

YUMA DISTRICT HOSPITAL  
Policy and Procedure  
**ADMINISTRATION – MEDICAL STAFF**

Title/Description <b>Colorado End of Life Options Act</b> (Patient's Request for Medical Aid-in-Dying)		Filing Number 8311-030
Effective Date 3/7/2017 Revised 7/10/2018	Applies To All Entities of Yuma District Hospital and Clinics	Written by Beth Saxton RN Using the CHA Colorado End-of-Life Options Act
Chief of Staff Approval Signature	Date	Board Chair Approval Signature      Date
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## **I. STATEMENT OF PURPOSE**

- A.** The Colorado End-of-Life Options Act (hereinafter the "Act") authorizes medical aid-in-dying and allows a terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of Colorado, and has satisfied other requirements, to request and obtain a prescription for medical aid-in-dying medication to end his or her life in a peaceful manner.
- B.** The purpose of this policy is to describe the requirements and procedures for compliance with the Act and to provide guidelines for responding to patient requests for information about medical aid-in-dying medications in accordance with federal and state laws and regulations and The Joint Commission accreditation standards.
- C.** The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Withdrawing or Foregoing Life Sustaining Treatment, Pain Management, Advance Directives / Medical Orders for Scope of Treatment (MOST), Resuscitation Status (DNR) or End-of-Life Care, referenced herein.

## **II. REFERENCES**

- A.** The Colorado End-of-Life Options Act (C.R.S § 25-48-101, et seq.)
- B.** Colorado Probate Code (C.R.S § 15-14-503-509 (Medical Durable Power of Attorney); 15-18-101, et seq. (Medical Treatment Decisions Act (Living Will)); 15-18.5-101, et seq. (Proxy Decision-Makers); 15-18.6-101, et seq. (CPR Directives); and 15-18.7-101, et seq.(MOST))

C. Yuma District Hospital and Clinics Policies:

- i. Patient Rights and Responsibilities Policy #7183-1002
- ii. Advance Health Care Directives/MOST Policy #6020-032
- iii. Ethics Committee Policy #8311-2075
- iv. Statutory Form – Request for Medical Aid-In-Dying/Request for Medication to End my Life in a Peaceful Manner
- v. CPDHE Attending Physician Who Prescribes Medical Aid -in-Dying Medication Reporting Form
- vi. CDPHE Health Care Provider Who Dispenses Medical Aid-in-Dying Medication Reporting Form
- vii. CHA - A Hospital Guide to the Colorado End-of-Life Options Act

**III. DEFINITIONS (for purposes of this policy)**

- A. **Adult:** An individual who is eighteen (18) years of age or older.
- B. **Medical Aid-in-Dying:** The medical practice of a physician prescribing medical aid-to-dying medication to a qualified individual that the individual may choose to self-administer to bring about a peaceful death.
- C. **Mental Capacity or Mentally Capable:** In the opinion of an individual's attending physician, consulting physician, psychiatrist or psychologist, the individual has the ability to make and communicate an informed decision to health care providers.
- D. **Medical Aid-in-Dying Medication:** Medication prescribed by a physician to provide medical aid to dying to a qualified individual.
- E. **Terminal Illness:** An incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death.
- F. **Prognosis of Six Months or Less:** A prognosis resulting from a terminal illness that the illness will, within reasonable medical judgment, result in death within six months and which has been medically confirmed.
- G. **Self-administer:** A qualified individual's affirmative, conscious, and physical act of administering the medical aid-to-dying medication to himself or herself to bring about his or her own death.
- H. **Attending Physician:** A physician who has primary responsibility for the care of a terminally ill individual and the treatment of the individual's terminal illness.
- I. **Consulting Physician:** A physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a terminally ill individual's illness.

**J. Licensed Mental Health Professional:** A psychiatrist licensed under article 36 of title 12, C.R.S., or a psychologist licensed under part 3 of article 43 of title 12, C.R.S.

