

# An Introduction to Medical Aid in Dying

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## NEW JERSEY



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# New Jersey's Medical Aid in Dying for the Terminally Ill Act

Medical aid in dying is the practice in which a terminally ill, mentally competent adult patient voluntarily requests and receives a prescription medication from a physician that they can self-administer to die peacefully. This allows patients to end their lives on their own terms. Medical aid in dying is authorized in 11 jurisdictions with regulations varying by jurisdiction to ensure that the process is carried out ethically and safely.

New Jersey's Medical Aid in Dying for the Terminally Ill Act authorizes the practice of medical aid in dying, allowing a terminally ill, mentally capable adult with six months or less to live to request from their healthcare provider a prescription for medication that the patient can decide to self-ingest to die peacefully if their suffering becomes unbearable.

New Jersey's Medical Aid in Dying for the Terminally Ill Act was signed into law April 12, 2019 and took effect on August 1, 2019.

## Eligibility

To be eligible to use the law, the individual must:

- > Be 18 years or older
- > Have been diagnosed with a terminal illness
- > Have a prognosis of six months or less to live
- > Be mentally capable of making their own healthcare decisions

The patient must also be:

- > A resident of New Jersey
- > Acting voluntarily and making an informed decision
- > Capable of self-administering the medical-aid-in-dying drug

A person is not qualified solely because of the person's age or disability or a diagnosis of any specific illness, disease, or condition.

## Summary of Process to Obtain Medical Aid in Dying

Two New Jersey physicians must confirm eligibility to use the Medical Aid in Dying for the Terminally Ill Act. The attending physician, who has primary responsibility for care of the terminally ill individual and their disease, determines initial eligibility. The consulting physician confirms eligibility. Once eligibility is confirmed and all of the regulatory requirements of the law have been completed, the attending physician is the provider who writes the prescription.

If either the attending physician or the consulting physician has any concerns that the terminally ill individual may not be capable of making the request for medical aid in dying, that provider must refer the individual to a psychiatrist, psychologist or licensed clinical social worker for a determination of capacity. In that case, a prescription cannot be written for aid-in-dying medication unless and until the mental health professional determines that the individual making the request is capable of making their own medical decisions.

**The patient may change their mind at any time and withdraw their request, or choose not to take the medication.**

## Making A Request

An individual must make a total of three requests to their attending physician to use the Medical Aid in Dying for the Terminally Ill Act: two verbal requests and one written request. The written request is made by filling out the Request for Medication to End My Life in a Humane and Dignified Manner form provided by the state, which is included in this packet. Only the terminally ill individual can make these requests; they cannot be made through an advance directive or by a family member, friend, or healthcare proxy. The requests must be made to a physician, not office staff. Please see the "Steps" section of this document for details.

## Medication

The type and dosage of aid-in-dying medication doctors prescribe, including medications to prevent nausea and vomiting, vary with each individual. The medication is not administered via injection. The terminally ill individual must be able to ingest the medication themselves, which usually requires swallowing or by using a feeding tube. No one can administer the medication to the terminally ill individual. The attending physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a

prescription directly from an individual. A designated family member or friend may pick up the medication.

If the prescribing doctor has any questions about medications or participating pharmacies, the doctor can call Compassion & Choices' free and confidential Doc2Doc consultation line at 800.247.7421.

The patient may ask their provider or pharmacy about the cost of these medications. Some insurance policies cover the cost of the medication and/or the physician visits. Please contact the insurance provider to find out what the policy covers.

## Unused Medication

There is no obligation to take the medication, even after the prescription has been filled. If the person who was prescribed the medication does not use it, it should be disposed of in accordance with state and federal law. **Please note it is illegal to use another person's medication.**

To safely discard unused medication:

- > Do NOT flush down the toilet, sink or other drain
- > Remove all personal information on bottle labels and medicine packaging
- > Use the following website to search for other authorized drug collection/disposal locations near you:  
<https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>
- > Contact the pharmacist who filled the prescription for more assistance.

## Cause of Death

Life insurance benefits are not affected by using the The Medical Aid in Dying for the Terminally Ill Act. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

# Steps for Accessing Medical Aid in Dying in New Jersey

The first step is to speak with your doctor to discuss your interest in medical aid in dying. Be sure to be explicit in your discussion, and ask if they will support this option by writing a prescription. Review the “Talking With Your Provider” section of this packet for prompts you can use to begin your discussion.

If you are considering medical aid in dying, it is also a good time to think about any additional planning that you may need to begin, including consideration of hospice enrollment.

