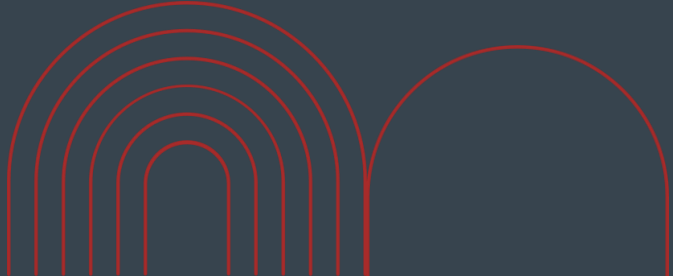


Medical Aid in Dying

Michaela L. Myerson, Pharm.D., BCPS

Benjamin Pastore, Pharm.D.

June 2, 2026





Content Warning:

Death or dying, suicide



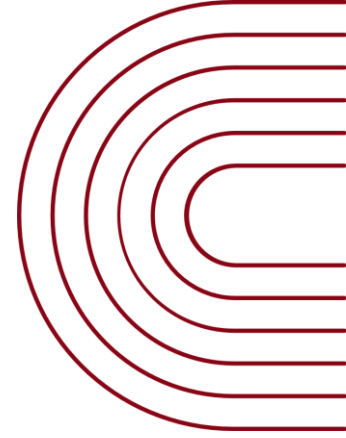


Disclosure Statement:

The presenters have no relevant financial relationships
to disclose



OBJECTIVES

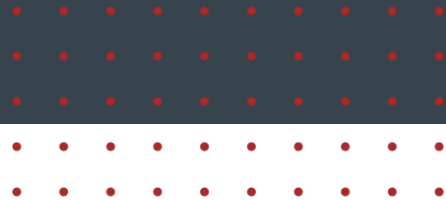


- 01.** Describe the legal scope of medical aid in dying in New York State
- 02.** Explain the protections for health professionals in the NY state legislation around medical aid in dying
- 03.** Analyze and apply the ethical principles surrounding medical aid in dying
- 04.** Demonstrate the therapeutic approach to medical aid in dying





Medical Aid in Dying Overview





Overview

Medical Aid in Dying (MAID)

- Other names: physician-assisted dying, physician-assisted suicide, physician aid in dying, physician-assisted death, hastened death, medically assisted dying, and death with dignity

ASHP-adopted common definition:

- The practice in which a physician provides a prescription for a lethal dose of medication to a terminally ill, competent patient at the patient's request that the patient can self-administer at a time of his or her choosing to end his or her life





Other Terms

Physician-Assisted Suicide: Older term for MAID

Voluntary Euthanasia: Clinician administers a lethal medication, illegal in the United States

Palliative Sedation: Reducing consciousness to alleviate suffering, separate from MAID

ASHP Ethics Position Statement

(1704) Medical Aid in Dying

“To affirm that a pharmacist’s decision to participate or decline to participate in medical aid in dying for competent, terminally ill patients, where legal, is one of individual conscience; further,

To reaffirm that pharmacists have a right to participate or decline to participate in medical aid in dying without retribution; further,

To take a stance of studied neutrality on legislation that would permit medical aid in dying for competent, terminally ill patients”

ASHP Ethics Position Statement

(1704) Medical Aid in Dying Rationale

- Diversity of views of ASHP members and other pharmacists
- Studied neutrality promotes patient autonomy and access to care and to protect pharmacists' professional integrity and comity

ASHP Policy Position 0610, Pharmacist's Right of Conscience and Patient's Right of Access to Therapy

To recognize the right of pharmacists, as health care providers, and other pharmacy employees to decline to participate in therapies they consider to be morally, religiously, or ethically troubling; further,

To support the proactive establishment of timely and convenient systems by pharmacists and their employers that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a nonpunitive manner the right of conscience; further,

To support the principle that a pharmacist exercising the right of conscience must be respectful of, and serve the legitimate health care needs and desires of, the patient, and shall provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.



NYSCHP Position Statement

2018	(05-18)	The New York State Council of Health-system Pharmacists supports pharmacists having a right to participate or decline to participate in medical aid in dying for terminally ill patients without retribution, were it to be legal within New York State.
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Reminder

The purpose of this presentation is not to suggest support for or opposition to this legislation, but to educate pharmacists on this newly-legal form of healthcare



Governor Hochul Reaches Agreement With State Legislature to Pass Medical Aid in Dying Act in New York

“Although this was an incredibly difficult decision, I ultimately determined that with the additional guardrails agreed upon with the legislature, this bill would allow New Yorkers to suffer less—to shorten not their lives, but their deaths.”

