

# Introduction to Medical Aid in Dying



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## HAWAI'I OUR CARE, OUR CHOICE ACT

The Hawai'i Our Care, Our Choice Act authorizes the practice of medical aid in dying, allowing a terminally ill, mentally capable adult with six months or less to live to request from their doctor a prescription for medication that the patient can choose to self-administer to bring about a peaceful death if their suffering becomes unbearable.

To be eligible to use the law, one must:

- Be 18 years or older
- Have been diagnosed with a terminal illness
- Have a prognosis of six months or less to live
- Be capable of making their own healthcare decisions

One must also be:

- A resident of Hawai'i
- Capable of self-administering the medical aid-in-dying medication
- Making an informed decision and voluntary request

Eligibility to use the law is not the same as eligibility for hospice.

Two Hawai'i physicians must confirm eligibility to use the The Hawai'i Our Care, Our Choice Act, as well as confirm that you are making an informed decision and voluntarily requesting the medical aid-in-dying medication. The attending physician prescribes the medication, and the consulting physician provides a second opinion. *(An attending physician is described as a physician who has primary responsibility for care of the individual and their disease.)* A patient's mental capacity must also be confirmed by a psychiatrist, psychologist or licensed clinical social worker. This evaluation may be provided through telehealth (by phone or video).

**You may change your mind at any time and withdraw your request, or choose not to take the medication.**

You must make three requests to your attending physician (also called the prescribing physician) to use the The Hawai'i Our Care, Our Choice Act: two verbal and one written. The written request is the Request for Medication to End My Life form provided by the state, which is included in this packet. Only you can make these requests; they

cannot be made through an advance directive or by a family member or friend. The requests must be made to a physician, not office staff. Please see the "Steps" section of this document for details.

The type and dosage of medical aid-in-dying medication doctors prescribe, including medications to prevent nausea and vomiting, varies with each individual. The medication may not be injected. You must be able to ingest the medication, usually by swallowing or by using a feeding tube. **Your physician must send the prescription directly to the pharmacy. The pharmacy will NOT accept a prescription directly from a patient.** Your physician or healthcare system will give you the name of suitable pharmacies. A designated family member or friend may pick up the medications or it can be mailed to you.

If your doctor has any questions about medication, they may call Compassion & Choices' free and confidential Doc2Doc consultation line at 1-800-247-7421.

You may ask your provider or pharmacy about the cost of these medications. Some healthcare insurance policies cover the cost of the medication and/or the physician visits. Please contact your insurance provider to find out what your healthcare policy covers.

**Life insurance benefits are not affected** by requesting or using the The Hawai'i Our Care, Our Choice Act. Your underlying terminal illness will be listed as the cause of death. The law specifies that a death resulting from self-administering medical aid-in-dying medication is not suicide.

#### **Unused medication:**

There is no obligation to take the medication. If the person who was prescribed the medication does not use it, it should be disposed of safely and properly. Please note it is illegal to use another person's medication. What to do with unused medication:

- You can use the following website to search for a controlled substance public disposal location near you:  
<https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>
- You can contact your pharmacist for more information.

If pharmacists have any questions, they may call Compassion & Choices' free and confidential Pharmacist2Pharmacist consultation line at 503-943-6517 for more information.

## STEPS FOR USING THE LAW

1. **Make two verbal requests for a prescription for medical aid-in-dying medication directly to your attending physician.** Ask your physician to make sure these requests are documented in your medical record. These two verbal requests must be separated by at least 20 calendar days.
2. In addition to your prescribing physician, **a consulting physician must certify that you are eligible to use the law and that you are making both an informed decision and voluntary request.**
3. **A patient's mental capacity must also be confirmed** by a psychiatrist, psychologist or licensed clinical social worker. **This evaluation may be provided through telehealth (by phone or video).**
4. **You must fill out the Request for Medication to End My Life form and** give the completed form directly to the attending physician. **This form must be witnessed by two people.** Please read the form carefully to determine who may or may not be a witness.
5. **At least 48 hours after the Request for Medication to End My Life form is signed and dated, your prescribing physician may write the prescription.** 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. Some pharmacies will prepare the medication before it is picked up if the prescribing doctor adds this instruction to the prescription.
6. **The minimum amount of time the process can take, from the first request to the written prescription, is 20 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. Once the prescription is written, you may choose to keep it on file at the pharmacy if and until you choose to use the medication. You need not pay for the medication until the prescription is filled.
7. Your attending physician will also provide you with a **Final Attestation form. You must fill out and sign this form within 48 hours before you plan to take the medical aid-in-dying medication.** The form should be sent or turned in to your attending physician after your death to ensure it is added to your medical record.

**8. You may withdraw your request at any time.** There is no obligation to take the medical aid-in-dying medication simply because you have it in your possession. Many people find comfort in simply knowing the medication is available.

The forms required for the Hawai'i Our Care, Our Choice Act will be available on the State Department of Health website or at [www.CompassionandChoices.org/Hawaii](http://www.CompassionandChoices.org/Hawaii).

## TALKING WITH YOUR PHYSICIAN

Some people feel anxious about discussing medical aid in dying with their physicians. By explaining your preferences early in your illness, you are more likely to have an end-of-life experience consistent with your values.

## SUGGESTIONS ON HOW TO DISCUSS AID IN DYING WITH YOUR PHYSICIANS

### **Language for someone who *DOES NOT* have a terminal illness:**

*I want to live with as much quality as I can for as long as I can. If I am no longer able to find dignity in my life and I meet the legal requirements, I would like to have the option of using the Hawai'i Our Care, Our Choice Act.*

*I hope you will honor my decisions and respect my values, as I respect yours. Will you write a prescription for medical aid-in-dying medication in accordance with the Hawai'i Our Care, Our Choice Act when I am eligible? If you will not honor my request, please tell me now.*

### **Language for someone who *DOES* have a terminal illness:**

*I want the option to advance the time of my death if my suffering becomes unbearable. Am I eligible? If yes, will you write a prescription for medical aid-in-dying medication in accordance with the Hawai'i Our Care, Our Choice Act? If you will not write the prescription, will you record in my chart that I am eligible to use the law and refer me to a physician who is able and willing to honor my request?*

*If I am not eligible, what will my condition look like when I am eligible?*

**Regardless of your physician's response, it is important to ask that your request be recorded in your medical record.**

You may mention that Compassion & Choices provides free and confidential consultation to physicians who have questions about end-of-life options, including medical aid in dying, through our Doc2Doc consultation program at 1-800-247-7421. Also feel free to give them the "Letter to Your Physician" included in this packet.

## **End-of-Life Planning Checklist**

Many people postpone making arrangements for 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:

- Advance directive or living will
- Identifying and assigning a healthcare proxy (also called agent, durable power of attorney, healthcare representative)
- Last will and testament or living trust
- Life insurance policies
- POLST (Physician Orders for Life-Sustaining Treatment) and/or DNR (do not resuscitate)
- Memorial service and/or funeral arrangements
- Detailed instructions regarding finances (bank accounts, pensions, investments, property, etc.)

*Compassion & Choices' End-of-Life Consultation program (EOLC) provides information on the full range of options at the end of life. EOLC, and representatives of EOLC, do not provide medical or legal advice. We simply inform individuals of the available options.*