Academy of
Aid-in-Dying Medicine
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Essential Patient Information about Medical Aid in Dying

For adults with a life-limiting illness considering aid in dying, and for their families and loved ones. This guide explains eligibility, finding care, and planning for compassionate support at the end of life.

Basic eligibility

Most state laws require that a patient:

- Is an adult resident of a state where aid in dying is legal, or travels to a state that does not require residency.
- Has a prognosis of about six months or less if the illness follows its usual course, as confirmed by medical providers.
- Has the capacity to make their own medical decisions.
- Can self-administer medication by swallowing or delivering it into the gastrointestinal tract through an appropriate 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 prescribed. Eligibility simply means having the option.

Starting the process early

Confirming eligibility can take much longer than the legally required waiting period. Starting before your condition declines sharply gives you time to understand your options and prepare.

Finding an aid-in-dying provider

There are three main ways to obtain aid-in-dying care: through a healthcare system, hospice, or an independent provider. Not every community has access to all three, and services vary. These options can overlap: an independent clinician may manage aid in dying while hospice provides ongoing care.

Your current healthcare providers or health system

Some systems offer aid-in-dying services through existing insurance coverage, generally without additional provider fees. Care may be easier to coordinate with clinicians who already know you. However, finding a participating clinician and scheduling evaluations can take time. Most systems do not arrange bedside support on the day of death. The Academy offers education and mentoring to clinicians who want to participate but need guidance.

Hospice providers

Some hospices have clinicians who serve as attending or consulting providers, generally without additional fees. Prescribing may be coordinated with your existing hospice team. Establishing care and completing evaluations may take time, however, and policies vary: some hospices do not permit staff to prepare medications, support non-oral routes, or remain at the bedside. Ask exactly what is offered.

Independent aid-in-dying providers

Independent clinicians often respond and schedule visits quickly, provide personalized home-based care, and may have experience with non-oral routes and attentive bedside support on the day of death. Their professional services generally involve fees not covered by insurance, although many offer sliding scales.

State nonprofit organizations and trained volunteers

Many states with aid-in-dying laws have nonprofit organizations offering free guidance and volunteer support. Some have trained volunteers who can help families plan for uncomplicated deaths, assist with medication preparation, and sit vigil. Availability and permitted activities vary; Ask what support is available locally.

Medication costs

Regardless of the provider, aid-in-dying medications typically cost $500–$1,000 and generally are not covered by insurance. Medication costs are separate from independent provider fees. Confirm local costs and coverage with the provider or pharmacy.

Hospice care is essential; choose carefully

We strongly encourage patients considering aid in dying to enroll in hospice, even when the hospice does not participate in aid in dying. Hospice provides comprehensive symptom management, emotional and spiritual support, and guidance for loved ones, regardless of how a patient dies.

Aid in dying may unexpectedly become unavailable if a patient loses decision-making capacity or the ability to safely take and absorb medication. Hospice care remains in place if plans change. After death, hospice can arrange or provide pronouncement, guide families through next steps, and offer bereavement care. Hospice is generally covered by Medicare and most private insurance, often with little or no out-of-pocket cost.

When speaking with a hospice, ask:

- Can your clinicians serve as attending or consulting providers?
- Can staff prepare medication, support non-oral routes, and remain at the bedside?
- If not, can you coordinate with outside clinicians, doulas, or trained volunteers?
- What additional costs, if any, should we expect?

Hospice eligibility does not automatically mean eligibility for aid in dying. If you are not yet hospice eligible, ask when reassessment may be appropriate.

Steps to becoming eligible

1. Find an attending provider and make your first request. A willing, legally permitted attending clinician documents the request, evaluates eligibility and voluntariness, and reviews end-of-life options.

2. Consulting provider evaluation. A second clinician independently reviews records, meets with you, and confirms eligibility.

3. Additional capacity assessment. A mental health assessment may be required by law or when capacity is in question.

4. Written request. Some states require a written request with qualified witnesses.

5. Language attestation. Some states require additional documentation when an interpreter or translation is used.

6. Waiting period. Waiting periods and any exceptions vary by state.

7. Second verbal request. Some states require a second request and additional documentation.

8. Final counseling and prescription. The attending provider completes final counseling and may issue a prescription that can remain at the pharmacy until needed.

Planning for the day of death

Arrange knowledgeable bedside support in advance, whether from hospice staff, an independent clinician, or a trained volunteer. Confirm who can prepare medication, who can stay, and whom to call if difficulties arise. Non-oral routes require specialized planning and trained support. Ask your attending prescriber and hospice team to coordinate so everyone understands the plan and contingencies.

If you live in a facility

Skilled nursing, assisted living, and other residential facilities may have restrictions or policies concerning aid in dying, subject to state law. Staff may decline to manage medications. Ask about policies and possible arrangements early, particularly in smaller board-and-care settings.

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

A friend's or family member's home may be an option. Rentals or hotels may also be possible, depending on law and property policies. Inform the property owner beforehand that a seriously ill person may die there.

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

Traveling to another state for care may be possible but requires careful planning. Oregon and Vermont do not require residency, although participating providers may be hard to find. Other states may also be options: some have no minimum residency period but require patients to establish residency and provide documentation.

You cannot remain in your home state and complete the process remotely with an out-of-state physician. Plan to be physically present in the state providing care for required requests, evaluations, receipt of medication, and its use. Do not transport aid-in-dying medication across state lines; doing so may create serious legal risks.

Travel may be physically, financially, and emotionally demanding. Costs can include transportation, lodging, medication, caregiving, and uncovered medical services. Plan early, and consider hospice care in both your home state and destination state.

Resources: End of Life Choices Oregon (eolcor.org); Patient Choices Vermont (patientchoices.org/non-residents.html); State Statute Navigator (deathwithdignity.org/resources/state-statute-navigator/). The Academy also provides free referral guidance.

If you are not yet terminal

Aid in dying cannot be arranged through an advance care directive. If you do not yet meet clinical criteria, discuss your goals and concerns with your medical team. Palliative care can help with symptoms, and you can explore hospice and aid-in-dying options if your condition changes.

Crucial considerations for eligible patients

- Eligibility does not mean you must take medication; plans often change.
- When possible, ask the pharmacy to hold medication until you have a clear plan. Confirm payment and delivery arrangements.
- If symptoms become difficult, contact your hospice team for relief and support.
- Plan the day with knowledgeable assistance so loved ones can focus on being present 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 dedicated to developing and promoting best practices for patients considering or completing medical aid in dying. Our education and guidance are supported by donations. Learn more or donate at AADM.org.

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