Academy of Aid-in-Dying Medicine

End of Life Choices New York

Hospices Template for
Aid in Dying Non-Participation

June 19, 2026

Notice: These templates are intended to guide discussions for hospice programs as they formulate their policies regarding participation in medical aid in dying. They may be lengthier and more detailed than necessary. Hospice programs can freely edit or omit sections to fit their policy formats and individual situations.

These templates were created through the combined efforts of End of Life Choices New York, the Academy of Aid-in-Dying Medicine, and a committee of New York State clinicians. Every attempt has been made to ensure the templates are consistent with NY Public Health Law Article 28-F, Medical Aid in Dying, but hospices may want to consult with their lawyers prior to adopting their policies. We recommend that organizations post their medical-aid-in-dying policies in plain language on their websites, in the interest of transparency.

Aid in Dying Non-Participation:

Organization does not participate in any medical aid in dying activities. Organizational physicians and staff will not prescribe, facilitate, or be present for medical aid in dying. The Organization will continue to provide hospice care to enrolled home care patients who independently pursue medical aid in dying.

Policy Title:
Policy Number:
Effective Date:
Approving Body:
Document Owner:
Last Review Date:

1. Purpose and Philosophy

[Organization Name] is committed to providing high-quality hospice care focused on comfort, relief of suffering, and support for patients and families as they approach the end of life, regardless of the end-of-life options they consider under New York law.

[Organization Name] acknowledges that some hospice patients may wish to exercise their legal right under the New York Medical Aid in Dying Act (Public Health Law Article 28-F) to pursue medical aid in dying. [Organization Name] acknowledges and respects that right and will not abandon these patients or their families.

[Organization Name] acknowledges that under Public Health Law § 2899-m(2), health care facilities may prohibit staff from participating in medical aid in dying activities. [Organization Name] exercises that right and has chosen to adopt an “Opt-Out” policy.

In adopting an Opt-Out position, [Organization Name] remains fully committed to providing excellent hospice care—including expert pain and symptom management, emotional support, and spiritual care—to all enrolled patients regardless of their interest in or independent pursuit of medical aid in dying.

2. Scope

This policy applies to all [Organization Name] employees, independent contractors, and volunteers providing hospice services in New York State. It applies to hospice services provided in the following settings:

- Home hospice care, including locations the patient may be residing even temporarily. Such locations may be conventional homes, rentals, terminal care shelters, homeless shelters, skilled nursing facilities, and assisted living facilities. We will collaborate with such facilities, recognizing they will have their own medical-aid-in-dying policies that will vary in level of support.
- [If applicable: Inpatient hospice facility located at [Address]].

3. Definitions

“Attending/Prescribing Physician” means the physician who evaluates and potentially prescribes the aid-in-dying medications to the patient. In this Organization, no hospice physician shall serve in this role for medical-aid-in-dying purposes.

“Consulting/2nd Opinion Physician” means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient’s terminal illness or condition. In this policy, it refers to the 2nd physician asked to determine the appropriateness of a person’s request for medical aid in dying. Nurse practitioners and physician assistants cannot fulfill this role per the law.

“Decision-Making Capacity” means the ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and to reach an informed decision.

“Hospice Designated Attending Provider” means the provider who has primary responsibility for the care and treatment of the patient’s terminal illness or condition. This may be a community provider, or the Hospice Medical Director. It may be an MD, DO, Nurse Practitioner, or Physician Assistant.

“Hospice Medical Director” or “Hospice physician” means a physician who is employed or contracted with this Organization to provide traditional administrative and clinical hospice duties. In this Organization, the Hospice Medical Director does not serve as an attending/prescribing or consulting physician for aid-in-dying purposes.

“Medical Aid in Dying” means the legal practice where a clinician cares for a terminally ill patient who considers and potentially follows through with hastening their imminent death through the use of medications prescribed for that purpose.

