

### Approach to conversations about Medical Aid in Dying

- Prepare yourself: These conversations *feel different* because of the focus, which is rare in medicine.
  - Be aware of personal biases and avoid personal opinions.
  - Frame this as an opportunity to learn from the patient about their values, social network, spirituality, and specific fears and worries
  - Avoid nonspecific terms like “death with dignity”, “physician assisted suicide”, and “end of life”
  - Use language such as “Tell me more,” and frequent pauses to allow patients to volunteer information.
- Explore the nature of request. Is the patient:
  - Seeking information about the law and how it applies to them?
  - Exploring general thoughts and possibilities for future use?
  - Seeking immediate access to medical aid in dying?

- Clarify: “Why”

*“Tell me more about why you are asking about medical aid in dying today”*

- Common reasons:
  - Loss of pleasure in life, inability to do things that were significant to the person
  - Burdening others for care
  - Loss of autonomy
  - Unrelieved symptoms
  - Emotional/spiritual distress
  - Minimal social network and support
- Explore further the reasons for potential suffering
- Discuss changes to their existing care regimen and review options:

*“What alternatives to medical aid in dying have you considered?”*

Escalation of regimen for existing symptoms (or treating newly revealed symptoms)

- Discontinue life prolonging/sustaining treatments
- Voluntarily stopping medical treatments that are no longer effective or wanted

- Voluntarily stopping eating and drinking
  - (Palliative Care Specialists only) Palliative Sedation
- Evaluate Decisional Capacity:
 

*Only individuals who have the ability to understand and appreciate health care options available to that individual, including significant benefits and risks, and to make and communicate an informed health care decision are eligible for medical aid in dying. Capacity for purposes of eligibility must be determined by a qualified health care provider based on professional standards.” And if there are concerns that a mental health condition or intellectual disability is affecting that capacity, an individual must be referred to a mental health professional for an assessment before Medical Aid in Dying can be prescribed.*

  - Does the patient understand his/her current medical situation?
  - Does their reason for invoking medical aid in dying sound logical and is it consistent with other decision making (example: not choosing “full code” and medical aid in dying at the same time)
  - Do they understand the process and the ultimate outcome?
  - Do they require a referral to a mental health professional for further evaluation of decisional capacity? If so, it is important to explain that to the patient.
- Help the patient understand the New Mexico Law
 

*“Can you tell me what you know about medical aid in dying here in New Mexico?”*

  - Facts about how patients qualify for medical aid in dying
  - Review the process from start to finish, including the prescriptions and the use of three different medications over an hour for medical aid in dying
  - Do they understand that the prescription will not be covered by insurance and costs several hundreds of dollars?

*“What will you do if/when you get the prescriptions?  
How will you know it’s the right time to take the prescription?  
What do you expect to happen when you take the medication?  
What do you understand about the process of taking the medication?”*

  - It is normal to explore family and friend networks and feelings as part of any inquiry into death and dying. However, patient decision on MAID should be autonomous, so be cautious when discussing family approval or disapproval of the patient’s decision.

*“Would you like your family or support network to participate in the discussion about medical aid in dying? I want to make sure you understand that it is your decision about*

*medical aid in dying that is critical to this conversation, but I want you to have the support you need to discuss this.”*

References:

1. [Fast Facts and Concepts #156 - Evaluating Requests for Hastened Death](#)
2. [American Academy of Hospice and Palliative Medicine: Guidance on Responding to Requests for Physician-Assisted Dying](#)
3. [American Clinicians Academy on Medical Aid in Dying](#)
4. (NM MAID Provider Fact Sheet)
5. (NM MAID Patient Fact Sheet)