

Medical Aid in Dying: best practices for physicians and other health care providers supporting or otherwise in contact with individuals requesting medical aid in dying who are non-residents

In 2023, both Oregon and Vermont passed laws removing the residency restrictions from their medical aid-in-dying laws. The Oregon and Vermont legislatures passed these laws in response to settlement agreements reached in *Gideonse v. Brown* (Oregon) and *Bluestein v. Scott* (Vermont), two lawsuits brought by Compassion & Choices challenging the states' residency restrictions.

As a result of these settlements and changes in law, medical practitioners in Oregon and Vermont may assist non-residents in obtaining medical aid-in-dying services without worrying about civil or criminal repercussions from medical authorities.

However, many questions likely remain for medical providers.

The following information is intended only for medical providers licensed and practicing in Oregon or Vermont.

Note: It is important to recognize the difficulties of travel while terminally ill and dying and the challenges of establishing a qualifying physician/patient relationship as a non-resident.

- Doctors should ensure that all aspects of medical aid in dying practice, including, but not limited to intake, consultation, qualifying visits, assisting in financing or accommodations, prescription, and reporting occur entirely in the authorized state. Both the patient and the doctor must be physically located in the state during these activities, regardless of whether they occur in person or via telehealth. To reduce risk of liability, we strongly recommend doctors limit conversations with out-of-state patients interested in medical aid in dying to answering the question of whether the doctor has provided medical aid in dying in the course of their regular medical care for qualified patients.
- We strongly recommend that doctors concerned about liability avoid providing medical aid-in-dying services to persons whom they know intend to leave the state and ingest the medication in a jurisdiction where medical aid in dying is not authorized. Patients returning to a different state, especially those that have not authorized medical aid in dying, may run afoul of laws prohibiting assisting a suicide.
- In order to avoid this practice, a doctor should either:
 1. Screen patients based on where they would intend to ingest the medication if they were to obtain it; or
 2. Notify patients that they will not complete the medical aid-in-dying process and prescribe medication if it becomes known the patient intends to ingest the medication outside of the state.
- It is not clear whether medical malpractice carriers would cover out-of-state claims related to medical aid and dying. We recommend doctors consult with their malpractice insurance providers to get clarity on the extent of coverage.
- If a patient resides in a state where medical aid in dying is authorized and still wishes to travel to a state without a residency restriction to access medical aid in dying, there is likely less risk of civil and criminal liability, but there still may be some associated risk.
- We strongly recommend that physicians concerned about liability follow the same protocol as with patients who are located in states that have not authorized medical aid in dying outlined above.

Additional Resources

[Understanding Medical Aid in Dying](#)