



Enriching the lives of seniors since 1972.

Organizational Position on the End of Life Options Act December, 2016

Background: The Medical Aid in Dying Act, or Proposition 106, passed with a nearly two-thirds majority on November 8, 2016. Modeled after the Oregon “Death with Dignity Act,” the law will be effective upon the Governor’s proclamation affirming the election results which is expected in early January. Prop 106 allows a “qualified individual” – a terminally ill (prognosis of six months or less) adult, 18 years of age or older, who has the mental capacity to make informed medical decisions, is a resident of Colorado and who has fulfilled the requirements of the law – “to obtain a prescription for medical aid-in-dying medication to end his or her life in a peaceful manner.” The qualified individual must be able to voluntarily request and self-administer the medication.

The mission and values of CLC promote love, respect, compassion, leadership, unity and integrity while enriching the “quality and dignity of life for each individual.” Also, the founding policy of the Biomedical Ethics Committee states “that life is a precious gift of God and therefore we will not condone the deliberate taking of human life; that death is a natural part of life, and therefore we will not promote the prolonging of life without dignity.” In practice, CLC has applied these principles in the intentional development and active facilitation of a resident-directed culture (e.g.: The Eden Alternative and Masterpiece Living programs).

The primary ethical issue considered by the Christian Living Communities (CLC) Board of Directors upon the recommendation of the Bio-medical Ethics Committee was the potential conflict between the principles of a resident-directed culture which empowers resident autonomy in life’s choices and the God-given value of life according to CLC’s and each stakeholder’s faith-basis and personal values.

On December 20, 2016 the Board of Directors passed a resolution to **acknowledge the legal right of residents/clients to take medical aid-in-dying medication without endorsing or participating in the process.**

What this Means: A “qualified individual” per the Act must have the mental capacity to make informed medical decisions and be able to self-administer the medical aid-in-dying medication. This implies that such an individual is capable of independently, or through engaging non-CLC resources, orchestrating the details of his/her participation, such as requesting and obtaining the prescription and arranging for proper storage and dispensing of the medication.

- CLC, its associates and contractors, will not counsel or recommend a resident/client take medical aid-in-dying medication or directly assist the resident/client in accessing or obtaining resources to end his/her life. (Note: If an associate is also a family member or legal representative of a resident/client choosing medical aid-in-dying the associate may participate on their own time in the resident/client’s medical aid-in-dying process as allowed by the Act).
- Nor will CLC or any of its associates and contractors participate in the ordering, storage, dispensing or any handling of the medical aid-in-dying medication. Qualified individuals will need to make their own arrangements.
- Otherwise CLC will continue to provide end-of-life and after-death care to the resident and family as we normally do regardless of how that person dies.
- If asked by a resident/client for more information regarding the Act, CLC will generally advise the resident/client to contact his/her attending physician.

For questions please contact your CLC community’s Executive Director or Associate Executive Director or you may contact CLC’s Chief Ethics and Compliance Officer at (720) 974-3551.