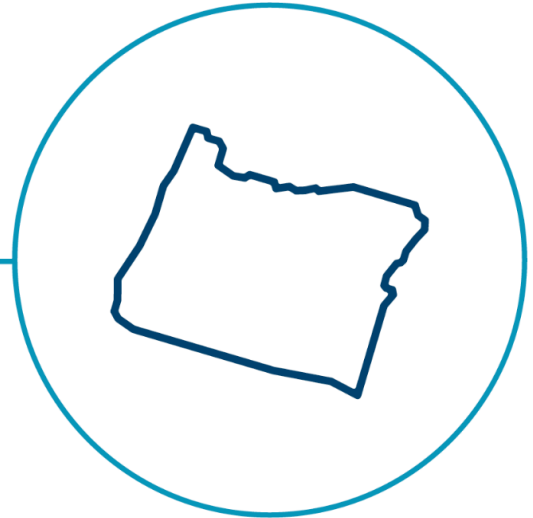


# An Introduction to Medical Aid in Dying

---

## OREGON



CompassionAndChoices.org  
[info@CompassionAndChoices.org](mailto:info@CompassionAndChoices.org)  
800.247.7421

---

### Table of Contents

Oregon's Death With Dignity Act	2
Steps for Accessing Medical Aid in Dying in Oregon	6
End-of-Life Care Planning Checklist	11
Glossary	12
Tracking of End-of-Life Plans & Documents	15
Request for Medication Form	19

*Updated May 2025*

# Oregon's Death With Dignity Act

Medical aid in dying is the practice in which a terminally ill, mentally capable 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 12 jurisdictions with regulations varying by jurisdiction to ensure that the process is carried out ethically and safely.

Oregon was the first jurisdiction to authorize medical aid in dying through a 1994 ballot initiative. After surviving multiple challenges, the law was officially implemented in 1997.

In 2020, Senate Bill 579 went into effect and amended the existing law by allowing a waiver of any waiting period that exceeds a patient's life expectancy. On July 13 2023, Gov. Tina Kotek signed House Bill 2279, bipartisan legislation introduced by the Oregon Health Authority to repeal the residency restriction in the original Oregon Death with Dignity Act. The bill took effect immediately, making Oregon the second jurisdiction after Vermont to remove this requirement. Information about the law, as well as annual reporting, can be found at the Oregon Health Department's website.

## 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:

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

**A person is not eligible for medical aid in dying solely because of age or disability.**

# Summary of Process to Obtain Medical Aid in Dying

Two Oregon physicians must confirm the patient's eligibility to use the Oregon Death With Dignity Act, as well as confirm that the patient is making an informed decision and voluntarily requesting the aid-in-dying medication. This can take time, so start the process early.

The attending physician prescribes the medication, and the consulting physician confirms that a patient meets the eligibility criteria. If either physician questions the patient's mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must evaluate the patient to ensure that they are capable of making their own healthcare decisions before a prescription can be written.

It is important to note that people with chronic health conditions or diseases do not qualify for medical aid in dying, without a six-month prognosis.

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

## Making A Request

The patient must make three requests to their attending physician to use the Oregon Death With Dignity law: two verbal requests and one written one. The written request is the "Request for Medication" form, which is included at the end of this packet. Only the patient can make these requests; they cannot be made through an advance directive or by a family member or friend. 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, varies with each individual. The medication cannot be injected. The patient must be able to ingest the medication without assistance, usually by swallowing or by using a feeding tube. **The attending physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a prescription directly from a patient.** The physician or healthcare system will give the patient the name of suitable pharmacies. A designated family member or friend may pick up the medications, or it can be mailed to the patient.

If the prescribing healthcare provider has any questions about medications or participating pharmacies, the healthcare provider 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 may assist with the cost of the medication and/or the healthcare provider 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, the medication 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.

## Death Certificates

Death certificates for medical aid in dying comply with guidelines provided by the Centers for Disease Control and Prevention (CDC). When a terminally ill person dies using medical aid in dying, the underlying terminal disease is listed as the cause of death on the death certificate, (for example, cancer, ALS). In addition, the law states life insurance policies and other post-death benefits are not affected by utilizing the Oregon Death with Dignity Act. The sale, procurement, or issuance of a life, health, or accident insurance or annuity policy, or the rate charged for such a policy, may not be conditioned upon or affected by an individual's act of making or rescinding a request for medical aid in dying.

## For Non-Residents

In 2023, Oregon removed the residency requirement associated with its medical aid in dying law. The following information is intended for out-of-state individuals seeking medical aid in dying in Oregon. The information is not intended for anyone seeking medical aid in dying in any other authorized jurisdiction. For more information on residency restrictions, please visit: [CompassionAndChoices.org/legal-advocacy/residency-restrictions](https://CompassionAndChoices.org/legal-advocacy/residency-restrictions)

It is important to recognize the difficulties of travel while terminally ill and the challenges of establishing a qualifying physician/patient relationship as a non-resident. Even though residency is no longer a requirement, the individual must still meet all of the other statutory requirements in the jurisdiction in which they are seeking care.

Non-residents must still:

- > Be an adult (18 years or older);
- > Be mentally capable;
- > Have a terminal illness with a prognosis of six months or less to live; and
- > Be able to self-ingest the prescribed medication

An individual traveling to Oregon for medical aid in dying must find a doctor licensed in the state of Oregon, willing to accept them as a patient, and prescribe the medication. The doctor must be physically located and currently practicing in the state; it is not sufficient for a doctor to maintain a license to practice in the state but not be located in or practicing there.

