

California End of Life Option Act

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The California End of Life Option Act went into effect on June 9, 2016. Revisions to the law were approved and are effective 1/1/2022. This law allows a terminally ill adults who are California residents to request a medication from his or her physician that will end his or her life. People who choose to end their lives this way, and who carefully follow the steps as outlined by the legislature, will not be considered to have committed suicide. Rather, they will be considered to have died of the underlying terminal illness. Physicians who prescribe the aid-in-dying medication and follow all the steps of the law, will not be subject to legal liability or professional sanction. Participating in this end-of-life option is voluntary for both patients and physicians.

Who can use this option?

To receive the aid-in-dying medication, a person must:

1. Be 18 years or older
2. Be a resident of California
3. Have a terminal disease that is expected to result in death within six months
4. Can make medical decisions and not have impaired judgment for medical decisions because of a mental disorder

5. Can self-administer the medication (orally, anally, or through an existing feeding tube)

How does a patient obtain aid in dying?

1. Patients must make three requests for the aid-in-dying medication to his or her attending physician – two orally (at least 48 hours apart) and one in writing on a special form that is witnessed. According to the End of Life Option Act, “attending physician” means the physician who has primary responsibility for the health care of an individual and treatment of the individual's terminal disease.
2. The attending physician must be willing to prescribe an aid-in-dying medication and must make sure the patient legally qualifies.

NOTE: If the request is made by a patient to a physician who chooses not to participate, the physician must inform the individual seeking an aid-in-dying medication that they do not participate, document the date of the individual's request and the physician's notice to the patient of their objection, and transfer their relevant medical record upon request.

3. The attending physician must explain all end-of-life options to the patient and review what it means to ingest an aid-in-dying medication.
4. The patient must discuss the decision with his/her physician without anyone else present (*except an interpreter, if needed*) to make sure the decision is voluntary.
5. The patient must see a consulting physician who confirms the terminal diagnosis and that the patient is qualified to receive an aid-in-dying medication according to the law.
6. If the patient has a mental disorder, he/she must be evaluated by a mental-health specialist to make sure his/her judgment to make medical decisions is not impaired.
7. Before writing the aid-in-dying prescription, the physician must discuss with the patient how to store and administer the medication and the patient is given a chance to withdraw his/her request.
8. Patients are encouraged to enroll in hospice.
9. The patient or another a designated person receives the aid-in-dying medication and receives additional education on medication usage and stores it until used or safely discarded if not used by the patient.
10. When the patient ingests the aid in dying medication, this must occur in a private place with another person present.
11. Any unused medication is disposed of according to physician or pharmacy instructions.

What changes does SB 380 make to the End of Life Option Act (ELO)?

SB 380 changes the End of Life Option Act process for patients by reducing the required waiting period and clarifying when the waiting period starts.

1. The waiting period between the first and second oral requests is reduced from 15 days to 48 hours.
2. When a patient makes a request for ELO to a physician, the waiting period starts regardless of whether the doctor participates, or whether the full exam/assessment can be done that day.

How does this change impact patients?

The shorter waiting period helps patients by enabling the process to go faster. It's important to remember that the patient's first and second oral requests are not the entire process.

How long does the entire ELO process take at Kaiser Permanente SCAL?

The average time for the complete process is three weeks. Our physicians do a comprehensive review before prescribing aid in dying medication for any patient. The waiting period between the first and second oral requests is 48 hours. After the second oral request, the process begins, which includes:

- at least three physician appointments, physician review of the medical record, and consultation with specialists when needed.
- the patient must complete the written request form with two witness signatures and submit it before the prescription can be written.
- once the prescription is written, an additional 7 business days are required for dispensing, delivery and pharmacy consultation.

At KP, our physicians are committed to fully reviewing each patient's terminal illness and prognosis, having a goals of care conversation to ensure all the patient's clinical and emotional needs are met, and getting the input from medical specialists, hospice or palliative care and mental health clinicians when needed.

How soon will I get the medication after the prescription is written?

On average, it takes 7 business days to fill and deliver the prescription. Prescriptions cannot be filled or delivered on weekends or holidays. The ELO medication is delivered to the patient via courier and a consultation appointment with a pharmacist is scheduled (usually the same day).

If the waiting period is 48 hours, why can't the medication be obtained in 48 hours?

The waiting period between the patient's first and second oral requests must be a minimum of 48 hours. The law does not set a timeframe in which the rest of the requirements must be completed. Kaiser Permanente is committed to honoring patients' wishes and completing the process as quickly as possible and we are equally committed to ensuring patients meet the legal criteria and that they are fully evaluated so their prescribing physician is confident that the process follows the California law.

Can I take the medication at KP?

KP does not allow ingestion of ELO medications in any of its facilities.

If you are a Kaiser Permanente patient, ask your physician about your treatment options. Your KP physician is dedicated to making sure that your treatment options match your goals.

The End of Life Option Act at Kaiser Permanente

At Kaiser Permanente, our mission is to provide high-quality, affordable healthcare services with a human touch to all our members, including those who are faced with a terminal illness. We offer palliative care and hospice services to meet end of life needs for our patients and their families.

Patient preferences and choices to guide us during these difficult times. Should patients desire, we offer services in accordance with the California end of life option act.

We use licensed clinical social workers to assist patients, families, and physicians in navigating this process. If you have decided that this is potentially an option you would like to explore, please discuss your wishes with your treating physician or you may contact your end of life coordinator by calling the medical social work department at your local Kaiser Permanente facility.

Resources:

Bill Text-

[AB-15 End of life](#)

[SB 380 End of Life Option Act 2022](#)

California Medical Association-

[CMA On-Call: California End of Life Option Act](#)

California Department of Public Health-

[CDPH](#)

State Documents

Documents may also be found on [the Medical Board of California website](#).

1. [Request for an Aid-in-Dying Medication to End My Life in a Humane and Dignified Manner form](#)
Official form for patient to request aid-in-dying medication from the attending physician
2. [Request for an Aid-in-Dying Interpreter Declaration form](#)
Official form for interpreter to sign after helping patient complete the aid-in-dying medication request

3. [Attending Physician Checklist and Compliance form](#)
Official form for attending physician to ensure compliance in prescribing the aid-in-dying medication

4. [Consulting Physician Compliance form](#)
Official form for consulting physician to ensure compliance in prescribing the aid-in-dying medication

5. [Attending Physician Follow-Up form](#)
Official form that attending physician completes after the patient's death