

Our Care, Our Choice Act: First year in Hawaii

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KŌKUA MAU
“Continuous Care”

A Movement to Improve Care

Objectives

- ▶ Become familiar with the requirements of the Our Care Our Choices Act
- ▶ Review data regarding experience with medical aid in dying in other states

MAID: We Are Not alone

- ▶ Oregon (1994)
- ▶ Washington (2008)
- ▶ Vermont (2013)
- ▶ California (2016)
- ▶ Colorado (2016)
- ▶ DC (2017)
- ▶ Montana (no statute but no prohibition)
- ▶ Maine (2019)
- ▶ New Jersey (2019)

Legal Requirements

- ▶ Took effect January 1, 2019
- ▶ Adult resident of Hawaii with a prognosis of less than six months
- ▶ Mentally capable of making decisions
- ▶ Acting voluntarily
- ▶ Capable of self administering medication

Patient Requests

- ▶ Two oral request separated by no fewer than 20 days
- ▶ One written request
 - ▶ witnessed by two people
 - ▶ at least two days before prescription is written
- ▶ One signed final attestation

Provider Roles

- ▶ **Attending physician** is a licensed physician defined as having “responsibility for the care of the patient and treatment of the patient's terminal illness”
- ▶ **Consulting provider** is a licensed physician “who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease”

Mental Health Counseling

- ▶ Mental health counseling must be provided.
- ▶ Can be Psychiatrist, Psychologist or Licensed Clinical Social Worker.
- ▶ Must confirm person is “capable”
- ▶ Must confirm patient is not suffering from under-treatment or non-treatment of depression or conditions which may interfere with ability to make an informed decision
- ▶ May be a tele health encounter

Other provisions

- ▶ Death certificate shall list the terminal disease as the immediate cause of death
- ▶ Unused medication shall be delivered for disposal to the nearest qualified facility
- ▶ No effect on life insurance or annuity
- ▶ Act does not authorize euthanasia
- ▶ Organizations, facilities, and providers may participate or refuse to participate

Special Consideration

- ▶ Federal prohibition against use of federal monies for any activities associated with “assisted suicide”
- ▶ Still trying to understand this limitation
- ▶ Medicare beneficiaries/federally insured may have to pay out of pocket
- ▶ This should not prevent you from discussing MAID and all options for end of life care
 - ▶ Office visit is covered if linked to chronic condition

Key Points to Remember

- ▶ Attending physician responsible for ensuring all requirements are met
- ▶ Providers who are allowed to complete steps in the process are clearly defined
 - ▶ Not every provider can complete process
- ▶ Participation in the process is completely voluntary
- ▶ Some populations will probably have more difficulty accessing this choice

California 2018 Data Points*

- ▶ 452 Individuals received prescriptions
- ▶ 337 Ingested and died
- ▶ 89% were 60 years or older
- ▶ 94.4 had health insurance
- ▶ 88.1 had hospice palliative care
- ▶ 54% have provider present (21% did not)
- ▶ 92% died in a private home

