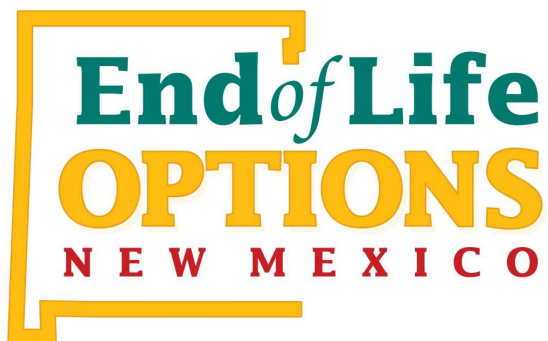


End of Life Options New Mexico

WELCOME



New Mexico HealthCare
Association
March 18, 2026

End of Life Options New Mexico



Objectives:

1. To learn about End of Life Options New Mexico (EOLONM)
2. To understand the Elizabeth Whitefield End of Life Options Act – history, and ethical and legal responsibilities
3. To understand how the EOLONM Client Support Team supports individuals and families
4. To understand how EOLONM partners with hospices, residential facilities, and clinicians

End of Life Options New Mexico

Our New Mexico Journey



- 2016: New Mexico End of Life Options Coalition formed.
- 2017: New Mexico End of Life Options Act introduced.
- 2019: Elizabeth Whitefield End of Life Options Legislation introduced to legislature leading to broad advocacy campaign by NM leaders and citizens.
- 2021: The Elizabeth Whitefield End of Life Options Act was introduced by Representative Debbie Armstrong and signed into law on June 18, 2021.
- 2021: End of Life Options New Mexico organization becomes a 501(c)3.
- 2026: Board of Directors governs policy for EOLONM, full-time ED manages day to day, fundraising and program development, and 50 active volunteers support EOLONM programs – outreach, education and client support.

End of Life Options New Mexico



Our Mission

To provide education, information and support for all end-of-life care options, including medical aid in dying.

Our Vision

For all New Mexicans to have accurate information and caring support to choose their end-of-life options in a system that honors those choices.



Our Values

The collective values that bring us to end-of-life care work compel us to demonstrate:

- **COMPASSION** for other's experiences, and be
- **INCLUSIVE** of our state's diverse population, while showing
- **RESPECT** for each individual's end-of-life choices, supporting them in a
- **NON-JUDGMENTAL** manner with steadfast
- **INTEGRITY.**

End of Life Options New Mexico



- We seek to empower people with education, knowledge and information about advance healthcare planning and end of life care options.
- EOLONM's work is relational. We care about PEOPLE and their individual journey.
- Our volunteer team members work to create safety and build trust for individuals to talk about advance healthcare planning and end of life care options.



Elizabeth Whitefield
End of Life Options Act

Debbie Armstrong, JD.
EOLONM Board Member, Legislative
Champion

Elizabeth Whitefield

End-of-Life Options Act

New Mexico's End-of-Life Options Act provides for "medical aid in dying" (MAID) which is the medical practice wherein a health care provider prescribes medication to a qualified individual who may self-administer that medication to bring about a peaceful death.

The law went into effect June 18, 2021



Qualified Individuals



- The individual must be an **ADULT** at least 18 years old and a resident of NM.
- The prescribing provider must determine that the individual has:
 - **TERMINAL ILLNESS** which is a disease or condition that is incurable and irreversible and that, in accordance with reasonable medical judgement, will result in death within 6 months
 - **CAPACITY** to understand and appreciate health care options available, including significant benefits and risks, and to make and communicate an informed decision.
 - **VOLUNTARY** so that the request for MAID is not under duress or undue influence.
 - **ABILITY TO SELF-ADMINISTER** the MAID medication by taking an affirmative, conscious, voluntary action to ingest the medications. (Injection or IV administration are NOT allowed.)

