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