Medical Aid in Dying (MAiD): Illinois Law, Pharmacy Practice, and Lived Experiences

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Disclosures and Conflict of Interest

Lytia Lai and Cara Brock, speakers for this presentation, declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings and honoraria.

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Pharmacist Objectives

1. Describe medical aid in dying (MAiD) terminology, patient eligibility requirements, safeguards, and procedural elements under the Illinois End-of-Life Options for Terminally Ill Patients Act.
2. Identify medication-related considerations for MAiD, including commonly used regimens, preparation, administration instructions, antiemetic use, cost, availability, and risk factors for prolonged time to death.
3. Recognize pharmacist and pharmacy practice considerations related to MAiD care, including medication access, compounding, dispensing, counseling, confidentiality, and workflow.

Pharmacy Technician Objectives

1. Describe medical aid in dying (MAiD) terminology, patient eligibility requirements, safeguards, and procedural elements under the Illinois End-of-Life Options for Terminally Ill Patients Act.
2. Identify common MAiD medication regimens and pharmacy technician considerations related to prescription processing, inventory support, compounding, workflow coordination, and documentation.
3. Recognize pharmacist and pharmacy practice considerations related to MAiD care, including medication access, compounding, dispensing, counseling, confidentiality, and workflow.

Pre-Test Questions

1. Which of the following is a key provision under the Illinois End-of-Life Options for Terminally Ill Patients Act?

A. Pharmacies must dispense any legally prescribed MAiD medication.
B. Participation by healthcare professionals and healthcare entities is voluntary.
C. The patient must be enrolled in hospice to receive MAiD medications.
D. MAiD medications must be administered by a registered healthcare professional.

Pre-Test Questions

2. Which of the following is correct regarding the dispensing of MAiD medication according to the Illinois End-of-Life Options for Terminally Ill Patients Act?

A. The medication must be picked up personally by the patient at the pharmacy.
B. The medication may be dispensed to a person designated by the patient.
C. The medication must be dispensed on the day it will be ingested.
D. The pharmacy must receive approval from IDPH before dispensing the prescription to the patient.

Pre-Test Questions

3. What is currently the most common regimen used in MAiD?

A. Secobarbital
B. Digoxin 50mg, Diazepam 1g, Morphine 15g, Propranolol 2g (DDMP2)
C. Digoxin 100mg, Diazepam 1g, Morphine 15g, Amitriptyline 8g, Phenobarbital 5g (DDMAPh)
D. Potassium

What is Medical Aid in Dying?

A legal option in some states that allows terminally ill adults to work with their healthcare provider to:

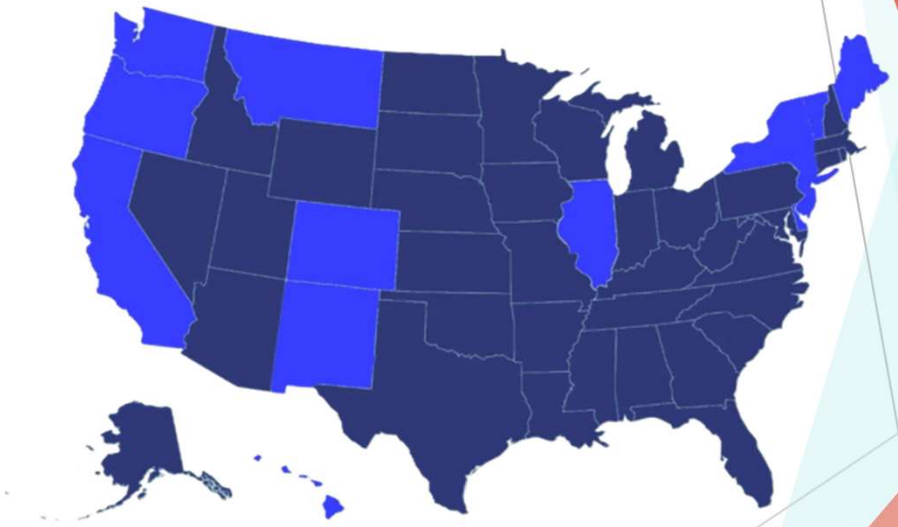
- Understand end-of-life options
- If they choose, to request medication to peacefully end their life

Academy of Aid in Dying Medicine. Essential Information for Patients Considering Medical Aid in Dying.

Participating States

New states participating in 2026: Delaware, **Illinois**, and New York

Existing States: California, Colorado, District of Columbia, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, Washington



Academy of Aid-in-Dying Medicine, *Summary of State Aid-in-Dying Laws (*2026)

Common Laws in Participating States

- Patient is capable of:
  - Making and communicating healthcare decisions
  - Self-administering medications without assistance (orally, feeding tube, or rectal tube)
- Written request: 2 adult witnesses required, at least one of whom is not related to the patient
- A prescription is valid for 6 months after it is written in most states
- Patient must be counseled about all end-of-life options, and that MAiD request can be canceled at any time

End of Life Washington, *A primer for participating physicians and pharmacists (*2022)
Academy of Aid-in-Dying Medicine, *Summary of State Aid-in-Dying Laws (*2026)

Comparing Laws: WA and IL

State	Washington	Illinois
Legal Status	Legal since 2009 under Washington Death with Dignity Act	Signed into law December 2025; takes effect September 2026
Eligibility Requirements	Adult resident, terminal diagnosis (< 6 months), capable of making medical decisions; confirmed by two credentialed providers	
Request Procedure	Two oral requests, ≥7 days apart 1 written request	Two oral requests, ≥5 days apart 1 written request
Medication Administration	**Self-administer** via oral, rectal, PEG/feeding tube	
Required Credentials	MD/DO/PA/ARNP	Only physicians

Academy of Aid-in-Dying Medicine, *Summary of State Aid-in-Dying Laws (*2026)
Washington Department of Health, *Death With Dignity Act (*2025)
Illinois General Assembly. Public Act 104-0441

