An Introduction to Medical Aid in Dying

NEW YORK

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The Medical Aid in Dying 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 14 jurisdictions with regulations varying by jurisdiction to ensure that the process is carried out ethically and safely.

The Medical Aid in Dying Act was signed into law by Governor Kathy Hochul on February 6, 2026. The law goes into effect on August 5, 2026.

At time of writing, the NYS Department of Health is developing regulations pertaining to this law. The information in this booklet will be updated once rules and guidance have been set forth.

Eligibility

To be eligible to choose medical aid in dying under the law, the individual must be:

- An adult (aged 18 or older)
- Terminally ill with a prognosis of six months or less to live
- Mentally capable of making their own healthcare decisions
- Able to self-administer the medication through an affirmative, conscious, voluntary act to ingest it. Self-administration does not include injection or infusion via a vein or any other parenteral route by any person, including the healthcare provider, family member, or patient themselves
- A resident of New York State

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

Summary of process to obtain medical aid in dying

Two physicians licensed in the State of New York must confirm the patient's eligibility to use the Medical Aid in Dying Act, as well as confirm that the patient is making an informed decision and voluntarily requesting the aid-in-dying medication. The attending physician prescribes the medication, and the consulting physician confirms eligibility, capacity, and voluntariness. (An attending physician is described as a healthcare provider who has primary responsibility for care of the individual and their terminal illness.)

A third provider (psychiatrist, psychologist, or neurologist) must also evaluate the patient to ensure that they are capable of making their own healthcare decisions before a prescription can be written.

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 two requests to their attending/prescribing physician to use the Medical Aid in Dying Act: one verbal request that is also recorded and permanently appended to the patient's medical record and one written request that is witnessed by two individuals who have no interest in the patient's estate.

Only the patient 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.

The prescription for aid-in-dying medication may not be filled until at least five days after the prescription has been written. This mandatory five-day waiting period may be waived if the attending physician has, within reasonable medical judgment, determined that the patient will likely die before the expiration of the waiting period.

Medication

The type and dosage of aid-in-dying medication physicians prescribe, including medications to prevent nausea and vomiting, varies with each individual. The medication cannot be injected. The patient must be able to self-administer the medication without assistance, usually by swallowing or by using a feeding tube. **The prescribing physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a prescription directly from a patient.** A designated family member or friend may pick up the medications.

The patient may ask their physician or pharmacy about the cost of these medications. Please contact the insurance provider to find out what your policy covers.

If anyone, whether a patient, family member, or healthcare provider, has questions, they can contact Compassion & Choices' free and confidential Call Compassion line at 800.247.7421 for information and support.

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. 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.

Steps for accessing medical aid in dying

The first step is to speak with your provider to discuss your interest in medical aid in dying. Be sure to be explicit in your discussion. 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 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.** Visit candc.org/hospice-care for more information.

If your healthcare provider 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

Compassion & Choices' Call Compassion team is available to offer personalized support, resources, and general information at no cost. You can contact Call Compassion at 800.247.7421. Messages are typically returned within 1–2 business days. Language interpreter services are available.

If your healthcare provider says "yes" to supporting this option:

1. **Make one verbal request for a prescription for aid-in-dying medication directly to your attending physician, during an in-person appointment.** Your physician may waive the in-person requirement if they determine that an in-person visit would result in extraordinary hardship.

2. **The request must be recorded by an audio or video device and permanently stored in your medical record by the physician.**

3. In addition to a prescribing physician, **a consulting physician must confirm that you are eligible to choose medical aid in dying and that you are making both an informed decision and voluntary request.**

4. **You must also have an additional mental health evaluation performed by a psychiatrist, psychologist, or neurologist to confirm that you have the capacity to make an informed healthcare decision.**

5. **Give your physician a written request for medical aid in dying that is signed by you and two witnesses**. Please read the form carefully to determine who may or may not serve as a witness.

6. **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.

7. **There is a mandatory five-day waiting period between when the prescription is written and when it may be filled.** This requirement may be waived by the prescribing physician if they have determined, within reasonable medical judgement, that the patient may die before the waiting period expires.

8. **For many people it takes considerably longer than the mandatory five-day waiting period to complete the request process.** We encourage people who are interested in using medical aid in dying as one of their end-of-life care options to start talking to their healthcare providers well in advance.

9. **Once the prescription is written, you may choose to keep it on file at the pharmacy until you decide you want to use the medication.**

10. **Planning for the day of self-administration 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.

11. **Only you can decide when the time is right to self-administer the medication**. You may always decline to take the medication, no matter where you are in the process.

Talking with your provider

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 Medical Aid in Dying Act itself, and may have some questions: our Call Compassion line at the end of this section is a resource that you can share with your provider.

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.

There may be providers and health systems unable or unwilling to participate in medical aid in dying. That's why it's important to prioritize early conversations about how you want your end-of-life care to look and ask if your providers will support those goals.

No one but you can make the request for medical aid in dying. 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 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 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 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 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 am interested in the Medical Aid in Dying 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.

Compassion & Choices' Call Compassion team is available to offer personalized support, resources, and general information at no cost. You can contact Call Compassion at 800.247.7421, messages are typically returned within 1–2 business days. Language interpreter services are available.