Governor Hochul

Signed on Feb 06, 2026



Overview

Introduced as:

- NY State Senate Bill S.138
- NY Assembly Bill A.136

Will be formally known and cited as the “Medical Aid in Dying Act”

Will be added to the public health law under Article 28-F: Medical Aid in Dying



Medical Aid in Dying Act Condition Summary

- Age 18 years or older (adult) with terminal illness or condition
- Diagnosis and prognosis confirmed by a second, consulting physician
- Oral and witnessed written request must be submitted by the patient
- Physician must refer patient to a mental health professional if they are concerned that the patient lacks decision-making capacity
- Physician must discuss feasible alternatives
- A health care professional or other person shall not administer the medication to the patient





Important Definitions

- Medical aid in dying: The medical practice of a physician prescribing medication to a qualified individual that the individual may choose to self-administer to bring about death
- Terminal illness or condition: An incurable and irreversible illness or condition that has been medically confirmed and will, within reasonable medical judgment, produce death within six months





Important Definitions

- Attending physician: Physician with primary responsibility for care of the patient and treatment of the terminal illness or condition
- Decision-making capacity: Ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and reach an **informed decision**

What Does it Mean to Make an “Informed Decision”?

Suffering person understands and acknowledges...

- Their diagnosis and prognosis
- Risks associated with prescribed medication and probable result of taking it
- The medication does not need to be obtained, and if obtained, they do not have to take it
- The feasible alternatives or treatment options (ex. palliative care)

... and based on this understanding, requests to obtain and self-administer medication to end their life



Process

A patient determined to have a terminal illness may submit a dually-witnessed written request for medication to end their own life

The request must be made by the individual, not by any other individual, health care agent, other agent or surrogate, and must not be made via advanced healthcare directive.

Witnesses must not be related to the patient, entitled to the patient's estate upon death, or employed by a facility where the patient is receiving treatment.

**Witnessed
Request**

Process

Attending Physician

Determines that person has a terminal illness **and** decision-making capacity;
Offers to refer to other appropriate treatment options;
Provides health literate and culturally appropriate educational material



**Consulting
Physician**

Confirms that person has a terminal illness **and** decision-making capacity

+
=

**Mental
Health
Professional**

Optional referral if physician believes that the patient may lack decision-making capacity

Process

The physician will discuss with the patient the importance of:

- Another person being present when the patient takes the medication
- Not taking the medication in a public place
- Informing their family of their decision to request and take the medication
 - A patient who declines or is unable to notify family will not have their request denied for that reason

Assessment Question 1

Which of the following is true about the legal scope of medical aid in dying in New York State

- A. This practice is currently legal
- B. All pharmacists must participate in medical aid in dying
- C. A person requesting medical aid in dying must request it for themselves
- D. Someone seeking medical aid in dying does not need to have decision-making capacity

Assessment Question 1

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Protections and Immunities



Medical Aid in Dying Act Protections

A physician, pharmacist, other health care provider or other person shall not be subject to civil, administrative, or criminal liability or penalty or professional disciplinary action by any government entity for taking any reasonable good faith action or refusing to act under this article.

Medical Aid in Dying Act Protections

Permissible Refusal

A physician, nurse, pharmacist, other health care provider or other person shall not be under any duty, by law or contract, to participate in the provision of medication to a patient under this article

Transfer of Care

If a health provider refuses to participate, the prior health care provider shall transfer or arrange for the transfer, upon request, of a copy of the patient's relevant medical records to the new health care provider

Medical Aid in Dying Act Protections

Institution

- A private health care facility may prohibit the prescribing, dispensing, ordering or self-administering of MAID while the patient is being treated in or residing in the health care facility*
- If a patient who wishes to use medication under this article requests, the patient shall be transferred promptly to another health care facility

*Patient must be notified prior to admission or as soon as reasonably possible. Employees must be notified.

