

Your questions about medical aid in dying, *answered*

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Medical aid in dying firmly puts patients in charge of their end-of-life care. They are the deciders.

Kevin Díaz
Compassion & Choices President and CEO

Q What makes it distinct?

- » It's available only to terminally ill adults with a six-month prognosis who are able to self-administer the medication.
- » The cause of death is listed as the underlying illness, recognizing that medical aid in dying affects how a person dies, not why.

Q What is medical aid in dying?

Medical aid in dying allows a terminally ill, mentally capable adult to voluntarily request and receive prescription medication from a healthcare provider that they can self-administer to die peacefully, on their own terms.

Q Who qualifies

To be eligible, an individual must:

- » Be 18 years or older
- » Have at least one healthcare provider diagnose them with a terminal illness
- » Have a prognosis of six months or less to live
- » Be mentally capable of making an informed healthcare decision
- » Be able to self-administer their medication

Advanced age, disability and chronic health conditions alone are not qualifying factors; having a terminal illness and a prognosis of six months or less is an essential eligibility factor in all U.S. medical aid-in-dying laws.

Q How does it work?

- » It's a patient-directed process—the person remains in full control from the initial request to the final administration of medication.
- » The qualifying individual self-administers the medication. This ensures the choice is voluntary and autonomous from start to finish.

Q How is it administered?

- » The individual takes the medication themselves.
- » Self-administration is essential—no one else may give the medication. Assistance can be provided in aspects of preparation, holding, and bringing the medication close, but the individual must complete the administration.

Q Why is decision-making capacity important?

- » Capacity ensures the person understands their diagnosis, prognosis, and options, and can clearly communicate decisions.
- » Since medical aid-in-dying is patient initiated and driven, a person must be able to make an informed healthcare decision.

Q What do U.S. laws require?

- » Though details vary by jurisdiction, eligibility always requires a terminal diagnosis, six-month prognosis, mental capacity, and the ability to self-administer the medication.
- » Each law includes strict safeguards to ensure voluntariness and transparency.
- » All laws require a multi-step request process, providers to give information about all appropriate end-of-life options, and opportunities to rescind the request.

Q What safeguards protect patient choice?

- » Laws include strong protections to prevent pressure or coercion.
- » All laws require a multi-step request process.
- » Any attempt to influence or force someone into using medical aid in dying is a felony.
- » Healthcare providers are trained to recognize and prevent undue influence.

How Compassion & Choices helps

We work to expand and protect all end-of-life options — including medical aid in dying, voluntary stopping of eating and drinking, hospice, palliative care, and offer tools for advance care and dementia planning.

Our advocacy ensures patients remain the decision-makers at life's end and that these rights are protected nationwide.

For more information, visit CompassionAndChoices.org