

Colorado End-of-Life Collaborative

Membership Agreement

MEMBERSHIP REQUIREMENTS:

- Completed training from a recognized end-of-life (EOL) doula training program (e.g. INELDA, CDI, or another pre-approved doula training program). Documentation of training to be provided to Collaborative. Certification desired, but not required.
- Establish and maintain a legally registered EOL doula business in the State of Colorado, have your own contracts with clients, bill and collect your own fees with clients, and pay your own taxes (provide a copy of proof of good standing with the State). Note: the Collaborative is NOT an employer.
- Adequate coverage of Liability Insurance for work as an EOL doula (copy provided to Collaborative)
- Annual Membership Dues of \$200, non-refundable*
- Adherence to the Mission and Vision of the Collaborative, as well as the Standards of Practice and the Code of Ethics (attached)
- Willingness to set a standard hourly rate within the range set forth by the Collaborative and as stated on the website (between \$50 and \$80 an hour, commensurate with doula experience, not to include sliding scale or any packages offered by the doula that reduce the hourly rate if clients purchase a block of hours as a savings to the client)
- Attendance at Collaborative membership meetings
- Be willing to refer your clients to appropriate CEOLC Affiliate Members** should services be beneficial
- Active participation in the Collaborative (the more you put into it, the more you get out of it, the better it serves all members), which includes:
 - represent the Collaborative at local events; network, prepare and offer educational and marketing presentations in the community
 - collaborate with other members—offer support and build community and networking
 - offer continuity of care for all clients of the Collaborative's members as appropriate (i.e., provide coverage for other doulas as appropriate, ask for coverage from other doulas as appropriate)

*** If you need assistance with payment options, please ask.**

**** Affiliate Members are collaborative members who provide end-of-life services other than those of end-of-life doulas.**



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MISSION AND VISION OF THE COLLABORATIVE:

Mission:

Dedicated to excellence in compassionate, non-medical, end-of-life care; offering presence, support, education, and empowerment to those who are dying and their loved ones.

Vision:

- To reinstate death as a revered part of life
- To empower the dying to “do it their way”
- To educate communities about the work of end-of-life doulas
- To be part of developing a Colorado culture that embraces a more positive way of viewing death, and to support others who are also working to create a cultural shift
- To become a go-to resource for those seeking end-of-life support
- To serve and embrace all individuals and all families, by birth or choice, of any race, color, ethnicity, national origin, religion, sex, age, disability, sexual orientation, gender identity or gender expression
- To be part of a united collaborative in which we work side-by-side for the good of the clients and one another

STANDARDS OF PRACTICE:

- **Services Rendered:** At the very basics of care, the end-of-life doula will serve as an advocate for the dying person, providing emotional and physical support and compassionate companionship, as well as providing support for the caregiver/family. The EOL doula will adhere to the “Doula Model of Care” founded by Patty Brennan (see Attachment A), regardless of any ancillary services or additional skills being offered.
- **Limits to Practice:** Standards of Practice apply to emotional and physical support only. When serving as an EOL doula and representing oneself as an EOL doula, the doula does not perform clinical or medical tasks, even if the doula has been trained or is licensed in another field to do so. If an EOL doula who is also a healthcare professional should choose to provide services for a client that are outside the doula’s scope of practice, they should not describe themselves as doulas to their client or to others. In such a case, they should describe themselves by a name other than “end-of-life doula” and provide services according to the scopes of practice and the standards of their healthcare profession. On the other hand, if a healthcare professional chooses to limit his or her services to those provided by EOL doulas, it is acceptable according to the Standards for one to describe oneself as an EOL doula.



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- **Advocacy:** The EOL doula advocates for the client's wishes as expressed in the vigil plan, and in conversations and discussions, by encouraging the client to ask questions of his/her medical care provider and to express his/her preferences and concerns. The EOL doula helps the dying person incorporate changes in plans, if the need arises, and enhances the communication between client, caregiver and care provider as needed. Clients and EOL doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.
- **Referrals:** For client needs beyond the scope of the EOL doula's training, referrals are made to appropriate resources.

