

AID IN DYING POLICY

I. VALUES CONTEXT

Practicing within the context of Blank Health (“BH”) core values of Dignity, Excellence, Service and Justice ensures the provision of respect for each person, accountability, commitment to quality, opportunities to serve each other and a sense of community among all persons. BH provides end-of-life care that takes care of the physical, emotional, social and spiritual needs of the patient and his or her family. The end-of-life care BH provides is grounded in the values of respecting the sacredness of life, providing compassionate care to dying and vulnerable persons, and respecting the integrity of health care providers. BH believes that compassionate, end-of-life care should neither prolong nor hasten the natural dying process. BH will not abandon dying patients or their families and is committed to provide appropriate support for dying persons and their families through the final stages of life by supporting patient self-determination through the use of advance directives, offering hospice, palliative and other supportive care, and providing effective pain and symptom management and other social, spiritual, and pastoral care support and services.

II. PURPOSE

To describe the position of BH regarding physician-assisted death under the California End of Life Option Act (the “Act”) in BH facilities (including those managed and directly controlled), programs and services in the State of California and to provide guidance in caring for patients who express interest in ending their life under the Act.

III. SCOPE

BH specializes in end-of-life and palliative care services to ease patient and family suffering. This policy is limited to assisted death, physician-assisted death, or self-administered life-ending medication and does not apply to the many end-of-life care services BH provides. This policy applies to BH ministries, employees and volunteers, including all employed and contracted physicians and other professional health care providers while carrying out work-related duties for BH within its facilities [NOTE: Hospitals with a home care program or rotations to other facilities may wish to address those locations also.]

IV. POLICY

A. Patients, families, nurses, physicians and other providers are encouraged to explore fully and discuss care and treatment options for terminally ill patients. As part of that discussion, requests for physician-assisted death or self-administered life-ending medication may occur. We respect the rights of patients and their care team to discuss and explore all treatment options; however, BH, its facilities, programs and caregivers do not participate in any way in assisted death. Any member of a patient care team may respond to questions from a patient and family, but any request for planning of physician-assisted death must be referred to an “attending physician,” as defined in the Act.

B. BH physicians, employees, contractors, and volunteers may not knowingly participate in or facilitate physician-assisted death and may not provide, deliver, administer, or assist with the administration of any medication intended for physician-assisted death, or be present when a patient ingests medications with the intent of completing physician-assisted death.

DIVISION:
ADOPTION DATE:
PAGE NUMBER: 2 of 2
APPROVED BY:
LAST DATE REVISED:
LAST DATE REVIEWED:

AID IN DYING POLICY

C. When a patient expresses intent to pursue physician-assisted death, the patient will be informed that BH will not participate or assist in that act and its physicians, employees, contractors, and volunteers will not provide, deliver, administer or assist the patient with the lethal prescription. BH caregivers will still provide all other requested end-of-life and palliative care and other services to patients and families.

D. Consistent with this policy, BH will continue to provide care to patients who qualify for and request services, regardless of their stated interest in seeking physician-assisted death.