

# Navigating a Patient's Request for Medical Aid in Dying

Professionals play a vital role in helping terminally ill adults navigate end-of-life options, providing compassionate support alongside accurate information and expert guidance.

This handout is intended to equip professionals with answers to commonly asked questions by patients regarding medical aid in dying (MAID).

## Will MAID be listed on the death certificate?

No. Eligibility for MAID requires a diagnosis of a terminal illness, with a prognosis of six months or less. It is standard practice in all authorized jurisdictions that the death certificate list the underlying terminal illness as the cause of death.

## Does MAID impact the option of organ donation?

The majority of individuals who choose MAID are unlikely to qualify for tissue, organ or body donation due to their illness and/or the circumstances of their death. The high-dose medications ingested for MAID can also affect donor eligibility. A tissue bank or organ procurement agency can review your patient's situation and advise.

## Medical Aid in Dying

**(MAID)** is an end-of-life option that allows a terminally ill adult to control an anticipated death by requesting medication they can choose to self-ingest. It is a widely supported option, currently authorized in 12 U.S. jurisdictions.

## Does MAID impact insurance or benefits?

Patients who choose MAID remain entitled to existing benefits. In most jurisdictions, the law specifically states that a person's request for or use of MAID cannot affect their will, insurance, annuity policy or other benefits.

## Can any pharmacy fill the MAID prescription?

MAID medications are a compounded mixture of several medications, delivered to the patient in a powdered form intended to be mixed with a small amount of liquid at the time of ingestion. Due to the specialized nature of these medications, only a licensed Compounding Pharmacy can fill the prescription.



## Can a patient change their mind?

MAID is a patient-directed process. They are in charge every step of the way and can change their mind at any time for any reason. A patient is not required to notify anyone if they decide not to proceed.

## What if a patient can't swallow or hold the aid-in-dying medications?

If the patient is unable to swallow or lift/hold the mixture, it may be possible to use a rectal catheter, feeding tube, nasogastric tube or ostomy – as long as the patient is taking voluntary action to self-administer it to the gastrointestinal tract. Assistance may be provided in preparation as well as holding and bringing the medication close, but the individual must complete the act of ingestion.

## Can MAID be requested in an advance directive?

A request for MAID must come directly from the terminally ill individual, who must have decision-making capacity at the time of their request. No one can make a request for MAID before they are eligible, or on another person's behalf. Therefore, requests via advance directive, conservator or other agent/surrogate are not permitted.

## Does insurance cover costs associated with MAID?

Although most plans include benefits for end-of-life planning, coverage for care and medications associated with MAID is rare. This is largely due to the Assisted Suicide Funding Restriction Act of 1997. Since benefits and coverage can vary greatly, patients are encouraged to contact their insurance provider with questions.

## Who is authorized to prescribe aid-in-dying medications?

It varies. Licensed physicians (MD or DO) are able to prescribe in all authorized jurisdictions. A few states allow Advance Practice Registered Nurses (APRNs) and some authorize Physician Assistants (PAs) to prescribe.

## Where can I find more information?

Compassion & Choices leads the effort to authorize, implement and defend medical aid in dying across the United States. More information and resources can be found at **CandC.org**

Additional resources can also be found through state end-of-life organizations, hospices and local healthcare providers.