*Note:* Hospice is a specialized service (covered by insurance and Medicare), providing wonderful individualized support to people at the end of their lives. Those eligible for medical aid in dying are also eligible to receive hospice services. **Many hospice organizations have a policy regarding medical aid in dying, so it is important to review and discuss that policy if enrolled in hospice and pursuing this option.**

## If your Doctor says no:

If your provider decides not to participate, or is unable to, you should ask for a referral to another clinician who has chosen to participate. If additional assistance is needed, some health systems offer the support of a care navigator or social worker to assist with resources and referrals. If your provider does not provide a referral, or your health system does not allow medical aid in dying, you may consider establishing care with a system or facility that will support you in medical aid in dying.

Don't be afraid to advocate for the end-of-life experience you want. For more information and resources, visit [candc.link/personal-advocacy](https://candc.link/personal-advocacy)

Compassion & Choices' End-of-Life Consultants are available to offer personalized support, resources and information at no cost. You can reach out to them via email at [eolc@compassionandchoices.org](mailto:eolc@compassionandchoices.org) or leave a voicemail at 800.247.7421; in both instances, consultants will respond to you in 1-2 business days. Language interpreter services are available.

## If your Doctor says yes:

- 1. Make two verbal requests for a prescription for aid-in-dying medication directly to your attending physician.** Ask your physician to make sure these requests are documented in your medical record. These two verbal requests must be separated by at least 15 calendar days.
- 2. In addition to your prescribing physician, a consulting physician must confirm that you are eligible to use the law and that you are making both an informed decision and a voluntary request.**
- 3. If deemed necessary,** a patient's capacity to make their own health care decisions will also be confirmed by a psychiatrist, psychologist or licensed clinical social worker.
- 4. You must fill out the Request for Medication to End My Life in a Humane and Dignified Manner form** and give the completed form directly to the attending physician. **This form must be witnessed by two people.\*** Please read the form carefully to determine who may or may not be a witness. This form can be filled out at the first oral request or any time thereafter.\* (see p. #15 for copy of written request)
  - a. \*At least two people must witness the written request. At least one of the witnesses shall be a person who is not: (1) a relative of the patient by blood, marriage, or adoption; (2) at the time the request is signed, entitled to any portion of the patient's estate upon the patient's death under any will or by operation of law; and (3) an owner, operator, or employee of a healthcare facility, other than a long term care facility, where the patient is receiving medical treatment or is a resident. The patient's attending physician cannot be a witness. .
- 5. At least 48 hours after the Request for Medication to End My Life in a Humane and Dignified Manner form is signed and dated, your prescribing physician may write the prescription.** The prescription must be sent directly to the pharmacy by the prescribing physician, not by you, a family member or friend. The pharmacy may need time to order the medication.
- 6. The minimum amount of time the process can take, from the first request to the written prescription, is 17 days. However, for many people it takes**

**longer.** We encourage people who are interested in medical aid in dying to start talking to their healthcare providers well in advance. Once the prescription is written, you may choose to keep it on file at the pharmacy if and until you choose to use the medication.

7. If the terminally ill person does pick up the medication, they must designate the person who will be responsible for its safe disposal, if they ultimately do not use it.
8. **Planning for the day of ingestion is also important to do during this time, and allows your healthcare team and loved ones to support you as you wish.** This could include discussing who you want to present, what kind of sounds or smells you would like to experience, managing symptoms prior to ingestion, and what you would like the day to feel like. This is also a good time to review or discuss final arrangements.
9. When the time has come, you can take the medication if you still feel it is necessary. You may always decline to take the medication, at any time.

## Talking With Your Physician

The process to access medical aid in dying can take weeks and sometimes months. We encourage people to start the discussion early. You don't have to wait until you're sick to ask your healthcare provider if they would support you in accessing medical aid in dying if you should become eligible for it. Your provider may not be familiar with the The New Jersey Aid in Dying for the Terminally Ill Act itself, and may have some questions; see information about our Doc2Doc line at the end of this section for a resource you can share.

Some people feel anxious about discussing end-of-life issues with their provider, but doing so will enable you to have an end-of-life care experience consistent with your values. If you are uncomfortable with talking to your clinician about this, you can bring a friend to help you or start the conversation in writing. It is important to make sure you are able to access the end of life option you want.

Providers and health systems are allowed to opt out of providing medical aid in dying, so it's important to make sure that you are able to access it.

**No one but you can make this request.** It is important to speak directly with your healthcare provider; do not ask the office staff, or leave a request on voicemail. Below are some examples of ways to ask your clinician about their ability to support you in a way that aligns with your values.

