



## MEDICAL AID IN DYING

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| Category: MAID       |                            |
| Policy #:            | Effective date: 07/27/2026 |
| Regulatory Citation: |                            |
| L-Tags: none         |                            |

**Policy:** Hospice of Jefferson County (HJC) reaffirms the hospice philosophy that because dying is a natural process, hospice neither seeks to hasten nor postpone death. HJC acknowledges that some hospice patients may wish to exercise their legal right under the New York Medical Aid in Dying Act (Public Health Law Article 28-F) to pursue medical aid in dying. HJC acknowledges and respects that right and will not abandon these patients or their families. HJC acknowledges that under Public Health Law § 2899-m(2), health care facilities with sincerely held religious beliefs or moral convictions may prohibit staff from participating in medical aid in dying activities. HJC exercises that right and has chosen to adopt an “Opt-Out” policy. In adopting an “Opt-Out” position, HJC remains fully committed to providing excellent hospice care—including expert pain and symptom management, emotional support, and spiritual care—to all enrolled patients regardless of their interest in or independent pursuit of medical aid in dying.

**Purpose:** This policy applies to all Hospice of Jefferson County employees, independent contractors, and volunteers providing hospice services in New York State. It applies to hospice services provided in the following settings:

- 1 Home hospice care, including locations the patient may be residing, even temporarily. Such locations may be residential homes, rentals, skilled nursing facilities, and the Hospice inpatient facility.
- 2 We will collaborate with other facilities, recognizing they will have their own Medical Aid in Dying policies that will vary in level of support.
- 3 **Definitions:**
  - “**Medical Aid in Dying**” (MAiD) means the practice authorized under New York Public Health Law Article 28 F in which a qualified patient may request and self-administer prescribed medication to hasten death.
  - “**Attending/Prescribing Physician**” means the physician who evaluates and potentially prescribes the aid-in-dying medications to the patient. In this Organization, no hospice physician shall serve in this role for MAiD purposes.
  - “**Consulting/2nd Opinion Physician**” means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a patient’s terminal

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illness or condition. In this policy, it refers to the 2nd physician asked to determine the appropriateness of a person's request for MAiD. Nurse practitioners and physician assistants cannot fulfill this role per the law.

- **“Decision-Making Capacity”** means the ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and to reach an informed decision.
- **“Hospice Designated Attending Provider”** means the provider who has primary responsibility for the care and treatment of the patient's terminal illness or condition. This may be a community provider, or the Hospice Medical Director. It may be an MD, DO, Nurse Practitioner, or Physician Assistant.
- **“Hospice Medical Director”** or **“Hospice physician”** means a physician who is employed or contracted with HJC to provide traditional administrative and clinical hospice duties. In HJC, the Hospice Medical Director does not serve as an attending/prescribing or consulting physician for MAiD purposes.
- **“Mental Health Professional”** means an individual (a) licensed to practice medicine in New York State who is a diplomat of the American Board of Psychiatry and Neurology or eligible to be certified by that board, or certified by the American Osteopathic Board of Neurology and Psychiatry or eligible to be certified by that board; or (b) licensed to practice psychology under Title Eight of the Education Law.
- **“Patient”** – an individual enrolled in HJC's hospice program **“Qualified Patient”** - Public Health Law Article 28-F authorizes a qualified individual with a terminal illness to request and self-administer prescribed medication intended to hasten death having met all specified statutory requirements and safeguards.
- **“Self-Administer”** means a qualified patient's affirmative, conscious, and voluntary act of ingesting or otherwise administering aid-in-dying medication to themselves. Refer to HHA reg.
- **“Terminal Illness or Condition”** means an incurable and irreversible illness or condition that has been medically confirmed and will, within reasonable medical judgment, produce death within six months whether or not treatment is provided. (A patient whose condition would be fatal within six months without treatment, but who could live longer with treatment, would still qualify if they have an incurable terminal condition.)

### 4. Policy Statements:

1. HJC exercises its right under Public Health Law § 2899-m(2) to prohibit staff participation in MAiD activities within the HJC's scope of practice and operations, on the basis of sincerely held religious beliefs and/or moral convictions central to the organization's operating principles.
2. No physician, nurse practitioner, physician assistant, nurse, social worker, chaplain, home health aide, or other staff member or volunteer of HJC shall, in their capacity as an agent of the organization: serve as an attending/prescribing provider or consulting provider for MAiD purposes; prescribe, prepare, dispense, or provide MAiD medication.
3. HJC employees, contractors, and volunteers may not be present in the patient's home/patient room during the self-administration/ingestion of MAiD medications.
4. Consistent with Public Health Law § 2899-m(3), HJC will NOT restrict, discourage, or interfere with any patient's right to independently seek information about or to pursue MAiD through providers outside this organization. This protection applies to all patients regardless of this HJC's opt-out status.
5. HJC will NOT disenroll, discharge, or otherwise abandon any hospice patient solely because the patient inquires about or independently pursues medical aid in dying through an outside provider. **All enrolled patients will continue to receive their full complement of hospice services throughout their enrollment with the exception of the Hospice inpatient facility.**

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6. "If requested by the patient, in the in-patient Hospice Facility, the organization shall arrange prompt transfer to another reasonably accessible facility willing to permit activities authorized under Article 28-F."

