

# CA End of Life Option Act

## The Experience at UC Davis

**Annual Advances in Oncology**  
September 22, 2017

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# Disclosures

I have no relevant financial relationships to disclose.

I will disclose off-label or investigational use of all products.

# Disclosures

I believe there can be a legitimate role for PAD in the care of some dying patients – within the broader context of high-quality end of life care.

Euthanasia ?

Suicide ?

Palliative  
Care ?

Depression ?

Autonomy ?

Nonmaleficence ?

Role as  
Healer ?

# Uncharted Territory

1. Knowledge about PAD
2. Knowledge about the law
3. Knowledge about institutional policy / process
4. Awareness of personal attitudes
5. Skill in communicating with patients

# PAD – Language

Physician-  
Assisted  
Suicide  
(PAS)



**Physician-  
assisted  
death  
(PAD)**



Death  
With  
Dignity  
(DWD)

# PAD – Palliative Care

## *"Palliative Options of Last Resort"*

- Voluntarily Stopping Eating and Drinking (VSED)
- Palliative Sedation
- Physician Aid-in-Dying
- Voluntary Active Euthanasia

# The Law: Process / Safeguards

- 2 independent MD assessments *(terminally-ill, decisionally-competent)*
- 2 oral requests *(≥ 15d apart)*
- 1 written request *(2 witnesses)*
- Mental health specialist *("indications of mental disorder")*
- Ability to "self-administer"
- No surrogate requests
- Final attestation



# The Law: Voluntariness

Participation is voluntary, for all parties:

- Patient
- Physician
- Institution

# UCDMC Policy

- Medical Staff Administration workgroup
- Bioethics review
- MSEC approval

## LAW

- 2 independent MD assessments
- 2 oral requests
- 1 written request
- Mental health specialist assessment
- Ability to "*self administer*"
- No surrogate requests
- Final attestation

## POLICY

- Patient Navigator (LCSW)
- Psychosocial Assessment
- Medical Director
- Notifications: CMO, Bioethics, Pharmacy, Legal Affairs
- Oversight: Medical Staff Admin, Bioethics

# UCDMC Policy: Implementation

- Provider outreach e.g. Primary Care Network, CCC
- Clinic processes e.g. EMR referral order, SmartSet
- EOLOA rounds
- Iterative refinements to policy / process
- Participant support e.g. prescriber dinner, hospice inservice
- Undergraduate + graduate medical education
- ? Regional collaboration ?
- ? Research ?

# Caring

*for the patient*

vs

# Participating

*in the EOLOA*

Clarifying concerns, understanding  
“request”

Educating about prognosis and  
progression

Anticipating needs for care

Addressing distressful symptoms

Supporting decision-making

*(AKA “primary palliative care”)*

“Attending MD”

*(2 assessments, RX, documentation)*

“Consulting MD”

*(1 assessment, documentation)*

Mental Health Specialist

Delivering RX / Medication

Present at ingestion

# Patient makes a serious request

- Seek assistance from the Onc LCSW:
- clarifying the patient's request
  - assessing end of life care planning
  - educating about End of Life Option Act

No

- Is the patient ...
1. Terminally-ill, *and*
  2. Decisionally-competent, *and*
  3. Able to self-administer ?

Yes

1. Disclose to the patient that they would NOT qualify.
2. If appropriate, discuss end of life care planning.
3. If appropriate, assess / discuss safety concerns.

1. Make an EMR referral to the EOLOA Patient Navigator ("*End of Life Options Navigator Referral*").
2. Consider your involvement in the process. Options are:
  - Not sure about participation
  - Not participating in any role
  - Participating as "Consulting Physician"
  - Participating as "Attending Physician"
3. Disclose your involvement to the patient.

## If you have questions / need assistance, please contact:

- Oncology LCSWs
- EOLOA Patient Navigators: Don Lewis, LCSW  
Risha Mabry, LCSW  
916.734.1017  
email / staff message
- EOLOA Medical Director: Nathan Fairman, MD MPH  
916.816.1903  
email / staff message

- The Patient Navigator will reach out to you and the patient, helping to clarify whether / how the process might move forward, and assisting with identifying participating MDs.

