



# Academy of Aid-in-Dying Medicine

*Supporting best practices for the care of patients considering or completing aid in dying*

## 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, no matter 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. As such, and per the law, staff are never required to provide this care and will promptly hand off cases to other team members whenever needed, without question or fear of reprisal.

### Clinical roles and permitted activities:

**Our hospice providers** are 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 MDs are permitted or not permitted to do. Prescribe? Consult? Manage non-oral routes? If there are activities that your hospice MDs are not permitted to perform, how will you ensure patients are promptly referred?*

Our providers are permitted (but not required) to:

- Act as the attending (prescribing) provider or consulting (confirming) provider for medical aid in dying.
- Act as the 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 for medical aid in dying.
- Coordinate care with the attending (prescribing) provider and 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 to patients considering or completing medical aid in dying. They are trained to discuss, clarify, and provide legal and practical information to patients who indicate an interest in medical aid in dying. Our staff is prepared to coordinate care and support patients who come to our service with aid-in-dying prescriptions from outside agencies.

*Here, provide details about what your clinical staff are permitted or not permitted to do. Provide internal or external referrals to attending and consulting providers? Provide bedside care throughout the procedure? Provide specialized grief support? If there are activities that your staff are not permitted to perform, how will they be referred?*

Our clinical staff are permitted to:

- Refer patients to our hospice providers, who can act as attending or consulting providers for medical aid in dying.

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- Refer patients to AADM.org or outside providers who can act as attending or consulting providers for medical aid in dying.
- 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 outside providers for help 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 allowed (but not required to) to collaborate closely with their patients' attending (prescribing) providers for medical aid in dying. 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 nurses are permitted or not permitted to do. Prepare the medications? Support non-oral routes?

Our nurses are permitted to

- Prepare the aid-in-dying medications.
- Refer patients to AADM.org or outside providers for help preparing the aid-in-dying medications.
- Per doctor orders, support non-oral routes of self-administration
- Refer patients to AADM.org or an outside provider for support of non-oral routes of self-administration.

Any staff member who is morally or ethically opposed to medical aid in dying will have the option to transfer the care of the patient considering or completing medical aid in dying to other staff members at any time.

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