**K. Informed Decision:** A decision that is:

- i. Made by an individual to obtain a prescription for medical aid-in-dying medication that the qualified individual may decide to self-administer to end his or her life in a peaceful manner;
- ii. Based on an understanding and acknowledgment of the relevant facts; and
- iii. Made after the attending physician fully informs the individual of:
  1. His or her medical diagnosis and prognosis of six months or less;
  2. The potential risks associated with taking the medical aid-in dying medication to be prescribed;
  3. The probable result of taking the medical aid-in-dying medication to be prescribed.
  4. The choices available to an individual that demonstrate his or her self-determination and intent to end his or her life in a peaceful manner, including the ability to choose whether to:
    - a. Request medical aid in dying;
    - b. Obtain a prescription for medical aid-in-dying medication to end his or her life;
    - c. Fill the prescription and possess medical aid-in-dying medication to end his or her life; and
    - d. Ultimately self-administer the medical aid-in-dying medication to bring about a peaceful death; and
  5. All feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.

**L. Qualified Individual:** A terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of the state, and has satisfied the requirements of the article in order to obtain a prescription for medical aid-in-dying medication to end his or her life in a peaceful manner.

**M. Resident** means an individual who is able to demonstrate residency in Colorado by providing any of the following documentation to his or her attending physician:

- i. A Colorado driver's license or identification card issued pursuant to article 2 of title 42, C.R.S.;
- ii. A Colorado voter registration card or other documentation showing the individual is registered to vote in Colorado;
- iii. Evidence that the individual owns or leases property in Colorado; or
- iv. A Colorado income tax return for the most recent tax year.

## **IV. STATEMENT OF POLICY**

- A. The Act allows terminally ill adult patients with a prognosis of six months or less, who has mental capacity, has made an informed decision, and has satisfied other requirements, to request and obtain a prescription for medical aid-in-dying medication from an attending physician to end his or her life in a peaceful manner.
  
- B. These terminally ill patients must be Colorado residents who will, within reasonable medical judgment, die within 6 months. Patients requesting medical aid-in-dying medication must satisfy all requirements of the Act to obtain the prescription for that medication. Such a request must be initiated by the patient and cannot be made through utilization of an Advance Health Care Directive, MOST or another document. It cannot be requested by the patient's personal representative (e.g., guardian, proxy decision-maker or the person designated under a medical durable power of attorney.)
  
- C. Yuma District Hospital and Clinics allows its physicians and other health care providers, who are permitted under the Act, to participate in activities authorized by the Act, **if they so choose**. Yuma District Hospital and Clinics' physicians and other health care providers may, as applicable and as defined in the Act and herein:
  - i. Perform the duties of an attending physician.
  - ii. Perform the duties of a consulting physician.
  - iii. Perform the duties of a licensed mental health professional.
  - iv. Prescribe medications under this Act.
  - v. Be present when the qualified patient self-administers the aid-in-dying medication (provided that the physician does not assist the patient in self-administering the life-ending medications).
    - 1. **Patients are NOT allowed to self-administer the medication in any area or on the grounds/property owned and operated by the Yuma District Hospital and Clinics**, per the decision of the Yuma District Hospital and Clinics Medical Staff and Yuma District Hospital Governing Board.
    - 2. However, inquiry and discussion of a patient's self-administration is permitted during a patient's hospitalization.
  - vi. Participate in patient or provider support related to the Act.
  
- D. Yuma District Hospital and Clinics neither encourages nor discourages provider participation in the Act; **participation is entirely voluntary**.

