



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

California's End-of-Life Option Act

Talking Points

April 2016

California's End-of-Life Option Act, signed into law by Governor Jerry Brown in October 2015, will take effect on June 9, 2016. The Act allows an adult who has been diagnosed with a terminal illness and who has a life expectancy of no more than six months to request and be prescribed an aid-in-dying drug, if specified conditions are met. In order to qualify for the aid-in-dying medication, the patient must have the capacity to make medical decisions for him/herself, be a resident of California, make three voluntary requests (two oral and one written) and have the ability to self-administer the medication.

- California's hospitals are on the front-lines of care, open 24 hours a day, seven days a week to anyone in need of care. Hospitals are where life's greatest joys and deepest sorrows play out every hour of every day.
- Providing comfort and support to patients and their families during the final phase of life is at the heart of what hospitals and their caregivers do every day.
- Hospitals encourage physicians, patients, families, loved ones, religious representatives and caregivers to have open conversations about medical care and end-of-life wishes. This includes completing an Advance Health Care Directive that explicitly states the patient's end-of-life preferences while the patient has the capacity to understand the consequences of their decisions.
- California's new "End-of-Life Option Act" is not intended to alter the mission or role of hospitals in caring for dying patients. Rather, it allows terminally ill patients who are able to make a conscious and voluntary choice about their final days to do so, and allows physicians, if they choose to do so, to assist these patients by providing them with information and a prescription for aid-in-dying medication.
- In most cases, the activities associated with the End-of-Life Option Act will not occur within a hospital; instead they are more likely to occur in doctors' offices and patients' homes. Hospitals, however, should be aware of this new law and develop appropriate policies to guide their staff and patients.
- Participation in activities authorized by the End-of-Life Option Act is completely voluntary. No person (including a physician), hospital, pharmacy or other entity that objects based on conscience, morality or ethics is required to provide any services in support of this new law.

