



POLICY STATEMENT

Number: 26-06
Date: October 22, 2026
Supersedes/Updates: New

“Medical Aid in Dying” EMS Response Guidance

Purpose and Background

New York Public Health Law (PHL) Article 28-F, effective August 5, 2026, permits a mentally capable, terminally ill adult resident of New York State to obtain a prescription for medication that the patient may choose to self-administer to end the patient’s life, referred to throughout this guidance as “Medical Aid in Dying.” This policy statement provides statewide guidance to EMS agencies, medical directors, and clinicians for calls involving actual or suspected use of “Medical Aid in Dying” medication.

New York is the 13th state to authorize “Medical Aid in Dying.” Several other states, including Vermont and New Jersey, have had comparable programs in place before New York’s law took effect.

Eligibility Overview (for EMS clinician understanding and background only)

EMS clinicians are not responsible for verifying eligibility, consent, or documentation requirements for “Medical Aid in Dying” in the field. For general awareness, Public Health Law Article 28-F requires that an individual seeking “Medical Aid in Dying” be:

- A New York State resident and adult (18 years of age or older),
- Diagnosed with a terminal illness or condition that has been medically confirmed and is reasonably expected to cause death within six months, and
- Determined to have decision-making capacity to give informed consent, as confirmed by the attending physician, a consulting physician, and a mental health professional.

Before medication may be dispensed, the law also requires:

- An oral request and a signed and witnessed [Request for Medication to End My Life \(DOH-5847\)](#).
- Physician counseling on feasible alternatives, including treatment, palliative care, and hospice, and
- A five-day waiting period between the written request and when the prescription may be filled.

Critical EMS Distinction

A “Medical Aid in Dying” request form (DOH-5847), prescription, medication label, or other “Medical Aid in Dying” related documentation is NOT, by itself, a medical order to withhold or terminate resuscitation.

For a patient who cannot communicate, EMS should follow a valid Medical Order for Life-sustaining Treatment (MOLST, *electronic* Medical Order for Life-sustaining Treatment (eMOLST), or nonhospital Do Not Resuscitate/Do Not Intubate (DNR/DNI) order that applies to the patient’s current condition. If no applicable order is present, begin standard treatment based on EMS protocols.

Operational Principles for Medical Aid in Dying

- The patient must self-administer the medication by ingestion, while awake, aware, and acting voluntarily. No one else may administer the medication for or to the patient.
- EMS, healthcare providers, family members, and others must never administer the “Medical Aid in Dying” medication or perform the patient’s final act. This restriction applies only to the “Medical Aid in Dying” medications. EMS may still provide any other indicated care, or treatment for an unrelated condition, whenever requested by the patient or required by protocol.
- The patient must ingest medication into the gastrointestinal system, which may be via a patient-operated feeding tube; injection or infusion is never permitted.
- A conscious, capable patient may request treatment or rescind the “Medical Aid in Dying” request at any time and in any manner, including after ingestion.
- “Medical Aid in Dying” forms or documentation are not required to be present at the scene.

Field Response for Medical Aid in Dying (or suspected Medical Aid in Dying)

1. Ensure scene safety and perform a clinical assessment; follow appropriate protocols.
2. Confirm whether the patient is the person for whom the “Medical Aid in Dying” medication was prescribed; if the patient can communicate, assess decision-making capacity and current wishes, including whether treatment is being requested.
3. Identify any available MOLST, eMOLST, nonhospital DNR/DNI, or “Medical Aid in Dying” related documents, and determine whether a medical order applies to the patient’s current condition. A “Medical Aid in Dying” form is not equivalent to a MOLST, eMOLST, or nonhospital DNR/DNI but may be informative in a clinical assessment and in understanding a given patient’s presentation.
4. Do not administer the “Medical Aid in Dying” medication or assist with the patient’s final act of self-administration.
5. If treatment is requested or required, follow the regionally approved protocol set.
6. When feasible, identify the medication container, ingredients, amount taken, and time of ingestion; relay this to Medical Control (when appropriate) and the receiving facility.
7. Document the assessment, patient statements and apparent capacity, orders reviewed, consultations obtained, persons present, treatment provided or withheld, and disposition.
8. Do not take control of, collect, or waste leftover “Medical Aid in Dying” medication.

Patient Care Report Documentation Guidance

- Avoid terms such as “overdose” or “suicide.”
- For a patient who legally ingests “Medical Aid in Dying” medication, the cause of death is legally deemed to be the patient’s terminal illness or condition.

Special Situations

- **Patient requests treatment after ingestion:** Provide care under applicable EMS protocols.
- **Patient cannot communicate:** Follow a valid MOLST, eMOLST, or DNR/DNI order that applies to the patient’s current condition. If no applicable order is present, begin standard treatment based on EMS protocols.

- **Family or other person objects:** An objection by a family member or other attendant does not annul valid medical orders for medication for “Medical Aid in Dying”.
- **Wrong person ingests the medication:** This is not lawful “Medical Aid in Dying” use. Manage as a suspected poisoning/overdose and consult Medical Control and Poison Control.
- **Patient is deceased or unattended:** Follow standard death-determination and notification procedures; “Medical Aid in Dying” documents are not required to be present.
- **Hospice involvement:** Consult hospice staff when possible; they can inform care but cannot authorize Medical Control decisions.

Medication Information

New York does not endorse a standardized “Medical Aid in Dying” medication combination or dosing protocol; regimens may include multiple sedating and cardiotoxic agents. Do not assume which medications were prescribed.

Agency Preparation and Local Education

- Review this guidance with the agency medical director and incorporate it into local operating procedures and new hire/annual training.
- Ensure crews and dispatch are educated about current Advance Directives/DNR/MOLST and poisoning/overdose protocols and have education on “Medical Aid in Dying.”
- Emphasize that “Medical Aid in Dying” paperwork and medication possession are not substitutes for a valid Advance Directive such as MOLST, eMOLST, or nonhospital Do Not Resuscitate/Do Not Intubate (DNR/DNI) order,
- Ensure mental health resources are available, if needed, for EMS clinicians who are on these calls.
- Watch for and incorporate updates issued by the New York State Department of Health.

References and Resources

- PHL Article 28-F, Medical Aid in Dying: nysenate.gov/legislation/laws/PBH/A28-F
- NYS DOH, “Medical Aid in Dying” Frequently Asked Questions: health.ny.gov/health_care/medical_aid_in_dying/faqs.htm
- NYS DOH, “Medical Aid in Dying” program information: health.ny.gov/health_care/medical_aid_in_dying/
- Current NYS Collaborative Treatment Protocols; Advance Directives/DNR/MOLST and poisoning/overdose protocols
- NYS DOH, MOLST (DOH-5003): health.ny.gov/professionals/patients/patient_rights/molst/
- NYS DOH, “Medical Aid in Dying” (DOH-5847): [DOH-5847 \(EN\) - Request for Medication to End My Life](https://www.health.ny.gov/forms/DOH-5847-EN-Request-for-Medication-to-End-My-Life.pdf)