Prescribers



- **Any of the following individuals licensed in New Mexico and authorized under NM law to prescribe a medication to be used in MAID:**
 1. Physician (MD)
 2. Osteopathic Physician (DO)
 3. Advanced Practice Nurse (APRN)
 4. Physician Assistant (PA)
- **At least one physician (MD/DO) must determine, after conducting an appropriate examination, that the individual is qualified. That can be the "prescribing" provider, a "consulting" provider OR affirmation the individual is enrolled in Hospice. If the individual is not enrolled in hospice, then two providers must affirm qualifications, one of which must be an MD/DO.**

Determining Capacity



- **A determination of capacity shall be made only according to professional standards of care and the provisions of the NM Uniform Health Care Decisions Act, which has an underlying presumption that an individual has the capacity to make a healthcare decision.**
- **If the prescribing or a consulting provider believes the individual may lack decisional capacity or if the individual has a current or recent history of mental illness or disability that could impair capacity for end-of-life decision-making, the individual must be referred to a mental health professional and MAID cannot proceed until such professional determines the individual has capacity to make end-of-life decisions.**
- **A Mental Health Professional is a NM-licensed psychiatrist, psychologist, master social worker, psychiatric nurse practitioner or professional clinical mental health counselor.**

Prescribing and Reporting



- **Prior to prescribing, the provider must inform the individual of all available end-of-life care options, including palliative care and hospice.**
- **The prescribing provider must document all qualifications. The individual's enrollment in hospice or, if necessary, affirmation of terminal illness by a consulting provider must also be included.**
- **The “Request to End My Life in a Peaceful Manner” form is required by law. It should be discussed with the prescribing clinician, completed, signed, and witnessed by two persons, one of which must be a disinterested party. Prescriber includes it in the individual's health record.**
- **The prescription, once written, has a 48-hour hold before it can be filled UNLESS the prescriber affirms that, within reasonable medical judgement, the individual will not survive 48 hours.**
- **Must report to DOH on prescribed form. Death certificates should list underlying condition as cause of death.**

Other Provisions



- **“Right to Know” ...terminal patients should understand all their options**
- **“Medical Aid in Dying” is NOT “suicide”**
- **Strong Immunity Protections for those who participate and Conscience Clauses for those who don’t...no one has to utilize or participate in MAID...voluntary for all**
- **Healthcare Entities that don’t participate must post that information publicly and must provide a referral and medical records if requested**
 - **Referral can be to another provider or to an individual/entity who will assist in finding a provider**



The Uniqueness of EWEOLO Act

- **Prescriber can be a Nurse Practitioner or a Physician Assistant**
 - A Consultant Physician must affirm terminal diagnosis, decisional capacity and ability to self-administer the medications
- **Enrollment in Hospice is automatic confirmation of terminal diagnosis**
 - If not in Hospice, a physician must affirm terminal diagnosis
- **The only waiting period is 48 hours between prescription being written and when it can be filled...may be waived if patient might die**
- **Capacity is assumed, unless provider questions or there is disability or recent mental illness that might impact end-of-life decisional capacity**
 - Can refer to a wide variety of mental health providers to ensure access
- **Ingestion (self-administration) does not require physical independence**
- **Non-participating providers must refer to another provider or entity that will assist in finding a provider**

Clinicians: Roles and Responsibilities



Nancy Abell, MSW



Client Support Team

Sherry Burns
EOLONM Board Member,
Co-Chair Client Support Team and
Death Doula

Client Support Team Members



Provide information and support:

- to clients, families, and loved ones
- regarding all legal end-of-life options in New Mexico, including medical aid in dying and the requirements of the [Elizabeth Whitefield End-of-Life-Options Act](#)
- so that clients may make choices that are consistent with their values.

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EOLONM Warmline



Your inquiry is important to us.

We will respond to you as promptly as possible during regular business hours.

 505-393-1321

You may also contact us by email: info@endoflifeoptionsnm.org
or use our [Contact form!](#)

EOLONM Warmline



- Individuals contact EOLONM via phone, email, contact form
- Our warmline dispatcher responds to all calls and emails
- Dispatcher assigns the client to a client support team member, if appropriate
- Client support team member contacts client and provides support as needed

Client Support Team

How EOLONM Supports Clients



- Support clients by phone, text, email, and in person
- Provide information and resources on all end-of-life care options
- Provide resources, such as hospice information, clinical providers, in-home caregivers, and much more
- Emotional and grief support to clients, families, and friends

Client Support Team Training



- Must have personal experience with death and dying
- Extensive in-house training on end-of-life options that are legal in New Mexico
- Training through the Academy for Aid and Dying Medicine
- Ongoing mentoring and shadowing

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Medical Aid in Dying and Voluntarily Stopping Eating and Drinking (VSED)



