CA End of Life Option Act

The Experience at UC Davis

Annual Advances in Oncology
September 22, 2017

Nathan Fairman, MD MPH
Medical Director
UCDMC EOLOA Program

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)

AAHPM Policy Statement (2007)

PAD – Palliative Care

"Palliative Options of Last Resort"

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

Quill T et al. JAMA 1997

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 vs Participating

for the patient | *in the EOLOA*

Caring (*for the patient*)	Participating (*in the EOLOA*)
Clarifying concerns, understanding "request"	"Attending MD" *(2 assessments, RX, documentation)*
Educating about prognosis and progression	"Consulting MD" *(1 assessment, documentation)*
Anticipating needs for care	Mental Health Specialist
Addressing distressful symptoms	Delivering RX / Medication
Supporting decision-making	Present at ingestion

(AKA "primary palliative care")

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

Is the patient ...

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

No

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.

Yes

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.

- 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.

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

EMR: Navigator Referral Order

Hyperspace - Practice - CANCER CENTER PSYCH ONCOLOGY - NATHAN FAIRMAN | 1 Pending Tel/Refill Enc

Epic | Home | Patient Lists | Schedule | In Basket | Patient Station | Chart | Encounter | Telephone Call | Rad Onc Prep | Print | Secure | Log Out

Testpatient,One | PRACTICE | Search

Testpatient, One 18770, **3/25/1984** Female, 32yr | Allergies: No Known Allergies | Inf D: None | Code: Not... ADV Plan:... | PCP: None Ins: RX MEDCO - PAI... | B&D: None Service: None | Cur... | Level of Care: None LOS: None

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

Place orders (Enc Date: 3/15/2017) - Wt: (Not entered for this visit) Ht: (Not entered for this visit) ? Resize

Association | Pref List | OP Pharmacy | Providers | References | Open Orders | Pend Orders | Sign Orders | Calculator | Routing | Interactions

New order: Search | Next | Edit Multiple | Phases of Care

New order defaults Not using defaults

END OF LIFE OPTIONS NAVIGATOR REFERRAL | Accept | Cancel | Remove

Reference Links: 1. Referral Guidelines
Class: Internal Refe | Internal Referral | External Referral
Status: Normal
Priority: Routine | Routine | Urgent
RefType: Consultatior | Consultation Only
Referral Reason: Care and Tx | Care and Tx Recommendations | Evaluate and Treat
Comments (F6): Insert SmartText

Clinical Indication: 32y/o W, metastatic ovarian cancer, requesting EOLOA

Accept | Cancel | Remove

F7- Prev Order F8- Next Order

Back to top

Diagnoses | Associate | Associate All | Level of service: | Edit

EMR: SmartSet

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

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

? Actions

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

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)
- [x] Counseling regarding end of life decision making [Z71.89] Details

Intial 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)

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

Nathan Fairman, MD MPH
Medical Director, Supportive Oncology Program
UC Davis Comprehensive Cancer Center
npfairman@ucdavis.edu

Questions / Panel Discussion