

Checklist of Best Practices for Hospice Caring for patients considering medical aid in dying

These nine points are designed to guide hospices in providing excellent care to patients considering or completing aid in dying, ensuring a safe and peaceful experience for them and their loved ones, regardless of how the patient dies. The emphasis is on patient care rather than the aid-in-dying prescription; none of these points require hospices to opt in or permit their providers to act as attending prescribers. However, they do call for and promote well-coordinated care and informed consent for patients and families.

- **All staff, including leadership, receive regular education and training on aid-in-dying care, updated annually and as needed, along with yearly policy reviews.**
- **The agency's website or patient materials provide patients with clear, straightforward information about aid in dying and the services it does and does not offer, such as:**
 - Are the agency's providers permitted to serve as attending/prescribers or consulting/confirming providers for medical aid in dying?
 - Are clinical staff permitted to attend on the aid-in-dying day and remain at the bedside during ingestion?
 - Are nurses permitted to prepare the aid-in-dying medications?
 - Are clinical staff permitted and trained to manage non-oral routes for medical aid in dying?
- **The agency maintains lists of resources** and can quickly connect patients with providers for any of the above aid-in-dying services it does not offer, such as end-of-life doulas, volunteers, or external prescribing providers, and clearly explains all potential costs involved.
- **Clinical staff are encouraged to have open discussions about goals of care—including information about aid in dying**—and to provide ongoing guidance and contingency planning for patients who are eligible for medical aid in dying.
- **The agency has established clear opt-out and hand-off procedures** that enable staff to transfer cases promptly to willing colleagues without repercussions or stigmatizing patients' choices.
- **Policies and procedures provide straightforward, actionable guidance** that enables staff to deliver information and aid-in-dying care without hesitation or delay, and that goes well beyond simply outlining what actions are not allowed.
- **Clinical staff promptly establish and maintain regular communication with their patients' attending prescriber** for medical aid in dying or their assigned backup, and coordinate care to ensure a safe and peaceful process.
- **If the staff are permitted to manage non-oral routes for medical aid in dying, nurses are trained and prepared** to monitor patients, provide assessment information to prescribers, and take orders for placement of rectal or ostomy catheters on the day of a planned death, and are permitted to prepare the medications and remain at the bedside to support the patient and family.
- **Staff have access to a provider who is knowledgeable about medical aid in dying**, before and during the aid-in-dying procedure, in case any issues arise.

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