- i. Only those providers who are willing and desire to participate should do so.
  - ii. However, all providers at Yuma District Hospital and Clinics are expected to respond to any patient's query about life-ending medication with openness and compassion. Yuma District hospital and Clinics believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, Yuma District Hospital and Clinic's goal is to help patients make informed decisions about end-of-life care.
  - iii. Those who do choose to participate are reminded that the overall goal is to provide patient-centered care and support the patient's end-of-life wishes, and that participation may not necessarily result in aid-in-dying medications being prescribed if the patient's needs can be met in other ways (e.g. pain control, hospice and palliative care).
  - iv. Providers employed by Yuma District Hospital and Clinics or under contract that elects not to engage in activities authorized by the Act is not required to take any action in support of a patient's request for a prescription for an aid-in-dying medication. Patients whose providers choose not to participate in these services can request a referral to a participating provider or otherwise contact the Yuma District Hospital and Clinics' Ethics Committee.
    - 1. If the individual transfers care to a new health care provider, the health care provider shall coordinate transfer of the individual's medical records to a new health care provider.
    - 2. Yuma District Hospital and Clinics employees who experience moral or spiritual distress related to a patient's request regarding activities authorized by the Act may utilize supportive services such as Employee Assistance Program (EAP).
    - 3. **Notify the Ethics Committee if not participating**
- E. Yuma District Hospital and Clinics **does not** accept new patients solely for the purposes of accessing the Act. Eligible individuals must be current and active patients, of Yuma District Hospital and Clinics, and receiving care for a terminal illness.
- F. If the attending or consulting physician believes that a patient may not be mentally capable of making an informed decision, the individual shall be referred to a licensed mental health professional for a determination of whether the individual is mentally capable and making an informed decision before a prescription for aid-in-dying medication may be written.

- G. While participating in the act, any provider at Yuma District Hospital and Clinics must ensure the appropriate standard of care is followed.
- H. Yuma District Hospital and Clinics may provide oversight and may review records to the extent necessary to ensure all requirements of the law have been followed by the physician and the correct documentation completed and submitted to the Colorado Department of Public Health and Environment (CDPHE).
- I. Yuma District Hospital and Clinics shall verify the patient's advance directives, including a CPR directive or living will. The Act does not change the legal effect of advance directives under Colorado law. See Sec. 123; C.R.S. § 15-18.6-101, et seq.; and C.R.S. § 15-18.7-101, et seq.
- J. Yuma District Hospital and Clinics will notify patients of this Policy in the Patient Rights handout and on the Yuma District Hospital and Clinics website.

## **V. PROCESS**

### **A. How Does a Patient Request Medical-Aid-In-Dying Medication?**

- i. In order to receive a prescription for medical aid-in-dying medication, an individual must submit to his or her attending physician:
  - 1. **Two oral requests** that are **separated by at least fifteen days**; and
  - 2. **One valid written request.**
- ii. The attending physician must document in the individual's medical record the dates of all oral requests.
- iii. To be valid, a written request for medical aid-in-dying medication must meet all of the following conditions:
  - 1. Complete the form required by the State of Colorado, titled "Request for Medication to End My Life in a Peaceful Manner."
  - 2. Signed and dated by the individual seeking the medical aid-in-dying medication; and
  - 3. Witnessed by at least two individuals who, in the presence of the individual, attest to the best of their knowledge and belief that the individual is:
    - a. Mentally capable;
    - b. Acting voluntarily; and
    - c. Not being coerced to sign the request.
  - 4. Of the two witnesses to the written request, at least one must **NOT** be:

- a. Related to the individual by blood, marriage, civil union, or adoption;
- b. An individual who, at the time the request is signed, is entitled, under a will or by operation of law, to any portion of the individual's estate upon his or her death; or
- c. An owner, operator, or employee of Yuma District Hospital and Clinics where the individual is receiving medical treatment.
- d. Neither the individual's attending physician nor a person authorized as the individual's qualified power of attorney or durable medical power of attorney shall serve as a witness to the written request.