“Mental Health Professional” means an individual (a) licensed to practice medicine in New York State who is a diplomate of the American Board of Psychiatry and Neurology or eligible to be certified by that board, or certified by the American Osteopathic Board of Neurology and Psychiatry or eligible to be certified by that board; or (b) licensed to practice psychology under Title Eight of the Education Law.

“Patient” means a resident of New York State who is eighteen years of age or older, under the care of a physician, has been determined to have a terminal illness or condition, has decision-making capacity, and has voluntarily expressed a wish to receive medication for medical aid in dying.

“Self-Administer” means a qualified patient’s affirmative, conscious, and voluntary act of ingesting or otherwise administering aid-in-dying medication to themselves.

“Terminal Illness or Condition” means an incurable and irreversible illness or condition that has been medically confirmed and will, within reasonable medical judgment, produce death within six months whether or not treatment is provided. (A patient whose condition would be fatal within six months without treatment, but who could live longer with treatment, would still qualify if they have an incurable terminal condition.)

4. Policy Statements

1. [Organization Name] exercises its right under Public Health Law § 2899-m(2) to prohibit staff participation in medical-aid-in-dying activities within the Organization’s scope of practice and operations.
2. [Organization Name] will continue to provide quality hospice services to patients regardless of their stated interest or intent in pursuing medical aid in dying.
3. No organizational physician, nurse practitioner, physician assistant, nurse, social worker, chaplain, home health aide, or other staff member or volunteer shall, in their capacity as an agent of the Organization: serve as an attending/prescribing provider or consulting provider for aid-in-dying purposes; prescribe, prepare, dispense, or provide aid-in-dying medication.
4. Organizational staff and volunteers [may/may not] be present in the [residence/patient room] during ingestions to provide support.
5. Consistent with Public Health Law § 2899-m(3), [Organization Name] will NOT restrict, discourage, or interfere with any home care patient’s right to independently seek information about or to pursue medical aid in dying through providers outside this Organization. This protection applies to all home hospice patients regardless of this Organization’s non-participation status.
6. [Organization Name] will NOT disenroll, discharge, or otherwise abandon any hospice patient solely because the patient inquires about or independently pursues medical aid in dying through an outside provider. All enrolled patients will continue to receive their full complement of hospice services throughout their enrollment.

7. Staff and volunteers who hold personal views in support of medical aid in dying are protected from retaliation for those views, provided they abide by this organizational policy in their professional capacity.
8. Staff members who are morally or ethically opposed to medical aid in dying shall have the option of transferring care responsibilities to other staff without censure or retaliation if the patient is independently pursuing medical aid in dying.

5. Roles and Responsibilities

[This section is optional. Organizations may customize based on their structure.]

5.1 Hospice Enrollee (Patient)

- The patient retains the right, protected by Public Health Law § 2899-m(3), to independently seek aid-in-dying information and services from providers outside this Organization.
- The patient should be encouraged to notify their hospice care team if they are working with an outside medical-aid-in-dying provider, to facilitate coordination of comfort care.

5.2 Hospice Medical Director

- The Hospice Medical Director will not serve as an attending/prescribing or consulting physician for medical-aid-in-dying purposes in their organizational capacity.
- The Hospice Medical Director may provide clinical information about the patient's hospice condition to external providers upon patient authorization, for purposes of coordinating comfort care.
- The Hospice Medical Director shall coordinate with the interdisciplinary team regarding patients who express interest in medical aid in dying.

5.3 Hospice Clinical Staff

- Clinical staff shall respond to patient questions about medical aid in dying with respect and compassion, with basic accurate information from approved sources listed in Section 6.2 of this policy, and without moral judgment.
- Clinical staff shall notify the Interdisciplinary Team when a patient expresses interest in medical aid in dying.
- Clinical staff shall continue to provide standard hospice care and symptom management regardless of a patient's interest in or independent pursuit of medical aid in dying.
- Clinical staff shall NOT be present at the time a patient self-administers medical aid in dying medication.

