

Medical Staff Update

May 2016

Aids and Dying: St. Joseph Health Policy

The new California law End of Life Option Act goes into effect June 9th. To guide your conversations with patients and families, please review the following key points from the Aid and Dying policy adopted by the Medical Staff at St. Jude Medical Center:

- **What We Value:** The end-of-life care SJH provides is grounded in the values of respecting the sacredness of life, providing compassionate care to dying and vulnerable persons, and respecting the integrity of health care providers. SJH believes that compassionate, end-of-life care should neither prolong nor hasten the natural dying process.
- **Fully Inform and Explore:** SJH will continue to provide care to patients who qualify for and request services, regardless of their stated interest in seeking physician assisted death. Patients, families, nurses, physicians and other providers are encouraged to explore fully and discuss care and treatment options for terminally ill patients. As part of that discussion, requests for physician assisted death or self-administered life-ending medication may occur. We respect the rights of patients and their care team to discuss and explore all treatment options.
- **Responding to the Request:** When a patient expresses intent to pursue physician-assisted death, the patient will be informed that SJH will not participate or assist in that act and its physicians, employees and volunteers will not provide, deliver, administer or assist the patient with the lethal prescription. SJH caregivers will still provide all other requested end-of-life and palliative care and other services to patients and families.
- **SJH Opting Out:** SJH physicians, employees and volunteers may not knowingly participate in or facilitate physician-assisted death and may not provide, deliver, administer, or assist with the administration of any medication intended for physician-assisted death, or be present when a patient ingests medications with the intent of completing physician-assisted death.

“Meaningful conversations about end-of-life issues are an essential part of caring for a patient facing a terminal illness,” explains David Rhodes, MD, Clinical Ethics Committee Chair. “Proactively raising those issues earlier, rather than later, can help establish strong communication and trust.”

Physicians:

- May not participate in roles of “Attending Physician” (writing prescriptions) or “Consulting Physician” as outlined in the End of Life Option Act.
- May not witness or facilitate the patient taking the drugs.
- Should answer questions, discuss needs and alternatives, but be clear that s/he cannot participate and will refer patient to appropriate websites in order to access information about End of Life Option Act and physician consultations.

Nurses and clinical staff:

- Should compassionately refer patient who inquires back to the physician.
- Should not shut down conversation about what is leading to the inquiry.
- Should not discharge a patient for inquiring, discussing or even attempting to take drugs.

Your Opinion Matters!

Please participate in the Medical Staff satisfaction survey to provide feedback on enhancing patient care and strengthening our partnership with you. You will receive a letter at your mailing address from our survey vendor, Professional Research Consultants, the week of April 25 with details about how to participate. Thank you for taking the time to share your insight and perspective!

Medical Staff Meetings

Attendance counts towards your points to maintain Active, Senior Active and Courtesy Staff Status. All meetings are held in the Erickson Educational Center Conference Room.

Surgery QRC

June 4, 7 a.m.

Medicine QRC

June 2, 12:30 p.m.

Anesthesia Clinical Service

June 14, 12:30 p.m.

Cardiothoracic QRC

June 8, 7:30 a.m.

Women & Children’s QRC

June 8, 12:30 p.m.

Discontinuation of Reducing Substances Test in Infants

Beginning May 1st, reflex testing for non-specific reducing substances in children newborn to 1-year will be discontinued. Screening for genetic-based diseases is now standard practice and has replaced the need for non-specific reducing substances procedure. This shift in standard of care is evident in the lack of availability of the Clinitest tablets used to perform this procedure. Contact Mina Firoozi, Director Clinical Laboratory & Pathology Services, with any questions at (714) 992-3933.

Elections are Coming

- As outlined in the Medical Staff Bylaws, elections for officers and department/clinical vice-chairs are held in even numbered years.
- Officers Election involve these positions: Chief of Staff Elect (6 year term), Secretary/Treasurer (2 year term), OMSS Representative (2 year term), and two positions for Member-at-Large (2 year term). The Nominating Committee will meet July 5th and is chaired by James Benoit, MD. Please visit the Medical Staff website at www.sjmedstaff.org to download the duties and responsibilities of these open positions. Notices will be sent prior to July 5th to all Active/Senior Active Staff informing them who is on the Nominating Committee; please contact one of them if you are interested in submitting your name on the ballot.
- Department/Clinical Service Vice-Chairs are 2 year terms. Notices will be sent informing the members of the upcoming nominations.