmed by a Consulting Physician who has examined the individual and the individual’s relevant medical records. [H&S 443.1(k)]
11. **Mental Health Specialist** – A psychiatrist or a licensed psychologist. [H&S 443.1(m)]
12. **Qualified Individual** – An adult who has the capacity to make medical decisions, is a resident of California and has satisfied the requirements of the Act in order to obtain a prescription for a drug to end their life. [H&S 443.1(p)]
13. **Self-administer** – A Qualified Individual’s affirmative, conscious, and physical act of administering and ingesting the Aid-in-Dying Drug to bring about their own death. [H&S 443.1(q)]
14. **Surrogate Decision-maker** – A request for prescription for an Aid in Dying Drug cannot be made on behalf of a patient through an agent under a power of attorney, an advance health care directive, a conservator, health care agent, surrogate or any other legally recognized health care decision maker or any other person, regardless of the relationship to the patient. [H&S 443.2(c)]
15. **Terminal Disease** – An incurable and irreversible disease that has been Medically Confirmed and will, within reasonable medical judgment, result in death within six months. [H&S 443.1(r)]

Appendix Two
Location of COH Practices Where Aid-in-Dying Activities are Prohibited

City of Hope Mission Hills

15301 Rinaldi Street, Suite 150, Mission Hills, CA 91345

City of Hope South Bay

5215 Torrance Blvd.

Torrance, CA 90503

City of Hope San Bernardino

401 East Highland Avenue, Suite D

San Bernardino, CA 92404