### Language for someone who DOES NOT have a terminal illness:

- > *Though I am not currently facing a terminal illness, access to the option of medical aid in dying, if I were to qualify, is important to me. I would like to know if you/this hospital system would support that decision to access the Medical Aid in Dying for the Terminally Ill Act.*
- > *I want to live with as much quality as possible for as long as I can, and I've thought long and hard about what I want my end-of-life experience to look like. If I ever meet the legal requirements, I would like to have the option of using the Medical Aid in Dying for the Terminally Ill Act. Is that something you would be able to support me in seeking?*
- > *I hope you will honor my decisions and respect my values, as I respect yours. Will you write a prescription for aid-in-dying medication in accordance with the Medical Aid in Dying for the Terminally Ill Act when I am eligible? If you are not able to honor that request, I would like to find out now.*

### Language for someone who DOES have a terminal illness:

- > *I have thought about this for quite some time, and am interested in accessing the Medical Aid in Dying for the Terminally Ill Act. Is this a decision that you would support me in?*
- > *I want to die the way I've lived: on my own terms. That's why I'm interested in the Medical Aid in Dying for the Terminally Ill Act. It's my understanding that in order to initiate the process, I need to first make a verbal request. I also understand that*



*anyone facing a terminal illness would benefit from hospice support. Could you please document my verbal request today and place a referral to hospice?*

Whether your provider elects to participate in your medical aid in dying process or not, it is important to ask that your request be recorded in your medical record.

Compassion & Choices Doc2Doc Consultation Program provides free and confidential consultation to providers who have questions about end-of-life care options, including medical aid in dying. If your clinician is willing to participate but needs support please refer them to the Doc2Doc phone line at 800.247.7421. Tell them that a physician who has prescribed medical aid in dying will respond to their call.

# End-of-Life Care Planning Checklist

Please visit the Compassion & Choices website for more resources at [CompassionAndChoices.org/plan](https://CompassionAndChoices.org/plan).

Many people postpone making arrangements for healthcare at the end of life. Planning ahead allows individuals to spend their final days with friends and family while focusing on the present. Informing loved ones of wishes ahead of time relieves them of the possible burden of making decisions about your final arrangements.

Please consider whether any of the following are appropriate for your situation:

- Discuss your wishes with family and loved ones
- Discuss your wishes with your provider(s) and healthcare team
- Provide a copy of your current Advance Directive to
  - Healthcare Provider(s)
  - Healthcare entity
  - Agent named as surrogate decision maker
  - Hospice team (if applicable)
- Create and/or locate important documents
  - Advance Directive or Living Will
  - Durable Power of Attorney for Healthcare
  - Durable Power of Attorney for Finances
  - Last Will and Testament
    - > Compassion & Choices has partnered with Free Will to offer this documentation at no cost, available at:  
[CompassionAndChoices.org/ways-to-give/free-will](https://CompassionAndChoices.org/ways-to-give/free-will)
  - Living Trust
  - Life Insurance policies (with beneficiary information)
  - Information for financial accounts, assets property
  - Information for final arrangements, funeral plans, prepaid services
- Ensure important documents are up to date and reflect your current wishes
- Name a guardian for children, pets

# Glossary

## advance care planning

Includes a person's living will, medical durable power of attorney (or health care proxy – see below), do not resuscitate, and portable medical orders. Called "advance" because it is ideally prepared prior to a health crisis in which it would guide medical care. Advance care planning documents vary by state and can include other documents, such as a dementia provision. See also "living will" below. Find state specific advance directives on Compassion & Choices' website at: [CompassionAndChoices.org/our-issues/advance-care-planning](https://CompassionAndChoices.org/our-issues/advance-care-planning)

## advance directive

A general term for any document that contains instructions pertaining to a person's wishes related to medical treatment if they can not make care decisions on their own. More information can be found here:

[CompassionAndChoices.org/resource/putting-priorities-paper-advance-directive](https://CompassionAndChoices.org/resource/putting-priorities-paper-advance-directive)

## attending physician

An attending physician is defined as a physician who has primary responsibility for care of the individual and the treatment of their disease. In the medical aid in dying process, the attending physician is the doctor who writes the prescription for aid-in-dying medication.

## medical aid in dying

A safe, time tested, and trusted medical practice in which a terminally ill, mentally capable adult with a prognosis of six months or less to live may request from their doctor a prescription for medication that they can choose to self-ingest to bring about a peaceful death. Where medical aid in dying is currently authorized, providers are required to confirm that a patient is fully informed and provide the patient with information about additional end-of-life options, including comfort care, hospice and pain control, before providing a prescription.

Medical aid in dying is the preferred terminology of several healthcare organizations.

