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

compassion & choices
Care and Choice at the End of Life

**Under medical aid-in-dying laws, the doctor and/or qualified clinician (according to state requirements) writing a prescription must be licensed** and with primary responsibility for the care of an individual. Most frequently, that is a family-practice or palliative-care physician, a hospice medical director, or other specialist who is qualified to confirm a diagnosis and prognosis of terminal illness, and routinely addresses serious and terminal illnesses.

**Two qualified clinicians need to confirm the terminal diagnosis, prognosis and patient's mental capability to make healthcare decisions.** A terminally ill adult may only receive a prescription for medical aid in dying if two qualified clinicians determine the person is suffering from a terminal illness, has less than six months to live and is mentally capable of making their own healthcare decisions.

**Since the first law was enacted in 1997, there has been no evidence of anyone prescribing aid-in-dying medication inappropriately.** There has never been a documented instance of abuse. 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 capability.** 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.

**Doctors tend to overestimate how much time their patients have left, making fears that patients will prematurely take aid-in-dying medications unfounded.** To be referred to hospice a person must have a prognosis of six months or less to live, a time frame that has thus become a guide to end-of-life care decisions. 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.