Medication Safety

- Person with custody of any unused medication after the death of the qualified individual shall dispose at the nearest qualified facility that properly disposes of controlled substances or shall dispose of it by other lawful means
- An insurer or third-party health care payer shall not provide any information to a patient about the availability of MAID absent a request by the patient or their attending physician per the request of such patient

Medical Aid in Dying Act Protections

Patient

- A patient who requests medication under this article shall not, because of that request, be considered to be a person who is suicidal, and self-administering medication under this article shall not be deemed to be suicide, for any purpose
- A person and such person's beneficiaries shall not be denied benefits under a life insurance policy
- The cause of death listed on a qualified individual's death certificate will be the underlying terminal illness or condition

Legal

- The Commissioner will annually review a sample of the records maintained under the article and publish a report
- Information will be collected in a manner that protects the privacy of the patient, patient's family, and any health care provider acting in connection with such patient
- Information may be disclosed to a governmental agency as authorized or required by law relating to professional discipline, protection of public health or law enforcement

Assessment Question 2

What protections are currently written into the Medical Aid in Dying Act? (select all that apply)

- A. Pharmacist participation is optional, though referral is mandatory if a pharmacist does not participate
- B. The names of people who participated in medical aid in dying will be posted publicly by the NY state government
- C. The cause of death on a qualified individual's death certificate will be medical aid in dying
- D. A private health care facility may prohibit the prescribing, dispensing, ordering or self-administering of MAID

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Ethical Principles

Ethical Principles

4 main ethical principles:

- Beneficence
- Non-maleficence
- Autonomy
- Justice

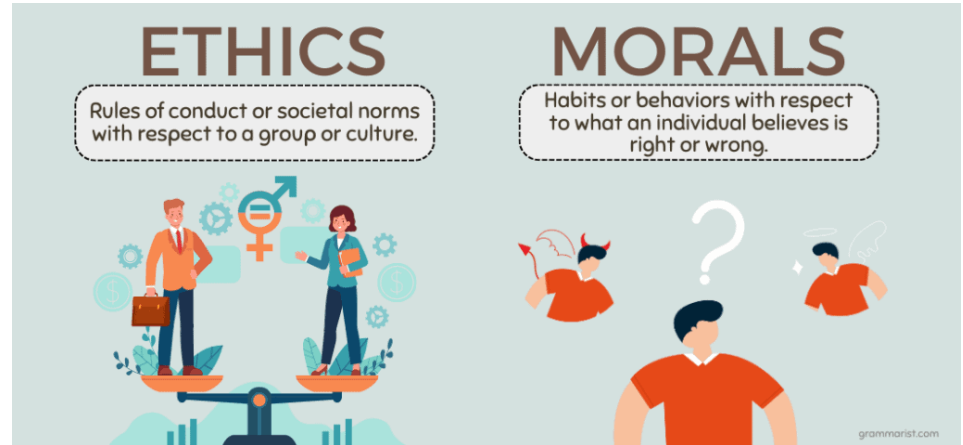


Image from: <https://grammarist.com/usage/ethics-morals/>
(Accessed February 27, 2026)



Beneficence

Act for the benefit of the patient and supports a number of moral rules to protect and defend the right of others, prevent harm, remove conditions that will cause harm, help persons with disabilities, and rescue persons in danger

What is best for the patient?

Can we stop the condition causing harm?

Is assisting in MAID preventing or causing harm?





Non-Maleficence

“First, do no harm”

Do not kill, do not cause pain or suffering, do not incapacitate, do not cause offense, and do not deprive others of the goods of life

Is prolonging life
in a terminal
diagnosis doing
harm?

Is assisting in
MAID preventing
or causing harm?

Where is the line
drawn for
relieving
suffering?





Autonomy

All persons have intrinsic and unconditional worth, and therefore, should have the power to make rational decisions and moral choices, and each should be allowed to exercise his or her capacity for self determination

Does the patient have decision making capacity?

Is the patient acting according to their own conscience?

Is appropriate informed consent received?





Justice

Fair, equitable, and appropriate treatment of persons

Will there be equal access to this service?

Is there equitable cost of the services?

Are all terminal conditions treated equally in this context?



Assessment Question 3

Pharmacist TB is planning on implementing MAID services at her pharmacy. She is considering how she will be able to provide these services to rural New Yorkers as well as those who live close to her pharmacy. Which ethical principle is she considering?

