Evaluation Report

California
Mediated Public Policy Dialogue
On Physician-Assisted Suicide
And End-of-Life Issues

Prepared by the
California Center for Public Dispute Resolution

A Joint Program of
California State University, Sacramento
And the McGeorge School of Law

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EXECUTIVE SUMMARY

At the request of the California State Assembly Select Committee on Palliative Care a group of nineteen stakeholders and interested individuals assembled in a mediated process to discuss end of life issues. The nineteen participants included representatives from the Medical Board of California, the California Catholic Conference, the Alliance of Catholic Healthcare, the UCD Medical School Bioethics faculty, the CSUSF Philosophy faculty, the UCB Christian Ethics faculty, the California Healthcare Association, the California Hospice and Palliative Care Association, the American Association for Retired Persons, the Americans for Death with Dignity, the California Pro-Life Council, the Hemlock Society, and the Disability Rights Education and Defense Fund, as well as two independent physician practitioners, two medical center medical staff members, one practicing nurse, and one end of life consultant. A list of the participants is shown in Appendix 1.

The Select Committee asked the participants to discuss two issues:

1. How to improve the dying process, with a focus on public policy recommendations and end of life care; and
2. Physician-assisted suicide and the values and policy perspectives that underlie attitudes toward physician-assisted suicide/physician aid in dying.¹

This group met beginning November 1, 2001, and convened nine times before ending in June 2002. As requested by the Select Committee, the group produced a final report with recommendations in nine areas to improve end of life care, one argument in favor of legislation of physician aid in dying and one argument in favor of current law and against the legislation of physician-assisted suicide. RESOLVE, Inc. was retained to provide facilitation services to the group.

This report is an evaluation of the dialogue using a methodology appropriate for such consensus seeking dialogue processes. The purpose of the evaluation is to assist the sponsors of the project, RESOLVE, Inc. and potential sponsors of similar projects to understand how the process may have changed the dynamics of participants engaged in the process and contributed to changes in public policy related to the issues of end of life care (EOL) and physician-assisted suicide/dying (PAS). The evaluation was based upon data collected during and after the process, including:

1) Data from participant surveys collected at the conclusion of each session,
2) Comparative data from a baseline survey distributed at the first session and an exit survey distributed after the final session, and
3) Participant and lawmaker interviews conducted at the conclusion of the dialogue.

The evaluation was designed and conducted by the California Center for Public Dispute Resolution, using a special evaluation methodology designed by the Center for this process. RESOLVE, Inc. retained the Center to prepare the evaluation. The evaluation analysis consists of four phases.

Phase one analyzed participant reaction to the process at the conclusion of each session. Most of the participants agreed that the process was effective in providing information needed, providing the opportunity to speak their mind, making sure they were listened to, giving them the opportunity to listen to others and promoting dialogue. The group also believed that from the start, the objectives were clear, the process was productive, they were building toward a common understanding, important issues were on the table, and new ideas were being uncovered. However, some participants reported they felt disenfranchised and without adequate representation in the discussion and final document preparation.

Phase two analyzed changes in beliefs during the full process. The participants as a whole reported that as a result of the process they believed the experience of dying people would change in California due to public policy changes and changes in public perceptions and attitudes. The data suggested that the participants opposed to physician-assisted suicide/dying (PAS) became less sure that (1) the dialogue was worthwhile on EOL issues, (2) the sanctity of life is respected in the debate over EOL, (3) the professional integrity of nurses is respected in the debate over EOL issues, and (4) they are effective in working collaboratively with those whom they may disagree on the issues of EOL. Additionally, they became more certain in belief that (1) common ground cannot be found on the issues of PAS, (2) the value of sanctity of life is not respected in the debate over PAS, and (3) the professional integrity of nurses is not respected in the debate over PAS. Participants identifying themselves as Middle Ground participants reported that they felt less sure that the integrity of nurses is respected in the debate over EOL and that the experience of dying people in California will change through healthcare providers, practices of hospitals or of Insurance policies and practices. The Pro PAS participants did not report significant change in beliefs as a result of the dialogue.

Phase three analyzed process variables. Ten of fifteen interviewees agreed that the methods used to keep the participants at the table were effective. However, keeping participants interested, engaged and at the table appeared to be one of the most significant challenges for the process. Participants reported that some participants made agreements with facilitators to miss meetings. This irregularity proved to be a distraction for some participants to completing the document and reaching consensus regarding the recommendations. Another significant challenge was that several of the recommendations required actions by other interests that were not represented in the dialogue. In addition, other interests not represented in the process would be potentially affected by and opposed to several of the recommendations.

Seven of the fifteen interviewed participants believed that the status quo was not challenged and creative thinking did not occur regarding PAS issues. However, all of the interviewed participants reported that they believed the status quo was challenged regarding EOL issues.

Phase four analyzed outcomes of the process. Most participants reported that they believed a good quality report was produced from the process but many of these reported various caveats to this assessment. The one legislator who agreed to be interviewed also reported that she believed the report of the dialogue is of good quality. Seventy-seven percent of responding participants reported that they believed in the future the dialogue will help generate more creative response in discussion and debate to changes and conflict regarding both EOL and PAS issues. Since the evaluation was completed shortly after the process concluded, it was too early to independently assess whether concrete changes had occurred as a result of implementation of the recommendations or as a result of longer-term second and third order changes. However, based upon response of participants ad hoc coalitions might be organized
around specific issues, two new formal coalitions have formed, one article has been written, and two existing coalitions report they believe the results of the dialogue will help support their current efforts.

Based upon responses of participants, several challenges can be expected for implementation of the recommendations. These include California's difficult budget situation, legislative institutional constraints such as term limits for legislators, and potential opposition to some of the recommendations of other important interests that were not represented in the process.
BACKGROUND

The dialogue was convened in cooperation with the Select Committee on Palliative Care of the California State Assembly Health Committee. Nineteen stakeholders and interested individuals representing an array of organizations, constituencies and points of view met beginning November 1, 2001, and convened nine times before ending in June 2002. The Select Committee asked participants to discuss two issues:

1. How to improve the dying process, with a focus on public policy recommendations on end-of-life care; and
2. Physician-assisted suicide and the values and policy perspectives that underlie attitudes toward physician-assisted suicide/physician aid in dying.

A team from RESOLVE, Inc. facilitated the California Dialogue on End-of-Life Issues dialogue. RESOLVE, Inc. retained the California Center for Public Dispute Resolution (the Center) to evaluate the project. The evaluation includes evaluation of the dialogue process and outcomes. The purpose of the evaluation is to assist the project sponsors, RESOLVE, Inc., and potential sponsors of similar projects to understand how the process may have changed the dynamics of participants engaged in the process and contributed to changes in public policy related to the issues of end of life care (EOL) and physician-assisted suicide/dying (PAS).

The participants worked toward dialogue for its own sake and sought consensus whenever possible. The dialogue used in-person, videoconferencing, and a combination of teleconferencing and in-person sessions to conduct the dialogue. The dialogue intended to clarify perspectives, explore values and beliefs, delve into different cultural viewpoints and talk through the deepest level of response to the questions of end of life circumstances. One objective of the dialogue was to produce a single report that lists consensus recommendations and any items without a consensus recommendation, along with the accompanying points of view. The dialogue participants would forward any concluding statement to the Committee and any other organization, constituency or public body the participants deemed appropriate. The Committee would receive the report, hold hearings, work to advance consensus items through new legislation, and use all of the statements in its deliberations.

To this end, the participants were expected to explore barriers to effective end of life care, physician-assisted suicide/physician aid in dying and the values that underlie attitudes toward:

- Physician-assisted suicide/physician aid in dying,
- Perspectives favoring legalized assisted suicide (including discussion of competency and safeguards),
- Perspectives favoring the status quo (including moral and professional perspectives),
- Public policy responses to both end-of-life care and physician-assisted suicide.

