Sample Cases for Ethical and Procedural Consideration

NHPCO Medical Aid in Dying Resource Series

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The following are examples of how a hospice might handle a request for medical aid in dying (MAID) in a jurisdiction where it is legal. Use the examples to spark discussion in your IDT, leadership, or Ethics Committee meetings around how you might respond to the same situation. Consider ethical principles as well as procedural steps, for instance:

- What ethical principles support the hospice's actions in each case? What ethical principles might argue against the hospice's actions?
- Have the rights and concerns of all parties involved been considered? Whose rights and concerns are prioritized, with what possible consequences?
- How well is the hospice and staff communicating its position on MAID to patients? Family members? Referring providers? The community? How could these communications be improved?
- Who is benefiting in what way by the policies and actions taken in each case?
- What are the possible adverse effects of the case? What steps can the hospice take to mitigate harm?

EXAMPLE 1

- A 61-year-old man with a diagnosis of end-stage multiple sclerosis is referred to hospice care following a recent hospitalization in California. The patient has no family and is entirely dependent on caregiving staff for basic functions. Following his hospitalization, the patient expressed a request for "death with dignity" to his primary physician, but his physician exercised his legal right to refuse to participate. His physician also was unable to refer him to another because he didn't know any physicians who are participating.
- The hospice program understands itself, and publicly represents itself, as "neutral" on participating in patient requests for medical aid in dying. Following a consultation between the hospice executive director and head social worker, a decision is made that, despite this, the hospice will assume an advocacy role for the patient in trying to locate physicians who will prescribe medication to end his life under the End of Life Option Act. The nursing director, however, objects because this decision seems to contradict the hospice's stated policy. She says, "Why would we help find a physician for this patient and not for any other?"

EXAMPLE 2

- A patient in Hawai'i with recurrent ovarian cancer is experiencing a great deal of pain and discomfort. She lives with her 22-year-old son and his girlfriend, who both work full time and provide caregiving. She has several close friends who visit frequently but it's hard to time their visits for when she is able to enjoy or even notice their company. Her pain can be controlled, but only if she is "knocked out," which seems to her to be "pointless."
- "It's hardly living, is it?" she complains to her hospice nurse, "Honestly, I just wish we could get this over with." The nurse reports this to the IDT, and there is a lively discussion about what this statement might actually mean. Should the team initiate suicide prevention measures? Was it just a passing thought? Should they tell her about the Our Care, Our Choice Act that allows medical aid in dying?

EXAMPLE 3

- A terminally ill patient is referred to a hospice program in Colorado for end-of-life care. Following discussion with her hospice caregivers and attending physician, she requests a prescription to end her life in accord with the state's End of Life Options Act.
- The patient is informed that the hospice respects the patient's legal right to pursue the process to obtain a medication from her physician, and that, regardless, the hospice will continue to provide customary hospice care. However, as stipulated by the hospice's policy on involvement with patient requests for a medication to end life, the hospice will not allow a staff person or nurse to be in attendance when the patient takes the medication.
- The patient understands and respects this policy. She then requests that the hospice team not inform her family members of her intent to use medical aid in dying, as is the patient's right under the law. The patient is divorced from her husband, who has strong religious commitments, and she believes that disclosure of her request to family members would generate substantial disruption in an already difficult family situation.
- The patient receives a prescription for the medication, obtains it, and takes the medication, accompanied by friends, and dies without any complications. As instructed, the friends contact the hospice, and a hospice nurse arrives shortly thereafter to confirm death and coordinate with the coroner and funeral home.
- Soon after the hospice nurse arrives, the patient's daughter comes for a visit to her mother and is aghast to find her mother deceased. The daughter feels betrayed by the hospice and questions the nurse, asking "Why didn't you tell us about this?" The nurse confides to her staff supervisor that she experienced moral distress over this circumstance, and felt that she had deceived the family and the daughter.

EXAMPLE 4

- A hospice nurse in Washington developed a professionally meaningful caring relationship with a cancer patient and his family over three months. The nurse is aware that her patient has requested a prescription from his attending physician to end his life as permitted by state law. As this prospect approaches, the patient asks the nurse if she will be present when he takes the medication.
- The nurse has a professional but deep commitment to this patient, and has expressed to other caregivers how meaningful it has been to be a "companion on the journey" of her patient. In considering the patient's request for her presence, however, the nurse is aware of the written policy of her hospice program, which affirms the right of hospice patients to choose any legal end-of-life option, but prohibits any hospice staff or volunteer from attending the dying of a patient using medical aid in dying. This prohibition encompasses presence both when the patient self-administers the medication and in the duration between self-administration and the time of patient death. Hospice staff are permitted to provide post-death care to patient and family as per any other death under hospice care.
- The nurse is conscientiously committed to the purposes of hospice care and views hospice nursing as her "calling" or vocation. However, the request of her patient generates a moral conflict for her regarding responsibilities of devoted patient care, non-abandonment of her patient, and fidelity to her hospice program and its policies. The nurse decides she will attend the patient's use of the medication "as a friend, not as a nurse."