

Model Hospice Aid-in-Dying Policy Intro and Website Verbiage

General statement of values:

Our hospice is committed to honoring our patients' end-of-life wishes, respecting their autonomy, and providing support to them and their loved ones, regardless of how they die. We offer our clinical expertise to patients considering or choosing medical aid in dying while strictly complying with all applicable laws and regulations. We are prepared to support and coordinate care, regardless of where patients' aid-in-dying prescriptions originate.

We acknowledge that this care is unique. Accordingly, staff are never required to provide this care and will promptly hand off cases to other team members whenever necessary, without question or fear of reprisal.

Clinical roles and permitted activities:

Our hospice providers are educated and prepared to provide information and ongoing care to patients who indicate an interest in having the option to use medical aid in dying. Additionally, our providers are equipped to coordinate care and support patients who join our service with aid-in-dying prescriptions from external agencies.

Here, provide details about what your hospice providers are permitted or not permitted to do. Prescribe? Consult? Manage non-oral routes? If there are activities that your hospice providers are not permitted to perform, how will you ensure patients are promptly referred?

Our providers are prepared and permitted to:

- Act as the attending (prescribing) provider or consulting (confirming) provider for medical aid in dying.
- Provide prompt referrals to AADM.org or other outside agencies for attending (prescribing) providers and/or consulting (confirming) providers.
- Coordinate care with an outside attending (prescribing) provider.
- Coordinate care with clinical staff to manage non-oral self-administration if needed.
- Refer patients to AADM.org or another outside agency if support for non-oral self-administration is needed.

Our clinical teams—social workers, spiritual care providers, and nurses—are educated and supported to provide care for patients considering or completing medical aid in dying. They are trained to openly discuss, clarify, and provide legal and practical information to patients interested in medical aid in dying. Our staff is prepared to coordinate care and support patients who arrive at our service with aid-in-dying prescriptions from external agencies. Here, clarify what your clinical staff are permitted or not permitted to do: Can they provide internal or external referrals to attending and consulting providers? Can they coordinate care with outside prescribers? Can they provide bedside care throughout the procedure? Can they offer specialized grief support? If there are activities that your staff are not permitted to perform, how will they refer such cases?

Our clinical staff are prepared and permitted to:

- Refer patients to our hospice providers, who can act as attending or consulting providers for medical aid in dying.
- Refer patients to AADM.org or outside providers who can act as attending or consulting providers for medical aid in dying.
- Coordinate care with prescribers, internal or external.
- Monitor and prepare patients and their loved ones for the aid-in-dying day.
- Provide bedside care during the aid-in-dying procedure, from ingestion to death.
- Refer patients to AADM.ORG and other external providers, such as doulas or volunteers, for assistance in preparing medications and bedside care during the aid-in-dying procedure.
- Provide specialized grief support to patients and families before, during, and after the patient dies.
- Refer patients and families to AADM.ORG and other outside providers for specialized grief support.

Our nurses are encouraged to collaborate closely with their patients' attending (prescribing) providers for medical aid in dying, to ensure a safe and peaceful process. They are prepared to coordinate care and support patients who join our service with aid-in-dying prescriptions from external agencies.

Here, provide details about what your nurses are allowed and not allowed to do. Coordinate care and communication with prescribers? Prepare the medications? Remain bedside, providing support throughout the process? Refer to doulas for essential care? Support non-oral routes?

Our nurses are prepared and permitted to

- Monitor and prepare patients and families for an aid-in-dying procedure.
- Safely prepare the aid-in-dying medications.
- Refer patients to AADM.org, doulas or volunteers who can help safely prepare the aid-in-dying medications.
- Provide support for non-oral routes of self-administration
- Remain bedside during the procedure to provide essential support to families.
- Refer patients to AADM.org, doulas or volunteers who can remain bedside to provide essential support.
- Refer patients to AADM.org, or external providers for support with non-oral routes of self-administration.

Link to State Laws and any revisions (for example - California)

Relevant laws and regulations:

California End of Life Option Act, AB-15 (passed 2016) - CA EOLOA

California SB380 (passed 2022) - CA SB380

Assisted Suicide Funding Restriction Act of 1997 - ASFRA