The dialogue participants were expected to establish their own agenda, with the assistance of the facilitation team from RESOLVE, Inc. and document consensus agreements as they developed and clarify areas of on-going disagreement.

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2 ibid
The California Center for Public Dispute Resolution developed a special methodology for this process based upon the framework for evaluation of consensus building developed by Judith Innes and David Booher. The methodology utilizes an adaptation of the Kirkpatrick Four Levels of Evaluation Model with this framework and consists of four phases. RESOLVE, Inc. assisted in the development of data collection methods and helped complete data collection for the final report.

The research methodology includes both quantitative and qualitative data gathering. The data included participant surveys at the end of each session (Reaction Survey) and baseline and exit surveys collected from participants at the beginning and conclusion of the process (pre and post surveys). At the conclusion of the process the Chair of the Assembly Health Committee was interviewed (The interview schedule is shown in Appendix 2). Also at the conclusion of the process, the nineteen participants were requested to participate in individual interviews (The interview schedule is shown in Appendix 3). Fifteen of the participants were available for the interview. All participants were promised anonymity. Finally, a consultant from the Center observed several of the sessions.

The Phase one analysis is based primarily upon data from a Reaction Survey that was distributed to all participants at the conclusion of each session. The Phase two analysis is based primarily on data from the pre and post surveys, supplemented by the qualitative interviews. The Phase three and Phase four analyses are based primarily upon data from the qualitative interviews and the process report, supplemented by data from the pre and post surveys and from observation.

**Phase 1 Reaction Survey Analysis** utilizes a five-point Likert scale to score the participants’ reaction to the process at the separate sessions from a Reaction Survey distributed after each event. It consisted of 12 statements to be completed by participants who participated in the session. Table one includes a list of these statements.

During the study, the participants self-identified themselves as favoring physician-assisted suicide/dying (Pro PAS), opposing physician-assisted suicide/dying (Anti PAS), or being “middle of the ground” on this issue. The data from all surveys were compiled using these groupings to help identify whether differences in views and beliefs regarding the process or outcomes were related to the participants’ position on this issue. This self-selection proved to be useful for elements of the analysis.

The data from the Reaction Survey were grouped for the first four sessions compared to the final five sessions for analysis. This approach is based upon the well-known pattern of group

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5 Multiple requests for interviews were made to four legislators believed to be engaged in the issues but only the Chair made herself available for interview.
development occurring in stages. B. W. Tuckman’s Model\(^6\) of group development identifies five stages a group goes through when working together. When a group is expected to form its own agenda, it experiences the first three stages more acutely. In Stage one, Forming, the group learns about the project and other participants. In Stage two, Storming, participants are trying to establish who is more important, which agenda is more important and whether they want to be a part of the process. In Stage three, Norming, the group agrees on the direction of the group and specific roles for participants. During these three stages self-organizing groups often feel objectives are not that clear (Statement 1), the process is not that productive (Statement 3), they are not building toward a common understanding (Statement 8), important questions are not on the table (Statement 9) and new ideas are not being uncovered (Statement 10). However, during later stages participant concerns regarding the process are often alleviated and reactions to these statements typically may be expected to improve.

**Phase 2 Learning Analysis** was designed to analyze learning by measuring changes in beliefs of the participants. This analysis was based on data produced from an identical baseline pre survey and exit post survey to measure learning by measuring changes in participant belief. Belief is an outward manifestation of learning so changes in belief were measured. Education on the issues occurred throughout the dialogue. Baseline beliefs on key issues and information was collected by RESOLVE, Inc. and the Center for each participant during the initial session. The post survey was collected by RESOLVE, Inc. at the conclusion of the dialogue process. Fifteen of the nineteen participants returned both the pre and post surveys and are included in this analysis.

The first eight statements score participant belief changes in either PAS or EOL focused issue. Statement 9 scores participant belief that EOL care will improve. Statement 10 scores whether the experience of dying people will change in California. The 5 sub-parts of statement 11 scores whether participants believe changes will occur through, respectively, public policy, healthcare providers, practices of hospitals, insurance practices and policies and public perceptions and attitudes. All statements used a five-point Likert scale for scoring from strongly agree to strongly disagree. Table 2 includes the statements.

**Phase 3 Process Analysis** was designed to analyze process variables. Data were generated utilizing structured participant (15) and legislator (1) interviews and supplemented by observation.

Seven criteria were defined for analysis of process variables including to what extent:

1. Representatives of all relevant and significantly different interests were present.
2. The project was driven by purpose shared by the group.
3. The process was self-organizing, allowing participants to decide on ground rules, objectives, workgroups, and discussion topics.
4. The process engaged participants, keeping them at the table and interested.
5. The methods used to keep participants engaged were effective.
6. The process fostered challenges to the status quo based upon the initial assessment and fostered creative thinking.
7. The process sought consensus only after discussions fully explored the issues and interests and significant effort was made to find creative responses to differences.

Criteria 1, 4 and 5 relate to the extent to which the appropriate stakeholders were participants in the process and the participants were effectively engaged. Criterion 2 examines the extent to which the process was driven by shared purpose. Criterion 3 examines the extent the group was self-organizing. Criteria 6 and 7 examine to what extent the status quo was challenged, creative thinking fostered, and the process sought consensus only after issues and interests were fully explored.

**Phase 4 Outcome Analysis** was designed to analyze initial outcomes of the process. Data were compiled and analysis completed from structured interviews of 15 participants and 1 legislator (See Appendices 2 and 3) and from the report produced by the process. The interviews were completed at most four months after the completion of the dialogue. Hence it was too early to independently assess whether concrete changes had occurred as a result of implementation of the recommendations or as a result of longer-term second and third order changes. Many of these outcomes may take months or even years to become clear. However, data from the interviews may provide an early indication of potential outcomes.

Five criteria were defined for analysis of outcomes including to what extent:

1. The process produced high quality agreements.
2. Stalemates affected the process, the magnitude and results of the stalemates.
3. The process resulted in social, intellectual, and/ or political capital for participants or constituents and/or set in motion a cascade of changes in attitudes, behaviors and actions, spin-off partnerships and new practices or institutions.
4. The process resulted in practices that are flexible and networked, permitting the community to be more creatively responsive to change and conflict.
5. The process attained the project goals stated in the Relationship to the California Assembly’s Select Committee on Palliative Care guidelines: Participant role expectations; decision-making and deliberation criteria; communication with other groups, individuals and media criteria; and discussion guidelines.
ANALYSIS

Phase 1 Reaction Survey Analysis

Phase 1 was designed to measure the participant’s reaction to the process at the conclusion of each of the nine dialogue sessions during the process.

