

**Death with Dignity/Medical Aid in Dying  
Policy No. 4-055****PURPOSE**

To provide general guidelines regarding Death with Dignity/Medical Aid in Dying practice.

**DEFINITION**

Death with Dignity (DWD), or Medical Aid in Dying (MAID), for purposes of this policy, means a process by which terminally ill patients may end their lives legally in certain states, through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose. This process may also be known as Physician-Assisted Death, Physician Aid in Dying, End of Life Option, or Physician-Assisted Suicide. This policy only applies to the following states: California, Colorado, New Jersey, Maine, New Mexico, Oregon, and Washington.

**POLICY**

Gentiva – Hospice Division (the hospice) is committed to providing excellent care and services to the patient and family during the dying process and period of bereavement, regardless of the patient's decision to participate in Death with Dignity (DWD)/Medical Aid in Dying (MAID), the language of which may vary by state. The hospice does not participate in any state's DWD/MAID program and does not allow any hospice employee or contractor to participate in any state's DWD/MAID program while acting within the course and scope of his or her capacity as a hospice employee or contractor. This would include staff distribution of Death with Dignity literature or Death with Dignity physician recommendations.

1. Hospice employees will notify the clinical manager of the patient's intention to participate in DWD/MAID. The clinical manager will notify the Gentiva Chief Medical Officer or respective National Medical Director.
2. The Case Manager will notify the attending physician and core members of the interdisciplinary group of the patient's intention to participate in DWD/MAID and initiate the DWD/MAID plan of care problem statement.
3. The patient will designate an attending physician, in accordance with the respective state's legal requirements. If the attending physician is a contract physician or an employee of the hospice that information should be included in the above-required, the hospice notification.
4. Physicians employed by or contracted with the hospice, including the hospice Medical Director, may not prescribe, order, prepare, or administer an aid-in-dying drug to the patient while acting within their role as a hospice employee or contracted physician.
5. Physicians employed by or contracted with the hospice, including the hospice Medical Director, do not participate as either an attending (prescribing) or consulting provider, while acting within their role as a hospice employee or contracted physician. They may not sign the death certificate or participate in any documentation (including the completion of any state required documentation as an acting consulting medical provider required to be completed as part of the Death with Dignity process) of the patient's death while acting within their role as a hospice employee or contracted physician.
6. The patient otherwise has the right to seek out an attending physician, who is not acting within his or her role as a hospice employee or contracted physician, to aid in the patient's participation in a state-sanctioned DWD/MAID program. This physician, who must not be acting within the scope of his or her role as a hospice employee or contractor, is solely responsible for satisfying all applicable state-specific DWD/MAID program laws, regulations,

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and/or reporting or documentation requirements, including (but not limited to): meeting all document and signature requirements for patient consent to participate in any state-sanctioned DWD/MAID program; completing the patient's death certificate; securing any consulting physician or mental health professional, as may be required under state law; satisfying any documentation requirements related to diagnosis, prognosis, and determination that the patient is qualified to give informed consent and has been properly counseled in accordance with state-specific requirements; and ensuring that any consulting physician or mental health professional has met all relevant state-specific obligations and documentation requirements.

7. Hospice employees and contractors will provide and maintain appropriate palliative care during the dying and bereavement process. Employees and contractors may be present to offer support and comfort to the patient and family in the normal course of hospice care. Hospice staff and volunteers may not be present in the patient room at the moment of ingestion but may be present in the patient residence at time of ingestion.
8. Hospice employees and contractors will neither participate in nor assist in the preparation and administration of the lethal medications associated with DWD/MAID process. Hospice staff may not place a rectal catheter for the purpose of self-administration of DWD medications.
9. Hospice staff will not transport any medications associated with the DWD/MAID process from the pharmacy to the patient's residence.
10. Hospice staff and volunteers will not witness a patient's written request for medication that the patient may self-administer to end their life.
11. Hospice employees and contractors have the right to refrain from participating in the care of a patient that has elected DWD/MAID for any reason and without consequence. If a hospice employee or contractor chooses to not participate, a replacement clinician will be identified as soon as possible.

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**Addendum A: State Specific Requirements**

The policy statements listed below reflect additional state specific requirements that must be followed in addition to the organizational policy. When the organizational policy and state-specific requirements are conflicting, the most stringent should be followed.

