



Origination: Effective: 01/2021

Last Approved: 01/2021

Last Revised: 12/2020

Next Review: 12/2021

Area: Provision of Care, Treatment, and Services

End of Life Option Act Policy

PHILOSOPHY

Hinds Hospice Service reaffirms a basic element of the Hospice philosophy that states that because dying is a natural process, Hospice neither seeks to hasten nor postpone death. Hinds Hospice also reaffirms the philosophy that it will not abandon dying patients and their families. Hinds Hospice acknowledges that there may be hospice patients who will wish to avail themselves of their legal right under (CA ABX2-12) to pursue End of Life Option Act and Hinds Hospice will not abandon these patients or their families. However, Hinds Hospice recognizes that this is a matter between the patient and his/her physician; consequently, Hinds Hospice will not actively participate in the End of Life Option Act.

POLICY:

Patients who inquire about the option of End of Life Option Act care will be directed to contact their Attending Physician. Hinds Hospice will continue to provide standard hospice services to patients regardless of their stated interest or intent in pursuing the End of Life Option Act.

Neither staff nor patient care volunteers will assist with or participate in the act of the End of Life Option Act. Hinds Hospice will not provide, deliver, administer or assist with medication intended for the End of Life option.

Staff and volunteers who are morally or ethically opposed to the End of Life Option Act will have the ability and support to transfer care responsibilities to other staff if/when their patient states an intent to pursue the End of Life option.

PROCEDURES

1. As is customary, Hinds Hospice staff will explore patients' statements related to interest and/or intent to pursue the End of Life Option Act. The purpose of doing this is to assess for common distress that may be experienced.
2. If/when a patient or family members make an inquiry about the End of Life Option Act, Hinds Hospice will respond to inquiries or requests for information and will refer them to their Attending Physician.

3. Information on Hinds' position and procedures will be provided to new patients in the admission packet.
4. The Hinds Hospice Medical Director and/or Hospice physician will not act as an agent in prescribing or initiating the End of Life Option Act.
5. Staff and/or volunteers who are aware that a patient is considering the End of Life Option Act will notify their immediate Supervisor/Director. The Supervisor/Director will inform Sr. Administration, as well as the necessary clinical teams and physician.
6. If requested, the assigned Medical Social Worker will provide basic End of Life Option Act information. They will not participate in the End of Life option and will direct the patient and/or family to their Attending Physician. Patient will be directed to their primary physician to address further questions regarding medical aid in dying.
7. Patients will be informed that this information will be shared with the Hospice team, and they will be strongly encouraged to discuss it with their family if they have not already done so.
8. All discussions and interventions with the patient, family, other team members, and any other person who may be involved with the care of the patient will be documented, and will become part of the patient's permanent medical record.
9. This information will be shared as part of the regular interdisciplinary team discussion. Should an ethical or supportive discussion be needed, a team conference will be convened, and will include the members of the interdisciplinary team, including volunteer services and the Hospice physician. If indicated, the Attending Physician may be included and/or consulted. The purpose of this meeting will be to discuss how to discuss and provide the best possible hospice support to patient and his/her family. Staff members on the team may consult with, and be supported by the social worker, Supervisor/Director and/or Executive Director Clinical Services on an ongoing basis.
10. If the patient chooses to pursue the End of Life Option Act, Hinds Hospice staff will continue with standard hospice support to the patient and his/her family. The patient/family will be informed of the role of Hinds Hospice regarding participation in the law; that is, "this is an issue between the patient and Attending Physician."
11. Hinds Hospice will continue to serve the patient and family in an educative and support role; we will offer our customary hospice services that seek to meet the physical, emotional, spiritual needs of both the patient and family.
12. Hospice staff will refrain from comments and/or discussions with a patient or their family that involves the clinician's own personal judgment or feelings about medical aid in dying, whether in favor of or against. Other than what is outlined in this policy, staff will not participate in the patient's choice to pursue medical aid in dying. The Hospice team will continue to support the patient's quality of life and continue to provide standard physical, spiritual and psychosocial support, as is customary to hospice care.
13. At the time of the patient administration of the lethal dose of medication, Hospice staff will not be present. Hospice staff will inform the patient and/or family that they can provide care and support prior to a planned administration, and after the patient has ingested the medication.
14. Staff who feel continuation with care of a patient who is pursuing medical aid in dying is contrary to their own moral, ethical, personal or religious beliefs may inform their direct supervisor. Care by a like-discipline will be transferred to another clinician, without retribution.
15. Upon death, staff will provide standard and customer support, including Bereavement services if desired, and will document per usual Hinds Hospice procedures.