


Policy Title: **MEDICAL AID-IN-DYING** Policy No.: **AD.A35**
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Approval Sign: 

Date: 07/23/2023

POLICY

Tri-Cities Chaplaincy is committed to providing compassionate hospice care to all individuals, regardless of their personal belief regarding the Washington State Death with Dignity Act. The position of Tri-Cities Chaplaincy is one which recognizes a diversity of views among providers and patients about medical aid-in-dying and encourages open discussion about the topic with patients and their families who might wish to pursue this option as well as within Tri-Cities Chaplaincy itself.

Tri-Cities Chaplaincy supports the principles of end-of-life care which include the following:

- Commitment to the optimization of the quality of life for all terminally ill people;
- The right of all persons to participate in decisions regarding their care;
- The right to have needs met and not be abandoned;
- The right to a safe and comfortable death with a focus on quality of life as each dying person defines it; including the right to self determination of time of death using medical aid-in-dying.

A patient who is admitted to the Hospice Program and who wishes to utilize the medical aid-in-dying will be served with the same compassionate care and support afforded to all patients and families under Tri-Cities Chaplaincy services. In order to accomplish our mission, the following guidelines will be written as policy to direct staff members that directly support patients inquiring about and/or choosing the medical aid-in-dying.

PROCEDURE

1. If requested by a patient or their family, Hospice staff members will provide information regarding Washington's Medical Aid-In-Dying law, through directly provided materials or referral to appropriate resources (End of Life Washington).
2. Staff members may choose to be present with the patient/family at the time the patient elects to use medication to end their life. If a staff member does not wish to be present at the time of death, the family may request another member of Hospice staff to be present, but Hospice is not able to guarantee staff attendance. If ever a staff member is not comfortable for personal ideological reasons, they must partner with their supervisor as soon as possible to assure adequate support for that patient.
3. Staff members may not prepare medications which will terminate a patient's life.
4. Staff members may not administer or help the patient administer the compound drug used in medical aid-in-dying.
5. Staff members may, within the scope of their practice, provide palliative medications consistent with hospice practice, at the patient's/family's request.
6. If a patient in our Hospice House wishes to utilize the medical aid-in-dying, our staff will assist them in relocating to a facility or home to carry out their wishes.