

Frequently Asked Questions: New Mexico's Elizabeth Whitefield End-of-Life Options Act

What is the Elizabeth Whitefield End-of-Life Options Act?

An Act that authorizes medical aid in dying, a proven medical practice in which a terminally ill, mentally capable adult with a prognosis of six months or less to live who is a resident of New Mexico may request from their qualified healthcare provider medication that they can choose to self-administer to bring about a peaceful death.

Who is Eligible for Medical Aid in Dying?

To be eligible for medical aid in dying under the Elizabeth Whitefield End-of-Life Options Act, a person must be:

- An adult
- Terminally ill
- Given a prognosis of six months or less to live
- Mentally capable of making their own healthcare decisions.

In addition, a person must meet the following requirements. They must be:

- A resident of New Mexico
- Acting voluntarily
- Capable of self-administering the aid-in-dying medication.

A New Mexico qualified healthcare provider must confirm eligibility to use the Elizabeth Whitefield End-of-Life Options Act, as well as confirm that the person requesting it is making an informed decision and voluntarily requesting the aid-in-dying medication.

In addition to the requirements listed above, steps must be followed in order for a person to qualify for a prescription for aid-in-dying medication. [Please see Compassion & Choices' Elizabeth Whitefield End-of-Life Options Act — Information for State Residents fact sheet.](#)

Who is a Qualified Healthcare Provider?

A qualified healthcare provider is defined as:

- a physician licensed pursuant to the Medical Practice Act;
- an osteopathic physician licensed pursuant to the Osteopathic Medicine Act;

- a nurse licensed in advanced practice pursuant to the Nursing Practice Act; or
- a physician assistant licensed pursuant to the Physician Assistant Act or the Osteopathic Medicine Act.

Is the Practice of Medical Aid in Dying Trusted?

Yes, because the eligibility requirements ensure that only mentally capable, terminally ill adults with a prognosis of six months or less who want the choice of a peaceful death are able to request and obtain aid-in-dying medication. In New Mexico, the law specifically states that no person can qualify for aid-in-dying medication solely based on their disability or age.

Since 1997, there has not been a single instance of documented abuse in authorized states. In Oregon, studies suggest that end-of-life care has improved overall since the law's implementation, in large part due to the dialogue that the Oregon Death With Dignity Act encourages between people and their doctors.¹ Hospice referrals are up, as is the use of palliative care.² Oregon now has one of the lowest rates of in-hospital deaths and the highest rates of at-home deaths in the nation.³ Two decades of rigorously observed and documented experience in Oregon shows us the law has worked as intended, with none of the problems opponents had predicted.

How Does the Public Feel About Medical Aid in Dying?

The American public consistently supports medical aid in dying by large majorities in independent national and state surveys. Polling outlets such as Gallup report strong support for medical aid in dying (74% support in May 2020⁴ and 72% support in May 2018⁵).

How Does the Medical Profession Feel About Medical Aid in Dying?

A 2018 Medscape survey of 7,500 doctors representing 25 medical specialties demonstrated a significant increase in support for medical aid in dying from 2010. The survey showed that well over half (58%) of the physicians endorse the idea of medical aid in dying, agreeing that "Physician assisted death should be allowed for terminally ill patients."⁶

What Can I Do to Make Sure My Provider Will Support Me if I Ever Want to Access Medical Aid in Dying?

Ask your healthcare providers now whether they will support your end-of-life options, including medical aid in dying. This will encourage your providers to listen to your priorities and become prepared to provide you with the treatment you may want in the future. If your providers are unable or unwilling to support your end-of-life choices, you have the option to change your care to a healthcare team that puts your wishes first.

My Healthcare Providers Want to Better Understand Medical Aid in Dying; Where Can They Learn More?

Clinicians can call Compassion & Choices' Doc2Doc consultation line at 800.247.7421 for a free, confidential consultation and information on end-of-life care with our medical directors who have extensive medical aid-in-dying experience.

Where Can I Find the Necessary Forms?

You can access the patient request form at CompassionAndChoices.org/newmexico or endoflifeoptionsnm.org.

Are There Other Resources Available to Learn More About Medical Aid in Dying?

You can visit CompassionAndChoices.org/newmexico and endoflifeoptionsnm.org for more information, including videos, forms and other resources.

How Do I Talk to My Healthcare Provider or Hospice About Medical Aid in Dying?

Compassion & Choices has handouts on its website (CompassionAndChoices.org/newmexico) with tips on how to talk to your healthcare provider about medical aid in dying, and how to interview a hospice to make sure that your medical team will support you in your choices.

Do All Healthcare Providers Have to Participate in Medical Aid in Dying?

No. Providers may choose whether to participate, so it is important to ask your healthcare team whether they will support your end-of-life choices. If an individual provider chooses not to participate and a patient requests support in seeking medical aid in dying or information on medical aid in dying as an end-of-life option, the provider must either refer the patient to a participating provider or to an individual or entity who can help the patient carry out their request. Some healthcare systems may actually prohibit their employees from participating in medical aid in dying — however, no healthcare system can prohibit their employees from providing information about medical aid in dying to patients or referring patients to supportive healthcare systems if the patient asks.

What Cause of Death Should be Listed on the Death Certificates of Individuals Who Have Accessed Medical Aid in Dying?

The underlying illness should be listed as the cause of death. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

Footnotes

1. *A Therapeutic Death: A Look at Oregon's Law*. Psychology, Public Policy, and Law, K. Cerminara & A. Perez, (2000) Available from: <https://www.ncbi.nlm.nih.gov/pubmed/12661538>
2. *Geographic Variation of Hospice Use Patterns at the End of Life*. Journal of Palliative Medicine, S.Y. Wang, M.D, Aldridge, C.P. Gross, et al.. (2015) Available from: <https://drive.google.com/file/d/1QEAKH9q63iL5O-39I-Cr7WtYQcTUOgWE/view?usp=sharing>
3. *Lessons from Oregon in Embracing Complexity in End-of-Life Care*. New England Journal of Medicine, S.W. Tolle, MD, J.M. Teno, MD, (2017) Available from: <https://drive.google.com/file/d/1Mpht-R3y318wx07f4J7UbTqRRsy4GkOS/view?usp=sharing>
4. Public Release Data. Available from: <https://compassionandchoices.org/wp-content/uploads/GALLUP-POLL-TOPLINE-2020.pdf>
5. Brennan, Megan, American's Strong Support for Euthanasia Persists, May 2018. Available from: <https://news.gallup.com/poll/235145/americans-strong-support-euthanasia-persists.aspx>
6. 2018 Ethics Report on Life and Death, December 2018. Available from: <https://www.medscape.com/slideshow/2018-ethicsreport-life-death-6011014#2>.