From Prognosis to Prescription: Six Facts About Medical Aid in Dying

compassion & choices
Care and Choice at the End of Life

Under medical aid-in-dying laws, the healthcare provider (according to jurisdiction requirements) writing a prescription must be licensed and have primary responsibility for the care of the patient and treatment of the patient's terminal disease.

At least one qualified healthcare provider needs to confirm the terminal diagnosis (a medical condition that is incurable and will likely lead to their death), prognosis and patient's mental capability to make healthcare decisions. A terminally ill adult may only receive a prescription for medical aid in dying once qualification is confirmed, including diagnosis of a terminal illness with a prognosis of six months or less to live and mental capacity to make healthcare decisions.

Since the first law was enacted in 1997, there has been no substantiated case of anyone prescribing aid-in-dying medication inappropriately. State medical boards are responsible for reviewing alleged failures to comply with the law; no board has found that a clinician has engaged in inappropriate conduct under any medical aid-in-dying law in the country. A clinician not legally qualified to fulfill the role who nonetheless provides a prescription is subject to discipline by the state medical board.

Qualified clinicians are experts at determining their patients' mental capacity. They are specially trained and required on a daily basis to assess whether patients have the mental capacity to make informed healthcare decisions — including life and death choices. If either the attending or consulting clinician is concerned about the patient's mental capacity, evaluation by a mental health specialist is required before a prescription for aid-in-dying medication can be written.

Healthcare providers tend to overestimate how much time their patients have left to live, making fears that patients will prematurely take aid-in-dying medications unfounded. As one study published in the November 2005 issue of Mayo Clinic Proceedings found, the vast majority of physicians overestimate how long a person has to live after being diagnosed with a terminal illness.

Studies indicate that the availability of medical aid in dying in authorized states is improving physician training in end-of-life care. Studies in Oregon and Washington, along with a host of national surveys published in the New England Journal of Medicine, JAMA and other medical journals, link the availability of medical aid in dying as a palliative care option to a number of positive end-of-life care outcomes, including better physician training.