

By *Tom Kiskan* of the *Ventura County Star*

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Area hospitals draw line in sand for aid-in-dying law

California's new aid-in-dying law has pushed six of Ventura County's eight hospitals to adopt policies, all delivering a similar message:

Can't do it here.

The End of Life Option Act gives terminally ill people with six months or less to live the legal right to obtain medication that will end their lives. Passed last year, the law went into effect June 9.

In sync with state trends that neither surprise nor worry law advocates who say people want to die at home, local hospitals are issuing policies that prevent patients from ingesting medications in their wards.

Some of the policies go further and, to the concern of advocates, appear to limit the ability of doctors to prescribe fatal medication under the new law on hospital property.

At Los Robles Hospital & Medical Center in Thousand Oaks, guidelines say care teams may, at a patient's request, provide information on the law or make referrals to other doctors.

"However, Los Robles Hospital will not provide the required forms, consents, medications or otherwise permit activities authorized by the act to occur on the hospital campus," guidelines said.

Doctors who prescribe in independent clinics or offices are not mandated to follow a health system's policies, according to law advocates.

Policies are still under doctor-led discussion at the county hospital system that includes Ventura County Medical Center and Santa Paula Hospital. Officials said a decision is expected soon.

"I do not see this as a hospital initiative," said Kim Milstien, CEO of the two county hospitals, in an email, "but as we cover the broad continuum of care, (it) needs to have solid medical staff discussion."

Participation is voluntary not only for doctors but for public and private health systems, said Matt Whitaker, state director of Compassion & Choices, the group that led the drive for the new law.

Policies that make hospitals off-limits have been encountered in Oregon and other states where aid-in-dying is legal. The guidelines have not been a significant barrier, Whitaker said.

A goal of end-of-life care is to allow people to die at home or where they want, he said.

"The majority of people don't want to take this on hospital grounds," he said of the fatal medication.

Advocates worry far more about restrictions that limit doctors from prescribing fatal medications under the law in clinics, hospices and other programs affiliated with the hospital.

"That's the gray area," Whitaker said.

It's not gray at St. John's hospitals in Oxnard and Camarillo. Doctors cannot prescribe life-ending drugs at any of the hospital-affiliated clinics or programs whether they are on a hospital campus or off, said Lori Dangberg, vice president for the Alliance of Catholic Health Care. The alliance represents the hospitals.

"The location doesn't change our ethical principle," she said.

The policy is not aimed at decisions made by doctors at independent offices even if the doctors have staff privileges at St. John's.

A policy posted on the Community Memorial Health System website said lethal medication can't be ingested in the system's hospitals in Ventura and Ojai or in a network of clinics. The policy also said the system won't permit active interventions aimed solely at allowing patients to intentionally end their lives.

Prescribing is not specifically addressed.

"What occurs privately in the patient-physician relationship, CMHS defers to the individual physician," the policy said.

A system spokesman did not return messages. Dr. Jim Hornstein, chair of the ethics committee at Community Memorial, said he interprets the policy as allowing doctors to prescribe at a hospital or clinic if they choose.

Kaiser Permanente doctors can also prescribe medication under the new law but patients can't take the medication at Kaiser clinics or hospitals, a spokeswoman said.

Adventist Health, which runs Simi Valley Hospital, has also opted not to participate in procedures authorized by the new law. Dr. John Dingilian, the hospital chief medical officer, said the policy isn't clear on prescribing fatal medication from affiliated clinics including the practice where he works as a family doctor.

"That's been a discussion among physicians," he said, noting Adventist Health's clear message is it does not want to interfere with the way they practice medicine.

If health systems are wrestling with decisions, so are doctors. Whitaker said it's clear the law has invoked physician anxiety but too early to know if access issues will develop.

Dingilian said he won't prescribe medication under the law because he believes there are other ways to help end-of-life patients, including hospice.

"I feel my role as a physician is not to initiate the harm," he said.

If a patient had no chance at survival, no quality of life, was in excruciating pain, met every standard of the law and asked for fatal medication, Dr. Gary Proffett would consider it.

"It's easy to say this and very difficult to do," said the hospice care director from Camarillo. "But I've seen enough suffering."

The law went into effect nearly two weeks ago. Whitaker said he didn't know if anyone has used the law to end their life.

"I do know there are people in the process of getting prescriptions," he said. .

LAW DETAILS

- Terminally ill people who want to use the California End of Life Option Act must:
- Have no more than six months to live.
- Be mentally competent.
- Be a California resident.
- Be informed about other end of life choices.
- Be able to administer the drug alone.
- Make two oral requests at least 15 days apart, and one written request, to a doctor.
- Be deemed eligible by two doctors.
- Complete a final form within 48 hours of taking fatal medication to reiterate the intent.
- For more information, go to <http://endoflifeoption.org/>. Or call 1-800-893-4548.
- Doctors can call 1-800-247-7421.

Correction: This story was corrected to show people must complete a final form within 48 hours of taking fatal medication.

About Tom Kisken

Tom Kisken is a health care and general assignment reporter.