- A. Autonomy
- B. Beneficence
- C. Non-maleficence
- D. Justice

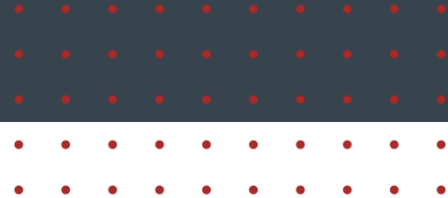
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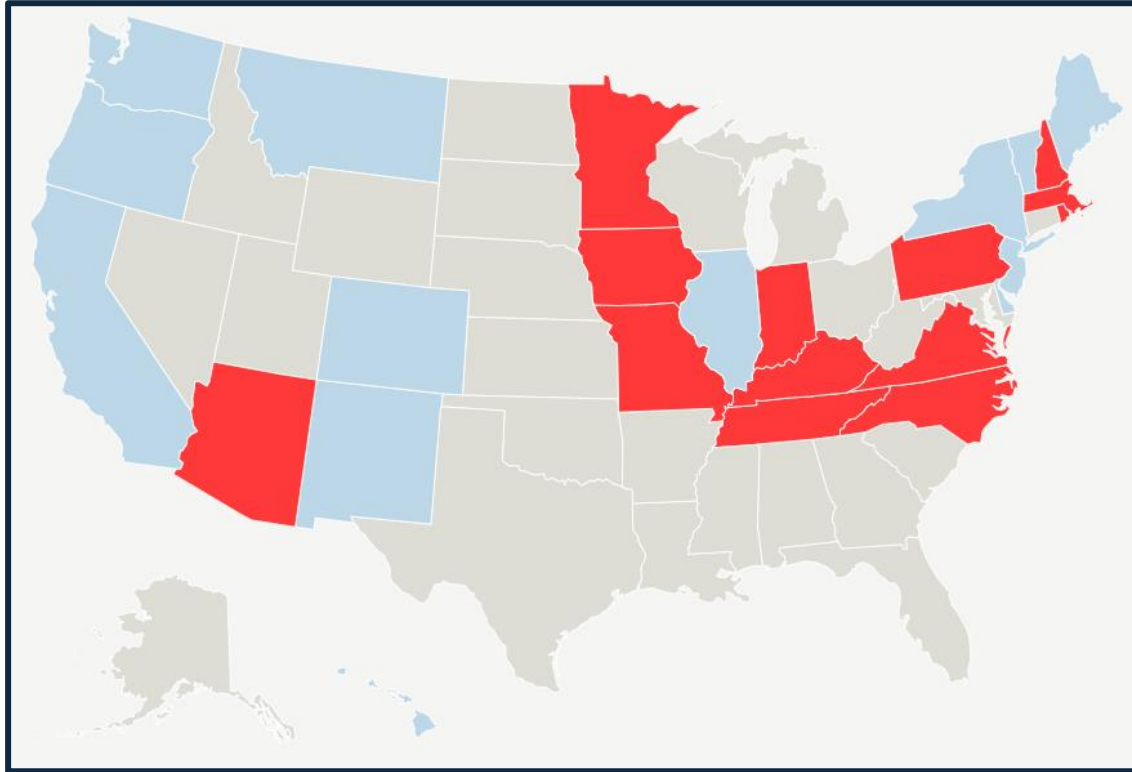
- A. Autonomy
- B. Beneficence
- C. Non-maleficence
- D. Justice**



MAID Pharmacist Focus



MAID By State



● Where Death with Dignity is Legal

● States Considering Death with Dignity This Year

Death with Dignity. State Statuses. Death with Dignity. Published March 25, 2024. <https://deathwithdignity.org/states/>
(Accessed Feb 27 2026)

Medications Used

Gastric Motility Agent/ Anti-Nausea

Administer one hour prior

Choose one:

Metoclopramide 10-20 mg PO
Ondansetron 8 mg PO
Haloperidol 5 mg PO



Anxiolytic

Choose one:

Lorazepam 0.25-2 mg PO PRN
Diazepam 1 gram PO PRN
Midazolam 10 mg PO PRN



Coma Inducing Agent

Administered as part of a sweetened beverage
Ingest entire mixture in 4 minutes or less

Choose one:

Secobarbital 9-15 grams PO
Pentobarbital 9-15 grams PO
Phenobarbital 15 grams PO

Option to administer with:
Morphine sulfate 15 mg - 3 grams



Cardiac Induction Altering Agent

To be given concurrently with the above

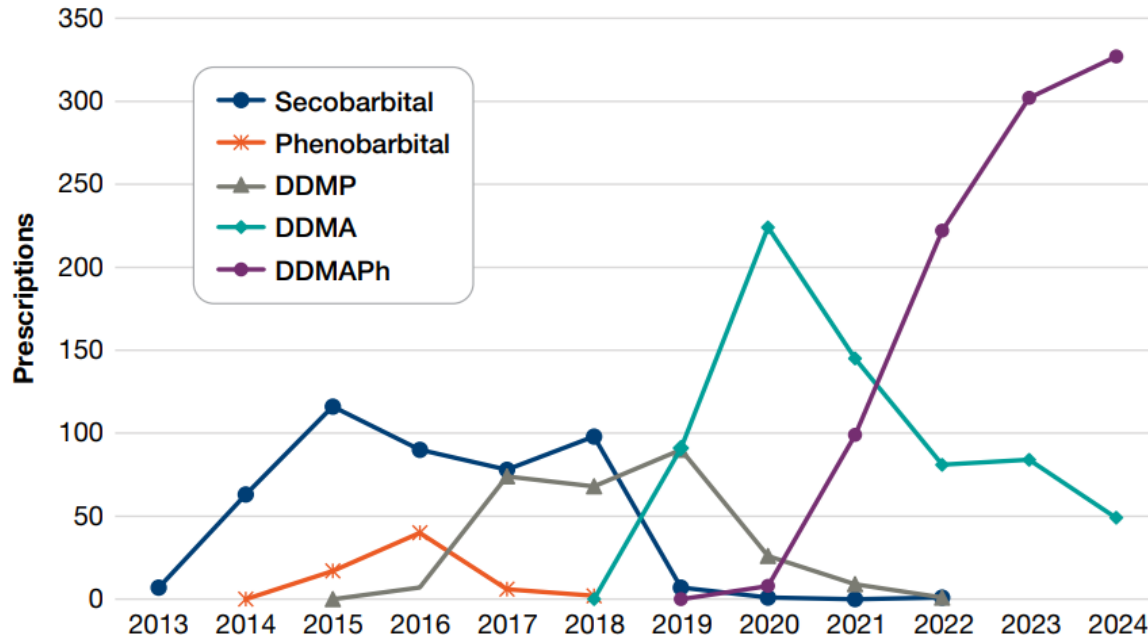
Digoxin 1 gram PO
Amitriptyline 8 grams PO

Medications Used

Regimen	Medications	Doses
DDMAPh	Diazepam Digoxin Morphine sulfate Amitriptyline Phenobarbital	1 gram 100 mg 15 grams 8 grams 5 grams
DDMA	Diazepam Digoxin Morphine sulfate Amitriptyline	1 gram 100 mg 15 grams 8 grams
DDMP	Diazepam Digoxin Morphine sulfate Phenobarbital	1 gram 100 mg 15 grams 5 grams

Medications Used

Figure 3: Medication used in DWDA ingestions, 2013-2024*



Prescriptions

Pre-medications

- Ondansetron 8 mg tablet, #1
- Metoclopramide 20 mg (10 mg tablets, #2)

- Directions: Take all three tablets at least 30 to 60 minutes before taking aid-in-dying medications.

Prescriptions

DDMAPh - dispense as a powder

- Digoxin 100 mg
 - Diazepam 1 g
 - Morphine 15 g
 - Amitriptyline 8 g
 - Phenobarbital 5 g
-
- Directions: Mix the powdered medications with 2 ounces of water or clear apple juice. Once you start taking the medication, complete taking it all within two minutes so that you do not fall asleep partially through the dose



Compounding - Our Advice

- Creation of a new master formulation record
- Training staff on how to compound
- 2nd and possibly 3rd checks
- Safe and appropriate storage and labeling
- Eliminate diversion
- Standard operating procedures





Counseling

- Per the article the attending physician must provide counseling, though makes no indication that a pharmacist must counsel
- However, based on other historical laws and good professional conduct, pharmacists should counsel patients



Counseling

- Have another person present when taking the medication
- Only the person who the medication is intended for must administer it
- Do not take the medication in a public place
- Have the patient inform the family of the decision, if desired
- Right to rescind the request at any time

Counseling

- Practice with ~3 ounces of juice prior to mixing the medication
- The medication may burn or taste bitter, however this discomfort is typically short lasting
- Even if there is discomfort, do not stop half way through administration
- Have sorbet or a popsicle nearby afterwards to alleviate burning or the bitter taste

