The California Legislature has passed the **End of Life Act** (AB X2-15). The Governor signed the act into law, effective on **June 9, 2016**. The Act allows mentally competent adult residents of the State of California who have a terminal illness to voluntarily request and receive a prescription medication to hasten their inevitable, imminent death. By adding a voluntary option to the continuum of End of Life care, this law is designed to give patients dignity, control and peace of mind during their final days. The patient has navigated a complex and detailed formal procedure specific to California and AB X2-15 for the right to end their life with dignity and in control of their End of Life decisions. It is important to note that this patient initiated course of action is not an act of suicide. The Act mandates an automatic death certificate be issued, relieving any further notifications by family or non primary health care providers.

It is important for EMS personnel to be aware of and recognize these rights when interacting with terminally ill patients exercising this option. If summoned to or while caring for a terminally ill patient who has exercised an End of Life option under the Act, EMS personnel should provide comfort care only (as described on the POLST). The patient can withdraw from the process at any time, requests for life-saving interventions after ingestion of End of Life prescription medications shall only be honored if requested directly by the patient.

In the event EMS is called to a patient exercising the End of Life right, EMS providers should determine who called 9-1-1 and why (i.e. to control symptoms or because the person no longer wishes to end their life) Be aware that AB X2-15 requires standardized forms, attestations and written documentation regarding the patient’s End of Life decision be in possession of the patient. The EMS provider should withhold resuscitation, honor DNR orders, POLST or other forms of advanced directives or evidence that the person is the one who is exercising their rights under the Act. If EMS providers are called for an unusual or unexpected complication, Base Hospital contact may be made for instructions and consultation related to care and transportation. The prescribing or primary care physician may be contacted by the Base Hospital and consulted for advice related to any care.
A patient wishing to rescind the End of Life option and is conscious and alert will be considered a prehospital patient and treated per the appropriate CVEMSA Treatment Guidelines. Documentation of the decision to rescind the End of Life process shall be in written form and witnessed. The document will remain with the patient through arrival at the receiving facility. Documentation of the written request is mandated on the ePCR.

Facing death or watching a loved one die is perhaps the hardest thing we face in life. As healthcare providers, these situations are not any easier for us to witness. We must, however, recognize the impact of these events on a patient’s family and loved ones and provide emotional support as necessary while empathizing with the situation at hand. The direction contained within this Special Memo will be effective on June 9, 2016. There will not be an immediate change to LEMSMA Administrative Policy or Treatment Guidelines. EMS Providers are encouraged to become and remain familiar with the Act and the directions contained within this Special Memo.

1 In general, comfort care includes administration of oxygen, suctioning, manual treatment of an airway obstruction, positioning the patient for comfort and treating pain if expressly authorized in a POLST form or DNR order. Invasive procedures are not a component of comfort care.

Questions regarding this Special Memo should be directed to Dr. Mark Luoto at https://www.coastalvalleysems.org/email-cvemsa.html

The text of AB X2-15 can be found here: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15