Academy of Aid-in-Dying Medicine
www.AADM.org

Developing and promoting evidence-based best practices
for the care of patients considering or completing medical aid in dying.

The Academy provides practical guidance, clinical consultation, publications, referral support, and professional connection for clinicians and care teams involved in aid-in-dying care.

Core Teaching Highlights

Medical aid in dying is part of end-of-life care, not separate from it. The Academy's teaching focuses on the full care pathway, from first inquiry through attentive palliative care and the day of death, no matter how the patient dies.

Care framework

- **It's about the care, not the prescription**. Aid-in-dying care belongs within the broader end-of-life plan, including communication, symptom management, hospice, family support, and bedside care.
- **Dying is dynamic; a prescription is static.** Symptoms, function, capacity, family dynamics, and goals of care can all change, so teams must stay attentive and available, continuing to follow the patient and adapt care over time.
- **Considering is not deciding.** Patients may consider aid in dying long before they decide whether to proceed, and they need guidance and attentive care to their last breath, no matter how they die.
- **Suffering is not required.** It is not a legal criterion for aid in dying anywhere in the United States; symptoms or suffering are always a call for more palliation, in addition to information about aid in dying.

Access and communication

- **Where aid in dying is legal, it is an option—one of several—for dying patients**. Patients need accurate information and a clear path to evaluation, in addition to attentive palliative care.
- **Morally neutral language matters.** Clear, respectful, nonjudgmental language helps patients and families explore this option without feeling pushed, shamed, or abandoned.
- **Equitable access requires a clear referral pathway.** Timely handoffs and established referral systems reduce delay, confusion, and unnecessary barriers that can disenfranchise patients.
- **Opting out is not walking away.** Clinicians may decline direct participation, but they still need to respond respectfully, provide basic accurate information, and ensure a safe handoff.
- **A sustainable model of aid-in-dying care relies on trained non-prescribing team members.** Nurses, social workers, and chaplains often field initial inquiries. Training a willing team member to serve as a subject matter expert—providing more detailed patient education, navigation and coordination as well as and supporting other staff—can ease the burden on physicians and help make this care sustainable.

Support through death

- **Hospice is essential.** Patients considering aid in dying need high-quality palliative care and attentive care to their last breath, no matter how they die. Hospice remains important regardless of whether it participates directly in aid in dying.
- **Follow the patient, follow the gut.** Attending prescribers play a central role in following the patient over time and adjusting the dose or route when gut function changes. Hospice and other bedside staff play a

key role by reporting changes and concerns to the attending prescriber, helping keep aid-in-dying care safe and grounded in good clinical judgment.

- **Bedside support on the day of death helps ensure a safe, peaceful process.** Skilled support can reduce stress and help patients and families feel more supported during a tender time. If hospice or other staff cannot be present, end-of-life doulas or trained volunteers may be available to help.

Resources for Clinicians

♦ **The Academy of Aid in Dying Medicine**: check out our frontline clinician's resources, as well as leadership and policy guidance for health system and hospices.	
♦ **Essential patient information**: patients facing materials with accurate information, with links to our referral system that connects patients directly with clinicians who provide aid-in-dying care.	
♦ **Overview of Aid-in-Dying Care: Seven Essential Courses**: An online series of courses that brings together core materials and best practices in aid-in-dying care for frontline clinicians. Free to access; CEs available for purchase.	
♦ **Subject Matter Expert Program**: Training for non-prescribing staff, such as nurses, social workers, and chaplains, designed to help hospice and health systems build internal expertise in aid-in-dying care.	
♦ **Clinicians Listserv**: A professional discussion forum for practitioners in the field of aid-in-dying medicine.	
♦ **Clinician's Hotline**: Direct support for aid-in-dying-related clinical questions, available by phone at 510-298-1135 or by email at ClinicianssHotline@AADM.org.	
♦ **Journal of Aid-in-Dying Medicine**: A clinical journal focused on the practice of aid-in-dying care in the United States.	

Support the Academy

The Academy is a 501(c)(3) nonprofit organization. We are able to offer education and guidance because of the generosity of patients, families, and clinicians who value this care.

To learn more or to donate, please visit us at AADM.org.