

Death With Dignity End of Life Option Act

Health care and patient advocates across the country have emphasized that the ability to choose to die peacefully at a time and place of your choosing provides the terminally ill with the right they deserve to peace of mind at a very private and sensitive time of their lives.

California has led the reform of advance health care directives and surrogate decision-making since the early 1970s. We do so again with the enactment of the **Death with Dignity** law (“right to die”) late in 2015. The new law became effective as of **June 9, 2016**.

Under this legislation, an individual who is terminally ill may decide for herself or himself how their illness should be treated and, fundamentally, gives the patient the right to determine the conditions of their deaths.

The law **does not** provide for an advance arrangement for this aspect of terminal care, such as an Advance Health Care Directive or Do Not Resuscitate Order can do.

Instead, the law is implemented by a collaboration of the patient and their attending physician, who is tasked with informing the patient of their options and guiding them through the process. **Only the patient can make the request**, and they can rescind it at any time.

The essence of the procedure is the patient’s request and the physician’s confirmation of diagnosis and prognosis to verify that the patient is eligible to exercise

these rights and receive aid-in-dying medications.

The patient must make two (2) oral (verbal) requests in person, at least 15 days apart. That triggers the physician’s involvement. The physician must then determine whether the patient’s diagnosis and prognosis is appropriate for this end-of-life treatment, including an assessment of the patient’s mental competency to ensure that she or he has the ability to make their own informed healthcare decisions.

If any psychiatric or psychological disorder or depression is present that might impair the patient’s judgment, the patient must be given an appropriate evaluation.

During this process, the physician will inform the patient about his or her diagnosis and prognosis, the nature of the aid-in-dying medications to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control. There may be occasions when the involvement of more than the patient’s treating physician is appropriate or necessary.

The law prescribes specific forms that are required during this process, including a “final attestation” of the patient that is made within 48 hours of taking the medications. If you are in a terminal condition, your next step is to **ask your doctor**.