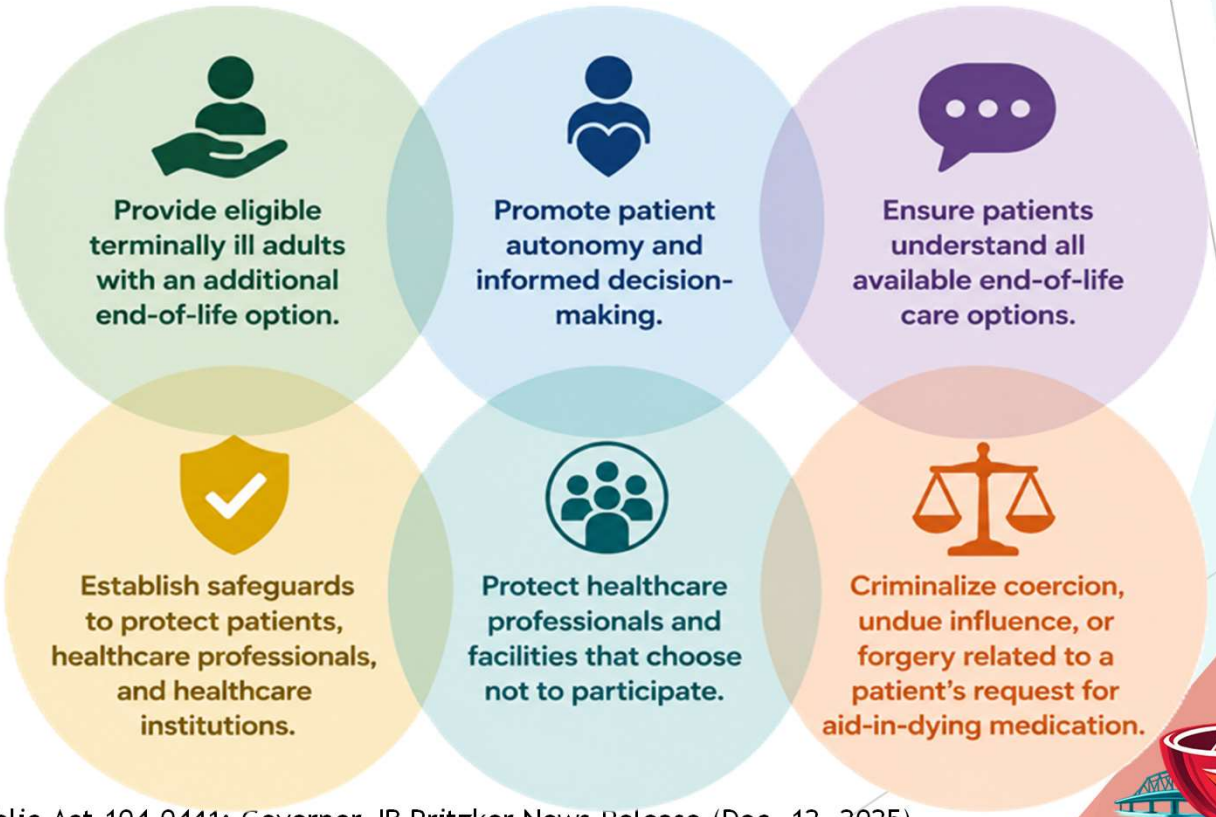
"After I was diagnosed with cancer, I started to think about what I wanted to do with my life. I've advocated for others for so many years. Now, with aid in dying, I'm advocating for something that affects me."

Illinois Public Act 104-0441 The End-of-Life Options for Terminally Ill Patients Act

Deb's Law

Photo: Illinois Stories. Deb Robertson. Compassion & Choices, 2022.