The summarized results are found in Table 1, Reaction Survey Scores.\(^7\)

In summary, most of the participants agreed that the process was effective in providing needed information, providing the opportunity to speak their mind, making sure they were listened to, giving them the opportunity to listen to others and promoting dialogue. The group as a whole reported believing that from the start objectives were clear, the process was productive, they were building toward a common understanding, important issues were on the table and new ideas were being uncovered. The group as a whole and the both sub groups reported slightly positive to no opinion that the group made progress on the issues of EOL or PAS.\(^8\)

The first ten statements in the Reaction Survey addressed participant opinions regarding the process. The data from five statements (2, 4, 5, 6 and 7 respectively) indicated that the participants agreed that the process was effective in providing information needed, providing the opportunity to speak their mind, making sure they were listened to, giving them the opportunity to listen to others and that the facilitators were effective in promoting dialogue. The participant interviews supported the overall evaluation that the process was effective on these criteria. Eighty-three percent of the interview responses indicated that participants believed discussions fully explored the issues and interests of all sides when discussing EOL issues. While the percent is lower when considering PAS issues, still a majority of the interviewees (61 percent) believed that discussions fully explored the issues and interests of all sides regarding this issue. Although the Reaction Survey responses from the Middle Ground group were insufficient to draw quantitative conclusions, the interview responses suggested that this group was less satisfied with the process. This data indicated that the Middle Ground participants believed they were not fully included in the discussion. For example, one Middle Ground participant stated, “There was a group who didn’t participate much…my perception of that group was that they were in the middle…not polarized on the issues…by not making them participate we lost the opportunity to find out what the middle ground was all about.” Another participant commented, “…but the group representing the middle group doesn’t have a representation in the document…we were disenfranchised in the document. “ While the data are not clear why Middle Ground participants experienced this “disenfranchisement”, it suggests that they felt excluded by the dominance of the discussion between Pro PAS and Anti PAS participants.

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\(^7\) Nine Pro-PAS participants returned an average of 5 surveys for 5 meetings. Three returned 7 or more surveys. Seven Anti-PAS participants returned an average of 4.4 surveys. Two returned 7 or more surveys. Two possible factors may have contributed to this relatively low response rate. It may be indicative of participants’ attendance level. It may also reflect the difficulty of obtaining reaction surveys from participants using the remote attendance methods of videoconferencing or teleconferencing.

\(^8\) For the Reaction Survey, the middle of the ground response was insufficient to be analyzed separately. For the purposes of this compilation their responses were included in the Pro PAS category.
Table 1 Reaction Survey Scores

<table>
<thead>
<tr>
<th>Questions</th>
<th>Group Averages</th>
<th>Anti PAS Averages</th>
<th>Pro PAS Averages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meetings</td>
<td>Meetings</td>
<td>Meetings</td>
</tr>
<tr>
<td></td>
<td>1 thru 9</td>
<td>1 thru 9</td>
<td>1 thru 4</td>
</tr>
<tr>
<td>1 The meeting objectives were clear</td>
<td>2.2</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td>I had the information I needed to participate effectively</td>
<td>1.9</td>
<td>1.6</td>
<td>1.8</td>
</tr>
<tr>
<td>3 The meeting was productive</td>
<td>2.2</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td>4 I had an opportunity to speak my mind</td>
<td>1.7</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td>5 I was listened to</td>
<td>1.8</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td>6 I had an opportunity to hear from others</td>
<td>1.6</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>7 The facilitators effectively promoted dialogue</td>
<td>1.9</td>
<td>1.8</td>
<td>1.9</td>
</tr>
<tr>
<td>8 We built toward a common understanding</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>9 The important questions were “on the table”</td>
<td>2.2</td>
<td>2.2</td>
<td>2.4</td>
</tr>
<tr>
<td>10 We uncovered new ideas</td>
<td>2.5</td>
<td>2.6</td>
<td>2.7</td>
</tr>
<tr>
<td>11 We made progress on the issue of end of life care</td>
<td>2.5</td>
<td>2.7</td>
<td>2.9</td>
</tr>
<tr>
<td>We made progress on the issue of physician-assisted suicide</td>
<td>3.2</td>
<td>2.9</td>
<td>3.1</td>
</tr>
</tbody>
</table>

1= Strongly Agree 2= Agree 3= No Opinion 4= Disagree 5= Strongly Disagree
The group as a whole believed that from the start the objectives were clear, the process was productive, they were building toward a common understanding, important issues were on the table and new ideas were being uncovered. Statements 1, 3, 8, 9 and 10, indicate that for the first four meetings both Pro PAS and Anti PAS participant scores averaged 2.6 (between an “agree” and a “neutral/no opinion” belief) that objectives were clear (Statement 1), the process was productive (Statement 3), they were building toward a common understanding (Statement 8), important questions were on the table (Statement 9) and new ideas were being uncovered (Statement 10). However for the last five sessions the participants moved closer to an “agreed” belief that objectives were clear (Statement 1), the process was productive (Statement 3) and important questions were on the table (Statement 9). As discussed in the Methodology section, this movement toward greater satisfaction on these statements is typical for self-organizing groups.

Although the entire group indicated they on the whole initially believed that they were building toward a common understanding (Statement 8) and new ideas were being uncovered (Statement 10) scores for these statements showed little improvement for the last 5 meetings. One explanation suggested by the participant interviews is that participants experienced a lack of progress on the issue of PAS and that may have skewed assessment. For example, one participant noted, “what was creative about the process was the material we came to agree upon with end of life Issues…no movement was made on public policy on physician-assisted suicide but I didn’t expect it…it was hard to be neutral on the subject…”

The group as a whole leaned toward a “neutral/no opinion” belief that the group made progress on the issue of EOL (Statement 11). During the first 4 meetings the Pro PAS group leaned toward a “neutral/no opinion” belief that the group made progress on the issue of EOL and began to lean toward agreeing that progress was made during the last 5 meetings (2.6 for meetings 1-4 vs. 2.2 for meetings 5-9).

The Anti PAS group mostly agreed that the dialogue made progress on the issue of EOL but their agreement was qualified. The Anti PAS group actually was neutral in the first four meetings and changed slightly during the dialogue (2.9 for meetings 1-4 vs. 2.4 for meetings 5-9). Interviews of Anti PAS participants suggest some may have been disappointed in the resulting recommendations and this may have been represented in their assessment. For example, one Anti PAS participant volunteered that “It (the report) did a good job identifying the main issues but the recommendations were not easily implementable”. Another Anti PAS participant noted that, “It was not a high quality document…we did not push many envelopes”. Still another participant said, “I don’t think they (the group) are breaking new ground”. Finally, another participant offered, “I am not sure how creative we were or how high quality our work was…it if we had fewer recommendations (they might have been treated in more depth)”.

When considering whether improvement was made on PAS issues (Statement 12), the group was generally neutral. The Pro PAS group went from 3.3 to 3.6. A possible explanation for movement of Pro PAS participants toward disagreement with the statement in this item may suggest that Anti PAS participants began to harden their positions to prevent Pro PAS language in the report. A Pro PAS participant said, “Very little movement was made on PAS… it was more of a hardening of behaviors around their stances.” The
Anti PAS group went from 3.1 to 2.5 on this item. One explanation for this movement may reflect that the Anti PAS group felt progress was made because they felt the dialogue process was intended to legitimize the PAS position in some way and that while Pro Pas participants worked hard to add Pro PAS language in the report, they were not successful. An Anti PAS participant stated, “I came to believe that the dialogue on EOL was to add legitimized support to PAS changes which made me dig in my heels…my job became to make sure they didn’t put their language in…” Another Anti-PAS participant stated, ” Both sides were able to see shifts in our arguments…if anything it will intensify our debate.”

Phase 2 Learning Analysis

The learning analysis was built on a comparison of baseline and exit beliefs using an identical pre survey and post survey to measure learning by measuring changes in participant belief. Change in belief is an outward manifestation of learning. Education on the issues occurred throughout the dialogue so the most effective measurement was a comparison between the beliefs of the participants at the start of the process with the beliefs at the end of the process.

The summary of results is displayed in Table 2, Pre/Post Survey Scores. The survey covered five topics:

- Participant belief changes about PAS.
- Participant belief changes about EOL.
- Participant belief that EOL care will improve.
- Participant beliefs on whether the experience of dying people will change.
- Participant beliefs on whether the experience of dying people will improve through, respectively, public policy, healthcare providers, practices of hospitals, insurance practices and policies, and public perceptions and attitudes.

