

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 are willing and able to receive your first verbal request, and act as the attending/prescribing or the consulting/confirming physician for medical aid in dying.

- Doctors are allowed to opt-out if they choose, though some may be simply hesitant to participate because they have never worked with a patient considering medical aid in dying and are not experienced with this 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, including on the aid in dying day.

- 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 physicians.
- Hospice nurses, social workers and spiritual care workers can often 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 medication.

- 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](#)

***Over the many years that the Academy and its clinicians have been providing aid-in-dying care, we have found that having an experienced attendant at the bedside, in the days before and during the aid-in-dying procedure, is crucial.**

- Patients who have knowledgeable attendants have more peaceful deaths, and their loved ones have less complicated grief. Having a trained, knowledgeable person throughout the process and at the bedside helps prevent complications, frees loved ones from having to take on this complex clinical role, and ensures that patients safely have the peaceful death they so deeply desire. The preparations and procedures around aid in dying can be complex and more easily managed by a knowledgeable clinician, rather than a stressed-out but well-intentioned loved one. And, well supported loved ones who don't have to manage medications or make clinical decisions, can keep their attentions on each other more fully during these tender moments.

*If your hospice staff or doctors cannot attend on your aid-in-dying-day, or if you feel you need further support, please [click here](#) for a referral to an Academy-trained and verified bedside attendant.

Step two: Becoming eligible for medical aid in dying

The process of becoming eligible does *not* require you to *ever* take the medications, or have definite plans, or to prove you have suffered in any way. Getting through the eligibility process simply gives you this legal option, provided you qualify.

- The first step is to arrange a discussion about your interest in medical aid in dying with a doctor who is willing to document this discussion as your *first verbal request*, even if they are not willing or able to help you finish all the steps toward eligibility. The *first verbal request* is simply a conversation about your interest in medical aid in dying, and the documentation may be passed on to another doctor if needed. The conversation and documentation, provided the doctor agrees to this, begin the legally mandated waiting period. This period differs in some states from 48 hours in some cases, to 20 days. Ask your provider for details.
- **Many patients start this process late and become too ill to complete it.** 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.
- You may also be required to fill out and sign a written request with witnesses. Your attending/prescribing doctor can provide these if they are required.
- 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. This conversation also includes a discussion to go over all your other options, an assessment to be sure you have not been coerced in any way, and a review of the risks of the procedure. Eligibility never lapses, but it's very important to stay in touch with your attending/prescribing doctor so they can continue to monitor and guide you.

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.*

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 them to our [pharmacology page](#)
- Typically, 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.

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 legally allowed in the US).
 - Someone other than the patient can legally mix and prepare the aid-in-dying medications and bring them to the patient and hold a cup and straw if needed. The patient must self-administer the medications by swallowing them or by pushing a syringe plunger if using a feeding tube or rectal catheter.
- **The ability to physically absorb the medications.** Patients with any nausea/vomiting, bowel obstructions or other stomach and intestinal issues may not be able to take and absorb aid-in-dying medications into their blood streams. If you think this may apply to you, talk with your doctor before trying to self-administer aid-in-dying medications.
 - Aid in dying medication taste bitter and can cause a burning sensation in the few minutes before sedation kicks in. A few bites of fat free sorbet just before and after self-administration can help.
 - Rectal administration is a safe, discreet and comfortable option for many patients. See [rectal administration of aid-in-dying medications](#)

*For more details about preparations during the week before and during the aid-in-dying day see: [Preparations and instructions for the aid-in-dying day](#)

The [American Clinicians Academy on Medical Aid in Dying](#) is available to patients, their loved ones or care providers, and professionals who might have any questions or concerns. Please feel free to contact us at ACAMAID@ACAMAID.org. We provide these services free of charge, but we welcome [donations](#) to support our activities