Purpose of the Law

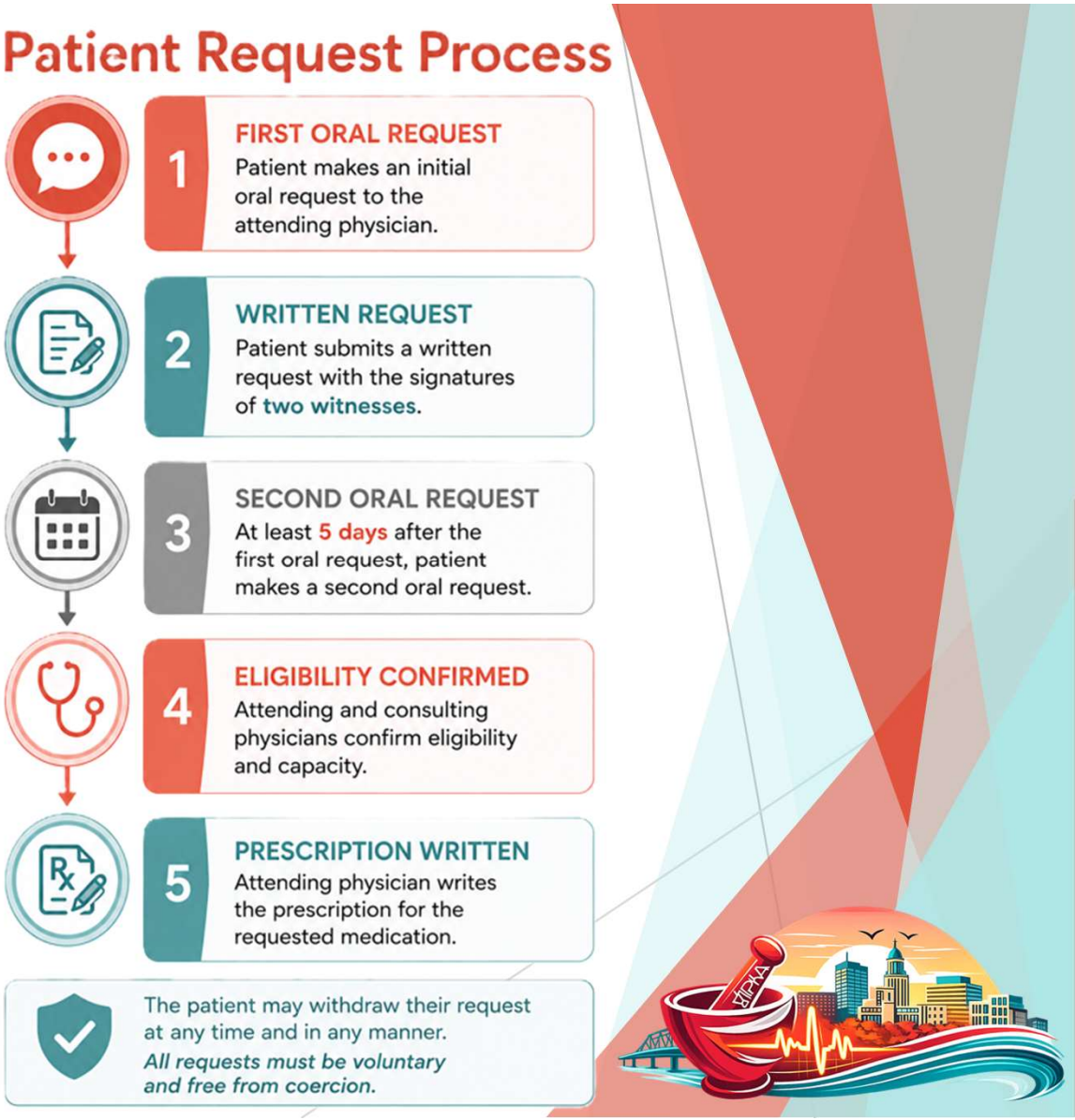


Illinois General Assembly. Public Act 104-0441; Governor JB Pritzker News Release (Dec. 12, 2025).

Safeguards

- Medication must be **self-administered**
- **Two physician evaluations**
- Comprehensive **informed consent discussion** required
- **Mental health evaluation** if impaired judgment is suspected
- Participation is **voluntary** for healthcare professionals and institutions

Illinois General Assembly. Public Act 104-0441



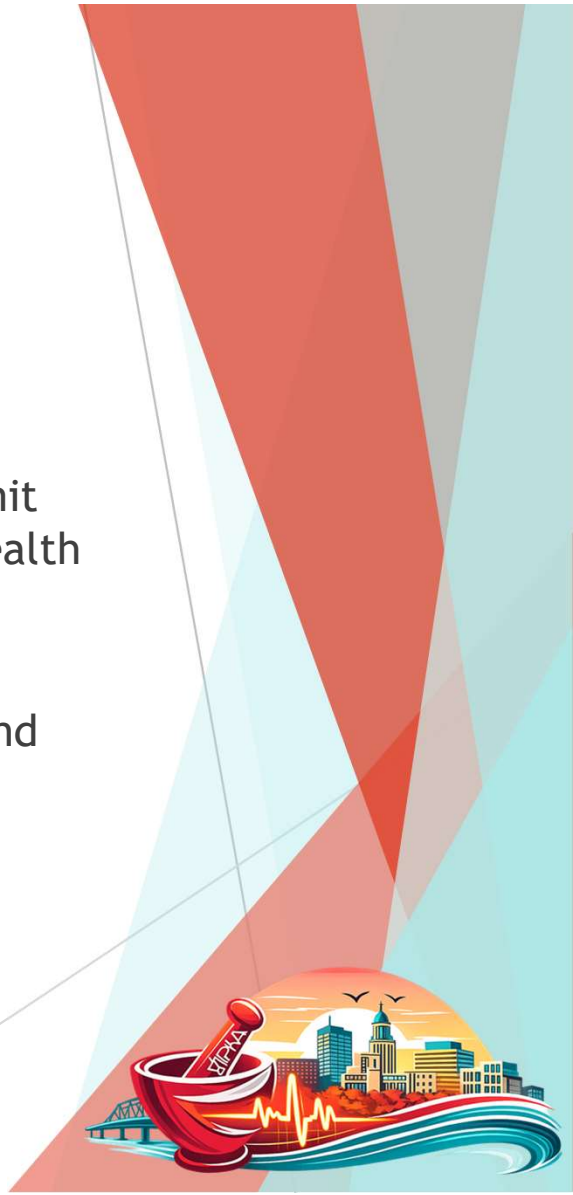
Healthcare Provider Participation

- **Healthcare professionals** and **entities** may choose whether to participate
- **Participation is not required**
- The act provides **legal protections** for providers acting in good faith
- **Healthcare institutions** may establish participation policies
- Providers who decline participation are protected
- Preserves rights under the **Illinois Health Care Right of Conscience Act**

Illinois General Assembly. Public Act 104-0441; Illinois Health Care Right of Conscience Act (745 ILCS 70).