7. Staff and volunteers who hold personal views in support of MAiD are protected from retaliation for those views, provided they abide by this organizational policy in their professional capacity.

8. Staff members who are morally or ethically opposed to MAiD shall have the option of transferring care responsibilities to other staff without censure or retaliation if the patient is independently pursuing MAiD.

### **5. Roles and Responsibilities**

#### **5.1 Hospice Enrollee (Patient)**

- The patient retains the right, protected by Public Health Law § 2899-m(3), to independently seek MAiD information and services from providers outside this HJC. All Hospice patient inquiries regarding MAiD must be directed to the Director of Patient Care or their designee. The Director of Patient Care will then seek patient consent and subsequently notify the IDG of the patient's inquiry.
- The patient should be encouraged to notify their hospice care team if they are working with an outside MAiD provider, to facilitate coordination of comfort care.

#### **5.2 Hospice Medical Director**

- The Hospice Medical Director will not serve as an attending/prescribing or consulting physician for MAiD purposes in their organizational capacity.
- The Hospice Medical Director may provide clinical information about the patient's hospice condition to external providers upon patient authorization, for purposes of coordinating comfort care.
- The Hospice Medical Director shall coordinate with the interdisciplinary team regarding patients who express interest in MAiD.

#### **5.3 Hospice Clinical Staff**

- No Staff should initiate conversation regarding MAiD with patients or caregivers
- Clinical staff (RN's or SW's) shall respond to patient questions about MAiD with respect and compassion, with basic accurate information from approved sources listed in Section 6.2 of this policy, and without moral judgment.
- LPN's, RNCM's, SW's shall notify the Director of Patient Care and the DPC will notify the Interdisciplinary Team when a patient expresses interest in MAiD. The DPC will then have a conversation with the patient and make/ or assist in making the appropriate referral if necessary.
- Clinical staff shall continue to provide standard hospice care and symptom management regardless of a patient's interest in or independent pursuit of MAiD.

#### **5.4 Non-Clinical Staff**

- No Non-Clinical Staff should initiate conversation regarding MAiD with patients or caregivers
- Non-clinical staff who receive patient inquiries about MAiD shall refer the patient to clinical staff.
- Non-clinical staff shall maintain confidentiality regarding any patient's interest in MAiD.
- Non-clinical staff shall not engage in conversation regarding MAiD with patient's or caregivers.

#### **5.5 Volunteers**

- No volunteers should initiate conversation regarding MAiD with patients or caregivers
- Volunteers who receive patient inquiries about MAiD shall refer the patient to clinical staff.
- Volunteers shall not provide education, information, or engage in conversation about MAiD directly to patients or caregivers.

### **6. Patient Communication and Education**

#### **6.1 Responding to Patient Inquiries In conjunction with New York State Palliative Care Information**

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Act (PHL Section 2997-c) Clinical staff shall respond to patient questions or statements regarding MAiD with respect and compassion while complying with this policy and applicable laws and regulations. Hospice clinical staff are educated and prepared to provide basic accurate information from sources listed in Section 6.2 as well as ongoing care and support to patients who indicate an interest in MAiD. If practitioners are unwilling or unable to discuss MAiD with an interested patient, they must arrange for another practitioner to do so promptly. Clinical staff shall explore and evaluate patients' statements about all end-of-life options to identify unmet needs that hospice care can address.

This exploration should include:

- Respectful inquiry about the patient's concerns, fears, symptoms, and goals
- Assessment of unmet physical, emotional, social, or spiritual needs
- Discussion of available hospice services to address identified needs
- Basic information about MAiD upon patient request from the approved sources listed under Section 6.2.

When a patient or family member requests information about MAiD, clinical staff shall:

- Offer to provide information from sources listed in Section 6.2 if the patient wishes. Providing this information fulfills the HJC's legal obligation to inform patients of their rights; it does not constitute HJC endorsement of or participation in MAiD.
- Notify the Director of Patient Care who will notify the Interdisciplinary Team and if patient wishes to pursue MAiD further and may be interested in transfer option, if in the residence, or a referral to the appropriate resources if at home.

### 6.2 Approved Materials and Resources

Clinical staff shall provide the following informational resources to patients who request information about MAiD. These resources are provided to fulfill the HJC's legal obligation to inform patients of their rights and to assist patients in locating information. Providing these resources does not constitute HJC participation in or endorsement of MAiD.