# EMR: Navigator Referral Order

The screenshot displays the Epic EMR interface for a patient named Testpatient, One. The patient's information includes a date of birth of 3/25/1984, gender of Female, and age of 32 years. The interface shows a navigation menu on the left with options like Review Flows, Results Review, Allergies, History, Problem List, Demographics, Letters, Forms, Immunizations, Medications, Order Entry, Enter/Edit Res..., Flowsheets, Synopsis, Gender/Sexual..., Visit Navigator, and SmartSet. The main area is titled 'Place orders (Enc Date: 3/15/2017) - Wt: (Not entered for this visit) Ht: (Not entered for this visit)'. Below this, there are buttons for Association, Pref List, OP Pharmacy, Providers, References, Open Orders, Pend Orders, Sign Orders, Calculator, Routing, and Interactions. A 'New order' field is present with a search button. The 'New order defaults' section indicates 'Not using defaults'. The main content area shows a referral order titled 'END OF LIFE OPTIONS NAVIGATOR REFERRAL'. The order details include: Reference Links: 1. Referral Guidelines; Class: Internal Referral (selected); Status: Normal; Priority: Routine (selected); RefType: Consultation Only (selected); Referral Reason: Care and Tx Recommendations (selected); and Comments (F6): Clinical Indication: 32y/o W, metastatic ovarian cancer, requesting EOLOA. The interface also features 'Accept', 'Cancel', and 'Remove' buttons for the order. At the bottom, there are buttons for 'Diagnoses', 'Associate', and 'Associate All', along with a 'Level of service' field and an 'Edit' button.

# EMR: SmartSet

**Testpatient, One** 3/25/1984 Allergies: No Known Allergies Inf D: None Code: Not on... PCP: None B&D: None Curr... Level  
18770, ♀ Female, 32yr ADV Plan: N... Ins: RX MEDCO - PAID... Service: None LOS:

3/15/2017 visit with Nathan Fairman, MD for Refill ? Actions

END OF LIFE OPTIONS

Initial Visit

Need help with the End of Life Options Act?  
Don Lewis, LCSW, Navigator 734-1017  
Nathan Fairman, MD, palliative care 816-1903

- Information on the Act and Provider Role and Responsibilities

> Expand for links to forms on-line. May be used in lieu of any of the EMR documentation tools.

▼ Navigator and Psychiatry consult

End Of Life Options Navigator (required)  
 Behavioral Health Referral (Optional)  
 Counseling regarding end of life decision making [Z71.89] [Details](#)

▼ Initial Visit Attending Documentation

- Patient Request Written Form (REQUIRED) Print and give to patient

Patient Verbal Request- Initial [Edit](#)

Consulting Physician Visit

▼ Documentation

Consulting Physician Compliance Form [Edit](#)

Second Attending Physician Visit

▼ Documentation

- Patient Final Attestation Form (REQUIRED) Print and give to patient  
- Interpreter Form (if one is used)

Review Flows...  
Results Review  
Allergies  
History  
Problem List  
Demographics  
Letters  
Forms  
Immunizations  
Medications  
Order Entry  
Enter/Edit Res...  
Flowsheets  
Synopsis  
Gender/Sexual...  
Visit Navigator  
**SmartSet**  
Customize



# The UCD Experience

21 – TOTAL

16 – COMPLETE

5 – IN  
PROCESS

5 – NOT  
QUALIFIED

11 – QUALIFIED

7 – LIVING

4 – DIED

4 – died  
1 – did not have capacity

2 – ingested  
1 – did not ingest  
1 – unknown

# Disease Type

- Malignant neoplasm = 19 (90%)
  - 4 each: Breast / Lung
  - 2 each: Glioblastoma / Mesothelioma / Pancreas
  - 1 each: Colon / Kidney / Ovarian / Prostate / Nasopharyngeal
- Neuromuscular Disorder = 2
  - Both ALS (1 did not qualify; 1 being evaluated)

# Demographics

- Age: median 65 yrs; range 43 – 93
- Sex: 62 % F / 38 % M

# Hospice / Palliative Care

- 90 % enrollment
  - 100 % of qualified patients
  - 2 patients not enrolled: both ALS

# Mental Health

- 28 % (6 cases) had Mental Health Specialist Assessment
- Provided by 5 individual psychiatrists

# Physician Participation

- Attending MD: 10 participants (8 PMD / 2 specialists)
- Consulting MD: 14 participants (9 specialists / 5 PMD)
- Total: 22 participants

# Some Lessons Learned

Each case has been:

- Unique flexibility / open-mindedness
- Slow persistence / patience
- Challenging thoughtful / wise
- Poignant compassion / trustworthiness

# Some Challenges

- How to understand “quality”
- How to support participants
- How to balance patient-centeredness w/professional integrity
- How to avoid abandonment
- How to position within broader end of life care planning
- How to coordinate with hospice / palliative care

Thank You

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Questions / Panel Discussion