

# American Clinicians Academy on Medical Aid in Dying

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## **Recommendations for the Posting of Policies that Describe a Health Organization's Aid-in-Dying Services, as Required by California SB380**

**Introduction:** California's SB380, an amendment to the End of Life Option Act of 2015, became effective January 1, 2022. One clause of SB380 refers to a new *legal obligation* that all health-related organizations post their policies about medical aid in dying.

**SB380: *Each health care entity shall post on the entity's public internet website the entity's current policy governing medical aid in dying.***

Given the lack of specificity and clarity about what details must be posted to satisfy this particular requirement of SB380, the [American Clinicians Academy on Medical Aid in Dying](http://www.ACAMAID.org) convened a Working Group of Interested Parties to develop recommendations and propose best practices.

The intent of this clause of SB380 was to provide patients, staff and referring clinicians with ready access to clear and useful information about a health organization's policy concerning medical aid in dying. Below are the Academy's [General Principles and Checklist on Posting Aid-in-Dying Policies](#). We encourage health organizations to use the Information Checklists, or to modify them as is appropriate for each organization. Or, feel free to use these recommendations to develop a written statement about the organization's aid-in-dying policies (see an example at the end of this document).

### **General Principles:**

- The organization's Aid-in-Dying Policy Statement must be posted in a clear, readily accessible and prominent location on the organization's internet site, in a font considered readable by elderly patients.
- Non-specific and poorly understood expressions explaining an organization's aid-in-dying policy are not acceptable, i.e.: "We are opted-in..." "We are opted-out..." "We participate..." "We support..." "We take a neutral stance..." These expressions do not provide adequate information to the organization's staff, referring clinicians, patients, or families, unless also accompanied by the details below.

## INFORMATION CHECKLISTS:

(Check all that apply. The information can be posted on an organization's website as a checklist, or a narrative as at the end of this document.)

### Information Checklist for Hospices:

#### *Providing patients with information about aid in dying:*

- Our hospice and staff do not participate in discussions or decisions about medical aid in dying. Please talk with your primary and specialty doctors about this issue.
- If you are considering medical aid in dying, our hospice will facilitate discussions and information, but we do not otherwise actively participate in the process (see below for details if we participate in some aspects of the process but not others).
- Our hospice facilitates discussions and participates in the processes of medical aid in dying (see below for details if we participate in some aspects of the process but not others).

#### *Hospice doctors' participation in aid in dying:*

- Our hospice provides aid-in-dying attending/prescribing physicians.
- Our hospice does not provide aid-in-dying attending/prescribing physicians.
  
- Our hospice provides aid-in-dying consulting/2<sup>nd</sup>-opinion physicians.
- Our hospice does not provide aid-in-dying consulting/2<sup>nd</sup>-opinion physicians.

For hospices that do not provide attending/providing physicians and/or consulting/2<sup>nd</sup>-opinion physicians:

- Our hospice will offer a specific referral to organizations or clinicians that will provide aid-in-dying evaluations and care. Patients considering aid in dying can also contact the [Patient to Doctor Referral System](#) of the [American Clinicians Academy on Medical Aid in Dying](#) (a non-profit organization that assists providers of medical aid in dying and their patients).
- Our hospice will not provide a specific referral. Patients considering medical aid in dying should talk with their primary and/or specialty doctors. These physicians may or may not be able or willing to give you a specific referral to a doctor who participates in aid in dying.

#### *Hospice staff participation on the aid-in-dying day:*

- If requested by the patient, our clinical staff (doctors, nurses, social workers, chaplains) can be present on the day of ingestion of aid-in-dying medications.
  - Our hospice requires that clinical staff who are present on the aid-in-dying day leave the room at the time of the medication ingestion.

Our hospice allows clinical staff to remain in the room at the time of the medication ingestion.

Our hospice clinical staff members are not allowed to be present with the patient on the day of aid in dying.

At the patient's request, we provide referrals to other professionals who can be present on the aid-in-dying day (private-duty nurses, aid-in-dying trained end-of-life doulas, trained aid-in-dying volunteers). Referrals to aid-in-dying skilled professionals can also be obtained from the American Clinicians Academy on Medical Aid in Dying, at <https://www.acamaid.org/pt2attendantintake/>

We do not provide referrals to others who can be present with the patient and family on the aid-in-dying day.

### **Information Checklist for Long-term Care Facilities (Nursing Homes, Assisted Living Facilities, Subacute Care Facilities, Board and Care Facilities, Senior Residential Facilities)**

Our facility permits medical aid in dying on the premises.

Our facility does not permit medical aid in dying on the premises.

Our facility permits outside individuals and organizations to visit our patients for aid-in-dying evaluations.

Our facility does not permit outside individuals and organizations to visit our patients for aid-in-dying evaluations.

### **Information Checklist for Hospitals, Medical Centers, Clinics, and Federally Qualified Health Centers (FQHCs).**

Our organization participates in medical aid in dying and allows staff to participate, although individual staff members can decline to participate in any or all aspects of medical aid in dying.

Our organization does not participate in medical aid in dying and staff are not allowed to participate.

We provide specific referrals to clinicians or organizations that do participate.

We do not provide specific referrals to participating clinicians or organizations.

While our organization and staff can participate in medical aid in dying, some specific departments (listed below) do not participate.

While our organization participates in medical aid in dying, patients considering this option must be evaluated by a specific department (usually palliative care, psychiatry, or social services). If you request a medical aid-in-dying evaluation, we will promptly and clearly provide the appropriate referral to the correct department.

Aid in Dying on the premises of our facility:

- We allow a patient to take aid-in-dying medications on the premises of our facility.
- We do not allow a patient to take aid-in-dying medications on the premises of our facility.

**An example of a portion of a written statement based on the above checklist:**

Policy regarding Medical Aid in Dying at Excellence Hospice: Our Hospice does not provide attending/prescribing or consulting/2<sup>nd</sup>-opinion doctors for medical aid in dying. If a request for information regarding medical aid in dying is made, we do provide a specific referral to physicians or organizations that might assist you. We also provide assistance in accessing the Patient to Doctor Referral System of the [American Clinicians Academy on Medical Aid in Dying](#) (a non-profit organization designed to assist providers of medical aid in dying and their patients.)