



DELAWARE END-OF-LIFE OPTIONS ACT

**A RESOURCE GUIDE FOR
DELAWARE CLINICIANS
MARCH 2026**

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Compassion & Choices is the nation's oldest, largest, and most active nonprofit working to improve care and expand options for care at the end of life.

We envision a society that affirms life and accepts the inevitability of death, embraces options for compassionate dying and empowers everyone to choose end-of-life care that reflects their values, priorities, and beliefs.

Introduction

Medical aid in dying, often abbreviated as “MAID,” is a widely supported practice in end-of-life care that provides dying people with peace of mind and comfort during a difficult time. In the 14 U.S. jurisdictions where this option is authorized, medical aid in dying allows a terminally ill, mentally competent adult to die peacefully on their own terms.

In November 1994, Oregon passed the nation’s first law giving terminally ill adults access to medical aid in dying. Today more than one in four people live in a jurisdiction where medical aid in dying is authorized.

Evidence from nearly 30 years of practice demonstrates that the option of medical aid in dying increases utilization of hospice and encourages conversations about values and priorities while improving end-of-life care overall¹. More importantly, the multistep process ensures patients are fully informed about care options, protected from coercion, and empowered to choose their own end-of-life journey.

The well-established practice of medical aid in dying also supports professionals by providing a framework for care along with regulatory guidelines and protections for both those who choose to support a patient’s request as well as those who may not.

If you are reading this guide, we hope it is because you recognize the importance of patient-directed care at the end of life and are eager to learn about the practice of medical aid in dying in Delaware. This content was developed by clinical, legal, and policy experts with experience in medical aid in dying in an effort to provide our colleagues in Delaware with accurate information and practical resources for supporting their patients.

For additional guidance or consultation, contact Compassion & Choices at 800-247-7421 or info@compassionandchoices.org.

The Ron Silverio/Heather Block End of Life Options Act (House Bill 140) was signed by Governor Matt Meyer on May 20, 2025, authorizing medical aid in dying in the state of Delaware. This makes Delaware the 12th U.S. jurisdiction to affirm the rights of terminally ill adults to die peacefully on their own terms.

¹ Hoffman, D., Beer, E. (2023). Have Arguments For and Against Medical Aid in Dying Stood the Test of Time? *Voices in Bioethics*, 9. <https://doi.org/10.52214/vib.v9i.12079>

Medical aid in dying

Facing the end of life can be one of the most profound and vulnerable times in a person's journey. Care during the terminal phase of an illness encompasses a range of interventions intended to relieve pain and discomfort, provide emotional and spiritual support, address practical needs, and maintain quality of life. Alongside hospice, palliative care, and comprehensive symptom management, one option for care at the end of life is medical aid in dying.

Medical aid in dying is a clinical practice that provides eligible adults living with a terminal disease the choice to control their end-of-life experience. It is a clearly defined process available only in U.S. jurisdictions where it has been authorized by legislation, ballot measure, or court decision. While few people use this care option - less than 1% of adults who die in each jurisdiction² - many gain peace of mind and comfort by simply knowing it exists.

Eligibility

The Delaware End of Life Options Act, in alignment with other laws authorizing medical aid in dying in the U.S., establishes strict eligibility criteria and practice requirements to ensure the highest standard of care. Eligibility for aid in dying requires an individual to be³:

- > An adult (18 years or older) resident of Delaware
- > Diagnosed with an terminal (incurable and irreversible) illness
- > Determined to have a prognosis of six months or less
- > Able to make their own healthcare decisions
- > Able to complete the multistep request process
- > Able to self-administer medications to be absorbed by the gastrointestinal (GI) tract

An individual does not qualify for medical aid in dying solely based on age, disability or quality of life. A mental health condition is not a qualifying condition because it does not meet the definition of a terminal illness.

Request Process

The Delaware End of Life Options Act outlines a clear multi-step process that outlines practice requirements while ensuring patients are fully-informed and empowered to choose the end of life experience right for them.