Reporting and Confidentiality

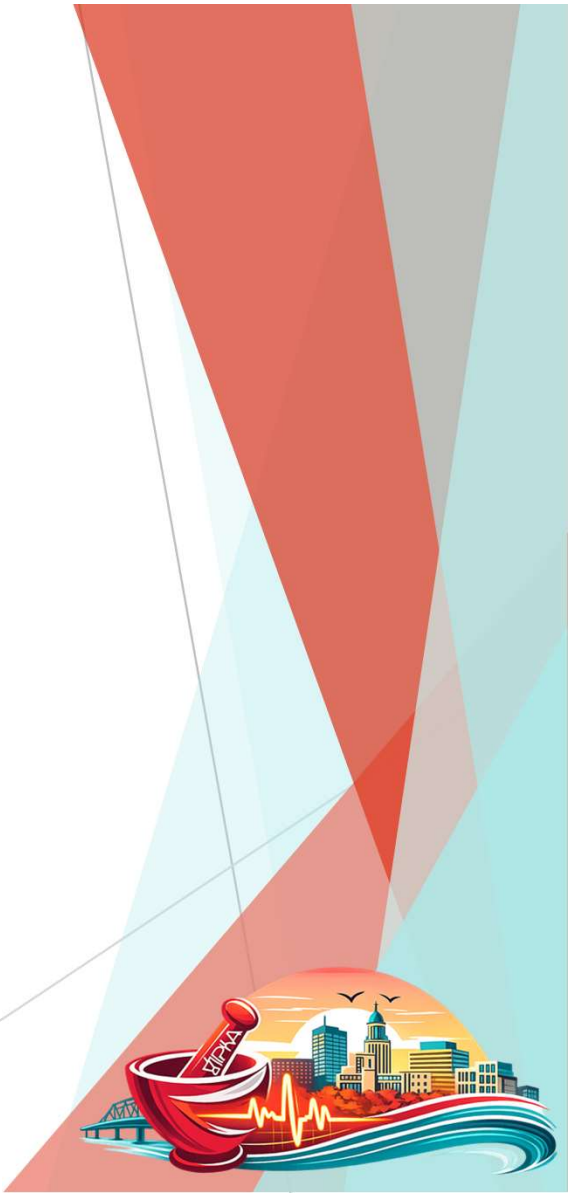
- **The attending physician** must report the patient's death and submit the required documentation to the Illinois Department of Public Health (IDPH)
- **IDPH must:**
  - ✓ Protect the identities of patients, healthcare professionals, and healthcare entities Maintain all reports as confidential
  - ✓ Remove identifying information from public records
  - ✓ Publish only aggregate statewide data
- Reports submitted to IDPH are not public records, not subject to discovery, and not admissible as evidence



Illinois General Assembly. Public Act 104-0441; IDPH New Laws Taking Effect in 2026.

What to Expect in the Administrative Rules

- Standardized reporting forms
- Physician reporting procedures
- Electronic submission requirements
- Recordkeeping requirements
- Confidentiality procedures
- Annual statewide reporting process
- Administrative implementation processes



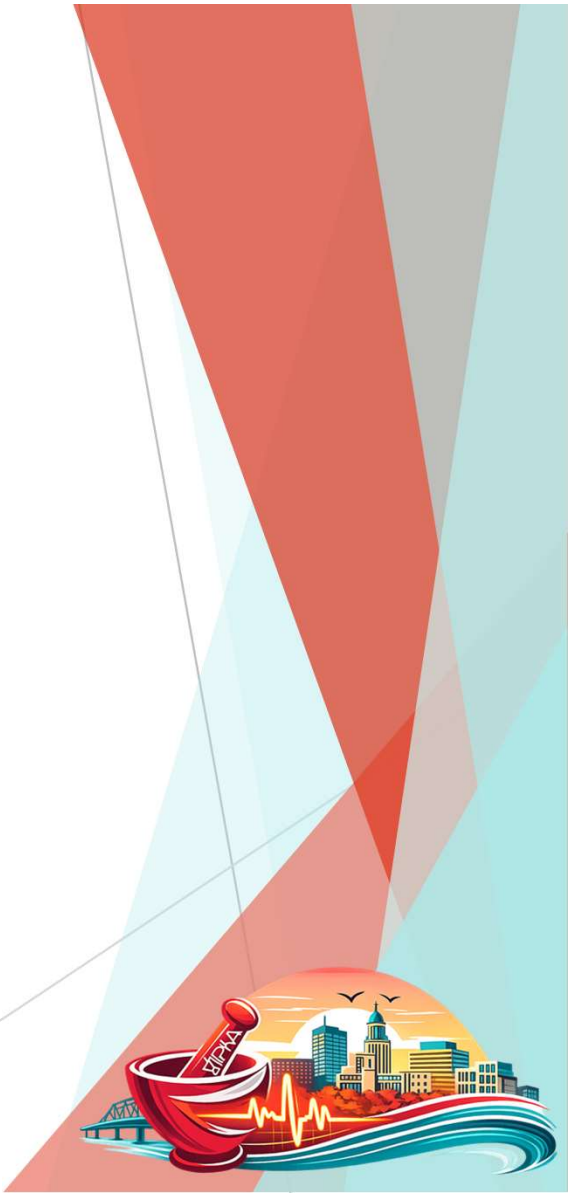
Illinois General Assembly. Public Act 104-0441; IDPH Laws & Rules.

Medication Selection & Dispensing

- IL law does not specify which medications may or must be prescribed
  - Selection is left to clinical judgment and evolving standards of practice
- Medication may be dispensed to the patient or an individual designated by the patient to act on their behalf
- Medications may be delivered with a signature on delivery by mail or messenger service

Illinois General Assembly. Public Act 104-0441

Place in Therapy



Modifiable Concerns at End-of-Life

- Uncontrolled pain or other symptoms
- Depression/anxiety
- Perception of dying process
- Addressing issues surrounding:
  - Dependence on others
  - Uncertainty

Time-limited trial of intensifying treatment to address modifiable requests

Quill T et al. J of Palliat Med 2008; 11(8): 1151-1153.
Ward J. Journal of Oncology Practice 2017 13(10): 667-669.