The pre and post surveys that could be matched to specific participants returning both were used in the analysis. Fifteen participants (79% of total) returned both pre surveys and post surveys for comparison. There were seven Pro PAS participant surveys returned, two Middle Ground participant surveys returned and six Anti PAS participant surveys returned.

In summary, the participants believed that EOL care and the experience of dying people would change in California. Each of the three sub groups (Pro PAS, Middle Ground and Anti PAS) believed they could not find common ground on PAS and this belief was apparently strengthened for the whole group and the Anti PAS group as a result of the process. The Anti PAS group believed that changes in all five factors (public policy, healthcare providers, practices of hospitals, insurance practices and policies and public perceptions and attitudes) would contribute to the experience of dying people changing in California. The Middle Ground participants believed that changes would only occur from public policy changes and changing public perceptions and attitudes. The Pro PAS group believed that changes would occur from public policy changes, practices of healthcare providers, practices of hospitals, and changing public perceptions and attitudes. All three groups reported the strongest belief in changes occurring in the experience of dying people from public policy changes and changing public perceptions and attitudes.
<table>
<thead>
<tr>
<th></th>
<th>STATEMENTS</th>
<th>TOTAL AV</th>
<th>Anti PAS AV</th>
<th>Middle Ground AV</th>
<th>Pro PAS AV</th>
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<td></td>
<td></td>
<td>PRE</td>
<td>PRE</td>
<td>PRE</td>
<td>PRE</td>
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<tr>
<td>1A</td>
<td>I believe that dialogue is worthwhile on the issue of PAS</td>
<td>2.1</td>
<td>2.3</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>1B</td>
<td>I believe that dialogue is worthwhile on the issue of EOL</td>
<td>1.4</td>
<td>1.6</td>
<td>1.2</td>
<td>2.2</td>
</tr>
<tr>
<td>2A</td>
<td>I believe that common ground can be found on the issue of PAS</td>
<td>3.3</td>
<td>3.9</td>
<td>3.7</td>
<td>4.3</td>
</tr>
<tr>
<td>2B</td>
<td>I believe that common ground can be found on the issue of EOL</td>
<td>1.7</td>
<td>1.6</td>
<td>1.3</td>
<td>1.8</td>
</tr>
<tr>
<td>3A</td>
<td>I believe that the value of sanctity of life is respected in the debate over: PAS</td>
<td>2.5</td>
<td>2.5</td>
<td>3.0</td>
<td>3.7</td>
</tr>
<tr>
<td>3B</td>
<td>I believe that the value of sanctity of life is respected in the debate over: EOL</td>
<td>1.9</td>
<td>1.8</td>
<td>1.5</td>
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<td>4A</td>
<td>I believe that the value of autonomy is respected in the debate over: PAS</td>
<td>2.4</td>
<td>2.4</td>
<td>2.5</td>
<td>2.7</td>
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<td>4B</td>
<td>I believe that the value of autonomy is respected in the debate over: EOL</td>
<td>2.1</td>
<td>1.6</td>
<td>1.7</td>
<td>1.8</td>
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<tr>
<td>5A</td>
<td>I believe that the professional integrity of physicians is respected in the debate over: PAS</td>
<td>2.4</td>
<td>2.4</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>5B</td>
<td>I believe that the professional integrity of physicians is respected in the debate over: EOL</td>
<td>2.1</td>
<td>1.5</td>
<td>2.2</td>
<td>2.0</td>
</tr>
<tr>
<td>6A</td>
<td>I believe that the professional integrity of nurses is respected in the debate over: PAS</td>
<td>2.4</td>
<td>2.7</td>
<td>3.0</td>
<td>3.7</td>
</tr>
<tr>
<td>6B</td>
<td>I believe that the professional integrity of nurses is respected in the debate over: EOL</td>
<td>1.9</td>
<td>2.0</td>
<td>1.7</td>
<td>2.3</td>
</tr>
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1= Strongly Agree   2= Agree   3=No Opinion   4= Disagree   5= Strongly Disagree
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<td>7A</td>
<td>I am effective in working collaboratively with those with whom I may disagree on the issue of: PAS</td>
<td>2.1</td>
<td>2.7</td>
<td>2.3</td>
<td>2.8</td>
<td>1.5</td>
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<td>2.3</td>
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<td>7B</td>
<td>I am effective in working collaboratively with those with whom I may disagree on the issue of: EOL</td>
<td>1.7</td>
<td>2.1</td>
<td>1.5</td>
<td>2.3</td>
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<td>8A</td>
<td>I believe that others understand my point of view on the issue of: PAS</td>
<td>2.1</td>
<td>2.0</td>
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<td>2.5</td>
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<td>1.8</td>
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<td>9</td>
<td>I believe that end of life care in California will improve.</td>
<td>1.6</td>
<td>1.9</td>
<td>1.8</td>
<td>2.2</td>
<td>1.5</td>
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<tr>
<td>10</td>
<td>I believe that the experience of dying people in California will improve.</td>
<td>1.9</td>
<td>1.9</td>
<td>2.0</td>
<td>2.0</td>
<td>1.5</td>
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<td>11A</td>
<td>I believe that the experience of dying people in California will change through: Public policy</td>
<td>2.1</td>
<td>2.0</td>
<td>2.5</td>
<td>2.2</td>
<td>2.0</td>
<td>2.5</td>
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<tr>
<td>11B</td>
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<td>2.0</td>
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<td>11C</td>
<td>I believe that the experience of dying people in California will change through: Practices of hospitals</td>
<td>2.1</td>
<td>2.4</td>
<td>2.0</td>
<td>2.3</td>
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<td>11D</td>
<td>I believe that the experience of dying people in California will change through: Insurance policies and practices</td>
<td>2.5</td>
<td>2.4</td>
<td>2.2</td>
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<tr>
<td>11E</td>
<td>I believe that the experience of dying people in California will change through: Public perceptions and attitudes</td>
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<td>1.6</td>
<td>1.3</td>
<td>1.5</td>
<td>2.0</td>
<td>2.5</td>
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We used a 0.6 change in belief to indicate learning had occurred. By this criterion, the Anti PAS group experienced the most learning. Their belief that common ground could not be found on PAS issues was increased after the process. Additionally they increased their belief that the sanctity of life is not respected in the debate over PAS, going from a neutral 3.0 in statement 3B to a more negative 3.7. Their belief about the professional integrity of nurses being respected in the debate over PAS showed a similar movement. There was a significant deterioration in the belief that they could work well with those whom they disagree on EOL issues (from 1.5 to 2.3 on statement 7B). This change however is still in the range between agree and no opinion.

The Middle Ground participants showed significant change in belief regarding whether the experience of dying people in California will change through healthcare providers, practices of hospitals, or insurance policies and practices. For all these items the Middle Ground moved from a largely positive belief to a clear negative belief by the conclusion of the process.

The data do not suggest any significant movement in the beliefs of Pro PAS participants as a result of the dialogue.

Responses to statement 1A indicate that Anti PAS participants began the dialogue leaning toward no opinion on whether the dialogue is worthwhile on the issue of PAS. While the data show only a slight movement toward neutrality on this issue, the interviews suggest that in fact this group ended the dialogue divided on whether the dialogue was worthwhile on PAS issues. One Anti PAS participant explained, “(As a result of the dialogue)…our new coalition is designing a legislative agenda that can be exported to every state…instead of being put into a position that legislators were put in Hawaii where Pro PAS write all the rules and sets the time…we will be there first to put Pro PAS folks on the defensive…before the dialogue we didn’t realize how important it was to be proactive…” However, another Anti PAS participant stated, “There was no real creativity or status quo challenged (in the process)”

Statements 2A, 3A, 5A and 6A regarding PAS had scores 3.0 or higher in the baseline pre survey and 3.3 or higher on the exit post survey for several of the groupings, verifying the divisive nature of this issue. Responses to statement 2A indicated that the group as a whole and the Anti PAS group declined in their belief that common ground on PAS issues could be found at the conclusion of the dialogue, going from the range of neutrality to the range of disagreement (3.3 to 3.9 and 3.7 to 4.3 respectively). The Middle Ground participants remained unsure on this issue at the end of the dialogue while the Pro PAS participants appeared to lean toward disagreeing that they could find common ground on the PAS issue (3.0 to 3.5). One Pro PAS participant stated, “The only way we could agree on PAS was to agree to disagree.” A Middle Ground participant stated, “Some participants were so polarized on PAS that we wasted a lot of time restating arguments over and over again.”

