



End of Life  
Choices  
New York

## Hospices Template for Aid in Dying Selective 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 Selective Participation:

Hospice doctors are not involved. They refer to community physicians for medical-aid-in-dying consultations and prescriptions. Staff may be present at self-administration, with organizational approval and at request of family.

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

### 1. Purpose and Philosophy

[Organization Name] is committed to honoring patients' end-of-life wishes, respecting their autonomy, and providing support to them and their loved ones, regardless of how they die. The Organization offers its clinical expertise to patients considering or choosing medical aid in dying

while strictly complying with all applicable laws and regulations. The Organization acknowledges that some 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. The Organization will not abandon these patients or their families.

[Organization Name] acknowledges that under Public Health Law § 2899-m(2), health care facilities with sincerely held religious beliefs or moral convictions may prohibit staff from participating in medical aid in dying activities. This Organization has chosen to adopt a “Selective Participation” policy. This means the Organization will provide information, education, and emotional support to patients considering medical aid in dying, while referring patients to community physicians or external resources for the medical aid in dying prescription process. This Organization is prepared to support and coordinate care, regardless of where patients' aid-in-dying prescriptions originate.

## 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 will evaluate and potentially prescribe the aid-in-dying medications to the patient. Per New York law, only physicians can fulfill this role.

**“Consulting/2<sup>nd</sup> 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 Physician/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.

**"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] will continue to provide quality hospice services to patients regardless of their stated interest or intent in pursuing medical aid in dying.
2. The Organization will provide basic accurate information, and emotional support to patients and families who inquire about or are considering medical aid in dying.
3. The Organization will refer patients who wish to pursue medical aid in dying to community physicians or external resources to facilitate the prescription process. Hospice physicians will not serve as attending or consulting physicians for purposes of medical aid in dying.
4. The Organization will not provide, deliver, pay for, or administer medication intended for medical aid in dying.
5. No staff member shall administer medical aid in dying medication to a patient. Only the patient may self-administer the medication.
6. Staff and volunteers 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.
7. The Organization will comply with the federal Assisted Suicide Funding Restriction Act (ASFRA), which prohibits the use of federal funds to pay for items and services related to assisted suicide.

#### **5. Roles and Responsibilities**

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

### **5.1 Hospice Enrollee (Patient)**

- The patient is responsible for obtaining an Attending/Prescribing physician participating in medical aid in dying to evaluate and assist them through the process.
- The patient is strongly encouraged, but not required, to inform family members of their decision.

### **5.2 Hospice Medical Director**

- The Hospice Medical Director shall not serve as the Attending/Prescribing or Consulting/2<sup>nd</sup> opinion physician for purposes of medical-aid-in-dying prescriptions.
- The Hospice Medical Director may provide clinical information to external physicians upon patient authorization.
- The Hospice Medical Director shall support staff and 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.
- 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.
- Clinical staff may be present at the time of self-administration with supervisor approval and at the request of the patient or the family. If staff presence is not possible, or hospice staff support is declined, staff should encourage the patient to have someone present who is knowledgeable in medical-aid-in-dying practices.

### **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.
- Volunteers [may/may not] be present at the time of self-administration of aid-in-dying medications.

## **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.

Our Hospice staff are educated and prepared to provide basic accurate information from sources listed in Section 6.2 as well as ongoing care to patients who indicate an interest in MAiD. We offer our clinical expertise while strictly complying with all applicable laws and regulations. Staff shall respond to patient questions or statements regarding medical aid in dying with respect and compassion. They will explore and evaluate patients' statements about all end-of-life options, including medical aid in dying. 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
- Information about medical aid in dying upon patient request

Patients who wish to pursue medical aid in dying shall be advised to contact a community physician to begin the process and to use the resources listed in Section 6.2 below.

### **6.2 Approved Materials and Resources**

Staff should provide education from approved materials and resources to ensure consistent messaging and accurate legal information. Approved resources include:

- 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 educational materials]
- [List of community physicians/resources willing to participate in medical aid in dying]
- Death with Dignity National Center: <https://deathwithdignity.org>

### **6.3 Admission Disclosure**

[This section is optional. May be covered by 6.1]

At admission, staff shall inform patients that the Organization will provide standard hospice services regardless of the patient's stated interest or intent in pursuing medical aid in dying.

## **7. Staff Participation and Conscientious Objection**

### **7.1 Individual Participation Determination**

The Organization recognizes that each staff member, including volunteers and physicians, will need to thoughtfully consider whether it is within their ability, values, and beliefs to provide care for patients who are pursuing medical aid in dying.

### **7.2 Conscientious Objection Process**

Staff members may request to be reassigned from the care of a patient who is pursuing medical aid in dying without censure or retaliation. Supervisors are responsible for facilitating reassignments promptly to ensure continuity of patient care.

### **7.3 Staff Presence at Self-Administration**

Staff members may be present at the time of self-administration to provide emotional support to the patient and family under the following conditions:

- The patient or family specifically requests staff presence.
- The staff member discusses the request with their supervisor and receives approval prior to agreeing to attend.
- The patient will be self-administering in a private residence or facility, not in a public place.
- Another adult (non-hospice) is also present. (This is an organizational requirement, not a statutory mandate.)
- Hospice staff members [may/may not] assist the patient in preparing the medication, e.g., mixing medication with liquid, opening containers, positioning items within reach.
- Appropriate hospice staff [may/may not] insert a rectal catheter, PEG tube, or similar for non-oral administration.
- No hospice staff may assist in administration of the medication. To clarify, staff shall not place medication in the patient's mouth or body, nor physically assist the patient in the act of ingestion. The patient must independently perform the final act of self-administration.
- Staff are not expected to remain until the patient's death, as the time from ingestion to death varies considerably. These visits should be treated like other end-of-life visits focused on comfort and support.

## **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
- How to respond compassionately to patient inquiries
- Statutory process requirements (mandatory mental health evaluation, in-person examination, oral request recording, five-day waiting period)
- Approved resources and referral processes
- 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 shall 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].

[Select one of the following options:]

Option A: The Organization permits patients to self-administer medical aid in dying medication while residing in the inpatient facility, subject to all other provisions of this policy.

Option B: 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.

Regardless of which option is selected, 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.)
- Academy of Aid-in-Dying Medicine ([www.AADM.org](http://www.AADM.org))
- End of Life Choices New York ([www.EOLCNY.org](http://www.EOLCNY.org))

-End of Policy -