Non-modifiable Concerns at End-of-Life

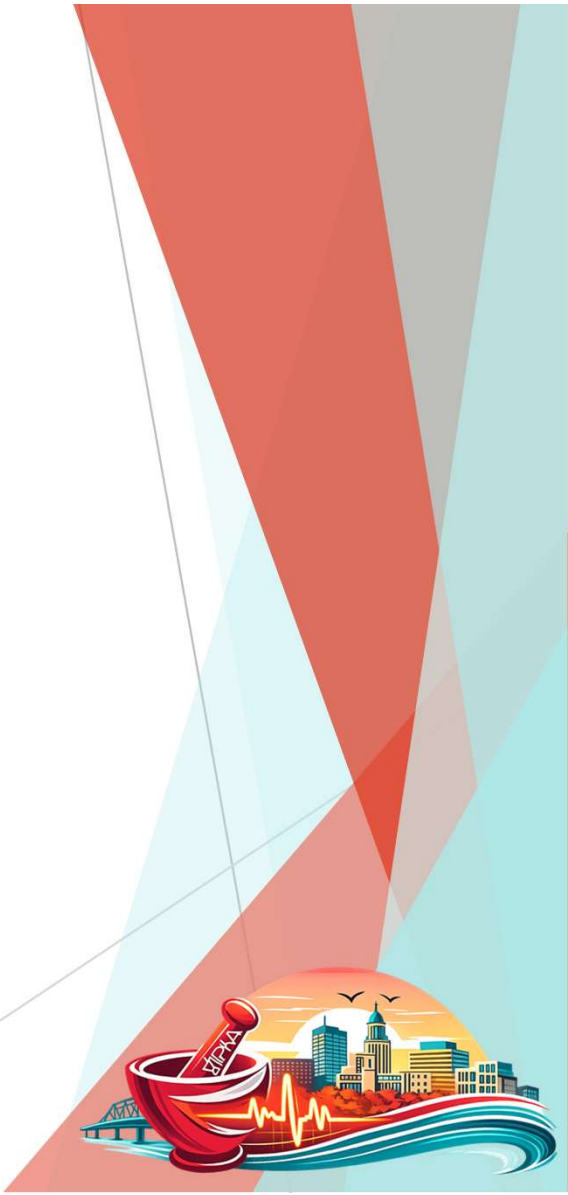
- Unable to reduce suffering to a manageable state despite all efforts
- Goals of the patient are not attainable in regard to:
  - Autonomy
  - Control
  - Dignity
  - Function

Common Trends Among Participating States

- Requests for MAiD are increasing over the years
- Not everyone who receives a prescription or medication ingests it
- Most common:
  - Terminal diagnosis is cancer (>50%)
  - Reasons for requesting MAiD is loss of autonomy and less able to engage in activities making life enjoyable (>80%)
  - Demographic: Caucasian, some level of education, mostly college educated
  - Enrolled in hospice or followed by palliative care teams (>90%)

Oregon Health Authority, 2024 *Oregon Death With Dignity Act Data Summary* (2025)
Washington State Department of Health, 2024 Death with Dignity Report, (2025)
California Department of Public Health, *California End of Life Option Act 2024 Data Report* (2025)

Medications



Medication Regimens

Goal:

- ❑ Fast onset for sedation, coma, and cessation of breathing and/or effective cardiac function
- ❑ Affordable
- ❑ Dissolves into a small volume
- ❑ Minimal suffering
- ❑ Comprised of FDA-approved compounds

Phenobarbital

Effective and predictable. Phased out due to drug supply shortage. Increased cost, and decreased availability

Secobarbital

Increased cost, decreased availability, and unreliable respiratory depression

DDMP2

Some cases of prolonged time to death (TTD)

- Digoxin 50 mg
- Diazepam 1 g
- Morphine 15 mg
- Propranolol 2 g

Hoffman et al. BMJ Supportive & Palliative Care 2025;0:1-9.
Macmillan et al. J of Palliat Med 2025.28(4), 492-498

Medication Regimens

D-DMA

Replaced propranolol with amitriptyline

Produced fast time to death but had potential risk of unsedated digoxin toxicity

DDMA

Take the cocktail all at once

DDMAPh

Added phenobarbital as a 3rd sedative to augment respiratory deaths

Regimen	Ingredients
DDMP2	Digoxin 50mg, Diazepam 1g, Morphine 15g, Propranolol 2g
DDMA D-DMA	Digoxin 100mg, Diazepam 1g, Morphine 15g, Amitriptyline 8g Ingesting digoxen component 30 minutes prior to the rest of the cocktail
DDMAPh	Digoxin 100mg, Diazepam 1g, Morphine 15g, Amitriptyline 8g, Phenobarbital 5g

Hoffman et al. BMJ Supportive & Palliative Care 2025;0:1-9.
Macmillan et al. J of Palliat Med 2025.28(4), 492-498

Most Common Regimen: DDMAPh

- Raw ingredients are purchased as active pharmaceutical ingredients (API), rather than crushing commercially available tablets
- Dispensed by a compounding pharmacy as powder with instructions to:
  - Mix with 2oz of clear apple juice or water at the time of use
  - Mix liquid into powder bottle; do not pour powder out.
  - Shake vigorously
- Drink the entire volume within 2 minutes
- To decrease bitter taste and potential burning sensation from medication, take teaspoonfuls of cold sorbet or suck on a popsicle before and after medication
- Expiration date of compounded powder: 6 months

Hoffman et al. BMJ Supportive & Palliative Care 2025;0:1-9.
Academy of Aid-in-Dying Medicine, Recommended Aid-in-Dying Pharmacology (2024)

High-dose DDMAPh

- Some providers modify DDMAPh to double the dose of diazepam (to 2g) and phenobarbital (to 10g)
  - May be considered for patients with significant risk factors for complications or prolonged death
- Insufficient data to recommend routine use
- Anecdotally: uncommon

Academy of Aid-in-Dying Medicine, Pharmacology (2025)

Comparison of Medication Regimens

Time to death (TTD)	Category	Secobarbital (%)	DDMP2 (%)	DDMA (%)	DDMAPh (%)
<2hr	Successful	90.6	66.0	78.9	78.5
2 to <5hr	Acceptable	5.2	13.9	15.2	14.7
5 to <10hr	Problematic	2.9	10.9	4.4	4.9
10 to <20hr	Disturbing	0.5	5.8	1.5	1.5
≥20hr	Outlier	0.8	3.5	0.0	0.4