Dispensing

- Physicians may dispense this themselves
- The Academy of Aid in Dying Medicine (AADM) recommends dispensing as close to time of administration as possible
- The Medical Aid in Dying Act does not call upon delivery/pick up requirements, however suggests that delivery may be coordinated and implies that these prescriptions could be hand delivered to the patient's home by the health care provider

Pharmacist Protections

- Pharmacists are not required to participate in the provision of medication under this article
- If refusing, must arrange for transfer of a copy of the relevant medical records to the new health care provider
- A pharmacist shall not be subject to civil, administrative, or criminal penalty or professional disciplinary action for taking good-faith action, or refusing to act under this article

What is Protected

- Engaging in discussions related to risks and benefits of MAID
- Providing a patient (upon request) with a referral to another health care provider
- Being present when the individual self-administers the medication
- Refraining from acting to prevent the individual from self-administering
- Refraining from acting to resuscitate the individual after self-administration



Operational Concerns - Staff Pharmacists

Compounding
prescriptions & education
surrounding staff safety

Dispensing to patient or
families

Personal morality and
refusal to fill

Operational Concerns - Staff Pharmacists

What do pharmacists need to record?

- Nothing additional per Article 28-F

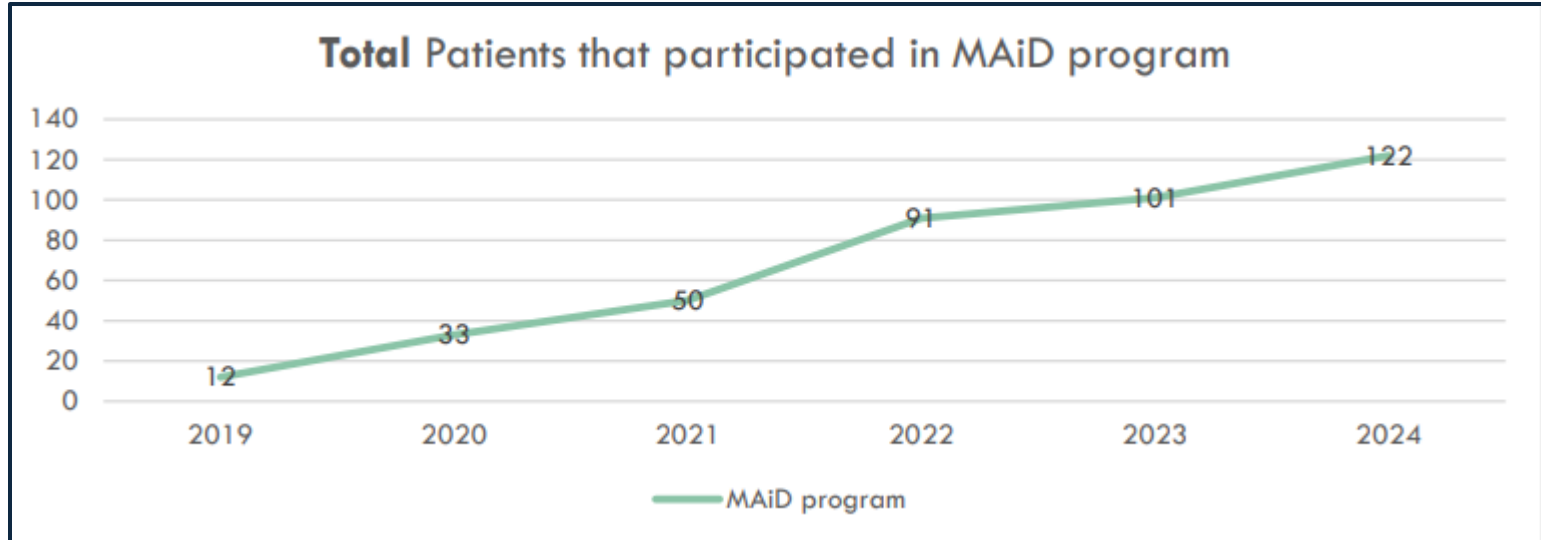
“A physician, pharmacist, other health care provider or other person shall not be subject to civil, administrative, or criminal liability or penalty or professional disciplinary action by any government entity for taking any reasonable good-faith action or refusing to act under this article”

What Are Our Neighbors Doing?