CONTINUITY OF CARE:

- The EOL doula should make back-up arrangements with another doula to ensure services to the client if the doula is unable to attend the vigil and in instances where the client/caregiver has requested such.
- Should any EOL doula feel a need to discontinue service to an established client, it is the doula's responsibility to notify the client and arrange for a replacement, if the client so desires. This may be accomplished by:
 - Introducing the client to the back-up EOL doula
 - Suggesting that another member of the Collaborative or another doula may be more appropriate for the situation
 - Contacting other representatives of the Collaborative for names of other doulas in the area
 - Following up with the client or back-up doula to make sure the client's needs are being accommodated



Code of Ethics

I. Rules of Conduct

- A. Propriety. The doula should maintain high standards of personal conduct in the capacity or identity as an end-of-life (EOL) doula.
- B. Competence and Professional Development. The EOL doula should strive to become and remain proficient in the professional practice and the performance of professional functions through continuing education, affiliation with related organizations, and associations with other EOL doulas.
- C. Integrity. The doula should act in accordance with the highest standards of professional integrity.

II. Ethical Responsibility to Clients

- A. Primacy of Client's Interests. The EOL doula's primary responsibility is to her/his clients.
- B. Rights and Prerogatives of Clients. The doula should make every effort to foster maximum self-determination on the part of her clients.
- C. Confidentiality and Privacy. The doula should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.
- D. Obligation to Serve. The doula should assist each client seeking doula support either by providing services or making appropriate referrals.
- E. Reliability. When the doula agrees to work with a particular client, her obligation is to do so reliably, without fail, for the term of the agreement.
- F. Fees. When setting fees, the doula should ensure that they are fair, reasonable, considerate, and commensurate with services performed, with due regard for the client's ability to pay, and within the hourly range set forth by the Collaborative agreement. The doula must clearly state her fees to the client, and describe the services provided, terms of payment and refund policies.
- G. Communication. When there is a disagreement that cannot be resolved between the doula and the family she is serving, a third-party mediator shall be called in for resolution. Mediator fees shall be the responsibility of both parties unless deemed otherwise in mediation.

III. Ethical Responsibility to Colleagues

- A. Respect, Fairness, and Courtesy. The EOL doula should treat colleagues with respect, courtesy, fairness, and good faith.
- B. Dealing with Colleagues' Clients. The doula has the responsibility to relate to the clients of colleagues with full professional consideration.



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IV. Ethical Responsibility to the Doula Profession

- A. Maintaining the Integrity of the Profession. The EOL doula should uphold and advance the values, ethics, knowledge and mission of the profession.
- B. Community Service: The doula is strongly encouraged to assist a dying person who wants a doula and cannot afford standard pricing by reducing cost or providing services pro bono when possible.

V. Ethical Responsibility to Society

- A. Promoting Well-Being and Safety. The EOL doula should promote the general well-being and safety of clients and caregivers, and whenever possible, that of their family and friends in the care setting as well. Although the doula profession is NOT legally designated as a mandated reporter of abuse and neglect, the doula will report to the Collaborative and to appropriate law enforcement any instances of abuse and/or neglect observed in the care setting.

RESPONSIBILITIES OF THE COLLABORATIVE TO MEMBERS:

As a member of the Colorado End-of-Life Collaborative, I understand that the Collaborative will provide the following to all members in good standing:

- Member listing on the Collaborative website that describes the member's services offered as well as contact information to hire the end-of-life (EOL) doula directly
- Marketing items for the Collaborative (business cards, brochures, flyers, etc.) that will be provided to members to distribute and for use at marketing events
- Notification of upcoming events and opportunities to network and market the Collaborative (and thus, its members)
- Regular membership meetings (not less than three times a year) with transparency as to the structure or future plan for the Collaborative that may affect membership
- Leadership team that is available to the members of the Collaborative

NOTE: Any collaborative member who withdraws a paid membership before the expiration of their annual term will forfeit the remainder of the membership fee. Additionally, the CEOLC Board of Directors reserves the right to terminate a collaborative membership, on majority Board of Directors vote and without refund of dues, of any member organization or individual who is deemed to no longer represent the overall professional standards, vision, and/or mission of the CEOLC.