Responses to statements 3A indicated that by the end of the dialogue only the Anti PAS group believed that the sanctity of life was not respected in the debate over PAS (moving from a neutral 3.0 to a more negative 3.7). The Middle Ground and Pro PAS groups believed that it was respected (1.0 and 1.9 respectively). The Middle Ground participants
appeared to strengthen their belief that the sanctity of life is respected in the debate over PAS (1.5 to 1.0) as a result of the dialogue. Responses of Pro PAS participants showed no significant change in beliefs on this issue.

Responses to statement 5A indicated that only the Anti PAS group remained firmly “neutral/no opinion” in regards to whether the professional integrity of physicians is respected in the debate over PAS (3.0 and 3.3). The other two groups believed that physician integrity is respected. However, the Middle Ground participants became less sure that the professional integrity of physicians is respected in the debate over PAS. As one Middle Ground participant stated, “It was very educational but shocking that we will cover our own rears first before taking care of the patient…about appropriate medication.”

Responses to statement 6A indicated that only the Anti PAS group leaned toward “neutral/no opinion” on the issue of respect for professional integrity of nurses at the beginning of the dialogue, and they showed change as their position became more negative in this belief by the end of the dialogue (3.0 to 3.7).

Several items addressed the issue EOL. Each of the three sub groups began and ended the process leaning toward strongly agreeing that EOL care will improve. The question was how and with what resources. The responses indicate that as they began the process each of the three sub groups believed that the value of the sanctity of life is respected in the debate over EOL. Only Anti-PAS participants left the dialogue with a significant shift in their belief toward a “neutral/no opinion” on this statement.

Several statements addressed the issue of the experience of dying people (Statements 11A through 11E). Each of the three sub groups began and ended the process leaning toward strongly agreeing that the experience of dying people will change in California. By the end of the dialogue however, the Middle Ground participants became somewhat less sure that the experience of dying people would improve in California (1.5 to 2.5). This may have been a reflection of their frustration (previously described) that in their view, the divisiveness of the PAS issue dominated the dialogue.

The 5 sub-parts of statement 11 were designed to measure whether participants believed the experience of dying people will change in California as a result of various changes. These include changes through public policy (Statement 11A), healthcare providers (Statement 11B), practices of hospitals (Statement 11C), insurance practices and policies (Statement 11D) and public perceptions and attitudes (Statement 11E). The responses indicated that the group as a whole generally believed that all of these factors would be relevant to the change in experience of dying people. By the end of the dialogue, responses from the whole group and all three sub groups showed the strongest belief that the experience of dying people will change through changes in public perception and attitudes.

The most significant shift regarding this issue occurred in the beliefs of the Middle Ground group. They started the process believing that the experience of dying people will change through healthcare providers, practices of hospitals, and insurance policies and practices. At the end of the process, belief on all three of these factors shifted to the negative side.
Their belief that the experience of dying people will change through public policy and changing public perceptions and attitudes did not change.

The Pro PAS group remained “Neutral/No Opinion” on whether the experience of dying people in California will change through insurance policy and practices. They also retained their belief that a combination of the other four factors would be relevant to change in the experience of dying people. The Anti PAS group responses indicated belief that all five factors would be relevant and this belief did not shift significantly.

**Phase 3 Process Analysis**

Seven criteria were defined to evaluate the process:

1. Representatives of all relevant and significantly different interests were present.
2. The project was driven by purpose shared by the group.
3. The process was self-organizing, allowing participants to decide on ground rules, objectives, workgroups, and discussion topics.
4. The process engaged participants, keeping them at the table and interested.
5. The methods used to keep participants engaged were effective.
6. The process fostered challenges to the status quo based upon the initial assessment and fostered creative thinking.
7. The process sought consensus only after discussions fully explored the issues and interests and significant effort was made to find creative responses to differences.

Criteria 1, 4, and 5 are criteria that go to the issue of whether a collaborative process includes all the appropriate stakeholders and keeps participants engaged to the conclusion. Criterion 2 reflects the importance for a collaborative process to be driven by shared purpose. Criterion 3 reflects the importance for a collaborative process to encourage stakeholders to be self-organizing. Criteria 6 and 7 reflect the importance for a collaborative process to challenge the status quo and foster creative thinking, while seeking consensus only after all issues and interests are fully explored.

In summary, the participants generally indicated that they believed that the objectives were clear, the process was productive and important issues were on the table. They tended to respond less positively regarding whether they were building a common understanding and new ideas were being uncovered (Statements 8 and 10, Table 1). As discussed in the analysis of the Reaction Survey, keeping participants interested, engaged and at the table was one of the most significant challenges of the dialogue. However, most participants indicated that a good quality product was produced. This suggests that at least enough of a subset of the participants were kept engaged, interested and at the table to produce the report.

The group had the common purpose of writing a report to the Committee. The group worked diligently to accomplish this shared purpose. However, the Pro PAS and Anti PAS participants were reportedly at odds about “hidden agendas”. The Center consultant did observe the group in the first few meetings as they self-organized creating their own ground rules, objectives, working groups and discussion topics. A working group was also
identified to help create each meeting agenda in conjunction with the RESOLVE, Inc. facilitation team.

Seven of the fifteen interviewed participants (47 percent) indicated that they did not believe the process produced a challenge to the status quo and creative thinking regarding PAS issues. However, all of the interview participants believed that the status quo was challenged regarding EOL issues.

The process variables as they relate to the criteria are described more fully in the remainder of this section.

Regarding the criteria related to maintenance of participation by all the important stakeholders, the data indicated that keeping all the relevant participants engaged throughout the process was a challenge. Also, not all the relevant stakeholders chose to participate in the process and some participants did not fully participate in the process, attending some but not all meetings.

While 10 of 15 interviewees agreed that the methods used to keep the participants at the table were effective, several nevertheless expressed frustration regarding aspects of the participation. In the end, this irregular participation reportedly proved to be a distraction for the group around issues that truly challenged the status quo and fostered creative thinking. One participant expressed the frustration this way, “Agreements would be reached, then maybe two or three meetings later another person would come in and the agreements would fall apart. I saw people leave because of polarization…” Another participant complained, “people seemed to drop out and some didn’t come to a lot of the sessions”. One participant stated, “In the end when we started word-smithing it started to loose interest of the members. When Chris (one of the facilitators) wasn’t there it wasn’t as well controlled…we started rehashing old ground and it started to change for me…I was in the throes of…I am getting really sick of this but I will miss it…”

However, the Reaction Survey data indicated the participants believed that objectives were clear (Statement 1), the process was productive (Statement 3) and important questions were on the table (Statement 9) as the meetings progressed. Additionally, the group scores in the Reaction Survey indicated that throughout the process participants leaned toward a “neutral/no opinion” position when considering whether they were building toward a common understanding (Statement 8) and new ideas were being uncovered (Statement 10).