State	State Death with Dignity/Medical Aid in Dying Requirement	State Legal Reference
California	<p>The attending physician is responsible for completing all relevant attending physician checklists and compliance forms and submitting all applicable forms, including the consulting physician compliance form, to the State Department of Public Health.</p> <p>If the patient's death is not the result of ingesting aid-in-dying drugs, the hospice RN will educate the deceased patient's family about the disposal of such medications. This education will include the following: A person who has custody or control of any unused aid-in-dying drugs prescribed pursuant to this part after the death of the patient shall personally deliver the unused aid-in-dying drugs for disposal by delivering it to the nearest qualified facility that properly disposes of controlled substances, or if none is available, shall dispose of it by lawful means in accordance with guidelines promulgated by the California State Board of Pharmacy or a federal Drug Enforcement Administration approved take-back program.</p>	<p>Cal. Health &amp; Safety Code § 443.5(a)(11)</p> <p>Cal. Health &amp; Safety Code, Part 1.85, §443.20; Effective 6/9/2016</p>
Colorado	<p>The attending physician or the hospice medical director must sign the death certificate of patient who obtained and self-administered aid-in-dying medication.</p> <p>Within 30 days of writing a prescription for aid-in-dying medication, the attending physician is responsible for completing and submitting any state-required compliance forms.</p> <p>If the patient's death is not the result of ingesting aid-in-dying drugs, the hospice RN will educate the deceased patient's family about the disposal of such medications. This education will include the following: A person who has custody or control of any unused aid-in-dying drugs prescribed to the state DWD Act after the death of the patient shall personally return the unused medical aid-in-dying medication to the attending physician who prescribed the medical-aid-in-dying medication or by lawful means in accordance with the state's household medication take-back program or any other state or federally-approved take-back program authorized under the federal Secure and Responsible Drug Disposal Act of 2010.</p>	<p>C.R.S.A. § 25-48-109; 6 CCR 1009-4:II; C.R.S.A. § 25-48-120;</p> <p>Effective 12/16/2016</p>
Maine	<p>The patient has the right to information regarding all treatment options reasonably available for the care of the patient, including, but not limited to, information in response to specific questions about the foreseeable risks and benefits of medication, without a physician's withholding requested information regardless of the purpose of the questions or the nature of the information.</p> <p>A health care provider may prohibit its employees, independent contractors or other persons or entities, including other health care</p>	<p>Maine Death with Dignity Act, Ch. 271 Public Law; Effective September 19, 2019</p>

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	<p>providers, from participating in activities under the DWD Act while on premises owned or under the management or direct control of that prohibiting health care provider or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.</p> <p>A health care provider that prohibits its employees, independent contractors or other persons or entities from participating in the DWD Act shall first give notice of the policy prohibiting participation under the DWD Act to those employees, independent contractors or other persons or entities. A health care provider that fails to provide notice to those employees, independent contractors or other persons or entities in compliance with this paragraph may not enforce such a policy against those employees, independent contractors or other persons or entities.</p> <p>A prohibiting health care provider is not allowed to prohibit an employee, independent contractor, or other person from:</p> <ul style="list-style-type: none"> <li>• Participating, or entering into an agreement to participate, in activities under this Act while on premises that are not owned or under the management or direct control of the prohibiting health care provider or while acting outside the course and scope of the participant's duties as an employee of, or an independent contractor for, the prohibiting health care provider; or</li> <li>• Participating, or entering into an agreement to participate, in activities under this Act as an attending physician or consulting physician while on premises that are not owned or under the management or direct control of the prohibiting health care provider.</li> </ul> <p>If the patient’s death is not the result of ingesting aid-in-dying drugs, the hospice RN will educate the deceased patient’s family about the disposal of such medications. This education will include the following: A person who has custody or control of any unused aid-in-dying drugs prescribed pursuant to the DWD Act after the death of the patient shall personally deliver the unused aid-in-dying drugs for disposal by delivering it to the nearest facility qualified to dispose of controlled substances, or, if such delivery is impracticable, personally dispose of the unused medications by any lawful means, in accordance with any guidelines adopted by the Maine Department of Health and Human Services.</p>	
<p>New Jersey</p>	<p>Any medication dispensed pursuant to the DWD Act that a qualified terminally ill patient chooses not to self-administer shall be disposed of by lawful means, including, but not limited to, disposing of the medication consistent with State and federal guidelines concerning disposal of prescription medications, or surrendering the medication to a prescription medication drop-off receptacle. The patient shall designate a person who shall be responsible for the lawful disposal of the medication.</p> <p>The existing policies and procedures utilized by a health care facility shall, to the maximum extent possible, govern the taking of any action by a health care professional pursuant to the DWD Act on the premises owned</p>	<p>New Jersey, Medical Aid in Dying for the Terminally Ill Act, P.L. 2019, Ch. 59; Effective August 1, 2019</p>