By signing this document, I understand and agree to abide by the Colorado End-of-Life Collaborative Mission and Vision, Standards of Practice and Code of Ethics.



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Signature of EOL Doula:		Date:	
Full Name:			
Business Name:			
Mailing address:			
Phone:			
Email:			
Website address:			
<p>We prefer submission by email, but if you choose to submit your application materials by mail, please include a printed copy of this completed and signed agreement, along with printed copies of your application and attachments listed below to:</p>		<p>Colorado End-of-Life Collaborative PO Box 16265 Golden, CO 80402</p>	
INCLUDE ATTACHMENTS:			
<input type="checkbox"/> Documentation of training as an EOL doula and/or certification (if applicable) <input type="checkbox"/> Documentation of Proficiency Status with NEDA (if applicable) <input type="checkbox"/> Certificate of Good Standing for your business from the Colorado Secretary of State <input type="checkbox"/> Proof of Liability Insurance for work as an end-of-life doula <input type="checkbox"/> Membership Application <input type="checkbox"/> Check or PayPal payment of \$200 for Membership Dues		<p>IMPORTANT: Please save this agreement to your computer before attaching it to the email with your completed application and applicable documents for sending to: info@coeolcollaborative.org</p> <p>Call (720) 989-1929 if you have questions or concerns.</p>	

FOR USE BY CEOLC:

DATE RECEIVED:	
RECEIVED BY:	



Attachment A: The Doula Model of Care

What is the “Doula Model of Care”?

by Patty Brennan

Doulas are coming into the cultural mainstream and they are not just for birthing and postpartum mothers and their families. The emerging role of the end-of-life doula is gaining traction and helping transform how we approach end-of-life care in the United States and beyond.

Since current evidence for birth doulas is well established and based on a model of care that is gaining widespread recognition and acceptance by both consumers and medical care providers, it behooves the doula profession to unite in our understanding of the doula model of care, especially as it evolves to serve diverse needs of families throughout the lifespan.

There is plenty of room for creative visionaries to adapt the doula model of care for a target demographic or specialized care setting. Furthermore, how each doula manifests the doula model of care and delivers services to families will be uniquely her or his own. This freedom, entrepreneurship and diversity benefit the variety of individuals and families with needs that are unmet in existing systems of care delivery. At the same time, we must acknowledge what unites us as doulas and define the core, non-negotiable elements of the doula model of care.

A **Model of Care** broadly defines the way services are delivered. It outlines best practices for a person, population group or patient cohort as they progress through the stages of a condition or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place.

Core Components of the Doula Model of Care: 6 Guiding Principles

- **Non-medical support.** Doulas refrain from performing any clinical or medicalized tasks.
- **Non-judgmental support.** The doula does not impose her/his values on the client such as acting on biases in favor of one method.
- **Family-centered approach.** The individual and their family form the unit of care. Doulas do not take the place of partners, family members or other care providers.
- **Holistic care.** Doulas recognize the biopsychosocial and spiritual aspects of the whole person and provide services in the context of this understanding.
- **Empowerment.** Doulas promote informed decision-making and foster maximum self-determination for the individual and family.
- **Team members.** Doulas are team players with a special role.

Types of Support Provided by Doulas

- **Presence.** Good listener, witness, calming influence, nurturing, support for troubleshooting challenges.
- **Emotional support.** Always part of the doula’s role.
- **Information sharing.** Education as needed and desired, non-biased and evidence based.
- **Proactive guidance.** Anticipating needs and making a plan.
- **Resources and referrals.** Making referrals to appropriate community resources and care providers, thereby increasing access to all available services.
- **Comfort measures and physical support.** Can include hands-on comfort techniques, help with positioning, visualization, use of the breath, and so on.
- **Logistical support.** Can include household help, running errands, transportation to medical appointments and so on.

Excerpted from: *The Doula Business Guide: How to Succeed as a Birth, Postpartum or End-of-Life Doula*, 3rd Edition.

