

Leaning In: Palliative Care and California's End of Life Option Act

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Outline for the next 10 minutes



1. Landscape for palliative care
2. What has happened
3. What we are learning

Even before June 9, 2016: Consults for Physician Assisted Death



- Patients and surrogates often do not distinguish between PAD, POLST, refusing unwanted treatments, hospice, etc.
- In practice, many who raise the issue of PAD are using it as a surrogate for end of life conversations.

It will be problematic if we frame these conversations under the auspices of PAD.

Listening to Differing Colleagues' Perspectives



Palliative Care should be the prescribers.

Palliative Care should act as a safeguard.

Palliative Care should not be a requirement.

All agreed that patients requesting PAD have palliative care needs.

The Stanford Landscape: Shifted for Some, not All



“When I hear Palliative Care is seeing a patient, I assume that you have been called to withdraw Treatment...”

-a cardiothoracic surgeon in 2017

We continue to disarticulate palliative care from death, and from hastened death.

We did not want to be in the position of prescriber.

We strive to facilitate dialogue, not death.

Stanford's policy for the End of Life Option Act



- Required Ethics consultation: Attending MD calls ethics upon initial patient request.
- When an attending MD refuses to participate, Social Work coordinates/navigates patient to an attending MD willing to prescribe.
- POLST completion is required.

D. **Willing Consulting Physician:** This physician will be an SHC palliative medicine physician to both serve as the consulting physician and to explore available options which may not have been discussed, including physical, social, emotional and spiritual assessment. This will also provide access for the patient and their family to the range of services from the palliative care program.

- **Palliative Care at Stanford: unique services to offer**
 - Multi-disciplinary team (MD, nursing, social work, chaplaincy) inpatient and in 3 different clinic sites
 - Pediatric Guidance program for patients who are parents of children age 18 and under

- We've needed to expand who can be the consulting palliative medicine physician.
- No physician wants to be known as the “go-to” for PAD.
- How do we triage PAD patients in palliative care clinic?
- Patients pursuing aggressive, innovative treatments (clinical trials) seek PAD sometimes as a back up option.

- Elicit all voices, and listen.
- Some patients view this option as a backup plan, not as *the* plan.
- All patients requesting PAD have palliative care needs.
- By codifying palliative care into the PAD process, we are recognized resources and support for clinicians and patients