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Are Hospices cooperating with the new SB380 requirement to post their End of Life Option Act policy on their website? Most are not.

How would you Feel if a Hospice gave you wrong information regarding a legally available option?

The wife of California resident, terminally ill Chris Davis, 29, tells us about the catastrophically bad information they were given from a hospice and the needless suffering her husband endured:

“A religious hospital in Southern California that treated Chris forbids doctors from prescribing aid-in-dying medication. This hospital referred us to a hospice that misinformed us by wrongly saying it was illegal in California and then contradicted itself by saying that the only doctor who would offer to write a prescription was located in Northern California. Hospice officials also said Chris would most likely need two to six months to complete the entire process, when in fact a patient can get through the process in a minimum of 15 days.”

How the Hemlock Society of San Diego (HSSD) is trying to empower terminally ill patients

HSSD sincerely hopes a horrific incident like the above never occurs again. We have been reviewing hospice websites and sending non-compliant hospices a “[Best Practices Checklist](#)” that should prove helpful in complying with the policy posting requirement. The list was created and provided by the [American Clinician’s Academy on Medical Aid in Dying](#) which has a patient-to-doctor referral system for MAiD <https://www.acamaid.org/patientintake/>. Not being able to find a doctor in 2022 should not happen!

HOSPITALS WITH PRESCRIBING PHYSICIANS:

Two local hospitals allow willing doctors to prescribe, but do NOT allow ingestion at their hospital. We do not know of any hospital that allows ingestion on their premises.



UC Health. Their policy states that they will not accept not current UCSD patients solely for the purpose of The End of Life Option Act (EOLOA). The page for the general public correctly states that SB380 does not allow ingestion in a “public place,” then immediately goes on to say that UC Health does not allow ingestion in any of their facilities; leading the casual reader to believe the law imposes this requirement. It does not; SB380 clearly states a health care entity is not a public place.

[Click here to read UC Health San Diego’s policy page for the general public.](#)

[Click here to read UC Health San Diego’s policy and procedure page.](#)



Kaiser. Their clear policy states the process can take 3 weeks and that it can take up to 7 days to obtain the drugs once the prescription has been written.

[Click here to read Kaiser’s policy.](#)

Both hospitals have a staff member (consultant or navigator) available to guide people through the process.

Some prominent hospitals that have not posted their policies:

Grossmont (Owned by **Grossmont Healthcare District**, who has leased it to Sharp Healthcare since 1991)

Kindred

Scripps

Sharp, which has three in-patient hospice facilities — Bonitaview Home, Lakeview Home and Parkview Home. The three in-patient hospices have a total bed count of 14.¹ They do mention EOLOA in their community bulletin every year, but do not state their policy. In recent years, they have said they educate on EOLOA. Have any of you been educated on EOLOA by Sharp?

HOSPICES who participate in the End of Life Option Act and have posted a policy (loosely defined):



AccentCare (Previously Seasons Hospice & Palliative Care of California — San Diego). They fully participate. They state they have a 24/7 call center staffed by their own nurses to answer questions about EOLOA. Very clear policy, although it is buried on their website — it is under Patients & Families/Hospice & Palliative Care/Helpful Resources/ End of Life Planning (at bottom of page). The page with EOLOA info is titled “laws & regulations.”

[Click here to read AccentCare’s Policy](#)



Apreva It is not as clear a policy as we would like, but they do have a nice video describing their process. [Click here to view Apreva’s video](#)



[Interim HealthCare](#)



[Silverado](#) The policy is on their “legal disclaimer” page.



[Topkare](#) A clear policy with links to Dr. Bob’s website.

One HOSPICE that mentions End of Life Option Act on their website, but their policy is not posted:

Elizabeth Hospice Their statement about EOLOA says: “Our mission is to enhance the quality of life for those nearing life’s end and to provide support for those who are grieving.”

¹ Data from Ca Dept. of Public Health licensing section.

Compassion & Choices “Find Care Tool” states all 3 locations will not prescribe nor consult, but will allow staff to be present for ingestion.

[View the Elizabeth Hospice Policy](#)

Hospices who “**will not participate**” In the End of Life Option Act:

[Vitas](#) Not only do they hide their policy, but they have marked their page to NOT be indexed by search engines such as Google. Be cautious reading this page. The beginning of the page sounds like they might be supportive, but the last two sentences say (as of 7/2/22): VITAS staff:

- Will not bear any responsibility for ensuring the regulatory requirements are followed.
- Will not provide, deliver, dispense, administer, or assist in any manner with the aid-in-dying drug.

[Absolute Home Health Palliative Care and Hospice](#) As of July 2022, their policy states they are “neutral,” but also states they will **not** discuss the subject, nor give specific referrals. They do provide the website & email address of ACAMAID.org. To find policy: about/additional information

[Elite Health Care Systems](#) Serving East County, Julian. Will not participate, but do post links to ACAMAID.org website & email.

[Salus Hospice Care](#) Will refer to medical providers .

As of 6/11/22, **45 San Diego County hospices do not even mention EOLOA on their website.** This project is continuing. If you have information or would like to contribute in any way, please let us know.

You may wish to read George Will’s article, [Medical aid in dying is for preventing a hideous death, not for truncating an unhappy life.](#)

And the article by [Chris Davis ’wife explaining their end of life trauma.](#)

Stay tuned for Part II which will explain the gold-rush like atmosphere happening in the hospice industry.

“Throughout 2021 the hospice industry remained one of the most sought-after healthcare service industries for investment by both private equity sponsors and strategic acquirers looking to consolidate or diversify their operations.”²

² Hospice Industry Insights (2021 - Year in Review) - Westcove - Industry News