Academy of Aid-in-Dying Medicine
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Best Practices for Hospice Teams Caring for Patients Considering Medical Aid in Dying

These ten points are designed to guide hospices in providing excellent care to patients who are considering or completing medical aid in dying, ensuring a safe and peaceful experience for them and their loved ones, regardless of how the patient dies. The emphasis is on patient care rather than the aid-in-dying prescription; none of these points require hospices to opt in or permit their providers to act as attending prescribers. However, they call for and promote well-coordinated care and informed consent for patients and families.

- ☐ All staff, including leadership, receive regular education and training on aid-in-dying care, updated annually and as needed, along with yearly policy reviews.
- ☐ The agency's website or patient materials provide patients with clear, straightforward information about aid in dying and the services it does and does not offer, such as:
    - Whether the agency's providers are permitted to serve as attending/prescribers or consulting/confirming providers for medical aid in dying.
    - Whether clinical staff are permitted to attend on the aid-in-dying day and remain at the bedside during ingestion.
    - Whether nurses are permitted to prepare the aid-in-dying medications.
    - Whether clinical staff are permitted and trained to manage non-oral routes for medical aid in dying.
- ☐ The agency maintains lists of resources and can quickly connect patients with providers for any of the above aid-in-dying services it does not offer, such as end-of-life doulas, volunteers, or external prescribing providers, and clearly explains all potential costs involved.
- ☐ Clinical staff are encouraged to have open discussions about goals of care–including information about aid in dying–and to provide ongoing guidance and contingency planning for patients who are eligible for medical aid in dying.
- ☐ The agency has established clear opt-out and hand-off procedures that enable staff to transfer cases promptly to willing colleagues without repercussions or stigmatizing patients' choices.
- ☐ Designate and train a non-prescribing staff member, such as a nurse or social worker, as a subject-matter expert to serve as the primary patient educator and a go-to resource for staff, to optimize workflow and sustainability.
- ☐ Policies and procedures provide straightforward, actionable guidance that enables staff to deliver information and aid-in-dying care without hesitation or delay and that go well beyond simply outlining what actions are not allowed.
- ☐ Clinical staff promptly establish and maintain regular communication with their patients' attending prescriber for medical aid in dying, or their assigned backup, and coordinate care to ensure a safe and peaceful process.
- ☐ If staff are permitted to manage non-oral routes for medical aid in dying, nurses are trained and prepared to monitor patients, provide assessment information to prescribers, and take orders for placement of rectal or ostomy catheters on the day of a planned death.

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About the Academy of Aid-in-Dying Medicine

The Academy of Aid-in-Dying Medicine is a national 501(c)(3) nonprofit. Our mission is to develop and promote best practices for the care of patients considering or completing medical aid in dying, so patients and families receive safe, compassionate, evidence-based support at the end of life. We are able to offer education and guidance because of the generosity of patients, families, and clinicians who value this care.

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