The End of Life Option Act: How Will It Affect Psychologists and their Patients?
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On June 9, 2016 the California End of Life Option Act (AB-15) will take effect. California will be the 5th state in the nation to allow patients to obtain aid-in-dying drugs from a physician. All psychologists, regardless of their personal views on this topic, should be familiar with the basic provisions of this law in order to understand psychologists’ roles and to be able to respond to patients’ inquiries. Key features of this law and its significance for psychologists are described below.

Basics of the End of Life Option Act

• In order to “qualify” to obtain aid-in-dying drugs, patients must be adults with a medically confirmed terminal illness and a prognosis of less than 6 months to live, among other requirements.
• Patients must have the capacity to make medical decisions.
• The patient’s attending (primary) physician must make the initial determination regarding the patient’s diagnosis, prognosis and capacity to make medical decisions.
• The attending physician must refer the patient to a consulting physician for a confirmation of diagnosis, prognosis and capacity.
• If the attending or consulting physician determines there are indications of a mental disorder, a referral for a “Mental Health Specialist Assessment” is required. (See below)
• Specific procedures must be followed by all physicians and pharmacists involved in the prescribing and dispensing of aid-in-dying drugs.
• Required documentation includes a detailed informed consent that explains, among other things, feasible alternative or additional treatment opportunities such as hospice care, palliative care and pain control.
• Required documentation includes a written request for aid-in-dying drugs signed by the patient in the presence of two witnesses.
• The patient must ingest the aid-in-dying drug him or herself.
• Death caused by taking properly prescribed aid-in-dying drugs is legally defined as “not suicide.” The underlying terminal illness may be listed as the cause of death.
• Healthcare providers, including psychologists, are not required to provide services under this law. You can choose whether or not to participate in any activities authorized under this law.
• Healthcare providers, including psychologists, are immune from liability and professional sanctions for participating in or for refusing to participate in activities authorized under this law.
Mental Health Specialist Assessment

- Psychologists and psychiatrists are the only professionals who can provide mental health specialist assessments.
- A mental health specialist assessment is not required for all patients; it is required only if the attending or consulting physician determines there are indications of a mental disorder.
- Patients referred for a mental health specialist assessment cannot receive aid-in-dying drugs unless the mental health specialist determines that the patient has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- Mental health specialist assessments must comply with all procedural and documentation requirements of the law, including Health & Safety Code § 443.7 and § 443.8.

Legal, Ethical, and Professional Practice Issues

- Psychologists should carefully consider relevant legal, ethical, and professional practice issues before providing mental health specialist assessments.
- Avoid multiple relationships and conflicts of interest. Psychologists should avoid providing mental health specialist assessments for patients whom they have treated. To do so could be considered a multiple relationship or a conflict of interest under the APA Ethical Principles and Code of Conduct (“Ethics Code”) Standards 3.05 and 3.06.
- Determine professional competence. Psychologists should carefully assess their competence to provide mental health specialist assessments under this law, consistent with Ethics Code Standard 2.01 and professional standards of care.
- Mental health specialist assessments should be made with utmost care. Psychologists who provide capacity evaluations under this law should have relevant expertise and be familiar with relevant sources of guidance, such as the California Medical Association and Washington State Psychological Association documents listed below.

Additional information from CPA

CPA will be providing additional information on the End of Life Option Act in the coming months. Please see the summer and fall 2016 issues of the California Psychologist for more detailed discussions of the legal and ethical implications of this law.

References and Resources

- Compassion & Choices [www.EndOfLifeOption.org](http://www.EndOfLifeOption.org)
- Coalition for Compassionate Care [http://coalitionccc.org/](http://coalitionccc.org/)
- End of Life Option Act (AB-15) (full text) [http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15)

This document is designed to educate psychologists about important professional issues relating to the End of Life Option Act and does not constitute legal advice. For legal advice about individual circumstances, please consult a personal attorney.