² *Medical Aid-in-Dying Utilization Report, 2026*. Compassion & Choices. candc.org

³ Delaware House Bill 140, 153rd General Assembly, (2025-2026). legiscan.com

In Delaware, an attending physician (MD/DO) or advanced practice registered nurse (APRN) as well as a consulting physician or APRN must both independently verify the patient's eligibility for medical aid in dying. They must also confirm the patient understands their options and is requesting life-ending medications of their own volition without any undue influence. If the attending or consulting clinician is unclear about the patient's capacity to make their own healthcare decisions or has concerns about impaired judgment, a third evaluation by a psychiatrist or psychologist (licensed in the state of Delaware) is required.

The patient must make three clear requests for aid in dying directly to their attending physician or APRN; an initial verbal request followed by a second oral request no less than 15 days after the first, and a written request signed by two adult witnesses. A request cannot be made through an advance directive or by a healthcare proxy, power of attorney, family member, or other individual acting on behalf of the patient. Requests must also be made directly to the healthcare provider, not through another member of the healthcare team or provider's staff.

If at any time the patient changes their mind and wishes to withdraw their request, they have the right to do so. Years of practice indicate this is not an uncommon or unexpected scenario; utilization data from authorized jurisdictions that provide reports, approximately 38% of patients who go through the process and obtain a prescription may never take it. If this occurs, no formal notification or withdrawal process is required.

Role of the attending provider

The attending physician/APRN must be a physician (MD, DO) or advance practice registered nurse (APRN) licensed to practice in the state of Delaware. They are responsible for maintaining (or in some cases, assuming) primary responsibility for the patient's terminal illness and coordinating all of the steps associated with medical aid in dying including coordination with the consulting provider determining the best route of self-administration, and writing the prescription for aid-in-dying medication once the patient has completed the request process. The attending may or may not be the same physician/APRN as the attending for hospice, primary or specialty care.

The patient's first oral request expires after one year if no medication is prescribed. If necessary and as long as they remain eligible, a patient can make a new oral request and begin the process again.

Following the receipt of a patient's request for medical aid in dying, the attending provider must confirm the patient meets all eligibility criteria and is making an independent and fully-informed decision regarding their end-of-life care. This requires meeting with the patient privately to confirm they are making the request of their own free will without any coercion or pressure. An interpreter can, and should, be present if necessary to ensure the patient is able to communicate in the language they are most comfortable.

Delaware's law also requires the attending provider to engage in open and ongoing conversation with the patient to:

- > Review their diagnosis and prognosis
- > Discuss the risks and expected result of taking the aid-in-dying medication
- > Explain alternative, concurrent, or additional treatment options (i.e., hospice, comfort care, pain control)
- > Ensure they understand they may rescind their request or halt the process at any time
- > Determine the best and most appropriate method of self-administration
- > Instruct on safekeeping and proper disposal of unused medication in accordance with Delaware law
- > Advise against taking the medication in a public place
- > Discuss whether the patient wishes to notify anyone of their request, considering the benefit of having another person present for support at the time of self-administration
- > Explore the patient's interest in discussing their plan for their chosen day of administration; consider what expectations the patient might have of the clinician and if/how they are able to support

Documentation required of the attending provider

Within 30 calendar days of writing the aid-in-dying prescription, the attending provider must submit the required documentation to the Health Statistics Center at the Bureau of Vital Records and Health Statistics:

- > A copy of the patient's completed written request for medication, using the Written Request for Medication to End My Life in a Humane and Dignified Manner or a substantially similar form
- > The Attending Physician or Attending APRN Compliance Form
- > The Consulting Physician or Consulting APRN Compliance Form
- > The Psychiatrist or Psychologist Compliance Form, if an evaluation was performed

These forms, along with regulatory guidance and instructions for submitting can be found on the Delaware Department of Health and Social Services, Division of Public Health website: <https://dhss.delaware.gov/dph/eolo>.