Table modified from Macmillan et al 2025 Table 3: Time to Death Categories

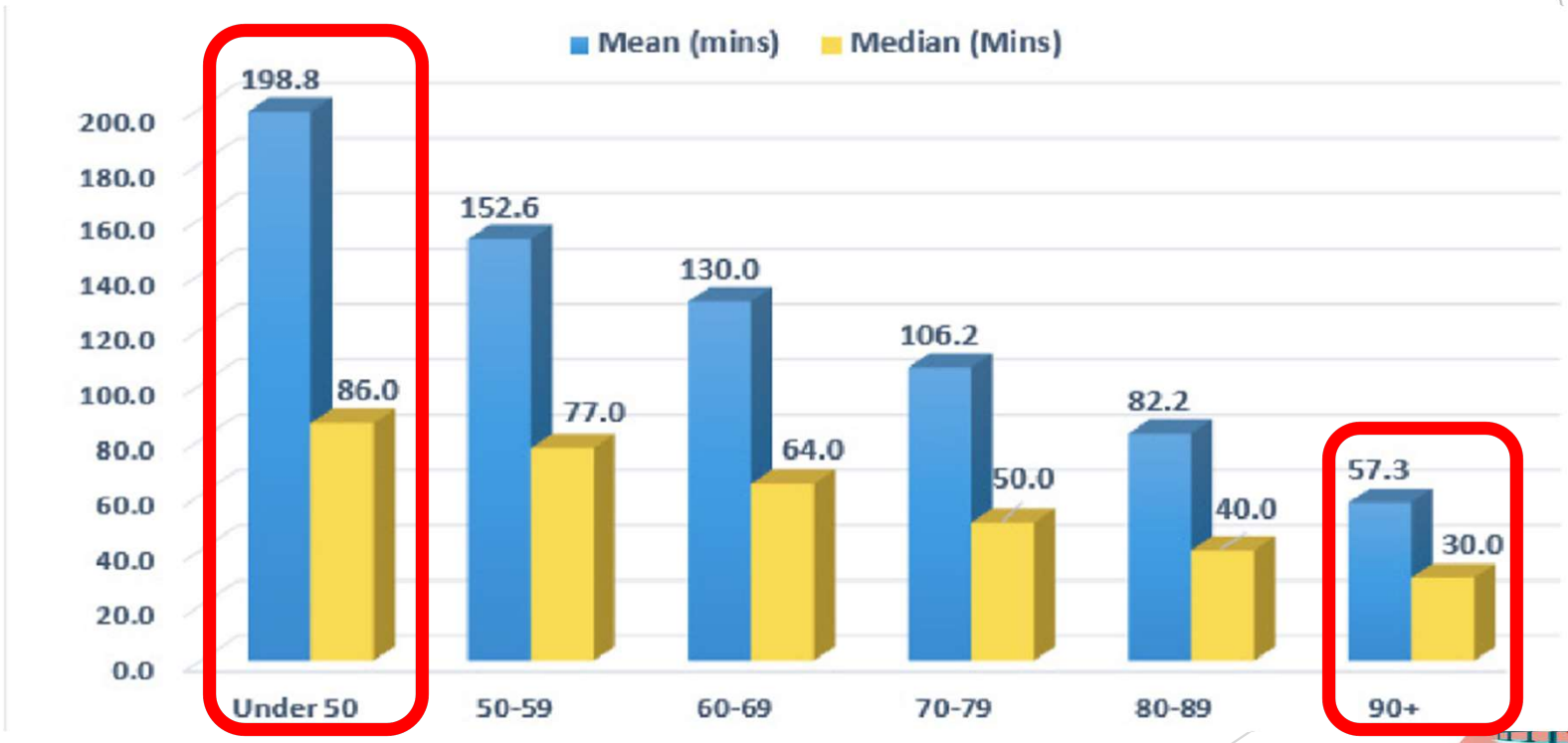
Macmillan et al. J of Palliat Med 2025.28(4), 492-498

Outcomes for DDMAPh: Time to death stratified by route of administration

	N =	Percent of total	Number of 10–20 hr deaths	Percent of 10–20 hr deaths	Number of >20 hr deaths	Percent of >20 hr deaths
Oral	2,328	85%	38	1.6%	11	0.5%
Rectal	318	12%	6	1.9%	3	0.9%
Feeding Tube	108	4%	0	0.0%	0	0.0%
Total	2,754		44		14	

Kaan et al. Journal of Aid-in-Dying Medicine 2024; 1(2): 61-64

Outcomes for DDMAPh: Time to death stratified by age



Kaan et al. Journal of Aid-in-Dying Medicine 2024; 1(2): 61-64

Risk Factors to Prolonged TTD

- Impaired gut motility and/or absorptive capacity, e.g. gastroparesis or obstruction of upper GI tract
  - Cocktail medications absorbed primarily in small intestine, not stomach
- Young (<55yo) and very healthy patients apart from terminal condition (e.g. athletes)
- High tolerance to opioids and sedatives
- Patients >300lbs (regardless of BMI)

Hoffman et al. BMJ Supportive & Palliative Care 2025;0:1–9.
Academy of Aid-in-Dying Medicine, *Pharmacology* (2025)
End of Life Washington, *A primer for participating physicians and pharmacists (*2022)

Cost of Medications

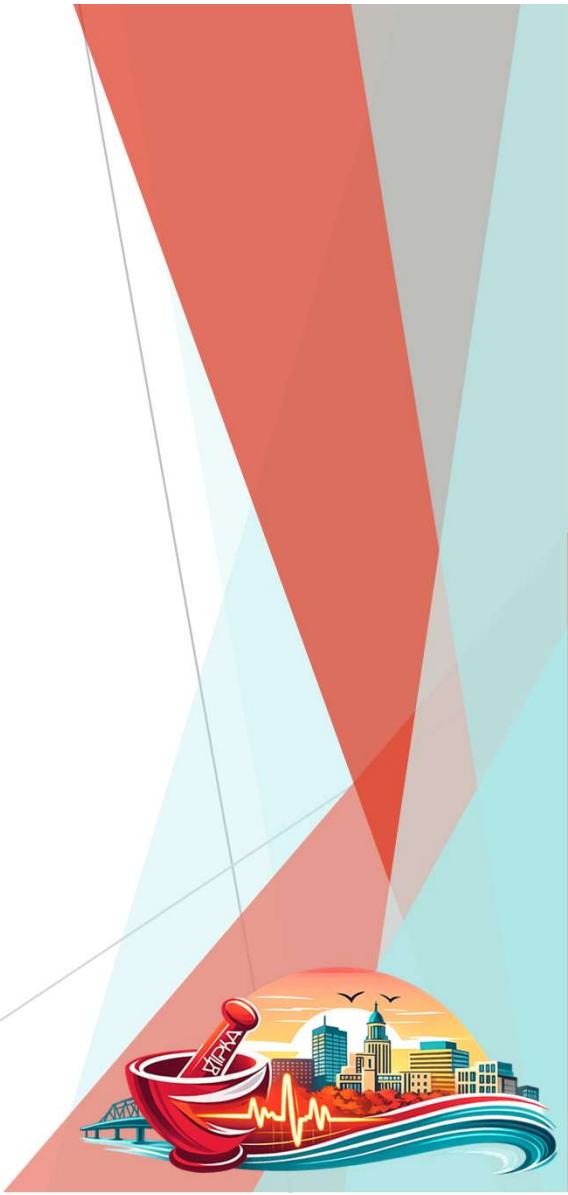
- Dispensed by compounding pharmacy, typically not covered by insurance
- Drug shortage can impact cost/availability
- DDMAPh: ~$700-900 in participating states
  - Contact local compounding pharmacy to confirm the price

