

Essential Patient Information about Medical Aid in Dying

This handout is for adults with a life-limiting illness who are considering medical aid in dying, and for their families and loved ones. It explains basic eligibility, how to find care, and how to plan for safe, compassionate support at the end of life.

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 is not required, nor is having a definitive plan

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 with no out-of-pocket cost. Hospice teams address physical, emotional, and spiritual needs and support your loved ones, helping ensure a safe, comfortable, and peaceful death, no matter how you die. Many hospices offer support for patients considering aid in dying, but the services they provide vary. Ask for specifics.

When you talk with hospices, ask:

- 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 your team manage non-oral medication routes, if needed?
- Can staff stay at the bedside while the patient takes the medication to offer support?
- If you do not provide prescribing or bedside support, can you refer us to doctors, doulas, or trained volunteers who do?
- What costs should we expect?

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.

Finding an aid-in-dying provider

There are three main ways to find an aid-in-dying provider, although not every community has all three:

- **Your current healthcare providers or health system**

Start by asking your providers whether they offer this care. Some health systems provide it under your existing insurance coverage. If your clinician is willing to provide this care but needs training or support, the Academy can help with education and mentoring. Share this handout or direct them to AADM.org.

- **Hospice providers**

Some hospices allow their clinicians to prescribe aid-in-dying medications at no additional fee. Others can connect you with local independent providers. Ask what services are available and whether any additional fees apply.

- **Independent providers**

These clinicians often offer attentive, personalized care in your home on a fee-for-service basis. Many offer a sliding scale.

For help finding a provider, visit the Academy's [Find Aid in Dying Care](#) page for free, confidential referrals.

Medication costs

The aid-in-dying medications are generally paid for out of pocket. Ask your provider or pharmacy about insurance coverage and the cost in your area.

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.

Residency may be established through legal ties to the state rather than the length of time you have lived there. 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.