In order to maintain the full protections granted by the state's law, Compassion & Choices advises that you go through the entire process, including any intake appointments with potential attending physicians and self ingesting the medication **while physically located in Oregon**. The state's medical aid-in-dying law only offers protection from criminal and civil liability within state boundaries. The state's legal protections generally do not extend outside state boundaries.

More information regarding guidelines and legal considerations for non-residents seeking access to medical aid in dying can be found at:

[CompassionAndChoices.org/in-your-state/oregon/for-patients](https://CompassionAndChoices.org/in-your-state/oregon/for-patients)

# Steps for Accessing Medical Aid in Dying in Oregon

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 to supporting this option:

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. Ask your Doctor to write down your first verbal request in your medical record (this was you asking your Doctor to write the prescription).
2. You are required by law to ask your Doctor at least two times for medical aid in dying. The second time you ask has to be a minimum of 15 days after the first time you ask. So, make an appointment for a second consultation with your Doctor so you can ask a second time.

Note: If you are unlikely to survive for 15 more days, your doctor can waive this waiting period. Ask your doctor to waive those days, and then make your second request for medical aid in dying.

3. Give your doctor a written request for medical aid in dying that is signed by you and two witnesses\* (see p. #19 for copy of written request)

\*At least two people must witness the written request. Neither witness can be a relative or someone who stands to benefit from the person's estate, be the person's attending healthcare provider, or be an owner, operator or employee of a healthcare facility in which the person is a resident or receiving medical care.

4. Your Doctor must wait an additional 2 days to prescribe you aid in dying medication after you turn in the written request. It usually takes several days to fill a prescription.
5. Pick up your prescription OR have it mailed to you OR have a designated person pick it up for you. The pharmacist will go over the medication details with you and let you know what to do with it if you do not end up taking it.
6. **You may withdraw your request at any time.** There is no obligation to take the aid-in-dying medication simply because you have it in your possession. Many people find comfort in simply knowing the medication is available.\*
7. **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.

8. When the time has come, you can take the medication if you still feel it is necessary.\*

\*You can always decide not to take the medication. Individuals can enroll in hospice and may choose to have at least one person with them when they take their medication. Hospice is a service (covered by insurance and Medicare), providing incredible support for people at the end of their lives.

## Talking With Your Physician

The process to access medical aid in dying can take weeks and sometimes months. We encourage people to start the process early. You don't have to wait until you're sick to ask your doctor 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 Oregon Death With Dignity Act, 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 physicians, 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 doctor 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.

Both doctors 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 the clinician; do not ask the office staff, nurse or physician's assistant, 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 Oregon Death With Dignity 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 Oregon Death With Dignity Act. Is that something you would be able to support me in seeking?*
- > *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 Oregon Death With Dignity 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 Oregon Death With Dignity 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 Oregon Death With Dignity 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 Oregon Death With Dignity Act. It's my understanding that in order to initiate the process, I need to first make a verbal request. 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.

**If your Doctor says no, you can ask for a referral to another doctor who has chosen to participate. In some health systems supportive of medical aid in dying, there are established internal referral systems within the network. That means that if your doctor won't do it, they should be able to refer you to another doctor in your health system who will support you. If your doctor won't refer you, or your health system does not allow medical aid in dying, then you can try to**

re-establish care with a system or facility that will support you in medical aid in dying.

Compassion & Choices End-of-Life Consultation Service 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 End-of-Life Consultation Service phone line at 800.247.7421. Tell them that a trained professional will return 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 (such as your local hospital system)
  - ☐ 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, pre-paid 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 healthcare provider

An attending healthcare provider (physician or advanced practice registered nurse) is defined as a healthcare provider who has primary responsibility for care of the individual and the treatment of their disease. In the medical aid in dying process, the attending healthcare provider is the healthcare provider 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 healthcare provider 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.

## 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.

## medical durable power of attorney

A medical durable power of attorney 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 medical decision maker 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 healthcare 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).

## MOST (MOLST/POLST)

In Oregon, portable orders for life sustaining treatment (POLST) is an important form to provide detailed guidance about an individual’s wishes for end-of-life medical care. It is

often printed on brightly colored pink paper and 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 (Unless in Hawaii, where mandatory):* 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 want the day to go (environment, smells, sounds, activities):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

> Plan for unexpected event (such as prolonged dying process, vomiting, waking up, etc)

- Date(s) discussed: \_\_\_\_\_

- Plan details: \_\_\_\_\_

---

---

---

---

*For California Only:*

Date Final Attestation form completed: \_\_\_\_\_

Person delivering form to prescribing physician: \_\_\_\_\_

**Additional Notes:**

---

---

---

---

---

---

---

---

---

---

---

# Request for Medication Form

From the Oregon Health Authority

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

I, \_\_\_\_\_, am an adult of sound mind.

I am suffering from \_\_\_\_\_, which my physician has determined is a terminal disease.

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 comfort care, hospice care and pain control.

I request that my attending/prescribing physician prescribe medication that will end my life in a humane and dignified manner and also contact any pharmacist 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.

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 when I take the medication to be prescribed.

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

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.

Signature:	Date:
------------	-------

### DECLARATION OF WITNESSES

By *initialing and signing* below, we declare that the person making and signing the above request:

#### Witness 1

#### Witness 2

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

Printed Name: Witness 1	Signature:	Date:
Printed Name: Witness 2	Signature:	Date:

NOTE: 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 death and shall not own, operate or be employed at a health care facility where the person is a patient or resident. If the patient is an inpatient at a long-term health care facility, one of the witnesses shall be an individual designated by the facility.

**PLEASE MAKE A COPY OF THIS FORM TO KEEP IN YOUR HOME**