



Care and Choice at the End of Life

Medical Aid in Dying: Best Practices for Developing Patient-Directed Policies

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Compassion & Choices is the nation’s oldest, largest and most active nonprofit working to improve care, expand options and empower everyone to chart their end-of-life journey. We envision a society that affirms life and accepts the inevitability of death, embraces expanded options for compassionate dying and empowers everyone to choose end-of-life care that reflects their values, priorities and beliefs.

Section I: Background

Summary

This document is intended to provide healthcare organizations with best practices and resources for:

- > Developing policies and procedures to support patients who inquire about or choose medical aid in dying
- > Developing policies and procedures to support of clinicians and staff in providing patient-centered care to patients who inquire about or choose medical aid in dying
- > For more information or to consult with our clinical team, visit CompassionandChoices.org

The goal of good end-of-life care is to provide patient-directed options that improve quality of life by anticipating, preventing and treating suffering. Quality care in the final phases of terminal illness addresses physical, intellectual, emotional, social and spiritual needs, and facilitates patient autonomy, access to information and choice in care.

Each person, together with their loved ones, support system and medical team, should be allowed to make the end-of-life care decisions that are personally right for them. Implementing policies that support patient choice, including the option of medical aid in dying, has been shown to increase hospice enrollment and may actually improve end-of-life care overall.^{1, 2, 3}

Medical Aid in Dying Laws

Medical aid in dying is the preferred term for the medical practice in which a mentally capable, terminally ill adult with less than six months to live, may request medication from their qualified healthcare provider which they can decide to self-ingest to enable them to die peacefully. This practice is authorized in 13 jurisdictions with regulations (varying by jurisdiction) to ensure that the process is carried out ethically and safely.

Eligibility Criteria:

There are four eligibility criteria for medical aid in dying. A person must be:

- > An adult aged 18 or older

- > Terminally ill, with a prognosis of six months or less to live
- > Able to self-administer (self-ingest) medications
- > Able to make their own medical decisions

Each jurisdiction's regulatory and procedural requirements differ slightly, but all the laws include the above eligibility criteria as well as clinical criteria that meet the highest standard of care for the medical practice of aid in dying as described in the Journal of Palliative Medicine.⁴

Additional Safeguards:

The attending healthcare provider must inform terminally ill adults requesting medical aid in dying about other end-of-life options including comfort care, hospice care, and pain control. Confirmation of the voluntary nature of the request is sought by providers at every step of the process, with referrals to mental health providers made as necessary or mandated by law. The terminally ill adult must self-administer the aid-in-dying medication.

The Importance of Adopting Medical Aid in Dying Policies

The practice of medical aid in dying is not only growing (in terms of jurisdictions authorized), but evolving – several jurisdictions have updated their legislation in recent years to remove barriers, including shortening waiting periods and removing residency requirements.⁵

It is important for hospitals, hospices and other care entities to provide sufficient support and guidance on how to provide the best possible care to patients who choose medical aid in dying. Ultimately, the goal is for all healthcare professionals to respond to patient's questions and provide objective information regarding medical aid in dying.⁶

This guidance and support not only affirms patient autonomy, but provides staff with the tools to provide the very best care and avoids placing the entire burden on clinicians and staff who may otherwise struggle in isolation to provide care. Healthcare professionals should never feel unprepared or isolated when asked by a patient about the option of medical aid in dying. The healthcare organization should adopt a policy that provides supportive guidance for its employees and also supports end-of-life options for patients.

Section II: Best Practices

With decades of experience working alongside healthcare communities, Compassion & Choices has gained firsthand knowledge of the importance of institutional policies to the patient experience. This document draws upon medical aid in dying policies used by healthcare facilities of different types to illustrate the various ways that institutions can support patient choice at the end of life (See Appendix). There are many ways for a care team to support a patient at the end of life, and organizational structures and priorities may necessitate different policies and procedures.

While the examples in the Appendix may provide a starting point, this section outlines considerations for organizations to create policies around medical aid in dying that meet their specific needs.

What to Consider When Developing a Policy

- > Use the attached example policies (see Appendix) as a starting point.
- > Form or ask an existing interdisciplinary committee to draft the policy and seek feedback from staff. Members of the committee might include:
 - An administrator
 - Clinical staff (including physicians, nurses, and licensed clinical social workers)
 - Spiritual-care staff
 - Policy and/or Legal staff
 - Board representation (if the board is typically involved in policy development)
 - Patients, patient representatives, or patient advocates
 - Community members
- > Engage in important policy and procedure conversations including:
 - What is the purpose, mission, and vision for your organization? What are the roles and responsibilities of staff? In what ways does your staff engage in the medical aid in dying process (e.g., prescribing, sending referrals, bedside support, providing education)?
 - How will the healthcare organization provide support to patients and their caregivers throughout the process?
 - Under aid-in-dying laws, the terminally ill person must self-administer the medication, which means that the person must take the final, voluntary and physical act to administer the medication into the gastrointestinal tract.