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	<p>or controlled by the facility, except as otherwise may be prescribed by regulation of the Commissioner of Health. Pursuant to applicable state regulation hospice registered nurses are able to pronounce death.</p>	
<p>New Mexico</p>	<p>"Medical Aid in Dying" means the medical practice wherein a health care provider prescribes medication to a qualified individual who may self-administer that medication to bring about a peaceful death</p> <ul style="list-style-type: none"> <li>• Two licensed health care providers, one of which must be a physician, must confirm the terminal illness. Individuals enrolled in hospice are deemed terminal and do not require a second confirmation. Individuals are not eligible for medical aid in dying solely because of age or disability.</li> <li>• The prescribing provider must inform the requesting individual about all of their end-of life care options, including hospice and pain and symptom management.</li> <li>• If the provider has concerns about the individual's mental capacity or ability to make an informed decision, they must make a referral to a mental health professional for an assessment. Medication cannot be prescribed until their mental capacity is affirmed.</li> <li>• Two people must witness the required "Request to End My Life in a Peaceful Manner" form. Only one witness can be a relative.</li> <li>• There is a 48-hour waiting period before the medical aid in dying prescription can be filled for a qualified individual (dying patient), which a provider can waive if the patient is unlikely to survive the 48-hour waiting period.</li> <li>• The qualified individual can withdraw their request for medication, not take the medication once they have it, or otherwise change their mind at any point.</li> <li>• The underlying illness will be listed as the cause of death on the death certificate.</li> <li>• Prescribing health care providers must comply with medical record documentation requirements and make required data available to the New Mexico Department of Health.</li> <li>• The New Mexico Department of Health is required to collect specified data and issue a publicly available annual report. Identifying information about qualified individuals and health care providers is kept confidential.</li> <li>• Providers who participate and comply with all aspects of the law are given civil and criminal immunity and other professional and employment-related protections.</li> <li>• No health care provider, health care entity, or pharmacist is required to participate in medical aid in dying. For those choosing not to participate, appropriate notice to the public and a referral of the qualified individual to a participating provider or to an</li> </ul>	<p>Section of Chapter 30,  Article 2 NMSA 1978; Elizabeth Whitefield End-of-Life Options Act; Effective June 20, 2021</p>

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	<p>individual or entity that can provide assistance to those seeking medical aid in dying are required.</p> <ul style="list-style-type: none"> <li>Self-administration does not include administration by intravenous (IV) injection or infusion by any person, including the patient's provider, family member, or the patient themselves.</li> </ul>	
Oregon	<p>Within seven calendar days of writing a prescription for an aid-in-dying drug, the attending physician is responsible for submitting by mail the patient's written request for medication to end life, the relevant attending physician's compliance form, the consulting physician's compliance form, and psychiatric/psychological consultant's compliance form (if applicable).</p> <p>Within 10 calendar days of the patient's ingestion of lethal medication or death by any other cause, the attending physician is responsible for completing and submitting the Oregon Death with Dignity Act Attending Physician Interview form.</p> <p>No guidance related to the disposal of unused aid-in-dying medication was located in the state's DWD Act or implementing regulations.</p>	OAR 333-009-0010; Effective 10/27/1997
Washington	<p>A valid request for medication under this chapter shall be in substantially the form described in RCW 70.245.220, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is competent, acting voluntarily, and is not being coerced to sign the request.</p> <p>One of the witnesses shall be a person who is not:</p> <ul style="list-style-type: none"> <li>A relative of the patient by blood or by law;</li> <li>A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or</li> <li>An owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.</li> </ul> <p>The patient's attending qualified medical provider at the time the request is signed shall not be a witness</p> <p>Any medication dispensed under this chapter that was not self-administered shall be disposed of by lawful means.</p> <p>The attending qualified medical provider is responsible for certifying the patient's death certificate within 5 calendar days from the date of death and send the completed forms to the state within 30 calendar days after the date of death.</p> <p>The hospice shall submit to the department of health its policies related to access to care regarding end of life care. The information shall include:</p> <ul style="list-style-type: none"> <li>A section for the public with specific information about which end-of-life services are and are not generally available at each agency or facility; and (b) the contact information for the agency or facility</li> </ul>	<p>Wash. Rev. Code Ann. § 70.245.140; RCW 70.245.030 RCW 70.127.290</p> <p>Washington Department of Health, Death with Dignity Act, Frequently Asked Questions, available at <a href="https://www.doh.wa.gov/">https://www.doh.wa.gov/</a></p>

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	<p>in case patients have specific questions about services available at the hospice.</p> <p>If a hospice makes changes to any of the policies listed under subsection (1), it shall submit a copy of the changed policy to the department of health within 30 days after the agency or facility approves the changes.</p> <p>A copy of the policies provided to the department of health under subsection (1) of this section must be posted to the website of each agency or facility providing hospice services as defined in RCW 70.127.010 in a location where the policies are readily accessible to the public without a required login or other restriction.</p>	
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