**B. Responsibilities of the attending Physician:**

- i. The “**attending physician**” - as defined in Section III above – is the physician who has primary responsibility for the care of a terminally ill individual and the treatment of the individual's terminal illness.
- ii. Prior to prescribing the medical aid-in-dying medication, the attending physician **must complete all of the following**:
  - 1. Make the initial determination of whether an individual requesting medical aid-in-dying medication is qualified. *(See Sections C-F below).*
  - 2. Request that the individual demonstrate Colorado residency. *(See Section G below).*
  - 3. Provide care that conforms to established medical standards and accepted medical guidelines.
  - 4. Refer the individual to a consulting physician. *(See Section H below).*
  - 5. Provide full, individual-centered disclosures. *(See Section I below).*
  - 6. Counsel the individual. *(See Section J below).*
  - 7. Verify, immediately prior to writing the prescription for medical aid-in-dying medication, that the individual is making an informed decision *(See Section E below).*
  - 8. Meet with the Yuma District Hospital Ethics Committee, CEO and Director of Regulatory Services to ensure that all aspects of the Colorado End-of-Life Options Act have been completed according

to the Act and as outlined in the CHA - A Hospital Guide to the Colorado End-of-Life Options Act.

9. Ensure that all appropriate steps are carried out and appropriately documented before writing a prescription for medical aid-in-dying medication, including completion of the CPDHE “Attending Physician Who Prescribes Medical Aid-in-Dying Medication Reporting Form.”
10. Comply with all reporting requirements for prescribing or dispensing medical aid-in-dying medication in compliance with 6 CCR 1009-4. (See Sections L-M below).

**C. Making an Initial Determination:**

- i. The attending physician is required to make an initial determination of all of the following:
  1. The individual has a terminal illness. “**Terminal illness**” means an incurable and irreversible illness that will, within reasonable medical judgment, result in death.
  2. The individual has a prognosis of six months or less.
  3. The individual is mentally capable. “**Mental capacity**” or “**mentally capable**” means that in the opinion of an individual’s attending physician, consulting physician, psychiatrist or psychologist, the individual has the ability to make and communicate an informed decision to health care providers.
  4. The individual is making an informed decision. (See Section E below).
  5. The individual has made the request voluntarily.

**D. Confirming the patient is mentally capable:**

- i. If the attending physician or the consulting physician believes that the individual may not be mentally capable of making an informed decision, the attending physician or consulting physician shall refer the individual to a licensed mental health professional – as defined in Section III above – for a determination of whether the individual is mentally capable and making an informed decision.
- ii. The licensed mental health professional must:
  1. Evaluate the individual.
  2. Communicate, in writing, to the attending or consulting physician who requested the evaluation, his or her conclusions about



whether the individual is mentally capable and making informed decisions.

3. If the licensed mental health professional determines that the individual is not mentally capable of making informed decisions, the person cannot be deemed a qualified individual and the attending physician cannot prescribe medical.

**E. Confirming that the Patient is Making an Informed Decision:**

- i. A qualified individual cannot receive a prescription for medical aid-in-dying medication unless he or she has made an “informed decision” – as defined in Section III above - and immediately before writing a prescription for medical aid-in-dying medication, the attending physician shall verify that the individual with a terminal illness is making an informed decision.

**F. No Coercion or Undue Influence:**

- i. The attending physician must confirm that the individual’s request does not arise from coercion or undue influence by another person by discussing with the individual, outside the presence of other persons, whether the individual is feeling coerced or unduly influenced by another person.

**G. Confirming Residency:**

- i. The attending physician must request that the individual demonstrate Colorado residency by providing any of the following documentation:
  1. A Colorado driver’s license or identification card.
  2. A Colorado voter registration card or other documentation showing the individual is registered to vote in Colorado.
  3. Evidence that the individual owns or leases property in Colorado.
  4. A Colorado income tax return for the most recent tax year.