- If the patient requests it, medical providers and caregivers can be present during the self-administration and are allowed to prepare medications. They are also allowed to hold the cup of medicine, hold the syringe for feeding tube administration, or a straw for a patient to drink as long as the patient is the one who always remains in control of administering the medication.
 - For more complex routes of administration, a medical professional may be necessary to oversee the process.
 - The best way to support a patient through the aid in dying process is to ask what is most important to them and how they would like the process to go. There are many ways for organizations to support medical aid in dying patients, whether or not policy permits providers to prescribe medical aid in dying.
- How will the healthcare organization provide support to healthcare providers and other staff throughout the process? This includes managing the needs of those who participate in the process and those who choose not to participate. How will the organization ensure patients are supported even in cases where a provider is unable or unwilling to participate?
- What type of education will be provided for clinicians? For other staff? For volunteers or consultants? Will any education be provided to community members, patients or caregivers?
- Medical aid in dying laws do not mandate the participation of any individual, including healthcare providers or other staff. Consider the following:
 - How will your organization support a clinician, staff member, or volunteer who chooses to participate or support a patient's pursuit of medical aid in dying?
 - How will your organization handle a potential situation where a clinician, staff member or volunteer chooses not to participate or support a patient's pursuit of medical aid in dying?
 - How will your organization ensure that the person who chooses either to participate or not to participate feels their choice is understood and respected?

Establishing a Clear Message in the Policy

While medical aid in dying laws outline the specific requirements for a patient to request and obtain the prescription, healthcare organizations are responsible for providing clear messaging to patients, clinicians, and staff (regardless of whether they

choose to participate) and addressing how requests for medical aid in dying will be received and managed within the care team.

It may be helpful to consider the following processes in constructing your policy:

- > What is the process when someone inquires about, requests, or obtains medical aid in dying medication?
 - How will the organization provide information and answer questions from the patient and caregivers regarding the process? Will a policy statement be placed on the website?
 - It is important to provide information on every step of the process: making the request, filling the prescription, storage and preparation of medications, and self-administration.
 - Who on the care team needs to be informed about a patient inquiry or request?
 - How will the healthcare organization develop a designated workflow to explore a request for medical aid in dying? Will it designate a member of the care team to lead this conversation (e.g. social worker)?
 - What are the standards for clinicians and staff when communicating about and documenting inquiries about medical aid in dying?
 - If the patient's current healthcare provider is unable or unwilling to serve as an attending or consulting provider, will the healthcare organization refer the patient to another provider? How will the patient be informed and what resources will be provided to the patient?
 - How will the healthcare organization help coordinate with the providers involved in the request process and the pharmacy filling the prescriptions?
- > What is the process for supporting patients when they take the aid-in-dying medication?
 - Historically, as many as one third of patients who fill the aid-in-dying prescription opt not to take the medication.⁷ Therefore, it is important to consider:
 - How does the healthcare organization offer compassionate support to the patient and loved ones if the patient chooses to take the medication?
 - How will patients, loved ones, or caregivers be advised regarding the safe disposal of medications if the patient chooses not to ingest or dies prior to the planned ingestion date?
 - If requested by the patient, will a clinician or member of staff be permitted to be present when the patient does take the medication? Will

they be permitted to assist with the preparation of medication at the request of the patient?

- > How will clinicians and staff be supported throughout the process?
 - What type of education will be provided for clinicians, administrative staff, leadership, and volunteers?
 - What emotional support resources will be provided for clinicians, staff, and volunteers?

Managing Conscientious Objections

Medical aid in dying laws do not mandate participation of any individual (including healthcare professionals) and anyone may opt out of any part of the request process for any reason. It is the responsibility of the institution's administrators to implement processes that enable providers to opt out while ensuring the patient remains supported throughout the process.

A robust medical aid in dying policy should plan for such conscientious objections in a way that involves the least possible disruption to patient care. For example, a policy might set an expectation that a physician who does not want to prescribe should make appropriate referrals to providers who will prescribe. More examples are provided in Section III of this resource.

Policy Recommendations that Support Patients and Clinicians

- > Allow staff to acknowledge aid-in-dying laws, refer patients to helpful resources, and answer questions about medical aid in dying.
- > Allow healthcare providers (as permitted by law) to serve as an attending or consulting provider, including prescribing aid-in-dying medications.
- > If requested by the patient or family, allow staff to be a supportive presence during the day of aid-in-dying self-administration.
- > Support staff who choose not to participate should identify staff who will help patients in the aid-in-dying process, and develop an internal process to transfer aid-in-dying requests to supportive staff.

Appendix: Example Policies

Medical aid in dying policies offer critical guidance for patients, prescribers, and other healthcare staff. However, Compassion & Choices acknowledges that due to differing organizational structures, stakeholders, and state laws, there is no single policy that will be appropriate in every situation. Click or scan the QR codes to see examples of different types of policies used in a variety of care settings.

Healthcare System Policy Example

The document linked below is a policy (specific details removed) used by a health system in Colorado, where employees are permitted to support their patients through the aid-in-dying process. Under this policy, authorized providers may discuss the option with their patients and prescribe medical aid in dying medications. Though the law does not require provider or staff attendance during ingestion, the policy also allows employees to be present at the bedside during ingestion if requested by the patient.



Hospice Policy Example

The document linked below is a policy (specific details removed) used by a hospice in California (drafted before the most recent California law amendments), where employees are permitted to support their patients through the aid-in-dying process. Under this policy, authorized providers may discuss the option with their patients and prescribe medical aid in dying medications. Though the law does not require provider or staff attendance during ingestion, the policy also allows employees to be present at the bedside during ingestion if requested by the patient.



Continuing Care Retirement Community Policy Example

The document linked below is a policy used by a retirement community in California, where providers and staff are not permitted to participate in medical aid in dying onsite, but residents are permitted to ingest while residing there and will continue to receive all other appropriate care.



Religious Healthcare Facility/Hospital Policy Example

The document linked below is a policy used by a hospital in New Jersey that has opted not to allow providers to participate. This institution founded a medical aid in dying advisory committee to counsel patients and providers to navigate requests and make referrals.



Sources

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