Participant interviews relating to this less positive belief regarding building a common understanding (Statement 8) and uncovering new ideas (Statement 10) suggest the belief may have contributed to the apparent irregular attendance. PAS discussions appeared to be the lightening rod. One Anti PAS participant stated, “I came to believe that the dialogue on EOL was to add legitimized support to PAS changes which made me dig in my heels…My job became to make sure they didn’t put their language in…I got cast as holding onto my agenda…I can’t set aside my agenda…I am not autonomous…” Similarly, a Pro PAS participant observed, “No the status quo was not challenged on PAS, the group hardly explored them; the writing (sic) then retreated into the silos from which they came.” A Middle Ground participant stated, “A lot of attempt was made to engage in creative thinking
and attempt (sic) to work together…(but) a few members threatened to try it in other venues such as media and legal.”

The composition of the group was an issue for the process. One participant observed, “It was not like everyone who signed had equal weight…some represented one person others represented 1000…some came from groups who have taken official positions, others came as independents and could change their mind…it complicated things and hampered some of the movement on the issues…” (Six of the nineteen participants were individual representatives.) Another participant argued that other important interests also should have been included in the process. The participant stated, “We did not have a group who adequately reflected various participating industries for EOL issues…legal profession, health insurance, death care for corporal disposition for better advanced EOL planning.”

This perspective is supported by consideration of many of the recommendations in the final report. For example, several recommendations for new funding were proposed in the final document, but stakeholders who would potentially be affected by these funding proposals were not included in the process. Other recommendations were proposed regarding new education requirements. However interests that would be impacted by these new requirements, like medical school administrators and nursing school and paraprofessional school representatives, were not included as stakeholders in the process. The only member of the nurse’s association reportedly attended only one or two meetings. Finally, key recommendations related to changes in the state’s triplicate requirement for controlled substances. However interests that have historically been concerned regarding such changes, such as law enforcement and the Office of the Attorney General, chose not to send representatives to participate in the process. This issue is discussed more fully in the analysis of outcomes in the following section. (See Appendix 1 for a list of participants.)

Regarding shared purpose, the group had a common purpose of writing a report for the Select Committee. The group worked diligently to accomplish this shared purpose. However, interview data indicates that Anti PAS participants believed that the process had mixed purposes. The Pro PAS and Anti PAS participants were at odds about the agenda, believing there were “hidden agendas”. One Anti PAS participant summarized this view, “I felt the primary agenda at the end was to promote PAS agendas…I was put into a defensive position…we agreed upon exploring EOL only…” A Pro PAS participant opined, “I believe that physician aid in dying is a part of the continuum of end of life care…”

Regarding self-organization, the Center consultant observed the group in the first few meetings as they self-organized creating their own ground rules, objectives, working groups and discussion topics. A subgroup was identified to help create each meeting agenda in conjunction with the RESOLVE, Inc. facilitation team. The group identified the discussion topics in the first meeting and revisited and revised them as the meetings progressed.

The data are mixed regarding whether the criterion challenging the status quo, fostering new thinking, and seeking consensus only after interests were fully explored were met. Based upon the interview of participants, the dividing line between whether these criteria were met seemed to be the PAS issue and the EOL issue.
Seven of the fifteen interviewees (47%) responded that the status quo was not challenged and creative thinking did not occur around PAS issues. The following comments exemplify this opinion expressed by Pro PAS, Anti PAS, and Middle Ground participants: “…the writing (sic) retreated into silos…” “…Every time the subject was raised certain individuals would threaten to walk…” “…It demonstrated that we were at an irretraceable (sic) impasse, not a willingness to go beyond set camps…” “…The opponents of it (PAS) challenged it…” “…no movement on public policy for PAS but I didn’t expect it…” “…Status quo was only challenged with those who didn’t know a lot about the topic…” “…There was no real creativity or challenge.”

However, all fifteen interviewed participants did agree that the status quo was challenged regarding EOL issues, including three who qualified their agreement. One qualified comment referred to how long the process took and the other thought physician assisted dying was a part of the continuum of EOL care but in general felt the status quo was challenged and creativity was attempted on the issue of end of life care.

**Phase 4 Outcome Analysis**

Five criteria were defined for analysis of outcomes including to what extent:

1. The process produced high quality agreements.
2. Stalemates affected the process, the magnitude and results of the stalemates.
3. The process resulted in social intellectual, and/or political capital for participants or constituents and/or set in motion a cascade of changes in attitudes, behaviors and actions, spin-off partnerships and new practices or institutions.
4. The process resulted in practices that are flexible and networked, permitting the community to be more creatively responsive to change and conflict.
5. The process attained the project goals stated in the Relationship to the California Assembly’s Select Committee on Palliative Care guidelines: Participant role expectations; decision-making and deliberation criteria; communication with other groups, individuals and media criteria; and discussion guidelines.

In summary, the data does not unambiguously support the conclusion that a high quality agreement was produced from the process. The one legislator interviewed indicated that she did think the product was of high quality. Most of the participants also expressed the view that the final product was of high quality, but usually this assessment was qualified in some way. In addition, review of the recommendations of the report reveals that many of the recommendations may be difficult to implement for a number of reasons. Stalemate did occur regarding the issue of PAS and this had a significant affect on the process and outcome. However, the stalemate did not prevent the group from realizing its shared purpose of producing a report for the Select Committee. Data from the interviews do support the expectation that the process resulted in new capital and change in practices, including potentially more capability to deal with future change and conflict. The data also support the assessment that the process attained the project’s goal.

The remainder of this section describes in more detail the outcomes as related to the outcomes criteria.
A high quality agreement should meet the interests of all stakeholders, even if all stakeholders don’t achieve everything they want. It should end stalemate, at least on some issues. Even if the participants cannot reach consensus, they should be able to continue their efforts to reach agreement and not be paralyzed by distrust and anger. The agreement should be feasible and implementable. It should be designed to recognize actual conditions and meet participants’ needs and concerns. The proposals should be ones that can be acted on and should help solve the problem being addressed. Finally, the proposals should be just and in the public interest when viewed from the perspective of the society as a whole. In short, a good deliberative process results in the participants finding common ground on policy changes that can be implemented to help solve the problem, while allowing them to work together in the future on those issues upon which they continue to disagree, and creating the opportunity for other affected interests to engage in the deliberation.

The one legislator interviewed agreed the report was high quality, stating, “The elegance of the report was impressive…very reflective of what went on…”

All the Pro PAS interviewees agreed that the group produced high quality agreements. However the respondents qualified this assessment. The qualifications included,” …we had few experts in the room…we had fairly good agreements but so what?” Another participant noted, “The recommendations were high quality but we could not come to agreement on one major recommendation for the Controlled Substance Act.” Another said, “If I ask is it respectable considering the political constraints, the answer is yes. I think it was remarkably high quality, except the controlled substance act …” This last interviewee stated, “It gives a clear statement that the status quo is not OK from the clinical, ethical, legal and public policy standpoint. The diametrically opposite statements on PAS may add power to the consensus we did reach.”

The Anti PAS interviewees likewise agreed that the process produced a high quality agreement, but also qualified their assessment. The qualifications were: 1) ” It was mediocre, it did a good job identifying main issues but the specific recommendations were not easily implementable,” 2) “…a good document not a high quality document…we didn’t push the envelope…” 3) “I don’t think they are breaking new ground...” 4) “I am not sure how creative we were or how high quality our work was…” 5) “Strong consensus agreements...justification of the agreements specifically on where resources were needed.”

