Physician-assisted suicide (PAS) requires that the physician knowingly and intentionally provide the patient with the knowledge or means, or both, to commit suicide. It includes counseling the patient about the lethal doses of drugs and prescribing or supplying the lethal doses.

Not to be confused with euthanasia, where the physician administers the lethal doses, PAS requires the patient to self-administer the medication. In the case of PAS, the patient must communicate and demonstrate the capacity to understand the consequences, benefits, risks, and alternatives of the decision, pursuant to section 4609 of the Probate Code.

Understanding State Law
PAS is legal in four states; California is one of them. During a special session on health care in 2015, the California legislature passed a death with dignity bill called the California End of Life Option Act. This act was signed into law by Governor Jerry Brown in October 2015 and took effect on June 9, 2016.

The End of Life Option Act authorizes an adult who meets certain qualifications, and who has been determined by his/her attending physician to be suffering from a terminal disease, to request a drug prescribed for the purpose of ending his/her life. The Act specifies that the patient must be of sound mind, and voluntarily express his/her wish to die. In the opinion of the patient’s attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Section 4609 of the Probate Code, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand its significant benefits, risks and alternatives, and the ability to make and communicate an informed decision to health care providers, including communication through a person familiar with the individual’s manner of communicating, if that person is available.

Coding PAS
There are no coding guidelines available to code the specific instances of PAS.

State Laws Regarding Physician-Assisted Suicide

1Legal under court ruling

2Legislation currently under review

3Illegal

In some states assisted suicide is protected through court ruling even though specific legislation allowing it does not exist.

Legislation regarding assisted suicide currently under consideration, or a notable court case on the issue is in progress.
The CHIA Coding and Data Quality Committee (CDQ) discussed various coding scenarios to offer assistance to California’s coding professional community. Most coding will be done in the physician office or clinic setting. In this setting, only the end of life condition that is documented can be coded. There is no status code to show that the patient is requesting PAS.

What happens when a patient who has established PAS with the physician is admitted to the hospital with a condition that results in a failed suicide attempt? This is an actual case that occurred at a California hospital. The patient was found by the housekeeper, who was not aware of the PAS, and emergency medical services were called. The patient was found to be suffering a cardiac arrest, was resuscitated, and admitted to the acute care hospital.

What is the principal diagnosis code for the patient in the acute care setting? Some would say that the patient suffered a poisoning from the self-administered PAS medication. On the other hand, the medication was prescribed by the patient’s physician, so would the principal diagnosis be an adverse effect of the PAS drug, in which case the cardiac arrest would be sequenced first? Still another consideration would be the patient’s end of life condition as the principal diagnosis code, since this is the underlying reason for the prescribed PAS drug. These possibilities were discussed by the CHIA CDQ Committee. The overall consensus was to use the adverse effect sequencing.

CHIA CDQ Committee
Seeking Feedback

The CHIA CDQ Committee has requested coding guidance from the Coding Clinic of the American Hospital Association and will share responses with CHIA Journal readers. Until official guidance is established, coding professionals should set internal coding guidelines for their facility.

The CHIA CDQ Committee is seeking the opinion of members and health information professionals on this emerging coding dilemma. Please provide your thoughts, questions, and similar case instances to News@CaliforniaHIA.org.

References

California Legislative Information. (n.d.). Retrieved from leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PROB&sectionNum=4609

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