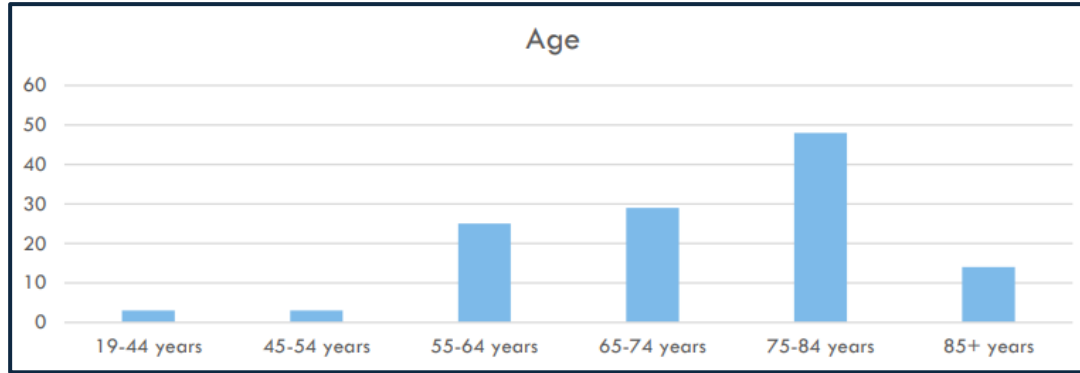
New Jersey

- The attending physician is required to dispense medications directly to the patient or to contact a pharmacist and transmit the prescription to the pharmacist
- A pharmacist may only dispense medications directly to the patient, the attending physician, or an identified agent of the patient
- Medications cannot be dispensed to the patient by mail or other form of courier
- The Commissioner of Health requires the pharmacist who dispensed the medication to file a copy of the dispensing record no later than 30 days after dispensing the medication

What Are Our Neighbors Doing?



What Are Our Neighbors Doing?



	2024 MAiD Cases	
	Number of Cases	Percentage of Total Cases
Underlying Illness		
Malignancy	84	69%
Neuro-degenerative disease	24	19%
Cardiovascular disease	8	7%
Pulmonary disease	4	3%
Other	1	1%
Intestinal	1	1%

Assessment Question 4

Which of the following counseling points regarding dispensing and administration of MAID is correct?

- A. Reconstitute the powder with ~20 ounces of milk, and sip the suspension slowly over the course of one hour
- B. Pharmacists are not protected if they choose not to fill a MAID prescription, and will be prosecuted for refusing to fill
- C. Patients should take this prescription in a public place, so that someone will be around to assist them in their final moments
- D. The medication may taste bitter or burn, but the patient should not delay swallowing and complete the medication as quickly as possible. Sorbet or a popsicle afterward can help.

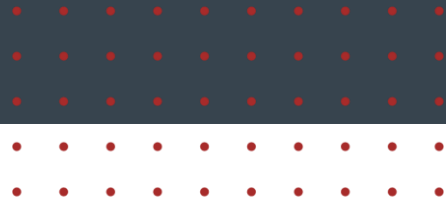
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- D. **The medication may taste bitter or burn, but the patient should not delay swallowing and complete the medication as quickly as possible. Sorbet or a popsicle afterward can help.**



Applied Cases





Case 1

A physician calls to ask your pharmacy if you are able to dispense a MAID prescription, though it is two months before Article 28-F is officially allowed to begin.

What do you do as the pharmacist in charge?





Case 2

Your pharmacy verifies orders for a nursing facility, which would like to implement MAID into their facility for patients who wish to pursue this option. After discussion with your pharmacy leadership and front-line staff, this is a service that the current practicing pharmacists have strong feelings against.

What strategies could you take to implement MAID while respecting the wishes of the staff pharmacists to not dispense this?





Case 3

Patient AB's son comes to pick up his father's MAID prescription from your pharmacy, and is asking what to expect when he goes home. Specifically, he asks what the process will look like when his father takes the medication, since his father was the one who had the full conversation with his physician.

What are your counseling points for AB's son?





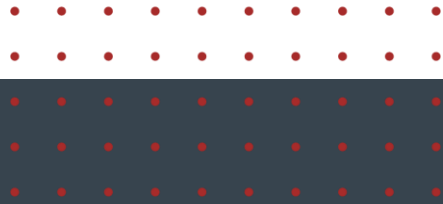
Case 4

Patient AB's son picks up their MAID prescription from your pharmacy, but unfortunately passes before taking the medication. AB's son returns to your pharmacy with the MAID prescription in hand asking for what to do with the unused bottle.

What are his options for proper disposal?

<https://medtakebacknewyork.org/>





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