Once you are eligible for medical aid in dying, new needs and questions arise.

How will I know if and when to proceed?

Please stay in close touch with your prescribing provider and hospice or palliative care team for support and guidance. Patients are never obligated to take their aid-in-dying medications, and it is entirely normal to change one's mind. Many people are surprised to find that their natural dying process is more peaceful than expected, especially with quality hospice care. In these cases, patients often continue on their natural course and die without using the prescribed medication.

The attending prescribing provider—working closely with the hospice or palliative care team—can offer guidance about if or when to proceed and take the medication to die. While no clinician can predict exactly when a person will begin to die, clinical updates can help patients and families stay informed about the patient's condition and timing considerations. When patients become weaker, bedbound, sleep most of the time, lose appetite, show changes in alertness, vital signs, or experience worsening symptoms, these may signal that the body is preparing for death and that the opportunity for aid-in-dying may be closing soon.

It is essential to have good care, such as hospice, and plans in place, in case aid-in-dying becomes not a safe or viable option. There is a specific window of opportunity for aid-in-dying. It opens once a patient is determined eligible and closes if they permanently lose decision-making capacity or the ability to safely ingest and absorb the medication. Because this window can change, it is important to have detailed contingency plans in place. These plans should be specific about who will provide the required bedside care, common signs and symptoms to expect, and what medications may be needed.

Any uncomfortable symptoms can and should be well managed, so that the decision to proceed with aid-in-dying is not driven by unmanaged discomfort. Hospice or palliative care teams can help ensure that symptoms such as pain, nausea, or shortness of breath are well controlled. Some hospices fully train and enable their staff to provide attentive care for patients considering aid-in-dying. For referrals, please fill out our intake form at this link.

Patients are not required to justify their decision or prove that they are suffering. While it's important to discuss your thoughts with a trusted provider, your reasons for proceeding can be entirely private and personal.

How do I prepare?

It is important to have detailed contingency plans and good bedside care, such as hospice, in case you lose the mental capacity or physical ability to safely proceed with aid-in-dying. Your loved ones or other bedside attendants should be prepared to provide comfort and vigil care, including repositioning, cleaning, and administering comfort medications if needed. Ask your hospice team or healthcare provider to help you develop this plan.

Constipation, diarrhea, nausea, and vomiting should be proactively managed—ideally with non-sedating medications—to help maintain alertness and decision-making capacity. However, comfort medications should never be withheld, and all distressing symptoms should be well controlled.

For safety, the aid-in-dying medications should be kept at the pharmacy until your plans are finalized and the date is near, typically just a few days beforehand. This helps ensure the medications do not pose a risk in your home and prevents your loved ones from having to dispose of them. Pharmacies can typically deliver the medications promptly when needed, and you will not be charged while they are being securely held.

Ensure that facility staff or caregivers are sufficiently informed; SNFs can legally prohibit aid in dying on their premises, but other facilities may have different requirements. If the patient intends to use a short-term rental, the

owner/operators should be notified, at a minimum, that the patient is ill and likely to die soon, on the premises. A friend's or family member's home may be a viable alternative if needed.

Once your plans are set, practice swallowing or ingesting two to four ounces of a slightly thickened liquid, such as a smoothie, each day. This helps ensure you can swallow comfortably when the time comes. If you plan to use a non-oral route, practice pressing the plunger and emptying a 60 mL or 100 mL syringe filled with water into a bowl. This practice will help you feel confident that you can manage it on the day of aid-in-dying.

Scheduling the procedure in the morning can help ensure there is adequate time for attendance and support. Consider saying goodbye to your loved ones in the days leading up to the planned day, keeping only your closest companions nearby for your final moments. The night before, stop taking all solid food after midnight and consume only clear liquids afterward. Many patients choose to wear an incontinence brief for comfort, though passing stool is uncommon.

The patient must be able to self-administer the aid-in-dying medication, but assistance with medication preparation and bedside emotional support may be provided by a nurse, end-of-life doula, family member, or friend. Some hospices permit their nurses to assist with medication preparation and remain at the bedside during these crucial and tender moments, while others do not. Be sure to arrange for this essential bedside care before the aid-in-dying day.

If you plan to proceed, consider having an experienced clinician—such as a hospice nurse, end-of-life doula, or trained volunteer—present at your bedside to support you and your family. The day can be emotional and stressful, and having a knowledgeable attendant ensures that all medical details are managed appropriately. If your hospice team cannot provide this essential care, privately hired doulas or volunteer organizations can often offer this valuable presence.

What happens during the procedure?

The aid-in-dying procedure is generally very peaceful when you and your loved ones know what to expect and are well supported. Having a knowledgeable hospice staff or bedside attendant is essential to ensuring a peaceful process and supporting your loved ones.

The medications come in powder form that must be carefully mixed with clear filtered apple juice (see video below). The academy highly recommends having an experienced clinician at your bedside to manage this process, which helps reduce the stress of this tender time and allows loved ones to focus on each other instead of the medical details.

When ingested or swallowed, the medications may cause a burning sensation or a bitter taste, which can be soothed by a non-fat popsicle or a few teaspoons of non-fat sorbet before and after taking them. Sitting upright during swallowing can help prevent coughing, and it is best to remain upright until sedation begins to take effect.

Some patients are unable to swallow but can self-administer the medications by pushing them into their GI tract through a tube via PEG, ostomy, or small rectal catheter. Non-oral routes require significant clinical support. If you need a provider who can manage non-oral routes, please fill out our referral form at this link

After taking the medicines, deep sleep occurs in about five to ten minutes, followed by a coma. Patients typically begin to have very slow, sometimes imperceptible breathing, then may take several sudden deep breaths and stabilize for a few hours. All the typical signs and symptoms of dying will be present, such as changes in color and, sometimes, slight stiffening and relaxation of body muscles.

The heart and lungs slowly stop, and death typically occurs within two to five hours. Some patients' illnesses cause medications to be absorbed more slowly, and those deaths can take longer, up to a day. Death can be determined once there are no detectable neck pulses and no breathing for 10 minutes. Remember that the patient will be comfortably unconscious during the entire time. Typically, a hospice nurse visit can be provided whenever needed, including after the patient has died, for post-mortem care.

What about my loved ones after I die?

We recommend that loved ones or bedside attendants call hospice or the attending provider once no breaths or neck pulse has been detected for at least ten minutes.

According to the law, your death certificate will officially list your underlying medical condition as the cause of death, not medical aid in dying. Notably, life insurance companies are legally prohibited from canceling policies for patients who pursue aid-in-dying.

Generally, families are not at risk of having more complex grief due to their terminally ill loved one having taken lethal medications and died. Hospices and various nonprofits offer specialized grief support for families; contact us for details.

For patients traveling from out of state:

If you decide to travel to another state and choose to proceed, we strongly recommend arriving at least 3–7 days in advance of your planned death. Your condition is very likely to deteriorate, meaning you may be more fragile and require more care. This allows time for thorough evaluation and preparation, minimizing risks of adverse outcomes while ensuring a peaceful experience for you and your loved ones.

~updated 1/2026