

Palliative Care and Aid in Dying: Necessary, not Mandatory

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People who request the
End of Life Option Act
need Palliative Care



Palliative Care Physicians and Team

Did not want mandatory referral
for EOLOA

Willing to serve as consulting
physician for most patients

Willing to serve as prescribing
physician for longstanding patients

UCSF Policy

Participating: public institution

Long process

Lots of input

Model for state

UCSF Policy

Medical staff privilege

Educational slide set and test

“Mandatory” psychiatric referral

Makes an already burdensome process, moreso

Social workers are point of contact for information

UCSF Experience

Few physicians participate

None want to be identified as EOLOA physician

It comes up a lot in all settings and patients are confused

Nearly all patients enroll in hospice

Process in general is difficult for patients; especially for those with neurologic conditions

Pharmacies and pharmacists partners are crucial

Care is the Key

“Why are you bringing this up today?”

“When you look to the future, what do you hope will happen?”

“When you think about what lies ahead, what worries you the most?”

Recommendations

Establish clear process and support for patients, families and clinicians

Partner with pharmacy/pharmacist

Partner with hospice

Consider identifying a physician(s) willing to prescribe

Palliative care is necessary for all patients who make a request