## DNR

Stands for “do not resuscitate,” a medical order making clear an individual’s request that no measures be taken to resuscitate them if their heart or breathing stops. The order is made while the individual is mentally capable and conscious, or by that individual’s health care proxy (see below) if they are not.

## health care proxy

A health care proxy — also known as a representative, surrogate, agent or durable power of attorney for health care — is a person authorized to make health care decisions if someone is unable to make their own. They work closely with your health care team to ensure your care and treatment preferences are followed. Selecting a health care proxy is an important part of advance care planning (see “advance care planning ” above).

## hospice

A program in which an interdisciplinary team of caregivers provides comfort and support to terminally ill people when medical treatment is no longer desired, expected to cure or prolong life. Hospice is provided wherever the person resides, most often at home. It is voluntary and also involves and supports the individual’s family and/or loved ones. According to state reports, the majority of people who access medical aid in dying are also enrolled in hospice.

## living will

A document that expresses a person’s end-of-life preferences if they become unable to speak for themselves. A living will is just one component of advance care planning (see “advance care planning ” above).

## MOLST/POLST

Stands for Medical (or Physician) Orders for Life Sustaining Treatment. An important form to provide detailed guidance about an individual’s wishes for end-of-life medical care. The order

is part of advance care planning and is prepared by a medical professional. It is often placed on a refrigerator so it can easily be found during an emergency.

## palliative sedation

Palliative sedation — also referred to as terminal sedation — is the continuous administration of intravenous or subcutaneous medication to relieve severe, intractable symptoms that cannot be otherwise controlled with less invasive interventions. Must be managed carefully by a medical team.

## prognosis

Prognosis refers to the likely outcome of a disease and may include an estimated time an individual has left to live. Medical aid-in-dying laws and hospice eligibility require a prognosis of six months or less.

## refusing medical treatment

The legal right to decline medical treatment even if that treatment is necessary to sustain life. These interventions can include dialysis, medications, ventilators, feeding tubes, and pacemakers.

## terminally ill

When a disease or illness cannot be cured and is likely to lead to death, it is considered a terminal illness.

## VSED

Stands for “voluntarily stopping eating and drinking,” a legal option for any seriously ill individual with decision-making capacity, who wishes to shorten their dying process, by foods and fluids of any kind, including artificial nutrition and/or hydration.

# Tracking of End-of-Life Plans & Documents

Individual Name: \_\_\_\_\_ Individual Birthdate: \_\_\_\_\_

Choosing medical aid in dying is a process that requires conversation, planning and coordination. This document is designed to help organize essential information related to the process and share with others if you choose to do so.

## Advance Directive:

- > Location of advance directive documents \_\_\_\_\_
- > Durable power of attorney for health care (name/relationship/phone):  
\_\_\_\_\_

## Hospice (if enrolled):

- > Name of organization: \_\_\_\_\_
- > Contact Person: \_\_\_\_\_
- > Contact Email or Phone: \_\_\_\_\_
- > Is Hospice aware of and able to support end of life plans?    Yes \_\_\_\_\_    No \_\_\_\_\_
- > If no, what is the plan for making sure end of life plans are honored?  
\_\_\_\_\_  
\_\_\_\_\_
- > Any special arrangements need to be made with Hospice to make sure end of life plans are supported?    Yes \_\_\_\_\_    No \_\_\_\_\_

- If so, what are they and who is in charge of getting those in place?

\_\_\_\_\_

> Will you be requesting someone from the Hospice present? Yes \_\_\_\_\_ No \_\_\_\_\_

- If so, who?: \_\_\_\_\_

## Final Arrangements:

> Have these arrangements been made? Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, name of Mortuary/Funeral Home: \_\_\_\_\_

- If yes, what information/details should be shared: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Aid in Dying:

> Attending provider: \_\_\_\_\_ Phone: \_\_\_\_\_

> Consulting provider: \_\_\_\_\_ Phone: \_\_\_\_\_

> Mental capacity evaluation (*only if requested by healthcare provider*):

Yes \_\_\_\_\_ No \_\_\_\_\_

> Date of 1st verbal request: \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_

- > Date of 2nd verbal request: \_\_\_\_\_  
Healthcare Provider Name: \_\_\_\_\_
- > Date of mental capacity evaluation: \_\_\_\_\_  
Evaluator's Name: \_\_\_\_\_
- > Date written request submitted: \_\_\_\_\_
- > Date aid-in-dying medications prescribed: \_\_\_\_\_
- > Date aid-in-dying medications picked up/received: \_\_\_\_\_
  - Medications: \_\_\_\_\_
- > Name of pharmacy: \_\_\_\_\_
- > Location or contact person for instructions on disposing of unused medication:  
\_\_\_\_\_

