

Medical Aid in Dying

The Colorado End of Life Options Act was approved by Colorado voters in 2016 to allow medical aid in dying. This means an eligible person with a terminal illness can receive a prescription for medication that they can choose to take to bring about a peaceful death.

Frequently Asked Questions

Who is eligible?	<p>To be eligible for medical aid in dying you must be:</p> <ul style="list-style-type: none"> • An adult • Terminally ill with six months or less to live • Mentally capable of making your own healthcare decisions • A resident of Colorado • Acting voluntarily • Able to take the medication on your own
What steps do I need to take?	<ul style="list-style-type: none"> • Speak with your provider about your wishes; if your provider does not want to participate (that is their right by law), they will refer you to someone who will. A physician or nurse practitioner can be a prescriber for medical aid in dying. • At least two appointments with the prescribing provider are needed, at least 7 days apart. These are considered the required “verbal requests.” They can be in person or by telemedicine. • Speak with a consulting provider who will confirm that you are eligible to receive the medication. This can be a physician or a nurse practitioner. • Make one written request to the prescribing provider using the required state form that has been signed by 2 witnesses; once completed, this form can be given to the medical team at any time during the process, including submitted electronically. • Once you have completed all the required steps, your attending provider needs to order the medication for you and send notification to the state.
Can the requests be made by someone else?	<ul style="list-style-type: none"> • No, only you can make the verbal and written requests, and you must be able to take the medication yourself.
What does my provider have to do?	<ul style="list-style-type: none"> • Two Colorado providers (either physicians or nurse practitioners) must consult with you and agree that you are eligible to receive medical aid in dying by going through the steps above. One provider will prescribe the medication, and the other gives a consulting opinion. If either provider cannot determine whether you have the mental capacity to make this request, a psychiatrist or psychologist may be required to evaluate you to ensure that you are able to make your own healthcare decisions.

Do I have to take the medication if I get it?	<ul style="list-style-type: none"> No, you can receive the medication and choose not to use it. That choice is always yours.
What are my other end-of-life options?	<ul style="list-style-type: none"> Pain and symptom management: Can be provided in medical or assisted living settings, and in the home. Involves the use of medications and other therapies such as massage, acupuncture, and aromatherapy to bring comfort. Hospice: For people with a prognosis of six months or less, hospice care focuses on quality of life rather than the length of life, with the goal of comfort. You will have a team of health care professionals working with you and your family to help you manage your symptoms and provide spiritual support. Voluntarily stopping of eating and drinking (VSED): Some people choose to stop eating and drinking to shorten the dying process. Pain and symptom management should be done to lessen any discomfort and can be handled by the hospice team. Declining or stopping life-sustaining treatment: Treatments aimed at prolonging life (e.g., feeding tube, ventilator, antibiotics, etc.) can be refused at any time. Pain and symptom management should be done to lessen discomfort. Palliative sedation: This option involves being medicated to reduce consciousness.

(Source: CompassionandChoices.org)

If you have more questions about your end-of life-options, please talk to your provider. For more information, refer to any of the resources listed below.

Compassion & Choices: www.compassionandchoices.org

Death with Dignity: www.deathwithdignity.org/states/colorado/

Colorado Department of Public Health & Environment: www.colorado.gov/pacific/cdphe/medical-aid-dying

Request for medication to end my life in a peaceful manner

I, _____ am an adult of sound mind. I am suffering from _____, which my attending physician has determined is a terminal illness and which has been medically confirmed. I have been fully informed of my diagnosis and prognosis of six months or less, the nature of the medical aid-in-dying medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.

I request that my attending physician prescribe medical aid-in-dying medication that will end my life in a peaceful manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

I understand that I have the right to rescind this request at any time.

I understand the seriousness of this request, and I expect to die if I take the aid-in-dying medication prescribed.

I further understand that although most deaths occur within three hours, my death may take longer, and my attending physician has counseled me about this possibility. I make this request voluntarily, without reservation, and without being coerced, and I accept full responsibility for my actions.

Signed: _____

Dated: _____

Declaration of witnesses

We declare that the individual signing this request:

is personally known to us or has provided proof of identity;

signed this request in our presence;

Appears to be of sound mind and not under duress, coercion, or undue influence; and

I am not the attending physician for the individual.

_____witness 1/date

_____witness 2/date

Note: of the two witnesses to the written request, at least one must not:

Be a relative (by blood, marriage, civil union, or adoption) of the individual signing this request; be entitled to any portion of the individual's estate upon death; or own, operate, or be employed at a health care facility where the individual is a patient or resident.

And neither the individual's attending physician nor a person authorized as the individual's qualified power of attorney or durable medical power of attorney shall serve as a witness to the written request.