

The Elizabeth Whitefield End-of-Life Options Act: Information for New Mexico Residents

New Mexico is now the eleventh jurisdiction in the U.S. to authorize medical aid in dying. The law was signed by Governor Michelle Lujan Grisham on April 8, 2021 and went into effect on June 18, 2021.

Who is Eligible

To be eligible for medical aid in dying under the Elizabeth Whitefield End-of-Life Options Act, a person must be:

1. An adult
2. Terminally ill
3. Given a prognosis of six months or less to live
4. Mentally capable of making their own healthcare decisions.

In addition, a person must meet the following requirements:

- A resident of New Mexico
- Acting voluntarily
- Capable of self-administering the aid-in-dying medication.

Steps for Using the Law

In addition to meeting the requirements, there is a process that must be followed in order to qualify for a prescription for aid-in-dying medication.

- In most cases, two licensed healthcare providers, one of which must be a physician (MD or DO), must confirm the

terminal illness. Individuals are not eligible for medical aid in dying solely because of age or disability.

- Individuals enrolled in hospice are considered terminal based on the standard of care and do not require a second confirmation if the prescribing provider is a physician. If the prescribing provider for an individual enrolled in hospice is an advanced practice nurse or a physician assistant, they must obtain written confirmation from the hospice physician or another consulting physician of 1) the patient's mental capability to make end-of-life care decisions and 2) their ability to self-administer aid-in-dying medication before a prescription can be written.
- If the prescribing provider for an individual not enrolled in hospice is an advanced practice nurse or physician assistant, they must obtain written confirmation from a consulting physician of 1) the patient's terminal prognosis, 2) their mental capability to make end-of-life care decisions and 3) their ability to self-administer medical aid-in-dying medication before a prescription can be written.
- In all cases, the prescribing provider must inform the requesting individual about all of their end-of-life care options, including hospice and pain and symptom management.
- In all cases, if the provider has concerns about the individual's mental capacity or

ability to make an informed decision, they must make a referral to a mental health professional for an assessment. Medication cannot be prescribed until the requesting individual's mental capacity is affirmed.

- The individual must fill out the "[Request to End My Life in a Peaceful Manner](#)" form and present it to their qualified clinician.
- There is a 48-hour waiting period before the aid-in-dying prescription can be filled for a qualified individual (dying patient), which a provider can waive if the patient is unlikely to survive the waiting period.

Talking to Your Doctor

Ask your qualified clinicians now whether they will support your end-of-life choices, including medical aid in dying. This will encourage them to listen to your priorities and become prepared to provide you with the care you may want in the future. If your medical providers are

unable or unwilling to support your end-of-life choices, you have the option to change to a healthcare team that puts your wishes first.

Clinicians can call the Doc2Doc consultation line at 800-247-7421 for a free, confidential consultation and information on end-of-life care with medical directors who have extensive medical aid-in-dying experience.

Learn More

Find forms, videos and resources for patients and clinicians at:

CompassionandChoices.org/newmexico

And please visit our local partner End of Life Options New Mexico at:

endoflifeoptionsnm.org

Request for Medication Form

From the New Mexico Department of Health

REQUEST FOR MEDICATION TO END MY LIFE IN A PEACEFUL MANNER

I, _____, am an adult of sound mind.

I am suffering from a terminal illness, which is a disease or condition that is incurable and irreversible and that, according to reasonable medical judgment, will result in death within six months. My health care provider has determined that the illness is in its terminal phase. _____ (Patient Initials)

I have been fully informed of my diagnosis and prognosis, the nature of the medical aid in dying medication to be prescribed and the potential associated risks, the expected result and the feasible alternative, concurrent or additional treatment opportunities, including hospice care and palliative care focused on relieving symptoms and reducing suffering. _____ (Patient Initials)

I request that my health care provider prescribe medication that will end my life in a peaceful manner if I choose to self-administer the medication, and I authorize my health care provider to contact a willing pharmacist about to fulfill this request. _____ (Patient Initials)

I understand that I have the right to rescind this request at any time. _____ (Patient Initials)

I understand the full import of this request, and I expect to die if I self-administer the medical aid in dying medication prescribed. I further understand that although most deaths occur within three hours, my death may take longer. My health care provider has counseled me about this possibility. _____ (Patient Initials)

I make this request voluntarily and without reservation.

Signed: _____

Date: _____ Time: _____

DECLARATION OF WITNESSES:

We declare that the person signing this request:

1. is personally known to us or has provided proof of identity;
2. signed this request in our presence;
3. appears to be of sound mind and not under duress, fraud or undue influence; and
4. is not a patient for whom either of us is a health care provider.

	Witness 1:	Witness 2:
Signature:	_____	_____
Printed Name:	_____	_____
Relationship to Patient:	_____	_____
Date:	_____	_____

NOTE: No more than one witness shall be a relative by blood, marriage or adoption of the person signing this request. No more than one witness shall own, operate or be employed at a health care facility where the person signing that request is a patient or resident."

Provider Attestation (optional):

Signature of the Prescribing Provider

Date Prescription Written

NOTE: The Provider Attestation is not mandatory nor necessary to be included on this Request form. However, the Office of Medical Investigator may require proof that the individual is a Medical Aid-In-Dying patient. Having a copy of both the Request form and such Attestation of Prescription readily available in the medical record and on hand with the individual is strongly advised.