### Plans for Ingestion:

- > Date of planned ingestion: \_\_\_\_\_
- > Who knows about your plan: \_\_\_\_\_
- > Who will be present during ingestion: \_\_\_\_\_
- > Describe how you you want the day to go (environment, smells, sounds, activities):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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# Request for Medication Form

From the New Jersey Department of Health

## New Jersey Department of Health

### REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

Upon completion of this form, the New Jersey Department of Health:

1. Requires that the Attending Physician retain a copy of this form. This completed form must be attached to Attending Physician Compliance Form, which must be filed with the Office of the Chief State Medical Examiner no later than 30 days after the date of the qualified terminally ill patient's death.
2. Advises the Patient to retain a copy of this form. If a Patient intends to self-administer prescribed medications outside of a facility, the Department of Health encourages the patient to leave this form in view when the medication is ingested to facilitate timely reporting.
3. Forms shall be filed with the New Jersey Office of the Chief State Medical Examiner at:  
PO Box 182,  
Trenton, NJ 08625  
*Or you may submit electronically via email at [maid@doh.nj.gov](mailto:maid@doh.nj.gov)*
4. To report the death of the Patient listed on this form, please notify the New Jersey Department of Health at 973-648-4500.

I, \_\_\_\_\_, am an adult of sound mind  
[Last Name, First Name, Middle Name]

and a resident of New Jersey. I am suffering from \_\_\_\_\_,  
[Terminal Illness, Disease, or Condition]  
which my attending physician has determined is a terminal illness, disease, or condition and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result; and feasible alternatives, including concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist as necessary to fill the prescription.

INITIAL ONE:

- \_\_\_\_\_ I have informed my family of my decision and taken their opinions into consideration.  
\_\_\_\_\_ I have decided not to inform my family of my decision.  
\_\_\_\_\_ I have no family to inform of my decision.

INITIAL ALL THAT APPLY:

- \_\_\_\_\_ My attending physician has recommended that I participate in a consultation concerning concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options, and provided me with a referral to a health care professional qualified to discuss these options with me.  
\_\_\_\_\_ I have participated in a consultation concerning concurrent or additional treatment opportunities, palliative care, comfort care, hospice care, and pain control options.  
\_\_\_\_\_ I am currently receiving palliative care, comfort care, or hospice care.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request, and I expect to die if and when I take the medication to be prescribed. I further understand that, although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full responsibility for my decision.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Time of Request: \_\_\_\_\_  
[Month/Day/Year] [12-Hour Format AM/PM]

Blank forms available at: <http://nj.gov/health/maid>

**New Jersey Department of Health**

**REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER**

**DECLARATION OF WITNESSES**

PATIENT INFORMATION	
Patient's Name:	<i>[Last Name, First Name, Middle Name]</i>

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing the above request:

Witness 1      Witness 2

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Is personally known to us or has provided proof of identity.                 |
| _____ | _____ | 2. Signed this request in our presence on the date of the person's signature.   |
| _____ | _____ | 3. Appears to be of sound mind and not under duress, fraud, or undue influence. |
| _____ | _____ | 4. Is not a patient for whom either of us is the attending physician.           |

WITNESS 1			
Printed Name of Witness 1:	<i>[Last Name, First Name, Middle Name]</i>	Dated:	<i>[Month/Day/Year]</i>
Signature of Witness 1:		Time of Declaration 1:	<i>[12-Hour Format AM/PM]</i>

WITNESS 2			
Printed Name of Witness 2:	<i>[Last Name, First Name, Middle Name]</i>	Dated:	<i>[Month/Day/Year]</i>
Signature of Witness 2:		Time of Declaration 2:	<i>[12-Hour Format AM/PM]</i>

NOTE: At least one witness shall not be a relative by blood, marriage, or adoption of the person signing this request, shall not be entitled to any portion of the person's estate upon the person's death under any will or by operation of law, and shall not own, operate, or be an owner, operator, or employee of a health care facility, other than a long term care facility, where the person is a patient or resident. The person's attending physician at the time the request is signed shall not serve as a witness.

PATIENT'S DESIGNEE RESPONSIBLE FOR THE LAWFUL DISPOSAL OF THE MEDICATION(S)			
Designee's Name:	<i>[Last Name, First Name, Middle Name]</i>	Designee's Telephone Number:	<i>[10-digit]</i>
Designee's Mailing Address:	<i>[Street Address]</i>	<i>[City, State, Zip Code]</i>	
Date of Designation:	<i>[Month/Day/Year]</i>	Designee's Signature:	