AI & DIGITAL HEALTH LEADER

AI in End-of-Life Care

A guide for nurse educators and clinical leaders on the ethical, practical, and deeply human dimensions of AI at the end of life.

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AI Safety Pause™

THE INTERSECTION OF AI AND DYING

Why this is among the most ethically complex applications of AI in healthcare

End-of-life care sits at the most sacred intersection of nursing practice — where clinical precision, human dignity, cultural humility, and family presence converge. It is also the space where AI is arriving fastest and with the least scrutiny.

Predictive mortality algorithms, AI-assisted prognosis tools, automated symptom management systems, and natural language processing in advance care planning documentation are already in use in hospice, palliative care, and acute care settings. Nurses are on the front lines of these deployments — and are rarely prepared for what that means.

This resource does not take the position that AI has no place in end-of-life care. It takes the position that AI in this context demands the highest standard of human oversight, ethical reasoning, and nurse advocacy — and that nurse educators must equip the next generation accordingly.

> *"The question is not whether AI can predict death. The question is whether a prediction should change how we care for the person who is dying."*
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> **— Susan Deane, EdD, MSN, CNE, RN**

WHERE AI IS CURRENTLY USED IN END-OF-LIFE CARE

Applications nurses encounter in hospice, palliative, and acute care settings

Mortality Prediction Algorithms

Tools like EPIC's deterioration index and sepsis predictors are used to identify patients approaching end of life. These tools can trigger palliative care consults — but also create pressure to act on prognoses that may not align with patient values or wishes.

AI-Assisted Symptom Management

Automated systems monitor pain scores, dyspnea, and agitation in dying patients and generate medication recommendations. Nurses must evaluate whether algorithmic dosing recommendations account for the patient's comfort goals and trajectory.

Advance Care Planning Documentation

Natural language processing tools extract and summarize advance directives from clinical notes and structured data. Errors in this process — misread directives, incomplete extraction — can have life-altering consequences.

Prognostic Communication Support

AI tools designed to assist clinicians in communicating prognosis are being developed and piloted. The risk: algorithmically generated prognosis language may strip the human and relational dimensions from conversations that define a good death.

Family Communication & Grief Support

Some health systems are piloting AI chatbots for family members of dying patients to answer questions and provide resources. Nurses must understand the boundaries of these tools and where human presence is non-negotiable.

CRITICAL ETHICAL CONCERNS

Issues nurse educators must address before students encounter these tools clinically

■ Algorithmic Prognosis vs. Human Dignity

Mortality prediction tools generate probabilities — not certainties. When a nurse or family is told 'the algorithm gives this patient a 12% chance of surviving 6 months,' that number can anchor care decisions in ways that override patient values. Nurses must understand that prognosis is a clinical conversation, not an output.

■ Bias in End-of-Life AI

AI tools trained on historical data inherit the biases embedded in that data — including racial disparities in pain management, underrepresentation of minority populations in palliative care, and socioeconomic correlates of care intensity. A tool that was trained on a predominantly white, insured population may not generate equitable recommendations for all patients.

■ Over-Reliance and Clinical Withdrawal

There is documented risk that clinical staff defer to AI alerts in ways that reduce direct patient assessment. In end-of-life care, the therapeutic presence of the nurse — the hand held, the symptom observed, the family reassured — is irreplaceable. AI cannot substitute for it.

■ Informed Consent and Transparency

Patients and families have the right to know when AI is informing their care. This is especially true in end-of-life contexts where trust is foundational. Nurses must be able to explain, in plain language, what an AI tool does and does not do — and advocate for institutional transparency policies.

■ Advance Directive Integrity

Errors in AI-assisted extraction or summarization of advance directives are not administrative inconveniences — they are safety events. A misread DNR, a missed healthcare proxy designation, or an incorrectly summarized goals-of-care note can result in care that violates a patient's expressed wishes at the most critical moment of their life.

THE NURSE'S IRREPLACEABLE ROLE

What AI cannot do at the end of life — and why it matters for nursing education

As AI becomes more capable of predicting, monitoring, and communicating in end-of-life contexts, it is tempting to frame the nurse's role as one of oversight and verification. That framing is incomplete and dangerous.

Nursing at the end of life is a moral practice. It involves presence, witness, advocacy, and the translation of clinical knowledge into human meaning. These are not tasks that can be delegated to an algorithm — and nurse educators must be explicit about this distinction.