Within 20 calendar days of a patient's ingestion of aid-in-dying medications or death from any other cause, whichever comes first, the attending provider shall complete the Attending

Physician or Attending APRN Follow-Up Form and submit to the Bureau of Vital Records and Health Statistics by USPS mail or secure electronic mail.

All conversations, coordination, and care related to the patient's request for medical aid in dying must be documented in their medical record per the provider's standard procedure. Specifically, Delaware statute requires the attending provider to clearly document in the medical record:

- > The patient's prognosis
- > The patient's decision-making capacity
- > The dates of the first and second oral requests
- > Confirmation of the written request, including date and time received
- > Details of the medications prescribed
- > The consulting provider's written determination of eligibility
- > Confirmation of the patient's decision-making capacity by a qualified psychologist or psychiatrist, if the provider determined it was necessary to make a referral

Role of the consulting provider

The consulting provider must also be a licensed physician or advanced practice registered nurse qualified (by specialty or experience) to make a diagnosis and prognosis regarding a terminal illness. They are not required to have primary responsibility for the patient's health care.

The consulting provider is required to evaluate the patient and their relevant medical records to confirm that the patient meets all required eligibility criteria for medical aid in dying, is acting voluntarily, making an informed decision, and understands the expected result of taking the medication.

The consulting provider must confirm, in writing, to the attending provider that the patient meets all eligibility criteria by completing the Consulting Physician's Compliance form, available on the Delaware Department of Health and Social Services, Division of Public Health website (<https://dhss.delaware.gov/dph/eolo>), and send it to the attending provider for them to submit within the required deadline.

Written request

In addition to the oral requests, the patient must also complete a written request using the *Request for Medication to End My Life in a Humane and Dignified Manner* form, available on the Delaware Department of Health and Social Services website dhss.delaware.gov/dph/eolo.

This form must be signed and dated by the patient and attending physician/APRN, as well as two adult witnesses who attest the patient is acting voluntarily, is not coerced in any way, and signed

in their presence. Per Delaware law, only one witness may be related to the patient by blood, marriage, or adoption; entitled to any portion of the patient's estate upon death; or an owner, operator, or employee of an institution where the patient resides or is receiving care.

Medications may not be prescribed until a minimum of 48 hours after the patient has completed the written request.

Confirming decision-making capacity

If the attending or consulting provider questions the patients' decision-making capacity, they should refer the patient to a licensed psychiatrist or psychologist for an additional evaluation. The focus of this additional evaluation, which is not commonly needed⁴, is to determine whether the patient is capable of making a healthcare decision; it is not to determine an individual's mental health or screen for a mental health condition. If decision-making capacity is lost during the request process, the patient is no longer eligible for medical aid in dying, as they must retain capacity up to the point of self-administration.

Summary of the Delaware request process

1. The patient makes an initial verbal/oral request for medical aid in dying to an attending physician or APRN.
2. No fewer than 15 days after the first request, the patient makes a second verbal/oral request, at which time the attending provider must offer the patient an opportunity to rescind their request.
3. A consulting physician or APRN meets with the patient to confirm eligibility
4. Refer to a psychologist or psychiatrist if there is question about the patient's decision-making capacity
5. The patient completes a written request for medical aid in dying, signed by two qualifying witnesses.
6. No less than 48 hours after the written request is complete, the attending provider may write the prescription
7. Attending provider submits prescription to a compound pharmacy
8. All of the above is clearly documented in the patient's medical record
9. Submit required forms to the Office of Health & Vital Statistics. All forms and instructions are found at dhss.delaware.gov/dph/eolo

⁴ Andoh, E. *Medical aid in dying brings a compassionate close to life*. American Psychological Association, Vol 56, No 5. July 1, 2025. apa.org/monitor

Methods of self-administration

To be eligible for medical aid in dying, a patient must be able to self-administer the medication through a conscious and voluntary act of ingestion or absorption through the gastrointestinal (GI) tract. Options for self-administration will be determined by the attending provider in consultation with the patient and may include⁵:

- > **Oral ingestion** is the most common method and involves swallowing the entire mixture within a few minutes.
- > **Feeding tube** administration uses an existing gastrostomy (G-tube) or jejunostomy tube (J-tube) to introduce the medication into the GI tract. A syringe attached to the tube allows the patient to push the plunger to introduce the medications, similar to the way they do for feedings. Although rare, a nasogastric tube (NG) may also be used.
- > **Rectal** administration allows the patient to introduce the medication into the GI tract via a syringe attached to a rectal catheter that is inserted with the assistance of a clinician.
- > **Ostomy** administration allows the patient to introduce the medication by pushing the plunger of a syringe inserted into their stoma.