5.4 Non-Clinical Staff

- Non-clinical staff who receive patient inquiries about medical aid in dying shall refer the patient to clinical staff.
- Non-clinical staff shall maintain confidentiality regarding any patient's interest in medical aid in dying.

5.5 Volunteers

- Volunteers who receive patient inquiries about medical aid in dying shall refer the patient to clinical staff.
- Volunteers shall not provide education or information about medical aid in dying directly to patients.

6. Patient Communication and Education

6.1 Responding to Patient Inquiries

The New York Palliative Care Information Act requires practitioners to provide terminally ill patients with information regarding palliative care and end-of-life options appropriate to the patient which may include medical aid in dying. A practitioner need not wait for a patient to voice interest in medical aid in dying before introducing and discussing the topic. If practitioners are unwilling or unable to discuss medical aid in dying with an interested patient, they must arrange for another practitioner to do so promptly.

[Organization Name] offers our clinical expertise while strictly complying with all applicable laws and regulations. This Organization does not support staff participation in medical aid in dying; however, staff shall respond to patient questions or statements regarding medical aid in dying with respect and compassion. Staff shall explore and evaluate patients' statements about all end-of-life options to identify unmet needs that hospice care can address. This exploration should include:

- Respectful inquiry about the patient's concerns, fears, symptoms, and goals
- Assessment of unmet physical, emotional, social, or spiritual needs
- Discussion of available hospice services to address identified needs
- Basic information about medical aid in dying upon patient request from the approved sources listed under Section 6.2.

When a patient or family member requests information about medical aid in dying, staff shall:

- Clearly and honestly inform the patient or family that this Organization does not participate in aid-in-dying activities—organizational physicians and staff will not prescribe, facilitate, or assist with the medical-aid-in-dying process.
- Inform the patient that they retain the right to independently seek medical-aid-in-dying information and services from other providers, and that the Organization will not discharge them or diminish their care for doing so.
- Offer to provide information from sources listed in Section 6.2 if the patient wishes. Providing this information fulfills the Organization's legal obligation to inform patients of their rights; it does not constitute organizational endorsement of or participation in medical aid in dying.
- Decline to counsel patients through the MAiD statutory request process, assist in completing MAiD forms, or refer patients to specific MAiD-prescribing physicians. Providing resource information as described in Section 6.2 is the limit of organizational facilitation.
- Notify the Interdisciplinary Team.

6.2 Approved Materials and Resources

Staff shall provide the following informational resources to patients who request information about medical aid in dying. These resources are provided to fulfill the Organization’s legal obligation to inform patients of their rights and to assist patients in locating information. Providing these resources does not constitute organizational participation in or endorsement of medical aid in dying.

- End of Life Choices New York: https://endoflifechoicesny.org
- Academy of Aid-in-Dying Medicine: https://www.aadm.org
- New York State Department of Health Medical Aid-in-Dying information page: (once available)
- New York State Palliative Care Information Act (PHL Section 2997-c)
- [Organization-approved informational materials]

6.3 Admission Disclosure

[This section is optional. May be covered by 6.1 Responding to Patient Inquiries.]

[Organization Name] discloses its Non-Participation position to patients and families at or before the time of enrollment. Staff shall inform patients that:

- The Organization does not participate in medical aid in dying activities.
- The Organization will provide comprehensive hospice care regardless of the patient’s interest in medical aid in dying.
- The patient retains the right to independently pursue aid in dying through outside providers and will not be discharged or penalized for doing so, consistent with Public Health Law § 2899-m(3).

7. Staff Participation and Conscientious Objection

7.1 Organizational Policy

Because [Organization Name] has adopted a non-participation position, no staff member or volunteer participates in medical-aid-in-dying activities in their organizational capacity. This policy applies uniformly and does not require individual conscientious objection to be invoked.

