Academy of Aid-in-Dying Medicine
www.AADM.org

Essential Patient Information about Medical Aid in Dying

This handout explains what medical aid in dying is, who may be eligible, and how to plan for safe, compassionate support at the end of life. It is written for patients and families.

In this handout you'll find:

- What medical aid in dying means.
- Basic eligibility and legal steps.
- How hospice and other providers can support you.
- Options if you live in a facility or another state.
- Crucial reminders for patients who are eligible or actively exploring this option.

Who this information is for

This information is for adult patients who have been diagnosed with a life-limiting disease and who may want the option of using medical aid in dying at some point in their dying process. It may also be helpful to families and loved ones who want to understand this option.

What medical aid in dying means

Medical aid in dying is a legal option in some United States jurisdictions that allows terminally ill adults to work with a healthcare provider to understand their end-of-life options and, if they choose, request medication to peacefully end their life where and when they choose. Laws and requirements differ by state, so it is important to talk with clinicians who are familiar with the rules where you live.

Basic eligibility

To be eligible for medical aid in dying, most state laws require that a patient:

- Is an adult resident of a state where medical aid in dying is legal (or travels to one with open borders).
- Has a prognosis of about six months or less, if the illness follows its usual course, as confirmed by medical providers.
- Has the mental capacity to make their own medical decisions.
- Can take the medication, either by swallowing it or by pushing it into the gastrointestinal tract (for example, through a feeding tube, ostomy or rectal catheter).

Suffering or a specific plan is not required for eligibility; it just provides the option.

Patients do not have to prove they are suffering and are never required to take the medication once it is prescribed; being eligible simply means having the option.

Starting the process early

Confirming eligibility can sometimes take much longer than the mandated waiting period. Beginning the process before your condition declines sharply gives you more time to ask questions, understand your options, and prepare.

Hospice care is essential; choose carefully.

Hospice provides expert end of life care, and is covered by Medicare and most private insurance, often no out-of-pocket cost. Hospice teams address physical, emotional, and spiritual needs in the final phase of life and support your loved ones, helping ensure a safe, comfortable, and peaceful death, no matter how you die. Most will offer “support” but it’s important to ask for details.

When you talk with hospices, ask them to provide detail about care they will provide:

- Can your clinicians serve as the attending or consulting provider for medical aid in dying?
- Are bedside staff trained and permitted to prepare the medications?
- Can they manage non-oral routes, if needed?
- Can staff remain at the bedside during ingestion to offer support?
- If you cannot provide certain services (for example, prescribing or bedside support), can you refer us to other providers such as doctors, doulas or volunteers, and are there additional costs?

Being eligible for hospice does not automatically mean you qualify for medical aid in dying. If you are not yet eligible for hospice, ask your team when reassessment might be appropriate.

Steps to becoming eligible:

1. Find an attending provider and make your first request.	Begin by locating a clinician who is permitted and willing to serve as your attending (prescribing) provider. Once you make your first verbal request, the provider documents it, confirms that you meet all legal requirements (including prognosis, capacity, and residency), ensures that your choice is voluntary, and reviews all end-of-life care options with you.
2. Consulting provider evaluation.	A second clinician independently reviews your records, meets with you, and confirms eligibility.
3. Additional capacity assessments.	If required by law, or if there are questions about your decision-making capacity, a mental health professional completes an additional evaluation.
4. Written request.	Some states require patients to sign a written request, witnessed and signed by two adults who are not your heirs or healthcare providers.
5. Language attestation, if needed.	If translation or interpreter support is used, an additional form may confirm that you received information and gave consent in your preferred language.
6. Waiting period.	A mandatory waiting period applies, with timing that varies by state. In some places, it begins after your first request; in others, it begins after the prescription is issued. In some situations, the waiting period may be shortened if it appears that you may not survive the full duration.
7. Second verbal request and final steps.	If required, your attending provider takes a second verbal request, and some states require it to be audio- or video-recorded.
8. Final counseling and prescription.	Your attending provider offers final counseling, answers any remaining questions, and then issues the prescription, which can be safely held at the pharmacy until it is needed.

Important reminder

To help ensure a safe, peaceful process, ask your attending prescriber to communicate with the hospice or care team that will support you through your death. This coordination helps everyone understand the plan and be prepared.