A patient may request an accommodation for options to self-administer medical aid-in-dying medications, just as they may for other medical services in accordance with the Americans with Disabilities Act. Appropriate assistance can include preparing and mixing the medication, bringing it to the patient, holding a cup and straw up to their mouth, and attaching it to a feeding tube or catheter. Even with assistance, the patient must control the process and take a voluntary action – such as swallowing or pushing a plunger – to introduce the entire dose of medication into their GI tract.

Administration of medications by injection, infusion, intrathecal, or other parenteral route is not permitted under any circumstance. Similarly, administration of the medication by anyone other than the patient, including a provider, clinician or family member, is not permitted. This is generally considered euthanasia, which is not legal in the United States.

⁵ Shavelson, Battin, Pope. *Medical aid in dying: Clinical Considerations*. UpToDate, updated 9/18/25.

Aid-in-dying medications

When determining medical aid-in-dying eligibility, the attending physician/APRN will determine the appropriate medication regimen based on the patient's condition and planned method of self-administration. Due to the need for this personalized approach, no medical aid-in-dying law or regulation specifies what medications should be prescribed.

Aid-in-dying medications are customized to the unique condition and needs of the patient in consideration of their preferred method of self-administration.

The pharmacology of medical aid in dying has evolved over time as drug availability has changed and understanding of the patient experience grows. Currently the most common aid-in-dying medication is a mixture of digoxin, diazepam, morphine, amitriptyline, and phenobarbital, abbreviated as DDMAPh⁶.

DDMAPh must be prepared by a compounding pharmacy within a nonsterile environment. It is typically dispensed in a powder form which is mixed with a small amount of liquid, typically 2-4 ounces of apple juice at the time of ingestion. In compliance with compounding law, pharmacists must put a six-month expiration date on medications prepared in this manner. This should be a consideration when speaking with the patient about when they wish to receive the medications.

Clinicians familiar with aid-in-dying medicine recommend a dose of anti-nausea medication(s) approximately 30-60 minutes prior to not only reduce the risk of vomiting but to activate gastroparesis and assist in the delivery of medications to the gastrointestinal tract where they can be absorbed. Other routes of self-administration may also require other forms of pre-medication or preparation prior to self-administration.

Coordinating with the pharmacist

Pharmacists play an important role in working collaboratively with the attending provider to prepare the prescribed medications, support the patient, and confirm all steps in the request process have been met. Pharmacists often counsel the patient regarding the medications that have been prepared for them, ensuring they understand preparation instructions as well as proper safekeeping and disposal of the medications.

Delaware allows prescriptions to be delivered personally, by mail, or through an authorized electronic transmission (such as an electronic health record) to a licensed pharmacist. The pharmacist will dispense the medication in person or with a signature upon delivery if sent by mail or delivery service. Medication may be dispensed to the patient, attending provider, or an

⁶ Hoffman, Strand. *Clinical practice and pharmacology decisions of medical aid in dying providers in the United States*. BMJ Supportive & Palliative Care. Dec 2025.

individual expressly designated by the patient (such as a family member picking it up on their behalf). According to feedback from pharmacists familiar with preparing medical aid-in-dying medications, it may take several days to fill the customized prescription.

