

**DIGNITY HEALTH  
ADMINISTRATIVE POLICY AND PROCEDURE**

**FROM:** Dignity Health Operations

**SUBJECT:** Physician Aid in Dying (Physician Assisted Suicide)

**EFFECTIVE DATE:** June 9, 2016

**REVISED:** NEW

**ORIGINAL EFFECTIVE DATE:** June 9, 2016

**REPLACES:** NEW

**APPLIES TO:** System Offices: X  
Acute Care Entities: X  
Non-acute Care Entities: X

**I. POLICY:**

For Dignity Health, respecting the dignity of persons requires reverence at every stage of life's journey from conception to natural death. In the context of a mutually respectful and healing relationship with the physician and the clinical team, patients have the right to make medical decisions, including accepting or rejecting treatment, and must give free and informed consent before any intervention. They also have a right to make an advance directive and to name a surrogate decision maker, and they or their surrogates must have access to medical and other information regarding their care.

There is no obligation to begin or continue treatment, even life-sustaining treatment, if from the patient's perspective it is an excessive burden or offers no reasonable hope of benefit. Death is a sacred part of life's journey; Dignity Health will intentionally neither hasten nor delay it. For this reason, physician aid in dying (i.e., physician-assisted suicide) is not part of Dignity Health's mission.

The mission, values, and philosophy of care of Dignity Health compel us to reject participation in physician aid in dying. Dignity Health reaffirms its commitment to provide compassionate and effective care for dying persons and their families in a manner consistent with its values and tradition.

## **II. PURPOSE:**

The purpose of this policy is to clearly state Dignity Health's commitment to excellent palliative care as well as opposition to physician aid in dying; and to ensure that the right not to participate in physician aid in dying under the California End of Life Option Act, including the use of self-administered life ending medication, is fully utilized and communicated to patients, their families, Dignity Health medical staff, independent licensed practitioners, employees and others.

## **III. DEFINITIONS:**

**Physician Aid in Dying (PAD)** is also referred to as physician-assisted suicide. It is a term used to describe the practice authorized under the California End of Life Option Act in which a physician provides a competent, terminally ill patient with a prescription for a lethal dose of medication, upon the patient's request, which the patient intends to use to end his or her own life. The medication must be self administered.

**California Health and Safety Code Part 1.85, commencing with Section 443 (Assembly Bill (AB) 15), known as the End of Life Option Act (the "Act")**, authorizes an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease (as defined in the Act), to make a request for a drug prescribed for the purpose of ending his or her life. The Act defines the parameters and establishes the procedures for making these requests.

**Palliative Care** is specialized medical care for people with serious or chronic illness. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness- whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

**Palliative Sedation** is the use of medications to induce decreased or absent awareness in order to relieve otherwise intractable suffering at the end of life.

## **IV. PRINCIPALLY AFFECTED DEPARTMENTS:**

All Dignity Health facilities and services including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, hospices, clinics, pharmacies, physician practices and sites are principally affected by the policy elements.

**V. GUIDELINES:**

A. Dignity Health stands committed to providing full and appropriate support for dying persons and their families through the final stages of life including:

1. Providing and supporting patient self-determination, including but not limited to, the use of advance directives.
2. Offering palliative care, hospice and other supportive care to patients and their families.
3. Providing effective pain and symptom management in all of its forms, including when indicated, palliative sedation.
4. Offering a full range of social, spiritual, and pastoral care support services.

B. It is the policy of Dignity Health that its facilities, programs, staff, and related operations shall not be involved in physician aid in dying, including:

1. Providing or securing an “informed decision” as defined by the Act.
2. Providing or completing the written and oral request as provided by the Act.
3. Providing any medication with the specific purpose of ending a human life as contemplated by the Act.
4. Being present at the time of administration of the medication by the patient.

C. Patients, families, nurses, physicians, and other providers are encouraged to fully explore and discuss care and treatment options for terminally ill patients.

As part of that discussion, Dignity Health recognizes that requests for physician aid in dying will occur within the context of the physician-patient relationship. Dignity Health respects the rights of patients and physicians to discuss and explore all such treatment options, but fully expect that patients and physicians will respect and adhere to the Dignity Health’s position as set forth in this policy while undergoing and providing treatment in Dignity Health facilities, programs, and services. Dignity Health’s position and policy are based on its fundamental values of respect for the sacredness of life, compassionate care of dying and vulnerable persons, and respect for nursing and allied health professions.

D. Dignity Health, its hospitals, health care facilities, programs, and services shall review and apply appropriate policies, protocols, and procedures to fully implement this policy at the facility, clinic or program level.

**VI. REFERENCES:**

- Health and Safety Code Part 1.85, commencing with Section 443  
(California Assembly Bill (AB) 15), the End of Life Option Act
- Dignity Health Statement of Common Values
- Ethical and Religious Directives for Catholic Healthcare, Fifth Edition,  
United States Catholic Conference of Bishops
- Center to Advance Palliative Care 2011
- National Institutes of Health (NIH)