Attending providers, costs, and bedside support

There are three main sources of attending providers (prescribers) for medical aid in dying, though availability varies by region. They differ in cost, timing, and bedside services:

Participating health systems and medical organizations	Visits are usually covered by Medicare or insurance. Visits may occur in person or by telehealth, but appointments can take time to schedule. Bedside services are usually not provided, though referrals to hospices, doulas, or volunteers may be offered.
Hospices that permit prescribers	Services are covered by Medicare or insurance; direct separate billing for prescriber services is generally not allowed. Admission, transfer, and care planning may take time to arrange. "Support" varies. Some hospices train staff to prepare medications, manage non-oral routes, and remain at the bedside during ingestion; others do not, but may refer to doulas or volunteers.
Independent physicians	These providers usually charge a flat fee for the attentive care they provide, and most are willing to work on a sliding scale; few can bill insurance. They usually offer home visits and faster, more personalized care. They usually will provide bedside care on the day of death, and most manage non-oral medication routes.

Finding aid-in-dying care

Talk first with your own medical providers or hospice team about medical aid in dying and your options. You may also visit the Academy's "Find aid in dying care" page at AADM.org for free, confidential referrals and general information.

Medication costs

The aid-in-dying medications themselves typically cost about 600 to 800 dollars out of pocket, regardless of provider type. Coverage varies, so ask your team and pharmacy what to expect.

If you live in a facility

Skilled nursing facilities may legally prohibit patients from taking aid-in-dying medication within the facility, but they cannot interfere with or prevent patients from seeking or being evaluated for this care.
Assisted living and other residential care facilities usually allow residents to make their own choices within their apartments or rooms, though facility staff may decline to manage medications. In smaller settings, such as board-and-care homes, this process can be stressful for staff unless it is discussed well in advance.

If you need an alternative location for your aid-in-dying day

Some patients choose to spend their final days in a friend's or family member's home. Short-term rentals or hotels may also be possible. As a matter of courtesy and ethics, the property owner should be informed beforehand that a seriously ill person will be staying there and will likely die on the premises.

If you live in a state without aid-in-dying laws

You must be physically present in the aid-in-dying state to make requests, complete evaluations, obtain the medications, and take them. While consultations or hospice may be covered by insurance, expenses such as medication, lodging, and transportation often are not. Medications cannot be taken across state lines and transporting them to a non-legal state could expose helpers to serious legal risk. Because your condition may change unexpectedly, consider arranging hospice care in both your home state and your chosen aid-in-dying state. Once you qualify, plan to arrive about five to seven days before taking the medication to allow time for assessments, preparation, and support, ideally before you become significantly sicker or weaker.

States with open borders: Oregon and Vermont	No longer require residency. Patients from other states may qualify if they meet all clinical criteria and complete every required step while physically present in those states.
Other states with aid-in-dying laws: Washington, California, Colorado, Hawaii, Maine, New Jersey, New Mexico , New York, and others.	may allow residency to be established by legal ties to the state rather than length of time there, can establish residency. Proof may include a state driver's license or ID, voter registration, a lease or property deed, a state tax return, or recent utility or insurance documents showing an in-state address.

If you are not yet terminal

Medical aid in dying cannot be included in an advance care directive, and making detailed plans for it long before serious illness develops is usually not practical. Preferences often change as health changes. If your doctors determine that you do not currently have a life-limiting illness or a prognosis of six months or less, it can still be helpful to share your thoughts, hopes, and concerns about the end of life with your healthcare team. If managing symptoms becomes difficult, palliative care may help improve quality of life. When you are closer to meeting the legal criteria, you can consider exploring hospice care as described above. The Academy can offer guidance and referrals when that time comes.

Crucial considerations for eligible patients

- Being eligible for medical aid in dying does not mean you must take the medication, and it is normal for your plans to change as your end-of-life process unfolds.
- Whenever possible, ask the pharmacy to hold the medication until you have a clear plan. You are not charged until it is dispensed, and it is safer for the pharmacy to store these powerful medications than to keep them at home. Most pharmacies can deliver within a few days.
- If your pain or other symptoms become hard to manage, contact your hospice team first. They can ease your discomfort and help you avoid feeling rushed.
- If the time feels right, plan the day with care. Having a knowledgeable clinician (such as hospice staff, a nurse, end-of-life doula, or trained volunteer) prepare the medication and support you during ingestion can allow your loved ones to focus on love and presence rather than medical details.

About the Academy of Aid-in-Dying Medicine

The Academy of Aid-in-Dying Medicine is a national 501(c)(3) nonprofit. Our mission is to develop and promote best practices for the care of patients considering or completing medical aid in dying, so patients and families receive safe, compassionate, evidence-based support at the end of life. We are able to offer education and guidance because of the generosity of patients, families, and clinicians who value this care.

To learn more or to donate, please visit us at AADM.org.