7.2 Conscientious Objection Process

If a patient or family requests that a staff member assist with any aspect of the medical-aid-in-dying process, the staff member shall respectfully decline and explain that the Organization does not participate in aid-in-dying activities. Staff shall inform the patient of their right to independently pursue medical aid in dying through outside providers, and offer informational resources per Section 6.2. The staff member shall then notify the RN Case Manager and Clinical Manager.

Staff members may request to be reassigned from the care of a patient who is pursuing medical aid in dying, without censure or retaliation, if they find such care emotionally or morally difficult.

Supervisors are responsible for facilitating reassignments promptly to ensure continuity of patient care.

8. Staff Education and Training

All staff members, including leadership, physicians, clinical staff, non-clinical staff, and volunteers, shall receive education and training about aid-in-dying care when hired and periodically, particularly following changes in the applicable law. Just-in-time retraining may also be recommended when the topic of medical aid in dying arises with a patient.

Training shall include:

- Understanding of the New York Medical Aid in Dying Act and its requirements
- Understanding of this policy and related procedures
- [Organization Name]'s Non-Participation position and the legal basis under Public Health Law § 2899-m(2)
- Patient rights under Public Health Law § 2899-m(3), including home care patient protections
- How to respond compassionately and without judgment to patient and family inquiries about medical aid in dying.
- Statutory process requirements (mandatory mental health evaluation, in-person examination, oral request recording, five-day waiting period)—for staff awareness only
- Approved informational resources (Section 6.2) and how to provide them to patients
- Documentation requirements
- Support resources available for staff

Staff should be aware that violations of the Medical Aid in Dying Act have been added to those that may constitute professional misconduct under Education Law § 6530(51).

This policy shall be reviewed periodically by [e.g., Quality Committee, Ethics Committee, Clinical Leadership].

9. Documentation Requirements

[This section can be modified as desired to include more or less]

Staff should document all discussions and interventions with patients who express interest in medical aid in dying. Documentation should comply with all NYS regulations.

10. Death Reporting

Pursuant to the New York Medical Aid in Dying Act, the underlying terminal illness or condition shall be listed as the cause of death for a patient who self-administers medication under the Act. The manner of death shall be listed as "Natural." The cause of death section of any death certificate or report shall not contain any language indicating that medical aid in dying was used, including but not limited to:

- Suicide or assisted suicide

- Physician-assisted suicide
- Medical aid in dying
- Death with dignity
- Mercy killing or euthanasia
- The name of any medication prescribed under the Act

Staff reporting a patient's death shall follow these requirements and report the cause of death as the patient's underlying terminal illness or condition.

11. Inpatient Facility Provisions

[This section applies only to organizations that operate inpatient hospice facilities. Delete this section if not applicable.]

[Organization Name] operates an inpatient hospice facility at [Facility Address].

Consistent with [Organization Name]'s non-participation position under Public Health Law § 2899-m(2), the Organization does not permit the self-administration of medical aid in dying medication in the inpatient facility. Patients who wish to self-administer medication under the Medical Aid in Dying Act shall be transferred to another setting of the patient's or family's choosing. The Organization shall assist with discharge planning and continuity of care. Home hospice services may continue in the patient's new setting.

Pursuant to Public Health Law § 2899-m(3), nothing in this policy shall be construed to restrict a patient at home from accessing care under the Medical Aid in Dying Act.

12. References

- New York Public Health Law Article 28-F (Medical Aid in Dying Act)
- New York State Palliative Care Information Act (PHL Section 2997-c)
- New York Education Law § 6530(51) (Professional Misconduct)
- Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. § 14401 et seq.)
- [Applicable religious sponsor's ethical and religious directives, if any—e.g., Ethical and Religious Directives for Catholic Health Care Services (ERDs)]
- Academy of Aid-in-Dying Medicine (www.AADM.org)
- End of Life Choices New York (www.EOLCNY.org)

— End of Policy —