- End of Life Choices New York: <https://endoflifechoicesny.org>
- Academy of Aid in Dying Medicine: <https://www.aadm.org>
- New York State Department of Health MAiD information page
- New York State Palliative Care Information Act (PHL Section 2997-c)

## **7. Staff Participation and Conscientious Objection**

### **7.1 Organizational Policy**

Because HJC has adopted an "Opt-Out" position, no staff member or volunteer participates in MAiD activities in their organizational capacity. This includes acting as a witness and/or accepting oral / written requests as part of MAiD documentation process. No personnel will participate in the preparation, or administration of medication related to MAiD and will not be present in the care location at ingestion of the medication. This policy applies uniformly and is intended to avoid requiring individual conscientious objection to be invoked.

### **7.2 Conscientious Objection Process**

If a patient or family requests that a staff member assist with any aspect of the MAiD process, the staff member or volunteer shall respectfully decline and explain that the HJC does not participate in MAiD activities. Clinical staff shall inform the patient of their right to independently pursue MAiD through outside providers, and offer informational resources per Section 6.2. Staff should notify the Director of Patient Care.

Personnel will respond to the patient care location for symptom management, care, education and guidance, following the patient's ingestion of such medication in the same manner that they do for all Hospice patients when requested. Staff members may request to be reassigned from the care of a patient who is pursuing medical aid in dying, without censure or retaliation, if they find such care emotionally or morally difficult. Supervisors are responsible for facilitating reassignments promptly to ensure continuity of patient care.

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### **8. Staff Education and Training**

All staff members, including leadership, physicians, clinical staff, non-clinical staff, and volunteers, shall receive education and training about MAiD care when hired and periodically, particularly following changes in the applicable law. Just-in-time retraining may also be recommended when the topic of MAiD arises with a patient.

Training shall include:

- Understanding of the New York Medical Aid in Dying Act and its requirements
- Understanding of this policy and related procedures including potential disciplinary action, up to and including termination for failure to comply.
- Hospice of Jefferson County's "Opt-Out" position and the legal basis under Public Health Law § 2899 m(2)
- Patient rights under Public Health Law § 2899-m(3), including home care patient protections
- How to respond compassionately and without judgment to patient and family inquiries about MAiD
- Statutory process requirements (mandatory mental health evaluation, in-person examination, oral request recording, five-day waiting period)—for staff awareness only
- Approved informational resources (Section 6.2) and how to provide them to patients
- Documentation requirements
- Support resources available for staff

Staff should be aware that violations of the Medical Aid in Dying Act have been added to those that may constitute professional misconduct under Education Law § 6530(51).

### **9. Documentation Requirements**

Staff should document all discussions and interventions with patients who express interest in medical aid in dying. Documentation should comply with all NYS regulations. The Patient's EMR will be updated to indicate the patient's request and notifications of such to the IDG and attending physician.

9.1 The organization in compliance with Assisted Suicide Funding Restriction Act ("ASFRA")<sup>42</sup> U.S.C. §14401 which sets limits on the use of federal funds for assisted suicide-related purposes, will establish IDG, billing and documentation practices to assure services, supplies, medications and other items specifically related to the completion of MAiD are not billed to any federal funding source.

**10. Death Reporting** Pursuant to the New York Medical Aid in Dying Act, should it become necessary, Hospice employees completing the qualified patient death certificate shall list the underlying terminal illness or condition as the cause of death for a patient who self-administers medication under the Act. The manner of death shall be listed as "Natural." The cause of death section of any death certificate or report shall not contain any language indicating that MAiD was used, including but not limited to:

- Suicide or assisted suicide
- Physician-assisted suicide
- Medical aid in dying
- Death with dignity
- Mercy killing or euthanasia
- The name of any medication prescribed under the Act

### **11. Inpatient Facility Provisions**

(1) Hospice of Jefferson County operates an inpatient hospice facility at 1398 Gotham St Watertown NY. Consistent with Hospice of Jefferson County's "Opt-Out" position under Public Health Law § 2899-m

(2) HJC does not permit the self-administration of medical aid in dying medication in the inpatient facility. "If requested by the patient, HJC shall arrange prompt transfer to another reasonably accessible facility willing to permit activities authorized under Article 28-F." Pursuant to Public Health Law § 2899-m

(3), nothing in this policy shall be construed to restrict a patient at home from accessing care under the Medical Aid in Dying Act.

**Applicable References/Policies**

- New York Public Health Law Article 28-F (Medical Aid in Dying Act)
- New York State Palliative Care Information Act (PHL Section 2997-c)
- New York Education Law § 6530(51) (Professional Misconduct)
- Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. § 14401 et seq.)
- Applicable religious sponsor's ethical and religious directives, if any—e.g., Ethical and Religious Directives for Catholic Health Care Services (ERDs)]
- Academy of Aid in Dying Medicine ([www.AADM.org](http://www.AADM.org))
- End of Life Choices New York ([www.EOLCNY.org](http://www.EOLCNY.org)) – End of Policy –

**Summary of Changes**

| Revision details | Author  | Date | Revision # |
|------------------|---------|------|------------|
| Unknown          | unknown |      | 0          |
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|                  |         |      |            |