**H. Referral to a Consulting Physician:**

- i. The attending physician must refer the patient to a consulting physician, as defined in Section III above, for medical confirmation of the following:
  1. The diagnosis and prognosis.
  2. The determination of whether the individual is mentally capable or provide documentation that the consulting physician has referred the individual for further evaluation.
  3. The determination of whether the individual is making an informed decision.

4. The determination of whether the individual is acting voluntarily.
- ii. A physician who chooses to act as a consulting physician must complete the following:
    1. Examine the individual and his or her relevant medical records.
    2. Confirm, in writing, to the attending physician that the individual:

**I. Individual-Centered Disclosures:**

- i. The attending physician must provide individual-centered disclosures to ensure that the individual is making an informed decision by discussing with the individual all of the following information:
  1. His or her medical diagnosis and prognosis of six months or less.
  2. The feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.
  3. The potential risks associated with taking the medical aid-in-dying medication to be prescribed.
  4. The probable result of taking the medical aid-in-dying medication to be prescribed.
  5. The possibility that the individual can obtain the medical aid-in-dying medication but choose not to use it.

**J. Counseling the Patient:**

- i. The attending physician must counsel the individual about the importance of all of the following:
  1. Having another person present when the individual self-administers the medical aid-in-dying medication.
  2. Not taking the medical aid-in-dying medication in a public place.
  3. Safe-keeping and proper disposal of unused medical aid-in-dying medication.
  4. Notifying his or her next of kin of the request for medical aid-in-dying medication.
  5. The attending physician **must** also inform the individual that he or she may rescind the request for medical aid-in-dying medication at any time and in any manner.

**K. Prescribing or Delivering the Medical Aid-in Dying Medication:**

- i. Yuma District Hospital and Clinics has decided for patient safety reasons **NOT** to stock life-ending medications. While patients may receive a prescription from Yuma District Hospital and Clinics providers, the prescription must be filled elsewhere.
  - ii. After the attending physician has fulfilled his or her responsibilities as required under this Policy, the attending physician must either:
    - 1. Dispense medical aid-in-dying medications directly to the qualified individual, including ancillary medications intended to minimize the individual's discomfort, if the attending physician meets all of the following criteria:
      - a. Has a current drug enforcement administration (DEA) certificate
      - b. Complies with any applicable administrative rules.
    - 2. Deliver the written prescription personally, by mail, or through authorized electronic transmission in the manner, to a licensed pharmacist, who shall dispense the medical aid-in-dying medication to the qualified individual, the attending physician, or an individual expressly designated by the qualified individual.
  - iii. An attending physician shall not write a prescription for medical aid-in-dying medication unless the attending physician offers the qualified individual an opportunity to rescind the request for the medical aid-in-dying medication.
  - iv. **Patients are NOT allowed to self-administer the medication in any area or on the grounds/property owned and operated by the Yuma District Hospital and Clinics** per the decision of the Yuma District Hospital and Clinics Medical Staff and Yuma District Hospital Governing Board.
  - v. If the attending physician is present when the qualified individual self-administers the aid-in-dying medication, unless prohibited by law that physician will sign the death certificate and list the cause of death as the underlying terminal illness. As stated in the Act, such a death does not constitute grounds for post-mortem inquiry under section 30-10-606(1), C.R.S.
  - vi. If the physician is not present when the qualified individual self-administers the aid-in-dying medication, the physician will ensure that the coroner is aware of the patient's planned self-administration in accordance with the Act.
- L. Complying with Requirements for Reporting Medical Record Information to the Colorado Department of Public Health & Environment:**

