

Medical Aid in Dying

Question

What should healthcare providers know about the legal, ethical, and clinical considerations associated with medical aid in dying (MAID)?

Answer

Medical aid in dying (MAID), also referred to as “death with dignity,” is a complex and controversial issue in healthcare that has various ethical, legal, and moral considerations. In the United States, slightly more than one-third of the population lives in jurisdictions that have authorized MAID.¹

Although healthcare providers of various specialties and backgrounds may encounter patients who inquire about this option, those in the fields of oncology, neurology, palliative care, and hospice are more likely to care for patients who consider or request MAID.²

As of June 2026, MAID is legal in 13 states and the District of Columbia, with more than a dozen other states considering bills.³ The most recent MAID law was enacted in New York in February 2026 and will go into effect on August 5, 2026. Although the legal requirements that apply to MAID are state-specific, commonalities exist across states that authorize this practice, including:

- Patients must be at least 18 years of age.
- Patients must be residents of the state.*
- Patients must be terminally ill with a prognosis of less than 6 months to live. They cannot request MAID based solely on psychiatric illnesses.
- Patients must be mentally competent to make their own informed decisions.
- Patients must be able to self-administer the medication.

* Some states have exceptions to residency requirements.

- Patients generally must make two verbal requests for MAID and provide a written request that is signed and witnessed. Requirements vary by state for the number of witnesses and utilization of a state-specific form for the written request.
- Patients must wait a certain amount of time between the two verbal requests (e.g., between 2 and 15 days depending on state law). Some states might shorten or waive the waiting period if patients are facing imminent death.
- Two independent clinicians must confirm patient eligibility for MAID (the attending/prescribing clinician and a consulting clinician). Some states allow advanced practice registered nurses and physician assistants to confirm eligibility, while others allow only physicians.⁴

In states that have legalized MAID, eligible providers are permitted *but not required* to participate. Providers who object to MAID for personal, religious, or moral reasons do not need to offer the option to patients, but they should be aware of state laws related to referrals and/or transfer of patient care and records.⁵

Even in states that have not authorized MAID, healthcare providers may still have patients who request it or inquire about it, and they should be prepared to manage these conversations. Guidance from *UpToDate* notes that “If you cannot provide options that are legal or if your patient prefers an option that is not legal, be clear about what your own approach is and what you can do to respond to the patient’s situation.”⁶

For eligible clinicians who plan to participate in MAID, the following guidance and recommendations can help mitigate risks and ensure optimal patient care:

- Research your state’s laws regarding MAID so you can develop thorough policies and procedures that satisfy all necessary requirements. Determine whether your state has compliance checklists or tools (some might be mandatory). Continuously monitor changes to state laws.
- Carefully assess all patients who request MAID to determine their motivation for doing so and whether they are qualified under state law. Take time to understand their fears, concerns, the impact of their medical condition on their daily lives, their preferences, and their family/social support. Screen patients to make sure their request is voluntary and that coercion is not a factor.

- Thoroughly inform patients about all their options, including alternative treatment options that may help manage their symptoms, reduce pain and suffering, and align with their values and beliefs. Meticulously document all informed consent discussions and patient education in patients' health records.
- Refer patients to palliative care and hospice for pain and symptom management and family support services. Patients should understand that they don't have to choose between hospice and MAID, and that many patients receive both. Some hospices even provide coordinated or integrated aid-in-dying care.
- When possible, talk with patients' families to better understand patients' request for MAID and how their medical conditions affect their lives (e.g., pain and suffering, loss of dignity, loss of autonomy, etc.). If patients do not wish to inform their families, offer support and guidance if requested. Clinicians should only "intercede if the family dynamic is so toxic there is concern for elder abuse."⁷
- Assess patients' mental competency and decision-making capacity in accordance with state requirements and best practices, which often recommend ongoing assessments to ensure competency does not deteriorate in the period between requesting MAID and self-administration of the medication.
- If questions arise about a patient's mental competency or decision-making capacity, make referrals to appropriate mental health or psychiatric specialists. Make sure to document these referrals and any consultative reports in patients' health records.[†]
- Consider medication safety factors for patients seeking MAID. For example, consider the gap of time from writing the prescription to the time of planned ingestion and the associated risks, such as changes in the patient's medical condition and the dangers of keeping lethal medications in the patient's home or care setting for an extended period.
- Determine whether patients have any risk factors that might complicate or prolong their death in relation to the medications used for MAID. Examples include swallowing issues, gastrointestinal disorders, high opioid or benzodiazepine tolerance, and obesity. Develop a plan to address these risk factors and avoid unnecessary suffering.

[†] Some states require a mental health assessment for all patients seeking eligibility for MAID.

- Clearly explain to patients that they can rescind their request for MAID at any time, and confirm that they understand their right to do so. Document this disclosure and the patient's verification of understanding in the patient's health record.
- File all necessary paperwork for MAID with the state health agency in the specified timeframe using any required compliance forms or checklists.⁸

Learn More

For more information and resources about this topic for clinicians, hospices, and patients/families, visit the [Academy of Aid-in-Dying Medicine](#).

Endnotes

¹ Compassion & Choices. (2026, February 12). *Medical aid-in-dying utilization report*. Retrieved from https://compassionandchoices.org/wp-content/uploads/2024/02/final_utilization-report-3.31.26.pdf

² Battin, M. P., Pope, T. M., & Shavelson, L. (2024, May 8 [last updated]). Medical aid in dying: Ethical and legal issues. *UpToDate*. Retrieved from www.uptodate.com/contents/medical-aid-in-dying-ethical-and-legal-issues

³ Death With Dignity. (2026, May 14). *In your state*. Retrieved from <https://deathwithdignity.org/states/>

⁴ Khaja, H. (2025, September 17). Medical aid in dying: Navigating evolving laws, institutional policies, and professional ethical guidelines. *Clinical Advisor*. Retrieved from www.clinicaladvisor.com/features/medical-aid-in-dying-guidelines/;

Shavelson, L., Battin, M. P., & Pope, T. M. (2025, September 18 [last updated]). Medical aid in dying: Clinical considerations. *UpToDate*. Retrieved from www.uptodate.com/contents/medical-aid-in-dying-clinical-considerations

⁵ Battin, et al., Medical aid in dying: Ethical and legal issues.

⁶ Ibid.

⁷ Shavelson, et al., Medical aid in dying: Clinical considerations.

⁸ Ibid.; Battin, et al., Medical aid in dying: Ethical and legal issues; Khaja, Medical aid in dying: Navigating evolving laws, institutional policies, and professional ethical guidelines; Academy of Aid-in-Dying Medicine. (n.d.). *Factors associated with longer deaths: Clinical factors associated with prolonged or complicated aid-in-dying deaths*. Retrieved from www.aadm.org/courses/redflags; Mazzagatti, F. A., & Moore, S. T. (2026, February 13). *Healthcare compliance considerations as New York adopts medical aid in dying law*. Hinshaw. Retrieved from www.hinshawlaw.com/en/insights/healthcare-alert/healthcare-compliance-considerations-new-york-medical-aid-in-dying-law

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