- Coach clients and loved ones through process, step-by-step
- Maintain extensive directories of resources across the state, such as prescribers and hospices
- Provide bedside support for MAID and VSED, including preparing meds and attending ingestions
- We stay until the client has died and even until the funeral home arrives

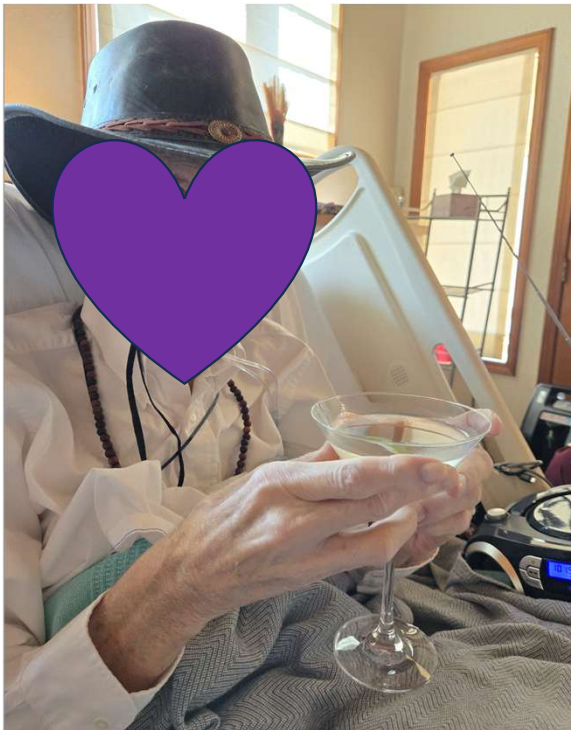
Medical Aid in Dying - Process



- ~3 oz powders mixed with 2 oz apple juice
- Bitter, burns briefly
- Consumed in <2 minutes
- Asleep in 2-10 minutes
- Coma in 15-20 minutes
- Average time to death 2 hours
- Peaceful, quiet, calm, no distress

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Medical Aid in Dying: Finding a Place



- Living in a long-term care facility where he couldn't use MAID
- In intractable pain
- Transferred to community-model hospice
- Packing his belongings and moving from his home to a place he didn't know was arduous and emotional ²⁵
- Clint Eastwood hat, Beefeater martini, pressed clothes, mala beads

Medical Aid in Dying: Finding a Place



- Living in a long-term care facility where she couldn't use MAID
- Remote location
- Unable to transfer to larger city
- Financial constraints
- AirBnB \$100
- Open with friends about her plans
- Facility driver choked up on saying goodbye

Medical Aid in Dying in a Facility



- Some facilities in New Mexico do allow residents to use Medical Aid in Dying.
- Resources:
 - End of Life Options New Mexico can help coordinate
 - Hospice Providers
 - Prescriber
 - All of the above will provide bedside support at the time of ingestion

Medical Aid in Dying



- Autonomy
- Dignified
- Extraordinarily peaceful
- Clinician and/or volunteers present for entire²⁸ process

Hospice Participation



Katie Martin
Director High Desert Hospice
&
EOLONM Board Member



MAID and Long-Term Care

Complexities of Long-Term Care



- Almost all MAID ingestions occur in the home...but Long Term Care facilities are the residents' home
- Health care entities and individual staff have the right to NOT participate in MAID...but residents have the right to autonomy in health care and end-of-life decisions
- If a facility allows MAID on premises but without direct participation, they still have responsibility over who has access to the facility, as well as medications controls
- If a facility prohibits MAID on premises, they still have a responsibility to assist with discharge, should the individual desire to go elsewhere

What Does It Mean to “Participate” in MAID?



Participation can differ widely from one patient, provider or institution to another and can include any or all:

- Educate or counsel on all end-of life options available
- Provide emotional support in decision-making
- Participate in logistical planning – coordination with prescriber, receive or hold medications, assist patient/family to plan timing, assist with discharge if to occur elsewhere
- Allow MAID to occur on premises (with or without direct staff assistance)
- Be Present for ingestion, provide bedside care, support patient/family through process
- Mix medications
- Provide minimal physical assistance, as necessary
- Pronounce death, if authorized to do so

Long Term Care Facility Interface



- How does EOLONM educate and support facilities?
- What are Ethical and Legal Considerations?
- How do we work together to develop supportive guidelines to help individuals' wishes be honored?



Quality of Life at the End of Life

Thank you for your attention and support.

Any questions, comments, suggestions?