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*

## Audience Handout

Thank you for joining this Presenters Network presentation. This guide summarizes a few key messages from today's presentation and connects clinicians, care teams, and organizational leaders with practical resources from the Academy of Aid in Dying Medicine. Feel free to share it with your team!

## KEY MESSAGES FROM TODAY'S PRESENTATION

- Medical aid in dying is part of comprehensive end-of-life care in states where it is legal. Patients need excellent communication, symptom management, family support, and attentive bedside care, whether or not they decide to take aid-in-dying medications.

- Aid in dying is not just about a prescription; it's about end-of-life care. Aid-in-dying care begins when a patient asks a question about potentially hastening their death, and continues through the end of life, no matter how they die.

- *Considering* aid in dying is not *deciding*. Patients may seek information long before deciding whether to proceed. They deserve accurate guidance and continued support regardless of their decisions.

- Dying is dynamic; a prescription is static. Symptoms, function, capacity, family circumstances, and goals of care change during the path to death. Clinical teams should continue to assess, communicate, and adapt their plans to evolving circumstances.

- Suffering is not a legal requirement for aid in dying; but it calls for more palliative care. Distress should prompt attentive assessment and improved palliation, alongside accurate information about all available options.

- Respectful, morally neutral language matters. Patients and families need space to ask questions and consider options without pressure, judgment, shame, or abandonment.

- A clear referral pathway supports equitable access. Timely, reliable handoffs reduce confusion, delay, and unnecessary barriers for patients seeking aid-in-dying information or evaluations.

- Opting out does not mean walking away. Clinicians and organizations that do not participate directly can still respond respectfully, offer basic accurate information, and ensure a safe handoff.

- A trained team makes this care sustainable. Nurses, social workers, and other non-prescribing staff often receive patients' first questions. They need education, support, and clear roles. A designated non-prescribing team member can provide patient education, navigation, and coordination, reduce the burden on prescribers, and serve as a resource for colleagues.

- Hospice and bedside support remain essential. Patients need skilled, attentive care to their last breath, no matter how they die.

Visit our website for tools and resources:

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| ♦ **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 CliniciansHotline@AADM.org. | |
| ♦ **Journal of Aid-in-Dying Medicine**: A clinical journal focused on the practice of aid-in-dying care in the United States. | |

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