Reporting and data collection

As detailed in “Documentation required by the attending provider” above, the following forms are required per Delaware statute regulations. The data collected will be used to generate an annual statistical report that will be available to the public at <https://dhss.delaware.gov/dph/eolo>

Form	Submitted by	When
Written Request for Medication to End My Life in a Humane and Dignified Manner	Attending provider	Within 30 calendar days of writing a prescription for aid-in-dying medications
Attending Physician or Attending APRN Compliance Form	Attending provider	Within 30 calendar days of writing a prescription for aid-in-dying medications
Consulting Physician or Consulting APRN Compliance Form	Attending provider	Within 30 calendar days of writing a prescription for aid-in-dying medications
Psychiatrist or Psychologist Compliance Form, if an evaluation was performed	Attending provider	Within 30 calendar days of writing a prescription for aid-in-dying medications
Medication Dispensing form	Pharmacist or Dispensing provider	Within 30 calendar days of dispensing aid-in-dying medications
Attending Follow Up form	Attending provider	Within 20 calendar days of patient’s ingestion of aid-in-dying medications or death from another cause, whichever comes first

All forms may be submitted by secure email to the Bureau of Vital Records and Health Statistics at DE_HealthStatistics@delaware.gov or by mail to:

Health Statistics Center at the Bureau of Vital Records and Health Statistics
James Williams State Service Center, Suite 109
805 River Road, Dover, DE 19901

Protection for clinicians

Medical aid in dying laws explicitly state that participation by both healthcare providers and healthcare organizations is voluntary. No provider or entity is obligated to prescribe or dispense aid-in-dying medication.

Laws provide explicit protections for healthcare providers who choose to participate (or not to participate) under the law. Qualified healthcare providers are protected from criminal liability, civil liability, and professional discipline, whether or not they choose to participate in medical aid in dying, provided they comply with legal requirements, act in good faith, and meet established medical standards of care. Similar immunities and protections are extended to other healthcare providers (such as mental health professionals and pharmacists) and patient caregivers.

Developing organizational policy

While medical aid-in-dying laws outline the specific requirements for a patient to request and obtain the prescription, healthcare organizations are encouraged to develop internal policies that provide clear information to patients, clinicians, and staff that address how requests for medical aid in dying will be received and managed within an interdisciplinary care team.

Broadly speaking, policies should align with the organization's mission and:

Align with existing palliative care standards. All goals-of-care conversations should center on patient priorities, whether or not those priorities include medical aid in dying. The practice of medical aid in dying should be integrated into the organization's existing interdisciplinary model of care.

Set clear standards for the organization's participation and serve as a reference for staff. The policy should be explicit about the ways the organization will support patient-directed care, including medical aid in dying, and establish processes to facilitate that care.

Support the interdisciplinary care team. The policy should establish roles and responsibilities for all staff or volunteers who may be involved in the process. Structures for training should be established, as well as mechanisms for managing and supporting conscientious objections and moral distress.

The Compassion & Choices [Medical Aid in Dying: A Guide to Creating Patient-Centered Policies](#) provides in-depth guidance regarding the development of policies that support patients as well as staff and volunteers.

Frequently asked questions

Is medical aid in dying listed on the death certificate?

No. Delaware statute, in alignment with Centers for Disease Control and Prevention (CDC) guidance and established clinical practice in other situations where the cause, manner, or timing of death may have been influenced by other factors (such as ventilator withdrawal or discontinuation of dialysis), state death certificates must list the underlying terminal illness as the cause of death.

This guidance adheres to [CDC Instructions for Completing the Cause of Death Section of the Death Certificate](#), which directs to “always enter the underlying cause of death” and states: “The immediate cause does not mean the mechanism of death or terminal event (for example, cardiac arrest). The mechanism of death should not be reported as the immediate cause of death.” In addition, clinical and evidence-based guidance for [death certificates and death investigations in the United States](#) specifically instructs providers to “list the underlying terminal condition as the cause of death and the manner of death as natural.”

It is standard practice in all authorized jurisdictions that the death certificate list the underlying terminal illness as the cause of death. Any variation in this practice threatens the privacy of the patient, the confidentiality of their decision for medical aid in dying, as well as the integrity of tracking trends in disease and public health concerns.

