

These eight key points are designed to guide hospices in delivering coordinated care for patients considering or completing aid in dying, ensuring a safe and peaceful process for them and their loved ones. The main focus is on patient care rather than prescription; none of these elements require hospices to opt in or allow their providers to act as attending prescribers. However, they necessitate and promote well-integrated care.

- ☐ The agency's website facilitates patient informed consent by providing easily accessible information that outlines the basic legal and practical requirements for medical aid in dying in their state, as well as details about the aid-in-dying care that their providers and clinical bedside staff are permitted to offer and not permitted to offer, such as:
 - Are the agency's providers trained and permitted to serve as attending/prescribers or consulting/confirming providers for medical aid in dying?
 - Are staff trained and permitted to support patients considering or completing medical aid in dying?
 - Can bedside clinical staff attend during the aid-in-dying procedure? Remain at the bedside during ingestion?
 - Are nurses permitted to prepare the medications?
 - Can the agency manage non-oral routes of self-administration?
 - Is specialized grief support for loved ones available?
- ☐ The staff receives education and training to provide coordinated care to patients and families, along with annual and as-needed updates.
- ☐ The agency maintains resources and can provide prompt referrals for any of the above aid-in-dying care services not offered by the agency, such as end-of-life doulas or prescribing providers, as well as general information regarding potential costs to patients for this care.
- ☐ Bedside clinical staff are supported to engage in open and ongoing discussions about care goals throughout patients' trajectories, identify interested patients, and provide prompt information and referrals to them.
- ☐ Agency policies and procedures regarding aid-in-dying care provide actionable guidance, equipping staff to provide information, care, and coordination without hesitation or delay.
- ☐ The agency has implemented opt-out procedures that allow staff to transfer cases early on to willing colleagues without facing repercussions or stigmatizing patients' decisions.
- ☐ Bedside clinical staff are trained and supported to monitor and prepare patients and their families for the aid-in-dying procedure, as well as detailed contingencies. They maintain regular communication with the attending prescriber and backup providers to coordinate a safe and peaceful process.
- ☐ Staff have access to a knowledgeable provider before and during the aid-in-dying procedure in case if any issues arise.