

American Clinicians Academy on Medical Aid in Dying

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Completing the Path to Eligibility for Medical Aid in Dying

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Medical aid in dying is legal in [ten states and the District of Columbia](#), covering about 22% of the U.S. population. The state laws regarding the path towards eligibility vary somewhat so please check with your providers.

Generally, in order to legally qualify, a patient must:

- Be over 18, and have (or obtain) residency in a state where aid in dying is legal
- Have the capacity to make their own medical decisions
- Be diagnosed with a terminal condition and have a prognosis of less than six months to live, as confirmed by two physicians

Step one: Finding doctors who provide medical aid in dying

Be sure to ask all of your primary and specialty doctors, including your hospice doctors, about their willingness to consider your request for aid in dying. Ask specifically if they can act as the attending/prescribing or the consulting/confirming physician for medical aid in dying.

- Some doctors may be hesitant to participate because they have never worked with a patient considering medical aid in dying and are not experienced with this new aspect of end-of-life care. If that's the case, please let your doctor know that the Academy's physicians will gladly provide guidance. There is no charge for this.
- **The Academy's Patient-to-Doctor Referral System:** If you are having difficulties locating participating doctors, please fill out the Academy's [intake form](#) and we will do our best to find providers in your area.
- **Hospice care:** The Academy strongly encourages all terminally ill patients who are considering medical aid in dying, begin [hospice care](#) as soon as they reasonably can. Hospice shares the Academy's goal of comfort at the end of life and can provide essential palliative care and support to patients and their families. Hospices organizations have a legal right to "opt out" of participating in medical aid in dying, though many take more engage but "neutral stance" and have a variety of differing policies. *Please make sure and ask very specifically about their aid-in-dying policies for their doctors and bedside staff.
 - Many hospices have aid-in-dying policies that permit their doctors to act as the consulting/confirming physician and some permit them to act as the attending/prescribing physician.
 - Hospice nurses, social workers and spiritual care workers can provide support to patients and their families throughout the aid-in-dying process. Staff may be allowed to attend during the aid-in-dying day, though some hospices will not allow this, and many hospices require staff to step out of the room in the moments just before the patient takes the medications.
 - Most hospices do not allow their staff to prepare aid-in-dying medications, though they or the Academy may refer you to doula or volunteer who can. Also, please see [ACAMAID instructions for the aid-in-dying day](#)
 - When contacting a hospice, ask *specifically* if their doctors can participate in medical aid in dying, as the attending/prescribing or consulting/confirming doctor. Also, ask about their

policies about bedside staff and attendance. The Academy may be able to recommend supportive hospices.

Step two: Becoming eligible for medical aid in dying

Eligibility does *not* require you to *ever* take the medications, or even to have definite plans; it simply gives you this legal option. The first step is to arrange a discussion with and make a *first verbal request for medical aid in dying* to your attending/prescribing aid-in-dying doctor and have this request *documented* in your medical record.

- The discussion with your attending/prescribing provider about your interest in medical aid in dying, including your first verbal request, *and* the required documentation begins the legally mandated waiting period. This period differs in some states from 48 hours in some cases, to 20 days. Again, please check with your provider.
- **Many patients start this process late and become too ill to complete it during the legally mandated waiting period.** Please arrange this discussion with your doctor as soon as possible, even if you are not certain of your planning. Some providers may be able to do this via telehealth.
- During the waiting period, ideally before the second verbal request, the consulting/confirming doctor should complete the process of verifying that that you qualify for medical aid in dying, and then submit the required form to the attending/prescribing physician.
- The final step towards eligibility, as soon after the waiting period as possible, is to make your *second verbal request for medical aid in dying* to your aid-in-dying attending/prescribing physician.
 - Forms: You may be required to fill out and sign a written request with witnesses, and/or a final attestation. Your attending/prescribing doctor can provide these if they are required.
- Again, these requests and forms do NOT mandate that you take medical aid in dying medications, or even that you make any definitive plans. They are simply part of the required steps for eligibility.

Step three: Planning and Preparing

Once you have completed the process and become eligible for medical aid in dying, ask your medical providers (the attending/prescribing, and your hospice nurse or doctor) for continued guidance about if or when to take the medications. This is especially important if you are approaching the imminent/active phase of dying or have any trouble with nausea, swallowing or constipation. *Ongoing expert guidance is essential in making this important decision.* For more details about preparations during the week before the aid-in-dying day see: [Preparations and instructions for the aid-in-dying day](#)

- The Aid in dying procedure can only proceed if the patient has:
 - **Capacity to make medical decisions for themselves.** You must be able to communicate (via speech, head nods, writing or other adaptive means) that you understand what your terminal disease is, know what your various options are (including just continuing with hospice/palliative care until you die), and that you know that taking aid-in-dying medications results in death.
 - **The ability to self-administer the medications** by swallowing, or by using a feeding (PEG) tube or rectal catheter. (Injectable medications are not allowed).
 - Someone other than the patient can legally mix and prepare the aid-in-dying medications and bring them to the patient. The patient must self-administer the medications by swallowing them or by pushing a syringe plunger if using a feeding tube or rectal catheter.

- Preparing and Mixing the Medications: See our [video instructions on mixing aid-in-dying medications](#)
- **The ability to physically absorb the medications.** Patients with bowel obstructions or other stomach and intestinal issues may not be able to safely take and absorb aid-in-dying medications, orally. If you think this may apply to you, talk with your doctor before trying to swallow aid-in-dying medications.
 - Rectal administration is a safe, discreet and comfortable option for many patients. See [rectal administration of aid-in-dying medications](#)
- **The Prescription:**
 - Please be sure that your doctor has the most current prescribing information, as there are older and less effective versions of prescriptions that sometimes are mistakenly used. Please do not hesitate to contact or have your doctor contact the Academy for further information, or refer to our [pharmacology page](#)
 - A pharmacist will call and arrange for payment and delivery of medications. We strongly suggest you ask the pharmacy to hold the prescription until the week you plan to use it. This will keep these dangerous medications safely out of reach and prevent the disposal of medications and charges for them if they are not used.
- **Skilled attendance on the aid in dying day:** Having support for yourself and your loved ones on the day of aid in dying is crucially important. It frees your loved ones to do what they do best – love you, instead of worrying about this medical procedure. Your hospice nurse, social worker or chaplain can be an essential source of comfort and experience at the time of aid in dying. Privately hired nurses or end-of-life doulas can be helpful on the aid-in-dying day, and experienced volunteers are available in some states. If your hospice or other organization does not provide someone to be there for the aid-in-dying day, please feel free to contact the Academy and we will work on finding a qualified person to be there for you and your family.

* The [American Clinicians Academy on Medical Aid in Dying](#) is available to answer questions from patients, their loved ones or care providers, and professionals who might have any questions about the process. Please contact us at ACAMAID@ACAMAID.org with any questions or concerns.

* The [American Clinicians Academy on Medical Aid in Dying](#) provides this service free of charge, but we welcome [donations](#) to support our activities.