Academy of Aid-in-Dying Medicine, Essential Information for Patients (publication year unavailable)
End of Life Washington, *Death with Dignity Checklist* (2023)
Nolo, *Oregon's Death With Dignity Law: Eligibility and How It Works* (2026)
John Muir Health, End of Life Option Act (publication year unavailable)

Pre-Medication Antiemetics

- Typically not needed if taking via PEG/feeding tube/rectal tube
- Academy of Aid-in-Dying Medicine recommendation:
  Ondansetron 8mg + metoclopramide 20mg PO at least 30-60 minutes prior to aid-in-dying medications

Academy of Aid-in-Dying Medicine, Pharmacology (2025)
End of Life Washington, A primer for participating physicians and pharmacists (2022)



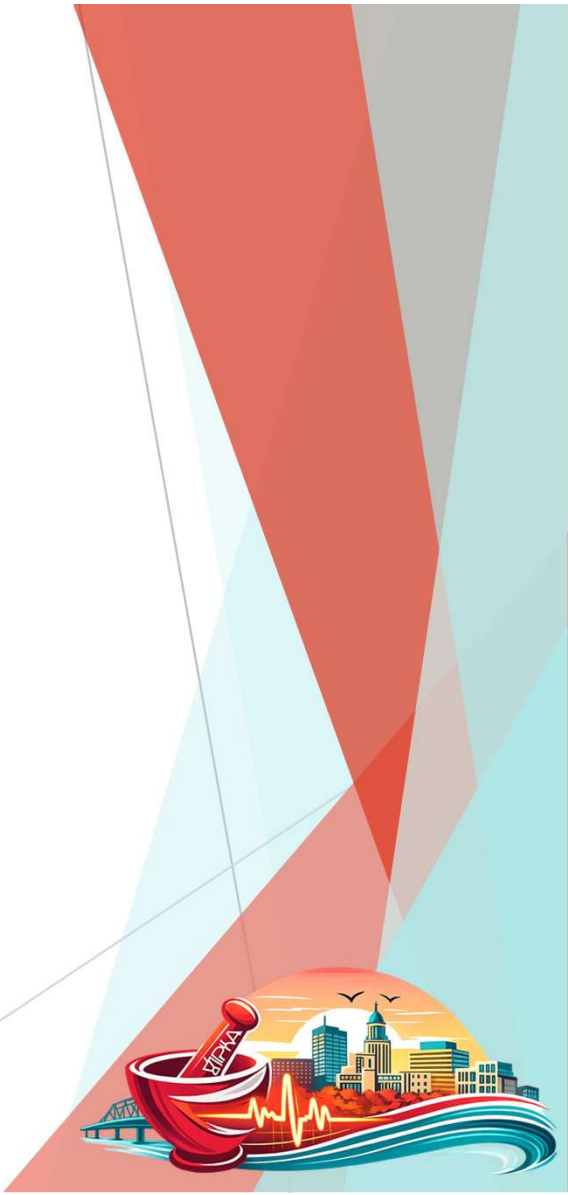
Typical Process within Academic Medical Centers

- Best case scenario: patients' existing provider (inpatient or outpatient) facilitates the process
- Consult a MAiD-specific social worker who can:
  - Guide providers through the process with paperwork and timeline
  - Identify participating physicians if needed
  - Connect patients with resources

Pharmacy Operational Considerations

Illinois General Assembly. Public Act 104-0441; Academy of Aid-in-Dying Medicine; ASHP Guidance.