*California end of Life Option Act 2018 Data report

California - 2018 Data points con't

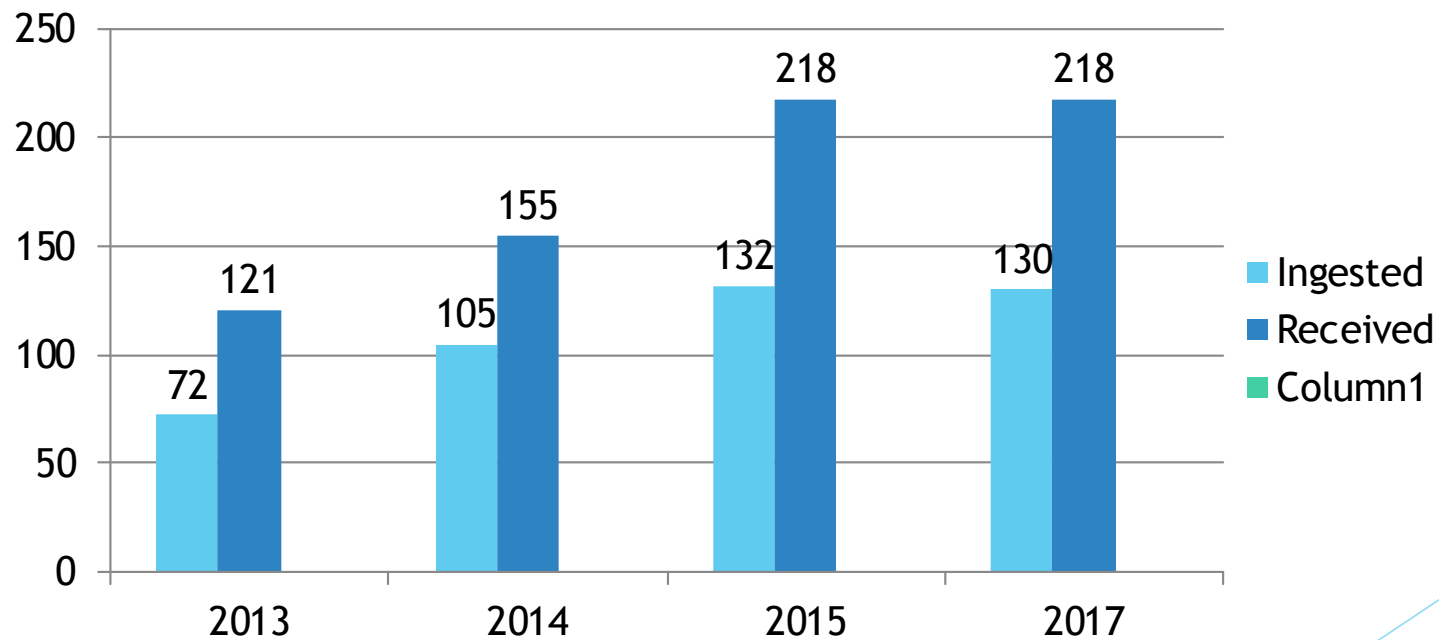
- ▶ Female - 51%
- ▶ At least some college - 80%
- ▶ 87% informed family
- ▶ White - 88.4%
- ▶ Cancer - 68.8%
- ▶ Neurologic - 13.1%
- ▶ Cardiovascular 7.7%

- ▶ *California end of Life Option Act 2018 Data report

Other States

STATE	YEAR	PRESCRIPTIONS	INGESTION (DEATH)
Washington	2017	212	164
Oregon	2017	218	144*
California	2017	577	374**
California	2018	452	337**

Oregon: Prescriptions Received vs Ingested



Reasons for Requesting MAID

Patient Concern	Oregon	Washington
Loss of Autonomy	91.6%	86%
Less able to engage in enjoyable activities	89.7%	86%
Loss of Dignity	78.7%	69%
Losing control of bodily functions	48.2%	49%
Burden on family/friends/caregivers	41.1%	52%
Inadequate pain control or fear of it	25.2%	35%
Financial implications of treatment	3.1%	13%

Hospice Enrollment

▶ Oregon 1998-2016	90.5%
▶ Oregon 2017	90%
▶ Washington 2017	88%
▶ Washington 2016	77%
▶ California	88.1%

Hawaii Experience 2019

- ▶ 27 prescriptions
- ▶ 19 deaths - 14 from ingesting medication
- ▶ Causes of death: lung cancer, prostatic carcinoma and ALS
- ▶ Almost all who died were in hospice
- ▶ 12 physicians wrote prescriptions
- ▶ Took between 22- 37 days to get prescription
- ▶ Most on Oahu, one on Kauai

Hospice Care and OCOCA



- ▶ Some organizations & individuals require that a person be enrolled in hospice care. State of Hawaii recommends it for best possible care at the end of life.
- ▶ At this time no hospice medical director will be the Attending Physician but all are supportive of patients who choose OCOCA & will not abandon anyone who chooses OCOCA
- ▶ The hospice team focuses on:
 - ▶ Communication with patient, family, caregivers, providers
 - ▶ Comfort in all the ways a person may need comfort (physical, spiritual, emotional, psychological, social, financial)
 - ▶ Support throughout the journey

For More Information & OCOCA Forms

State of Hawaii Department of Health

▶ health.hawaii.gov/opppd/ococ/

Kōkua Mau

▶ kokuamau.org





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Questions?
Thank you!