An introduction to medical aid in dying

ILLINOIS



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The Illinois End-of-Life Options 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 their physician that they can self-administer to die peacefully on their own terms. Medical aid in dying is authorized in 14 U.S. jurisdictions with strict eligibility criteria and safeguards. In Illinois, medical aid in dying has been authorized since 2026 by the Illinois End-of-Life Options Act, also known as **Deb's Law**, for Compassion & Choices advocate Deb Robertson.

The law was signed on December 12, 2025 by Governor JB Pritzker. It went into effect on September 12, 2026.

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 Illinois

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 Illinois physicians must confirm the patient's eligibility to use the Illinois End-of-Life Options 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. In Illinois, an attending physician is the physician who has primary responsibility for the care of the patient and treatment of their terminal disease.

If either physician questions the patient's mental capacity in making the request, a qualified mental health professional must evaluate the patient to ensure that they are capable of making their own healthcare decisions before a prescription can be written. In Illinois, a qualified mental health professional is a psychiatrist, clinical psychologist, licensed clinical social worker, or advanced practice registered nurse certified as a psychiatric mental health practitioner.

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 the attending physician to choose medical aid in dying via the End-of-Life Options Act: two verbal requests and one written request. There is a five day waiting period between the oral requests. The attending physician may waive the waiting period between oral requests if, in their medical judgment, the patient is likely to die within 5 days of the first request. The written request is the Request for Medication to End My Life in a Peaceful Manner form, which can be found on the Illinois Department of Public Health website:

https://dph.illinois.gov/topics-services/provider-partner-resources/end-of-life-options-for-terminally-ill/information-for-patients.html

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 the attending physician, not office staff. Please see the "Steps" section of this document for details.

Medication

The type and dosage of aid-in-dying medication healthcare providers 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 attending physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a prescription directly from a patient.** The pharmacist will dispense the medication either in person or with a signature required on delivery, to the patient, the attending physician, or to another person expressly designated by the patient.

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.

The patient may ask their healthcare team or pharmacy about the cost of these medications. 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. 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, and ask if they will support this option by writing a prescription. Review the "Talking With Your Physician" 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 physician 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 physician says "yes" to supporting this option:

1. **Make two verbal requests for a prescription for aid-in-dying medication directly to the attending physician.** Ask the physician to make sure these requests are documented in the medical record. These two verbal requests must be separated by at least 5 days, unless you are likely to die within 5 days of the first oral request in the reasonable medical judgement of your attending physician.

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

3. **Give your attending 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 be a witness under Illinois law.

4. **The prescription must be sent directly to the pharmacy by the attending physician, not by you, a family member or friend.** The pharmacy may need time to order the medication.

5. **The minimum amount of time the process can take, from the first request to the written prescription, is generally five days. However, for many people it takes considerably longer.** 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.

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

7. **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.

8. **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 physician

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 Illinois End-of-Life Options Act itself, and may have some questions; see information about our Call Compassion 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 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.

Providers and health systems are allowed to decline to participate in 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 your healthcare provider; do not ask the office staff, or leave a request on voicemail. Below are some examples of ways to ask your physician 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 Illinois End-of-Life Options 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 Illinois End-of-Life Options 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 Illinois End-of-Life Options 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 Illinois End-of-Life Options 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 Illinois End-of-Life Options 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 physician 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.

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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 physician

A physician who has primary responsibility for a person's care and treatment. In the context of medical aid in dying, the attending physician 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. In Illinois, only physicians may serve in this attending provider role. Note that "attending" carries different meanings in other care settings, such as hospitals and hospice.

Consulting physician

A physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding a terminal disease. In the context of medical aid in dying, the consulting

physician evaluates the patient and their medical records, and confirms in writing to the attending physician that the patient qualifies for medical aid in dying.

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. 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 in Illinois as a Health Care Agent, and in other contexts 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

Stands for Practitioner Order 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. Medical aid-in-dying laws and hospice eligibility require a prognosis of six months or less.

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: _____
- Consulting physician: _____
  - Phone: _____
- Date of oral 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:

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

  _____

  _____

  _____

  _____

  _____

  _____

Additional notes:

Request for medication form

The following Request for Medication form is provided as an example only. When it is finalized and published, you should always use the latest form from the Illinois Department of Public Health. A link can be found on page 3.

Request for medication to end my life in a peaceful manner

I, _____ am an adult of sound mind. I am suffering from _____, which my attending physician has determined is a terminal illness and which has been medically confirmed. I have been fully informed of my diagnosis and prognosis of six months or less, the nature of the medical aid-in-dying medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.

I request that my attending physician prescribe medical aid-in-dying medication that will end my life in a peaceful manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

I understand that I have the right to rescind this request at any time.

I understand the seriousness of this request, and I expect to die if I take the aid-in-dying medication prescribed.

I further understand that although most deaths occur within three hours, my death may take longer, and my attending physician has counseled me about this possibility. I make this request voluntarily, without reservation, and without being coerced, and I accept full responsibility for my actions.

Signed: _____

Dated: _____

Declaration of witnesses

We declare that the individual signing this request:

is personally known to us or has provided proof of identity;

signed this request in our presence;

Appears to be of sound mind and not under duress, coercion, or undue influence; and

I am not the attending physician for the individual.

_____ witness 1/date

_____ witness 2/date

Note: of the two witnesses to the written request, at least one must not:

Be a relative (by blood, marriage, civil union, or adoption) of the individual signing this request; be entitled to any portion of the individual's estate upon death; or own, operate, or be employed at a health care facility where the individual is a patient or resident.

And neither the individual's attending physician nor a person authorized as the individual's qualified power of attorney or durable medical power of attorney shall serve as a witness to the written request.