What nurses do that AI cannot	What AI does that nurses must oversee
■ Assess for pain, dyspnea, and distress with therapeutic presence	■ Predict mortality with statistical accuracy
■ Interpret the meaning of a patient's silence or restlessness	■ Understand cultural or spiritual dimensions of dying
■ Advocate for a patient whose expressed wishes conflict with algorithmic recommendations	■ Navigate family conflict or grief in real time
■ Provide physical comfort — positioning, mouth care, touch	■ Replace the human relationship at the center of a good death
■ Bear witness to suffering and hold space for dying	■ Make values-based clinical judgments

THE AI SAFETY PAUSE™ AT END OF LIFE

Apply these three questions whenever AI informs end-of-life care decisions:

1. Does this make clinical sense? — Does the AI's recommendation align with what I am observing in this patient right now? Does it account for their goals of care, advance directive, and family context?

2. What might the AI be missing? — What does this algorithm not know about this patient's values, culture, spiritual beliefs, family dynamics, or trajectory that I know from being present?

3. Who is accountable for this decision? — At the end of a patient's life, accountability is not abstract. The nurse at the bedside is accountable. Document your reasoning.

In end-of-life care, these questions are not clinical checkboxes. They are acts of patient advocacy.

CLINICAL SCENARIOS FOR CLASSROOM USE

Discussion cases grounded in real end-of-life AI contexts

SCENARIO 1 | Mortality Prediction & Family Communication

A 74-year-old woman with advanced heart failure is admitted to the ICU. The hospital's AI deterioration index assigns her a 94% probability of in-hospital mortality. Her daughter, who has been her healthcare proxy, asks the nurse directly: 'Is my mother going to die?' The attending has not yet had a goals-of-care conversation with the family. The nurse has seen the AI output on the dashboard.

Reflect: What are the nurse's ethical obligations regarding the AI-generated prognosis — to the patient, the family, and the care team?

Consider: How does the AI Safety Pause™ apply here? What might the algorithm be missing about this patient's individual trajectory?

Discuss: What advocacy actions should the nurse take before this patient's care proceeds further?

SCENARIO 2 | Advance Directive Integrity

A hospice nurse reviewing a new admission's chart notices that the AI-generated care summary indicates the patient has 'no documented advance directive.' The nurse recalls seeing a scanned DNR/DNI form in the patient's prior hospitalization records. When she investigates, she finds the document was present but the AI extraction tool failed to process a handwritten addendum that modified the patient's resuscitation wishes.

Reflect: What does the principle of veracity require the nurse to do — immediately, and systemically?

Consider: How does this scenario illustrate the limits of AI in end-of-life documentation, and what nurse advocacy is required?

SCENARIO 3 | AI Symptom Management & Clinical Override

A palliative care nurse is caring for a 58-year-old patient with end-stage pancreatic cancer. The AI symptom management system recommends a standard morphine dose based on the patient's last documented pain score of 4/10. The nurse observes the patient is visibly grimacing, restless, and unable to communicate verbally — behaviors consistent with uncontrolled pain that the algorithm did not capture because the last assessment was charted hours ago by a different nurse.

Reflect: What does this scenario reveal about the gap between algorithmic inputs and the nurse's direct clinical observation?

Consider: Who is accountable when an AI-generated dosing recommendation results in inadequate pain control at end of life?

CURRICULUM INTEGRATION GUIDE

How to embed AI end-of-life content across nursing education levels

AI in end-of-life care is not a standalone topic — it is a thread that should run through palliative care, ethics, geriatrics, oncology, and clinical judgment courses. Below are integration touchpoints by level.

Prelicensure	Introduce the AI Safety Pause™ in the context of end-of-life simulation. Focus on advance directive integrity and the limits of algorithmic prognosis. Use Scenario 2 above.
RN-BSN Completion	Address AI bias in end-of-life care within health equity frameworks. Require students to evaluate an AI tool used in their clinical setting against ANA Principles.

Graduate (MSN/DNP)	Assign governance analysis: how does your institution oversee AI tools in palliative and hospice settings? Who is on the governance committee? Is nursing represented?
Continuing Education	Design a 1-hour module for bedside nurses on the AI Safety Pause™ in end-of-life contexts. Include real case examples from the institution's own AI tool deployments.

REFLECTION FOR NURSE EDUCATORS

Where in your current curriculum do students encounter end-of-life care AND AI — and is the intersection explicitly addressed?

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What is one change you will make to ensure students are prepared to advocate for dying patients in AI-enabled environments?

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KEY RESOURCES	AI Competency Domains for Nurses (Deane & Koyfman, 2026) • ANA Code of Ethics • National Consensus Project Clinical Practice Guidelines for Quality Palliative Care • Coalition for Health AI (CHAI) • AI Safety Pause™ Faculty Implementation Toolkit