Choosing a Care Facility? Ask About Their End-of-Life Policies First

Nearing the end of life, or just thinking about it, can prompt some tough conversations—and even tougher choices.

Choosing a care facility or type of care cannot always be done years in advance. A terminal condition can come on fast and upend what previously looked like a sound decision. Plans may have to change in a matter of months, weeks, or days. The end of life, like the beginning of life, could suddenly appear uncertain.

Laws like medical aid in dying (MAID) reflect changing times and attitudes. If you find yourself caught in the middle and forced to change course, your options may come down to a trade-off between personal preference and facility policy. Coming prepared with the right questions can help you make end-of-life planning decisions that pair your wishes with what is legally supported.

Balancing Cost and Care as the End Nears

For many Americans, conversations about legacy are inseparable from conversations about costs, especially when those talks touch on the cost of growing old in America.

Current national benchmarks show how care costs can quickly compound:

- Home care: about $35 per hour for nonmedical care, or roughly $80,080 per year at 44 hours per week.[1]
- Assisted living: about $6,200 per month, or $74,400 per year.[2]
- Nursing home care: about $9,500 per month for a semiprivate room and $10,800 per month for a private room, or roughly $115,000–$130,000 per year.[3]

Costs are also still rising. Since 2022, assisted living costs have increased nearly 22 percent, while private nursing-home room costs are up more than 16 percent.[4]

Cost and care are somewhat inseparable. They must be evaluated in tandem when determining a facility's fit for a particular patient. But end-of-life policy questions should not be left out of the equation, either, in an age of expanding MAID and shifting attitudes about "dying with dignity."

- Facility policies can vary widely, even within the same state. Hospitals, nursing homes, and assisted living communities may have varying approaches to MAID and other end-of-life choices.
- A facility may choose not to participate in MAID even when state law permits it. In a given state, that can affect whether MAID-related care is available on-site or whether a

---

[1] *Calculate the cost of long-term care near you*, CareScout, https://www.carescout.com/cost-of-care (last visited Oct. 28, 2026).
[2] *Id*.
[3] *Id*.
[4] Christine Healy, *Where senior care costs are rising fastest across the U.S.*, CareScout (Mar. 16, 2026), https://www.carescout.com/resources/where-senior-care-costs-are-rising.

resident must move elsewhere. New York, for example, allows certain private hospitals with qualifying religious or moral policies to prohibit MAID on their premises.[5]

- Individual healthcare providers may also decline to participate. MAID laws commonly protect physicians and other providers who refuse to participate, including on conscience-based grounds.

Religiously affiliated facilities or those with qualifying moral objections, therefore, may be legally permitted to opt out of participating in MAID, including in states where MAID is legal.[6]

Come Prepared With End-of-Life Questions

The time to ask about MAID and similar end-of-life policies is not when the end is near, when it may be too late to make a last-minute facility change to accommodate your preference. Ask early, before a health crisis, to preserve available options. A few simple prompts now can avoid issues later:

- How does the facility handle DNR orders? Policies and procedures can affect how your directives are recognized and carried out.
- Does it partner with hospice? Hospice access may influence where and how you can receive end-of-life care without another disruptive transition.
- Does it accommodate legal aid-in-dying requests? A facility's policies may not always align with what state law permits.
- Does it allow an outside provider to oversee MAID-related care? If the facility itself does not participate, ask whether an outside physician or provider can work with you while you remain there.
- What happens if a staff member has a personal objection? Find out whether another provider can step in, care can continue on-site, or the facility would require a transfer.

One final question to ask—of your attorney, not the facility—relates to whether your planning documents are compatible with the facility's policies. A mismatch there can be just as disruptive to your end-of-life care and requires the same kind of advance planning.

Estate planning is about preserving available options, and this is one option that cannot be exercised in the final hour. Deathbed changes to an estate plan play well in the movies, but in real life, those who are best prepared to "die with dignity," whatever that means to them, are those who have thought through their options well in advance and documented them in a written plan.

To begin your end-of-life discussions with an attorney, let us know what you're thinking, and we'll help you create a plan that works for you and where you need it.

---

[5] N.Y. State Dep't of Health, Medical Aid in Dying Law Frequently Asked Questions (Aug. 2026), https://www.health.ny.gov/health_care/medical_aid_in_dying/faqs.htm.

[6] Carlos Gomez-Virseda & Chris Gastmans, *Conscientious objection in euthanasia and assisted suicide: A systematic review*, Nat'l Libr. of Med. (June 23, 2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC12185019/.