End-of-life care planning checklist

Please visit the Compassion & Choices website for more resources at 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)
  - ☐ Healthcare proxy or other 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: CandC.org/ways-to-give/free-will
  - ☐ Living Trust
  - ☐ Life Insurance policies (with beneficiary information)
  - ☐ Information for financial accounts, assets property
  - ☐ List of important passwords and digital account information
  - ☐ 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

A continuous process of conversation and documentation to clarify and communicate a person's preferences for future medical care, values, and goals. Ideally, these conversations happen before a health crisis and are revisited as circumstances and needs change over time. Advance care planning can include completing documents such as a living will, health care proxy (or medical durable power of attorney), do not resuscitate order (DNR), portable medical orders, or a dementia directive, which vary by state. But the conversations themselves have value regardless of whether any forms are filled out.

Advance directive

A general term for any document that contains instructions pertaining to a person's wishes related to medical treatment if they cannot make care decisions on their own. An advance directive can include a living will, a health care proxy (or medical durable power of attorney), and other documents that vary by state. Note: in some states and among some professionals, "advance directive" and "living will" are used interchangeably. See also "living will" below. Please note that medical aid in dying cannot be requested via advance directive or healthcare proxy.

Find state specific advance directives on Compassion & Choices' website at:
CompassionAndChoices.org/our-issues/advance-care-planning

Attending healthcare provider

A healthcare provider — typically a physician, advanced practice registered nurse, or physicians' associate — who has primary responsibility for a person's care and treatment. In the context of medical aid in dying, the attending healthcare provider is the clinician who writes the prescription for aid-in-dying medication. Some medical aid in dying laws use different terms, such as "prescribing provider" or "treating provider," and eligibility to serve in this role varies by state. Note that "attending" carries different meanings in other care settings, such as hospitals and hospice.

Decision-making capacity

The ability to make informed choices about one's own medical care. To have decision-making capacity, a person must be able to understand the information their medical team provides, reason through their options, and communicate their choice. If a person loses decision-making capacity, their healthcare proxy can make decisions on their behalf based on what they would have wanted or documented in their advance care plan.

DNR

Stands for "do not resuscitate," a medical order instructing healthcare providers not to perform cardiopulmonary resuscitation (CPR) if a person stops breathing or their heart stops beating. A DNR is specific to CPR and does not limit other treatments, such as medication, surgery, or nutrition. A DNR is generally appropriate for individuals with serious or advanced illness, or those for whom CPR is unlikely to be effective or may cause more harm than benefit. Ideally, a DNR order is created before an emergency occurs, while the individual is mentally capable, or by their healthcare proxy if they are not.

Health care proxy

A person authorized to make health care decisions on another person's behalf if that person is unable to make their own. Also known as a representative, surrogate, agent, or medical durable power of attorney for health care, a health care proxy works closely with the health care team to ensure the patient's care and treatment preferences are followed. Choosing a health care proxy — and preparing them to advocate confidently for those wishes — is an important part of advance care planning. This role should be reviewed periodically as circumstances and relationships change.

Please know that your health care proxy may *not* request medical aid in dying on your behalf under any circumstances.

Hospice

A program in which an interdisciplinary team of healthcare professionals provides comfort and support to people with a terminal illness who have chosen to focus on quality of life rather than curative treatment. Hospice can be provided wherever the person resides, most often at home, and is voluntary. It also involves and supports the individual's family and/or loved ones.

Life-sustaining treatment

Medical treatment intended to keep a person alive. Depending on the illness and the patient, life-sustaining treatment may include medication, surgically inserted assistive devices, respiratory support, and/or artificial nutrition and hydration.

Living will

A document that expresses a person's healthcare preferences if they become unable to speak for themselves. Note: in some states and among some professionals, "advance directive" and "living will" are used interchangeably. A living will can be one component of advance care planning (see "advance care planning " above). A living will cannot be used to request medical aid in dying; you must do so verbally to your provider when you have become eligible.

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-administer 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.

POLST/MOLST

Stands for Physician (or Medical) Orders for Life Sustaining Treatment. A medical order completed with a healthcare provider that provides detailed guidance about the wishes of a person with a serious illness for end-of-life care. Because it is a medical order (not simply a planning document) it carries immediate legal weight and is intended to guide care in an emergency. POLST is part of advance care planning. In many states, the form is printed on brightly colored paper so first responders can easily identify it in an emergency.

Palliative care

A form of medical support available to patients at any stage of illness or age, focused on comfort and quality of life. It can be provided alongside curative treatments or as the primary

focus at end of life when a patient chooses to prioritize comfort over treatment. Rather than replacing other care, palliative care functions as an additional layer of support that helps patients and their families navigate complex medical situations.

Prognosis

Prognosis refers to the likely path of a disease and may include an estimated time an individual has left to live. In New York, people enrolled in Medicaid may be eligible for hospice if a doctor determines they have a life expectancy of about one year or less if the illness runs its normal course (Medicare generally uses a six-month standard).

Terminally ill

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

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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 physician: _____
  - Phone: _____
- Date of oral request to Attending Physician: _____
- Date video request submitted to patient record: _____
- Consulting physician: _____
  - Phone: _____
- Mental health provider (Psychiatrist, Psychologist, or Neurologist:

  _____
  - Phone: _____
- Date of mental capacity evaluation: _____

- Date written request submitted: _____
- Date aid-in-dying medications prescribed: _____
- Name of pharmacy: _____
- Date aid-in-dying medications picked up/received: _____
    - Medications: _____
- Location or contact person for instructions on disposing of unused medication:

  _____

Plans for ingestion:

- Who knows about your plan: _____
- Describe how you you want the day to go (environment, smells, sounds, activities, people, pets):

  _____

  _____

  _____

Additional notes: