



## Colorado End of Life Options Act Policy

**Department:** Administration

**Creation Date:** 26-Jan-2019

**Policy Title:** Colorado End of Life Options Act  
(Patient's request for medical aid in dying)

**Review Date:**

**Revise Date:**

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### **PURPOSE:**

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 for the purpose of shortening a prolonged dying process through self-administration of the aid-in-dying medication to end his or her own life in a peaceful manner.

The purpose of this policy is to describe the position of Estes Park Health regarding the End of Life Options Act, including participation of physicians employed or under contract, to describe the requirements and procedures for compliance with The Colorado End-of-Life Options Act, and to provide guidelines for responding to patient requests for information about aid-in-dying medications in accordance with federal and state laws.

The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Colorado End-of-Life Options Act, Hospice; Medically Inappropriate Treatment (Futility); Spiritual Care of Patients; Hospice Scope of Service; Healthcare Ethics Committee; Patient Rights Ethical Issues, Nursing; Patient Rights and Responsibilities; Do Not Resuscitate; Advanced Directives; Treatment of Pain, Nursing; Informed Patient Consent; referenced herein.

### **POLICY:**

1. The Colorado End-of-Life Options Act (herein after the "Act") allows adult (18 years or older) terminally ill patients, with capacity to make health care decisions, seeking to mitigate suffering and shorten a prolonged dying process, to request aid-in-dying medications from an attending physician. These terminally ill patients must be Colorado residents (as defined herein) who will, within reasonable medical judgment, die within 6 months. Patients requesting an aid-in-dying medication must satisfy all requirements of the Act in order to obtain the prescription for that medication. Such a request must be initiated by the patient and cannot be made through utilization of an Advance Health Care



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Directive, Physician Orders for Life-Sustaining Treatment or other document. It cannot be requested by the patient's surrogate.

2. Estes Park Health respects the privacy of the Health Care Provider-Patient relationship and expects that any discussion of, or participation in the Act will be kept private and confidential.
3. Estes Park Health neither encourages nor discourages participation in the Act. Only those providers who are willing and desire to participate should do so. Any participation or refusal to participate in the Act by Estes Park Health physicians, employees, or patients is entirely voluntary, and Estes Park Health will not penalize an individual for participating in, or refusing to participate in the Act. An Estes Park Health physician, staff, or employee that elects not to engage in activities authorized by the Act is not required to take any action in support of a patient's request for a prescription for an aid-in-dying medication, including but not limited to, referral to another provider who participates in such activities.
4. Estes Park Health is more than an Acute Care Hospital. Estes Park Health includes services delivered outside of the Acute Care Hospital: Long-term Residential Care in the Estes Park Health Living Center, and Home Health and Hospice.
5. Estes Park Health permits the ingestion or self-administration of an aid-in-dying medication outside of Estes Park Health premises, including within a patient's home. Estes Park Health premises include the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
6. Estes Park Health does not permit ingestion or self-administration of an aid-in-dying medication on any Estes Park Health premises including the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
7. If an Estes Park Health patient in the Acute Care Hospital or the Estes Park Living Center wishes to ingest or self-administer an aid-in-dying medication, Estes Park Health will cooperate with the patient in transfer to another facility of the patient's choice. The transfer will promote continuity of care. Upon request, Estes Park Health will transfer a copy of the patient's medical record to the new health care provider/facility.

### **ADDITIONAL INFORMATION:**

If you have questions about End of Life care or the Colorado End of Life Act policy, please contact Estes Park Health Home Health and Hospice at 970-586-2273. If you need additional information about the Colorado End of Life Options Act and making a medical aid in dying request, please contact Compassion & Choices at [Compassionandchoices.org](http://Compassionandchoices.org).



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### Process Steps and Summary\* – Colorado End-of-Life Options Act



#### Attending Physician

- Diagnoses terminal illness, prognosis of ≤6 months



#### Individual (18yrs or older)

- Makes voluntary oral request for medical aid-in-dying



#### Attending Physician

- Verifies residency, mental capacity, voluntary request, informed decision
- Counsels individual about:
  - Risks/results of drugs
  - May receive drugs but not ingest
  - May rescind request
  - Alternatives and/or treatment possibilities: comfort care, palliative care, hospice care, pain control
  - Recommend notifying kin
  - Have someone with you when ingest
  - Don't ingest in public place
  - Keep drugs in safe place; dispose of unused drugs properly
- Refers individual to Consulting Physician
- Refers individual to Mental Health Professional if concerned about mental capacity
- Documentation (see below)



#### Qualified Individual

- Makes written request per statute
  - 2 witnesses
  - NOT attending physician, POA, or MDPOA
  - 1 may be related, heir, owner/employee or healthcare facility where individual receiving care
- Makes second oral request at least 15 days after first request
- Visits Consulting Physician (and Mental Health Professional if referred)



#### Consulting Physician

- Examines individual and medical records
- Confirms terminal diagnosis, prognosis, mental capacity

- If concerned about mental capacity, refers to Mental Health Professional
- Submits documentation in writing to Attending Physician



#### Mental Health Professional, if needed

- Evaluates individual to assess mental capacity to make decisions
- Confirms in writing to Attending Physician

NOTE: IF ATTENDING OR CONSULTING PHYSICIAN OR MENTAL HEALTH PROFESSIONAL FIND THAT THE INDIVIDUAL LACKS MENTAL CAPACITY, THE INDIVIDUAL WILL NOT RECEIVE AID-IN-DYING MEDICATIONS.



#### Attending Physician

- Confirms individual's mental capacity
- Issues prescription
- Dispenses drug(s) directly, if properly licensed, and file dispensing record with CDPHE
- With written consent of individual, delivers prescription either in person, by mail, or by authorized electronic method to pharmacist



#### Pharmacist

- Fills prescription
- Delivers drugs to either individual for whom drugs prescribed or to person "expressly designated"
- File dispensing record with CDPHE



#### Qualified Individual

- Self-administers drugs to bring about peaceful death
- Caregivers/Family/Companions call attending physician or hospice program (if enrolled) to report patient's death



#### Attending Physician or Hospice Medical Director

- Signs death certificate citing underlying illness as cause of death

#### Documentation required for the medical record:

- Dates of all oral requests
- A valid written request
- Diagnosis and prognosis, determination of mental capacity, voluntary request, informed decision
- Consulting physician's confirmation of diagnosis and prognosis, mental capacity, informed decision
- If applicable, written confirmation of mental capacity from licensed mental health professional
- Notation of notification of the right to rescind a request
- Notation by the attending physician that all requirements have been met; all steps taken; date of prescription of aid-in-dying medications

**\*THE INFORMATION IN THIS DOCUMENT DOES NOT CONSTITUTE LEGAL OR MEDICAL ADVICE. CONSULT AN ATTORNEY OR QUALIFIED MEDICAL PROFESSIONAL FOR ADVICE ON YOUR SITUATION.**

For details, see 25-48-101–123 Colorado Revised Statutes