Middle Ground participants also agreed a high quality agreement was produced, but again this assessment was qualified by three of the four Middle Ground respondents: One stated, “Yes overall we did…but the group representing the middle group doesn’t have a representation in the document…we were disenfranchised in the document.” Another stated, “No we did not fully explore the issues and interests of all sides. There was a group

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who didn’t participate much…My perception of that group was that they were in the middle…not polarized on the issues…But when the participants attended, they were prepared, began on time and tried to get up to speed if they didn’t attend. By not making them participate we lost the opportunity to find out what the middle ground was all about.” A third stated, “…we by-passed the spiritual hope of a transition to something else…And we did not have a group who adequately reflected various participating industries for EOL issues (legal profession, health insurance, death care for corporal disposition for better advanced EOL planning).”

This latter comment raises a potentially significant challenge for the feasibility of implementing the recommendations of the agreement. As noted in the discussion of the Process Analysis, many of the recommendations involved significant changes in policy and practices that potentially will require the cooperation of other important interests, but these interests did not participate in the process. (See Appendix 1 for a list of participants) This challenge is made even more difficult in the face of significant institutional and fiscal constraints, such as legislative term limits and California’s difficult budget situation.

The report recommended the elimination of the triplicate prescription requirement and replacing it with a technologically appropriate system. However, law enforcement interests that have traditionally strongly opposed this change were not represented in the process. Similarly, interests knowledgeable regarding the technological changes proposed in the related proposals were also not represented in the process.

The report recommended changes in healthcare professional programs for continuing medical education (CME) relating to use of drugs for pain management. However, representatives of interests that would be affected by this recommendation, such as the California Medical Association, did not participate in the process.

A number of ambitious recommendations were proposed related to changes in healthcare education. However, important interests affected by these recommendations were invited to participate, but chose not to be represented in the process. Similarly the report recommended funding for new research and pilot intervention services and for Centers of Excellence at medical and nursing schools. Important interests affected by these proposals, such as medical and nursing schools, were not represented in the process. This includes interests potentially affected by shifting funding priorities to implement the recommendations. The recommendations do not suggest how the new programs should be paid for, only indicating that they should be paid for by “The State Legislature, California foundations or both…”

The report recommends changes in licensure requirements for nurses. However, the California Nurses Association, for example, chose not to send a representative to participate in the process. Similarly, the report recommends that professional associations develop on-going courses in pain management and palliative care. However, none of these interests were represented as stakeholders in the process.

Recommendations to improve public education similarly proposed ambitious changes that affect important interests that were not represented stakeholders in the process. These include, for example, state departments and representatives of higher education. A
proposal to fund statewide public educational programs did not specify how these programs might be funded, nor did the process include representatives of stakeholder interests that were likely to be impacted by a shift in healthcare funding priorities.

Several recommendations were offered that involve changes to medical record practices, physician quality assurance, and discharge planner training course development and delivery. However, interests that would be affected by these changes, such as the California Medical Association, were not represented stakeholders in the process.

Finally several recommendations related to access to end of life care proposed changes in federal and insurance company reimbursement, regulatory agency oversight, federal and state data management, and training. However, interests affected by these proposed changes were not represented as stakeholders in the process.

In conclusion, while the participants and the legislator interviewed generally expressed satisfaction with the quality of the report and its recommendations, it is not clear how many of the recommendations will be feasible to be implemented. The group proposed recommendations impacting or requiring action by many interests, not all of which were represented as stakeholders. In addition the agreement did not end stalemate regarding physician-assisted suicide/dying.

However, the fact a diverse group could reach agreement on a number of issues regarding EOL that together they can work toward is significant. As the legislator noted, "It was impressive that a group so divided on PAS issues could come to so many consensuses on all other EOL issues. This made the consensuses that much more powerful." Hence the central qualifier for the criteria of whether the agreement represents a high quality agreement likely will depend both on whether the process created changes in the relationships of the participants and whether support for the specific agreements will together sustain continued engagement by these participants in the future as the proposals are considered. Again, the legislator observed, "Term limits will affect any legislative support. Three of the members (of the Select Committee) are terming out. The question is will others in the legislature get behind it. What the advocacy group does will affect how the issue evolves in the legislature."

Stalemate regarding the issue of PAS did impact the process significantly and appeared to impact the outcomes of the process. As discussed in the previous section, this issue shaped the process, influenced the content of the discussion, and affected participation by some stakeholders. The process did not produce any agreement regarding the issue of PAS. Several participants expressed frustration with the impact of the stalemate on the process. For example, a Middle Ground participant stated, "Some participants were so polarized on PAS that we wasted a lot of time restating arguments over and over again." Similarly, a Pro PAS participant stated, "A few people who were too rigid in their views and demonstrated unwillingness to consider arguments on the other side..." An Anti PAS participant stated, "I did not appreciate one of the member’s tactics. He blocked consensus where we might have had it otherwise. I spent a lot of homework time to present a recommendation...it was cut to a sentence then eliminated all together."
Anti PAS participants reported their vigilance in their efforts to keep language regarding PAS from being advanced and this appeared to shape how they participated. For example, an Anti PAS participant noted, “It was somewhat confusing as to the intention of the funders and facilitators…was it a vehicle to expand the legislation on PAS? I was there to set aside our positions to really focus on helping people die with dignity…but we could not set aside the terminology around PAS. I came to believe that the dialogue on EOL was to add legitimized support to PAS changes which made me dig in my heels…My job became to make sure they didn’t put their language in…I got cast as holding onto my agenda…I can’t set aside my agenda…I am not autonomous…”

A Pro PAS participant seemed to sum up the overall sense, “It (PAS) did generate one or two altercations with words that were derogatory and negative from one person to another…but that can’t be helped…” In conclusion, although stalemate impacted the outcomes, it did not prevent the group from finding common ground.

The data from the interviews suggested that the process might have contributed to social, intellectual, and/or political capital, potentially leading to changes in attitudes and behaviors, new practices, and new partnerships. Indications were that ad hoc groups might form around specific issues. For example, one participant opined, “Those in Sacramento will appear on EOL issues before the legislature. It is not likely that PAS will come up in the next 2-3 years…especially with the Oregon suits going. I met four new allies from my interest group, all of whom I didn’t know before the dialogue.” Another stated, “Around appropriate legislation such as AB 2018…I would be very surprised if everyone would not show up and testify.”

Regarding intellectual capital specifically, one of the academic participants indicated she has submitted a draft article to a scholarly journal as a result of the dialogue. Another stated, “A participant has contacted some of us to write articles but nothing has happened yet.” However the participant also volunteered, “I don’t see anyone moving it forward in other ways…that is the weakness of this kind of process unless the funding agency has interest in moving it forward.”

Indications from the respondents were that new coalitions may be formed, but these might not cross the stalemate issue of PAS. For example, an Anti PAS participant reported that, “a coalition has come together to move against PAS (consisting of four Anti PAS participants)…Our new coalition is designing a legislative agenda that can be exported to other states…we will be there first to put the Pro PAS folks on the defensive.” Another participant might have summed it up, “Quite a few participants already knew one another…I would expect them to get together again…”

The data from the interviews did support the preliminary conclusion that the process might result in more flexible and networked practices that permit the participants to be more creatively responsive to change and conflict. Seventy-seven percent of the respondents agreed with this conclusion. For example, an Anti PAS interviewee observed, “It (the process) may help us deal with the conflict by not as quickly demonizing the people on the other side…” A few other interviewees offered similar observations. Four of the responses (30%) reported that more creative responses to change and conflict would be a result of getting to know the opposition better. As one interviewee stated, “It may help us deal with
conflict by not as quickly demonizing the people on the other side..." This participant went on, however, to say, "...but in reality, both sides were able to see shifts in our argument...if anything it (the process) will intensify our debate..."

Two participants did not agree that the process would result in more flexible and networked practices. One respondent opined that the debate on this issue should not be handled in mediation style and the other indicated that the process will not help in future practices because the dialogue was billed as getting the participants past where they have been, and in the view of this participant, that didn't happen. But the participant went on to indicate that knowing their opponent better was an advantage for them in the future.