- i. Within 30 calendar days of writing a prescription for medical aid-in-dying medication to end the life of a qualified patient, the attending physician or the attending physician's designee, shall submit, in the form prescribed by the Department, the following:
  1. Patient's name and date of birth;
  2. Dates of all oral requests made by the patient;
  3. The prescribing attending physician's name, mailing address and phone number;
  4. The patient's completed written request for medical aid-in-dying medication to end life that complies with Section 25-48-112, C.R.S.;
  5. The attending physician's:
    - a. Diagnosis of a terminal disease;
    - b. Prognosis of six months or less;
    - c. Mental capacity determination that documents that the individual is making a voluntary and informed request;
    - d. Notation(s) of notification provided to the patient of the right to rescind a request made for medical aid-in-dying medication;
    - e. Notation of the medical aid-in-dying medications prescribed, dose and date prescribed to the patient;
    - f. If applicable:
      - i. Notation and date when the medical aid-in-dying medication was dispensed directly by the attending physician, or
      - ii. If the attending physician delivered a written prescription to a licensed pharmacist, the name and phone number of the pharmacist and the pharmacy, and a notation that the pharmacy was informed that medical aid-in-dying medication was prescribed pursuant to Article 48, Title 25, C.R.S., and the date of the notification, and;
    - g. Notation that all requirements under Article 48, Title 25, C.R.S. have been satisfied and indicating the steps taken to carry out the patient's request.
  6. The consulting physician's name, mailing address and phone number and a copy of the consulting physician's written confirmation of the attending physician's diagnosis, prognosis, and mental capacity determination.
  7. If obtained by the physician, a written confirmation of mental capacity from a licensed mental health provider.

- ii. All information submitted pursuant to this Section I will be submitted by mail or secure e-mail as directed by the Department.
- iii. Except as otherwise required by law, all information collected pursuant to Section 25-48-111(2), C.R.S. and this rule, is confidential.

**M. Complying with Requirements for Reporting Dispensing Record Information to the Colorado Department of Public Health & Environment:**

- i. A. Pursuant to Section 25-48-111(2)(b), C.R.S., within 10 calendar days of dispensing medication pursuant to the Act, the health care provider dispensing a medical aid-in-dying medication shall submit to the Department a completed, signed and dated copy of the dispensing record. The health care provider shall submit, in the form prescribed by the Department, the following:
  - 1. Patient's name and date of birth;
  - 2. Prescribing physician's name and phone number;
  - 3. Dispensing health care provider's name, address and phone number;
  - 4. Medication dispensed and quantity;
  - 5. Date the prescription was written, and;
  - 6. Date the medication was dispensed.
- ii. All information submitted pursuant to this Section m will be submitted by mail or secure e-mail as directed by the Department.
- iii. Except as otherwise required by law, all information collected pursuant to Section 25-48-111(2), C.R.S. and this rule, is confidential.

**N. Liability / Potential Sanctions**

- i. Under the Act, a person is not subject to civil or criminal liability or professional disciplinary action for acting in good faith under this article, which includes being present when a qualified individual self-administers the prescribed medical aid-in-dying medication.
- ii. Nothing in the Act limits further liability for civil damages resulting from other negligent conduct or intentional misconduct by any person.
- iii. Additionally, nothing in the Act authorizes a physician or any other person to end an individual's life by lethal injection, mercy killing, or euthanasia.
- iv. Nothing in the Act authorizes a physician or any other person to end an individual's life by lethal injection, mercy killing, or euthanasia. Actions taken in accordance with this article do not, for any purpose, constitute suicide, assisted suicide, mercy killing, homicide, or elder abuse under the "Colorado Criminal Code" or otherwise provide the basis for the appointment of a guardian or conservator.

- v. A person commits a class 2 felony and is subject to punishment if the person, knowingly or intentionally:
  - 1. Causes an individual's death by any of the following:
    - a. Forging or altering a request for medical aid-in-dying medication to end an individual's life without the individual's authorization.
    - b. Concealing or destroying a rescission of a request for medical aid-in-dying medication.
  - 2. Coerces or exerts undue influence on an individual with a terminal illness to:
    - a. Request medical aid-in-dying medication for ending the terminally ill individual's life.
    - b. Destroy a rescission of a request for medical aid-in-dying medication.

**Any questions or concerns shall be directed to the Ethics Committee and/or Legal Counsel.**