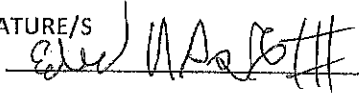


SEDGWICK COUNTY HEALTH CENTER

PROCEDURE

DEPARTMENT: Administration

APPROVAL SIGNATURE/S



INDEX:

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ISSUE DATE: 01/2017

LAST REV:

Policy Title: The Colorado End-of-Life Options Act (Patient's Request for Medical Aid in Dying)

I. PURPOSE

- a. *The Colorado End-of-Life Options Act (C.R.S § 25-48-101, et seq.) 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 position of Sedgwick County Health Center and all of its entities, regarding the Colorado End-of-Life Options Act, including participation of physicians employed or under contract 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.*

II. DEFINITIONS (for purposes of this policy)

- a. **Adult:** *An individual who is eighteen years of age or older.*
- b. **Medical Aid-in-Dying:** *The medical practice of a physician prescribing medical aid-in-dying medication to a qualified individual that the individual may choose to self-administer to bring about a peaceful death.*
- c. **Medical Aid-in-Dying Medication:** *Medication prescribed by a physician to provide medical aid-in-dying to a qualified individual.*
- d. **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.*
- e. **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 of Colorado, and has satisfied the requirements of the Act in order to obtain a prescription for medical aid-in-dying medication to end his or her life in a peaceful manner.*
- f. **Terminal Illness:** *An incurable and irreversible disease that has been medically*

confirmed and will, within reasonable medical judgment, result in death.

- g. Self-administer: A qualified individual's affirmative, conscious, and physical act of administering the medical aid-in-dying medication to himself or herself to bring about his or her own death.*
- h. SCHC: Sedgwick County Health Center and all of its entities including Sedgwick County Memorial Hospital, Sedgwick County Memorial Nursing Home, Valley Medical Clinic, and Jacob J. and Ann B. Walter Memorial Living Center.*

III. POLICY

- a. Colorado law recognizes certain rights and responsibilities of qualified individuals and health care providers under the Colorado End-of-Life Options Act (herein after the "Act"). Under the Act, a health care provider, including SCHC is not required to participate in providing medical aid-in-dying medication to any patient under the Act.*
- b. SCHC has chosen to not participate under the Act.*
- c. Physicians employed by or under contract with the SCHC may not write a prescription for medical aid-in-dying medication for a patient who intends to self-administer the medication on the SCHC premises.*
- d. When a patient expresses intent to request medical aid-in-dying medication, the patient will be informed that SCHC and its physicians employed or under contract will not participate in providing medical aid-in-dying medication for self-administration on SCHC premises.*
- e. SCHC caregivers will still provide all other requested end-of-life and palliative care and other services to patients and families.*
- f. Consistent with this policy, SCHC will continue to provide care to patients who qualify for and request services, regardless of their stated interest in seeking medical aid-in-dying medication.*
- g. Upon request, SCHC will transfer a copy of the patient's medical record to the new health care provider/facility.*
- h. SCHC will notify patients in writing of this policy in the admission packet and other means intended to provide advance written notification.*
- i. SCHC will notify employed and contracted physicians in writing of this policy by [mail, email, through meetings and postings].*
- j. If a SCHC patient wishes to request medical aid-in-dying-medication, SCHC may assist the patient in transfer to another facility of the patient's choice. The transfer will promote continuity of care.*
- k. Notwithstanding any limitations or rules pertaining to physicians employed or contractors of SCHC, nothing in this policy prohibits a physician who is employed by or who is a contractor of SCHC from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of SCHC*