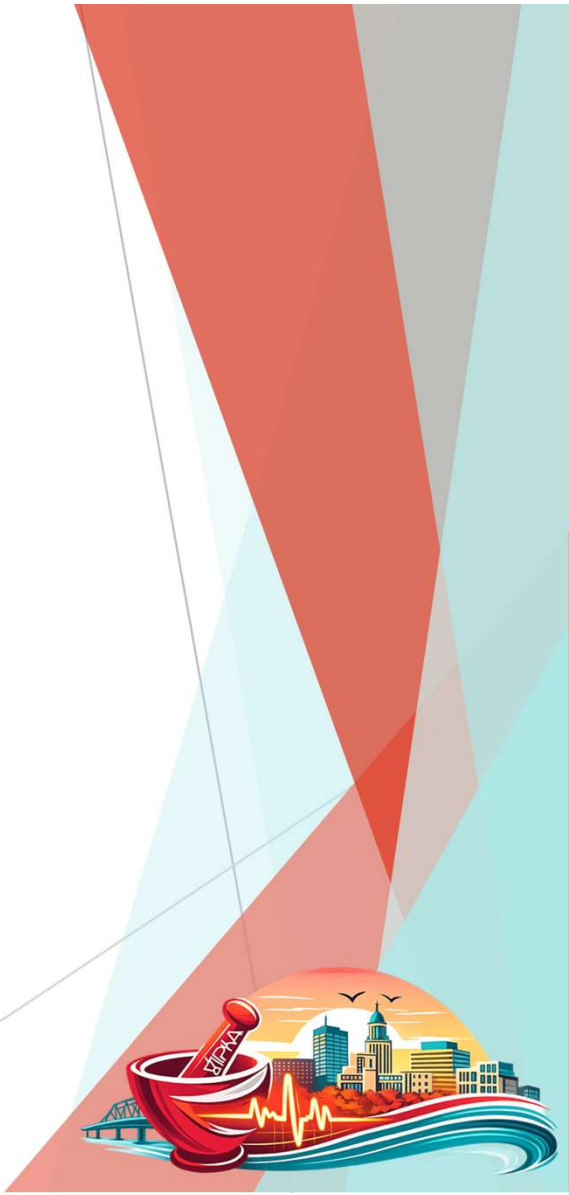
Lived Experiences



Experiences at Compounding Pharmacies

- It is often the patient's loved one who picks up the prescription, not the patient
- People may have a range of emotions at time of pick up - hold space for whatever they need
  - Could range from a highly emotional experience to more of a relief
- Provide consultation in a private room/area and offer written instructions
- Ingredient supply delays may potentially impact availability of compounded drug - communicate clearly with the patient/loved ones

Lived Experiences: On Day of Ingestion by Dr. Alban Holyoke



FIVE TAKE-HOME POINTS

1

Know the Illinois requirements.

Understand MAiD terminology, patient eligibility criteria, safeguards, and procedural steps under the Illinois End-of-Life Options for Terminally Ill Patients Act.

2

Understand the medication process.

Be familiar with commonly used regimens, preparation needs, administration instructions, antiemetic use, and factors that may prolong time to death.

3

Support respectful, patient-centered care.

Communicate compassionately, protect confidentiality, and support informed decision-making throughout the MAiD process.

4

Know your role in the workflow.

Be prepared to support prescription processing, compounding or dispensing workflows, documentation, and care-team coordination within your role.

5

Anticipate access and cost barriers.

Medication availability, pharmacy participation, compounding access, cost, and timing may affect whether and how a patient obtains a MAiD regimen.

Medical aid in dying involves specific legal requirements, medication considerations, and workflow responsibilities. Pharmacy professionals should understand the Illinois process, know their roles, and provide respectful, patient-centered support.

1. **Which of the following is a key provision under the Illinois End-of-Life Options for Terminally Ill Patients Act?**

   A. Pharmacies must dispense any legally prescribed MAiD medication.
   B. Participation by healthcare professionals and healthcare entities is voluntary.
   C. The patient must be enrolled in hospice to receive MAiD medications.
   D. MAiD medications must be administered by a registered healthcare professional.

Post-Test Question #1

2. Which of the following is correct regarding the dispensing of MAiD medication according to the Illinois End-of-Life Options for Terminally Ill Patients Act?

A. The medication must be picked up personally by the patient at the pharmacy.
B. The medication may be dispensed to a person designated by the patient.
C. The medication must be dispensed on the day it will be ingested.
D. The pharmacy must receive approval from IDPH before dispensing the prescription to the patient.

Post-Test Question #2

3. What is currently the most common regimen used in MAiD?

A. Secobarbital
B. Digoxin 50mg, Diazepam 1g, Morphine 15g, Propranolol 2g (DDMP2)
C. Digoxin 100mg, Diazepam 1g, Morphine 15g, Amitriptyline 8g, Phenobarbital 5g (DDMAPh)
D. Potassium

Post-Test Question #3

Resources

- End of Life Washington
- Academy of Aid-in-Dying Medicine
- Compassion and Choices
- Illinois Hospice and Palliative Care Organization

References

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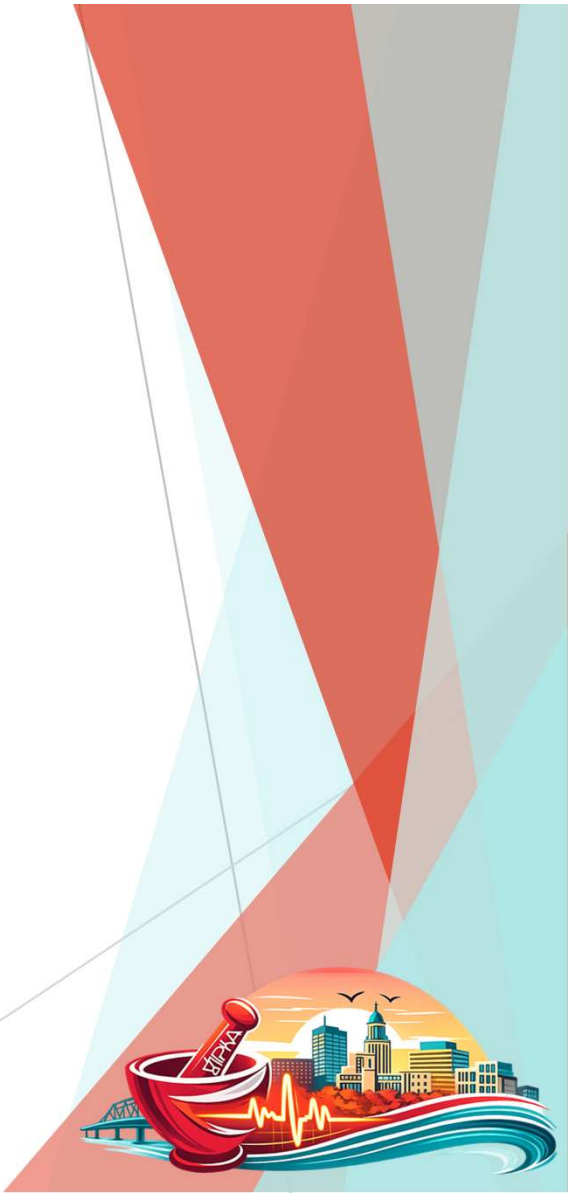
Questions?



Thank you

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