



Academy of  
Aid-in-Dying Medicine

## Ethics Consultation Service

### Requests for a Hastened Death without Using Aid-in-Dying Terminology

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#### I. Case Summary:

A palliative care nurse who has extensive experience with dying patients has consulted with several hospice and palliative care agencies that bar nurses or other bedside staff from “bringing up or initiating medical aid in dying unless the patient uses specific language to request information about the option,” even in jurisdictions where it is a legal option for terminally ill patients who meet the criteria. Nurses do not then know how to respond when patients use language that alludes to a hastened death but does not include the terminology of “medical aid in dying.” The nurse feels conflicted between the moral obligation to support the patient’s autonomous right to full disclosure of legal options and agency policies requiring the request to be made using the specific language of “medical aid in dying.”

#### II. Discussion and Analysis:

We based our analysis on two tenets of ethical medical practice: first, the principles of respect for a patient’s autonomy and self-determination and, second, the doctrine of informed consent, which requires a patient to have all relevant information to assist them in choosing the option that fits their goals, values, and beliefs. We find that a patient who appears to be asking about and expressing interest in the option of a hastened death but lacks the terminology of “medical

aid in dying” should not be excluded from having a discussion with the care team and provider about the option.

It is, of course, important that the general public be informed about the option of medical aid in dying so that patients are able to initiate a request for a hastened death, understanding the concept, if not the particulars, when they are terminally ill. Just as we would not require a patient who is asking for pain relief to specifically ask for a morphine drip or a fentanyl patch, we cannot require or expect a patient making an inquiry about how to expedite the dying process to utilize the terminology currently given to medical aid in dying. Medical aid in dying is and has been referred to in many (sometimes confusing) ways, including “physician assisted suicide,” “death with dignity,” “physician aid in dying,” etc. Moreover, education is not widely available, and the patient may not know about aid in dying before becoming terminally ill.

However, when a patient makes a statement that may or may not indicate a desire for information about medical aid in dying (e.g., “I just want to get this over with.”), healthcare professionals should take care to avoid statements that the patient may interpret as a suggestion or recommendation for aid in dying. In such cases, healthcare professionals should ask open-ended questions (e.g., “Can you tell me more about what you are feeling and what you are hoping for?”) to better understand the patient’s values, goals, and preferences. When the patient lives in a location where aid in dying is a legal option, the patient has a right to be given information about the option of medical aid in dying. The clinical team should be free to inform such a patient about the eligibility requirements for aid in dying, provided it is accompanied by information about all other available options. They should provide the patient with all the information needed to fulfill their wishes within the legal parameters of the medical-aid-in-dying statutes in an ethically supportable manner.

Some healthcare organizations, including hospice organizations, choose not to participate in medical aid in dying. This should be stated on the organizational website and discussed if the patient expresses interest in aid in dying. Patients receiving care from such organizations have the right both to the basic information about aid in dying and to have their care transferred to another program that will support them with their request. In order for a patient to consent to treatment, including any hospice treatment, the patient must be given information regarding the full range of available treatment options, including forgoing treatment and the option of medical aid in dying where this option is legal and available. Failure to provide at least this minimal information violates the basic tenets of informed consent (see the AMA Code of Medical Ethics, opinion 2.1.1 Informed Consent, <https://code-medical-ethics.ama-assn.org/ethics-opinions/informed-consent> ).

### **III. Conclusion and Recommendations:**

The team distilled the major concerns into the following question:

Many hospice patients are unfamiliar with laws and guidelines governing medical aid in dying and variability remains in verbiage, even among healthcare professionals. If the patient is not familiar with the terminology but shows interest in a hastened death, should the hospice or palliative care organization provide information in a neutral and unbiased manner?

The team concluded that the organization should provide this information. Moreover, we advise that the following measures be taken to ensure that a patient's autonomy is respected and that informed consent be provided.

1. The organization will provide staff with the preparation needed to explore feelings about the dying process, focusing on asking open-ended questions that encourage sharing of fears and emotions.
2. If the organization is willing to support the patient who wishes to use medical aid in dying, their staff and volunteers at all levels should be prepared to care for the patient and family members prior to and after the death. Policies and procedures should be in place that ensure safe self-administration and provide education and training for staff.
3. Furthermore, the organization should maintain a referral list of providers who participate in aid in dying should both attending and consulting staff not be available within the organization.
4. Organizations that do not participate in medical aid in dying in a jurisdiction where it is legal must reveal this on their website, in admission materials, and in the course of discussions with patients as early as possible at the time of admission.
5. Ongoing public education should be provided in jurisdictions where medical aid in dying is legal to ensure that people are aware of the option before they encounter a terminal illness.

## **REFERENCES:**

American Academy of Hospice and Palliative Medicine, Advisory Brief: Physician Assisted Dying, 2024 <https://aahpm.org/advocacy/where-we-stand/padbrief/>

Hospice and Palliative Nurses Association, Position Statement: Medical Aid in Dying, 2024 [https://www.advancingexpertcare.org/sdc\\_download/10163/?key=j8b9yntezyplc7oyx515o8h68rnopd](https://www.advancingexpertcare.org/sdc_download/10163/?key=j8b9yntezyplc7oyx515o8h68rnopd)

National Hospice and Palliative Care Association, Statement of Medical Aid in Dying, Approved, June 16, 2021 [https://www.nhpco.org/wp-content/uploads/Medical\\_Aid\\_Dying\\_Position\\_Statement\\_July-2021.pdf](https://www.nhpco.org/wp-content/uploads/Medical_Aid_Dying_Position_Statement_July-2021.pdf)

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