Observations by both a participant and legislator summed up the potential for changes in practices. The participant noted, "We have shown different camps can achieve consensus on issues we agree upon...It was an exercise that showed us we can meet and do this kind of work with positive results." The legislator agreed, "It was impressive that a group so divided on PAS issues could come to so many consensuses on all other EOL issues."

The data supported the conclusion that the group attained the project’s goals as established by the Select Committee. The legislator stated, "Yes the group achieved its goals. None of us thought they would come to a consensus on PAS. The elegance of the report was impressive...very reflective of what went on..."

A report was produced that documented consensus agreements and clarified the ongoing disagreements. The dialogue and ultimately the report explored public policy responses to both end of life care and physician-assisted suicide/dying. The dialogue and both physician-assisted suicide/dying statements in the report explored perspectives favoring and against legalized assisted suicide/dying. The dialogue explored values and attitudes regarding physician-assisted suicide/dying. Finally the dialogue and the report explored the barriers and made recommendations concerning effective end of life care.

The participant role expectations were attained. The participants engaged in thoughtful, thorough deliberation, advocated their points of view, shared relevant information, worked to identify promising areas of agreement and openly discussed and evaluated those areas.

The participants mostly met the decision-making and deliberation guidelines. The dialogue clarified perspectives, explored values and beliefs, delved into different cultural viewpoints, and talked through the deepest level of responses to the questions of end of life circumstances. When the participants attended, they were prepared, began on time and tried to get up to speed if they hadn't attended previous sessions. Open, frank and constructive discussions where participants are committed to avoid actions that would damage trust was reportedly difficult to attain. One Middle Ground participant stated, "A lot of attempt was made to engage in creative thinking and attempt to work together...(but) a few members threatened to try it in other venues such as media and legal."
CONCLUSION

For the most part the process effectively created an environment in which the participants could explore and better understand each other’s issues and interests, despite some of the participants’ reported belief that they were not effectively engaged. The participants better understand the perspectives of other participants as a result of the process and this will affect future interactions. The learning generated from the process did not change beliefs relating to PAS issues. In fact, the process appeared to have further polarized the beliefs of some participants regarding the issue. The participants did come to agree that the experience of dying people in California will improve as a result of public policy changes and changes in public perceptions and attitudes.

Based upon the criteria for process used for this evaluation, the results are mixed. On one hand the process was self-organizing and driven by the purpose of the group to prepare a report to the Select Committee. They accomplished that purpose. However, keeping the participants engaged was a challenge and this created significant frustration for some of the participants. Polarization regarding the PAS issue was a significant factor and prevented challenge to the status quo and creative thinking regarding this issue. However, all of the interviewed participants reported that they believed the status quo had been challenged and creative thinking fostered regarding EOL issues, despite this polarization. The composition of the group was a significant handicap. Many of the recommendations affected important interests that were not represented in the process as stakeholders.

Based upon the criteria for outcomes used for this evaluation, the results are similarly mixed. On one hand, the process resulted in social, intellectual, and political capital among the participants. This appeared to set in motion changes in attitudes and behaviors. The process also appeared to create a context for practices in the future that are more networked and flexible, permitting the participants to be more creatively responsive to change and conflict. In addition the process largely attained the goals established by the Assembly Select Committee on Palliative Care.

On the other hand, the quality of the agreement is in question. The group reached consensus on several EOL recommendations. And reaching this consensus sets the context for future collaboration by the participants toward attainment of these recommendations. However, many of the recommendations affected other important interests that did not participate in the process. This is likely to be a significant challenge for the feasibility of the recommendations. Legislative term limits and the state’s critical budget situation will contribute to this challenge. The agreement did not resolve the stalemate over PAS issues. But the future for productive dialogue among the opposing interests on this issue does appear to have been advanced by the dialogue and agreement.

Ultimately, the question of the quality of the agreement will be answered by whether the participants continue to work together toward attaining the recommendations, engage with other affected interests in dialogue toward this end, achieve implementation of significant elements of the agreement, and continue to be creative in their dialogue with each other and with others in the community regarding end of life care and physician-assisted suicide/dying.
Appendix 1: Participant List

Dr. Robert Brody  
Chair, Ethics Committee and Chief, Pain Consultation Clinic  
San Francisco General Hospital

Reverend John Brooke  
Death with Dignity

Judy Citko  
Vice President-Continuing Care Services, Sacramento Healthcare Association

Margaret Clausen  
Executive Director, California Hospice & Palliative Care Association

Lori Dangberg  
Vice President, Alliance of Catholic Health Care

Ned Dolejsi  
Executive Director, California Catholic Conference

Marilyn Golden  
Disability Rights Education and Defense Fund

Dr. Rex Greene  
City of Hope Hospital

Dr. Richard Ikeda  
Executive Director, Health For All

Brian Johnston  
Executive Director  
California Pro-Life Council

Neal Kohatsu  
Medical Director, Medical Board of California

Dr Katheryn Locatell

Betty London  
State Coordinator of Health Issues, American Association of Retired Persons

Mike Mendiola  
Associate Professor of Christian Ethics  
Pacific School of Religion

Denise Parker  
DENI Resources

Professor Ben Rich  
Bioethics Program, UCD Medical Center

Professor Anita Silvers  
San Francisco State University

Karen Stanley, RN, MSN, AOCN, FAAN

Sallie Troy  
President  
Hemlock Society of San Francisco
Appendix 2: Lawmaker Interview Schedule

1. Name:
2. Organization:
3. Position/Title:

4. Did the group achieve its goal? (See operating agreement and relationship to the California’s Select Committee on Palliative Care)

5. What was your view of the recommendations on EOL care?

6. Will the recommendations help advance new policy in the legislation?

7. How likely is it that legislation based on the recommendations will pass into law?

8. Will you attempt to introduce legislation to advance the recommendations? If not why not? If so…on which subjects? Why?

9. Would you vote for legislation based on these recommendations? Which ones? Why? If not why not?

10. Will these recommendations lead to improvements in EOL (End of Life) care? In Physician Assisted Suicide?

11. What is your view of the statements on PAS?

12. How is your view of dying/suicide influenced by the report?

13. How do you see this issue evolving in the legislature? Among the citizens in your district? In California? Speculate how you see it evolving…

14. Is this dialogue/document changing your thinking about whether the proposal is resulting in changed thinking about each of the policy approaches, policy/political strategies, and the way they are dealing with other affected interests?
Appendix 3: Participant Interview Schedule

1. Name:
2. Organization:
3. Position/Title:

3. Do you believe discussions fully explored the issues and interests of all sides and was significant effort made to find creative responses to differences?

4. Do you believe the group challenged the status quo on Physician-Assisted Suicide/Physician Aid in Dying and fostered creative thinking?

5. Do you believe the group challenged the status quo on end of life care? If so, did that help build consensus recommendations?

6. Did you see any changes in behavior or attitude during the dialogue? Elaborate…

7. What, in your view, was the most positive aspect of the dialogue?

8. What, in your view, was the least positive aspect of the dialogue?

9. Do you believe you produced a product with high quality agreements?

10. What do you expect to happen to those agreements now that the dialogue has concluded?

11. How do you expect the dialogue participants to work together in the future? Who? On what issues?

12. What new partnerships/coalitions formed as a result of the dialogue? What do you expect from them?

13. Do you believe the process you participated in will help the interest groups to be more responsive to the future changes and/or conflict?

14. What new position will you or your group take as a result of what you learned during the process?

15. What changes will you or your group pursue as a result of what you learned during the process? Did you discover a new question you or your group will pursue? What are you going to do about it?