Is organ donation an option after medical aid in dying?

Generally, no. The majority of individuals who choose medical aid in dying do not qualify for tissue, organ, or body donation due to their illness and the high-dose medications ingested. In addition, organ donation requires viable organs to be retrieved quickly, often in a hospital setting – which does not align with the majority of aid-in-dying deaths. If there are questions, speak with a local tissue bank or organ procurement agency to review the patient’s situation.

How can a patient show proof of being a resident of Delaware?

To qualify for medical aid in dying, an individual must show proof they are a Delaware resident. The ability to demonstrate residency can be satisfied by providing one of the following: a Delaware driver’s license or state-issued identification card; a voter registration card or other documentation showing the individual is registered to vote in Delaware; evidence that the individual owns or leases property in Delaware; or a Delaware income tax return for the most recent tax year.

How long is a patient's request for medical aid in dying valid?

The first oral request for medical aid in dying expires after one year if no medication is prescribed. If necessary, a patient can make a new oral request and begin the eligibility evaluation and request process again.

Does medical aid in dying impact insurance or other benefits?

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

Delaware's statute authorizing medical aid in dying (House Bill 140, 2025) states: *(d) 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 medication to end life in a humane and dignified manner. (e) A qualified patient's act of self-administering medication to end life in a humane and dignified manner does not invalidate any part of a life, health, or accident insurance or annuity policy.*

Is medical aid in dying the same as euthanasia?

No. Medical aid in dying is a patient-directed clinical practice that honors patient autonomy at the end of life, whereas euthanasia is an intentional act by another person to cause a patient's death, which is illegal throughout the United States.

Delaware's statute authorizing medical aid in dying (House Bill 140, 2025) states: *A request for medication to end life in a humane and dignified manner under this chapter, or the fact that medication to end life in a humane and dignified manner is prescribed or dispensed under this chapter, does not, for any purpose, constitute elder abuse, suicide, assisted-suicide, homicide, or euthanasia.*

Is medical aid in dying in the United States the same as Canada?

No. Just as the overall delivery of healthcare differs, the eligibility criteria, clinical practice and laws defining medical aid in dying within authorized U.S. jurisdictions are fundamentally different from the Canadian "medical assistance in dying" law. A detailed breakdown is provided by Compassion & Choices at candc.org/key-differences

Can medical aid in dying be requested through an advance health care directive?

No. A request for medical aid in dying must come directly from the terminally ill individual, who must have decision-making capacity and meet eligibility criteria at the time of their request. No one can make a request for medical aid in dying before they are eligible, or on another person's behalf. Therefore, requests through an advance directive, conservator, or other agent or surrogate are not permitted.

Does insurance assist with aid in dying medications?

Although most plans include benefits for end-of-life planning, coverage for medications associated with medical aid in dying is quite rare. This is largely due to The Assisted Suicide Funding Restriction Act of 1997, which prohibits the use of federal funds to assist in the death of an individual; many compounding pharmacies operate on a cash-only basis; and the prescription is a mixture of medications, and therefore, not part of any formulary. Since benefits and coverage can vary greatly, patients are encouraged to contact their insurance provider with questions.

Are there protections for clinicians who support patients through the process of medical aid in dying?

Yes. Medical aid-in-dying laws and regulations support all members of the patient's healthcare team in a number of ways. Delaware's law specifically states clinicians acting in good faith and in accordance with generally accepted healthcare standards are not subject to civil or criminal liability or to discipline for unprofessional conduct for providing information, prescribing, or dispensing medications, or for being present when a qualified patient self-administers the prescribed medications. Participation in the medical aid-in-dying process is optional for all healthcare providers. Professionals have the right to refuse participation, and not be the subject of disciplinary action for such refusals.

Compassion & Choices wishes to thank the passionate advocates who worked for more than 10 years to make medical aid in dying a reality in Delaware.

To the dedicated clinicians and professionals who now carry the practice of medical aid in dying forward, thank you for the tremendous compassion and skill that goes into supporting individuals facing the end of their life.