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Procedure: HOS-C_14A

Approach to Physician Aid in Dying

Procedure Number	**HOS-C_14A**	**Revision Date**	
Procedure Name	**Approach to Physician Aid in Dying**	**Review Date**	**12/31/2024**
Effective Date	**4/9/2021**		

Purpose: To define and provide support for the position adopted by Compassus in response to legal changes which provide options for patients to seek physician aid in dying (also referred to as physician assisted suicide). Currently, there is legal precedent established in **California**, **Colorado**, The District of Columbia, Hawaii, **Maine**, **Montana**, **New Jersey**, **New Mexico**, Oregon, Vermont, and Washington.

Position Statement

At Compassus Hospice, we strive to change the way people die in America.

Our goals are:

- To engage each person in recognizing their unique quality and gift of life and help them to make life purposeful, give satisfaction in dying and provide a comfortable death.
- To engage patients and families to ask questions about personal wishes and goals of care. Not just how one might die, but also how one can continue to find beauty and meaning in life.

Excellent palliative care and helpful engagement with patients and families in areas of social, psychological, and spiritual needs should lessen the need for requests for physician aid in dying. By maintaining a strong advocacy for individual needs of our patients, while striving to support our core mission of compassion, integrity and excellence, Compassus supports a position of educated neutrality on the subject of physician aid in dying. In the rare circumstances where patients feel compelled to pursue information regarding physician aid in dying, Compassus will continue to deliver the goals of hospice and palliative care in facilitating safe and comfortable dying with a focus on quality of life.

We are committed to using any patient or family question about prescription medication for the express purpose of causing death as an opportunity to explore patient and family concerns and explain Compassus' commitment to effectively treating pain and suffering. In addition, we will;

1. Explain our position of first and foremost supporting patients' and families' self-determination, while we as a hospice organization do not explicitly support physician-aid in dying. In our role as a hospice provider, we do not hasten death rather we provide interventions to improve quality of life and relieve suffering, while allowing natural death.

2. Not allow Compassus Medical Directors' to prescribe medications for aid in dying in their role as a Compassus Medical Director.

    a. If the Compassus Medical Director is acting as an attending physician for the hospice patient requesting physician aid in dying and that attending relationship was established prior to the hospice admission, the Medical Director may choose to prescribe this medication as an act of an attending physician separate from the hospice itself.

3. Refrain from encouraging aid in dying, even in an exploratory manner.

4. Identify patients who have received a prescription for a lethal dose of medication via the physician aid-in-dying legislation and do the following:

    a. Determine whether the patient has the capacity to make medical decisions and has not been deemed to have impaired judgment

    b. Discuss the approach to aid in dying and the reason(s) the patient is seeking such an intervention

5. Continue to support the patient and family, if a patient ultimately chooses physician-aid in dying.

6. Refer the patient's case to the internal ethics committee as needed for review in order to best support the clinical team in responding to the request or potential for the patient to follow through with lethal medication and to support the patient's autonomous expression in seeking such information/options.

7. Not discharge patients who are seeking aid in dying. The patient's care needs, care plan and care team will be integral to the management of the patient's symptoms. If a patient indicates they will move forward with the self-administration of the lethal medication, the hospice may request that a firm date and time are provided by the patient to ensure hospice colleagues are sufficiently aware and can plan accordingly. Compassus clinicians may not assist with the preparation or administration of medications to hasten dying.

8. Provide options for our hospice colleagues to refuse to provide care to a patient who chooses to pursue aid in dying as the ethical, moral, spiritual, and emotional well-being of colleagues is important to the integrity of the individual and the team. Colleagues may request counseling or other support services if needed to address conflict with the decision made by a competent patient. In the event a colleague requests to not participate in the care of a patient who chooses aid in dying, Compassus will identify another professional in the same discipline as an alternate to maintain continuity of patient care delivery.

Compassus' responsibilities to colleagues and patients:

1. Provide education and training to colleagues regarding the legal aspects of aid in dying in states where it is supported with legislation.

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2. Provide education and training to colleagues regarding appropriate responses to questions about aid in dying/ assisted suicide, including knowledge about unmet needs (loss of control, being a burden, etc) and patient fear.

3. Maintain an open dialogue with colleagues regarding the position of Compassus and the approach to care delivery for patients in need of palliative or hospice care who have the capacity, and are not determined to have impaired judgment, to seek information about aid in dying.

4. Utilize the internal ethics committee to review cases and provide interdisciplinary feedback regarding team concerns.

5. Maintain honesty with patients and families regarding Compassus' approach to aid in dying and the evidence that supports requests for such intervention are rooted in fear – whether a fear of the loss of control/autonomy or a fear of suffering, either can be addressed with palliative and hospice support.

*** Montana does not have a specific legal code or act for physician aid in dying. Montana has established judicial precedent within the state that protects the right of self-determination for residents of the state to be inclusive of requesting physician or medical aid in dying.** https://www.casebriefs.com/blog/law/health-law/health-law-keyed-to-furrow/medically-assisted-dying/baxter-v-montana/

The fact sheet below provides information about the California Aid-In-Dying legislation effective 1/1/16

End of Life Options Act Hastings Synopsis.pdf

The fact sheet below provides information about the Colorado End of Life Options Act, effective 12/16/16

http://coendoflifeoptions.fastercampaigns.netdna-cdn.com/wp-content/uploads/2016/10/YoCO-End-of-Life-Options-Act-General-Fact-Sheet-10.21.16.pdf

FAQ's for the New Jersey Medical Aid in Dying Act, effective 8/1/19

https://www.nj.gov/health/advancedirective/documents/maid/MAID_FAQ.pdf

Fact Sheet for Maine Death with Dignity Act, effective 9/19/19

https://www.mainedeathwithdignity.org/wp-content/uploads/2019/12/MDWD_FactSheet_2019-09-20_Updated.pdf

New Mexico's "Elizabeth Whitehead End of Life Options Act" signed into law 4/9/2021 – pending implementation https://endoflifeoptionsnm.org/implementation/