

# New Jersey

## Medical Aid in Dying for the Terminally Ill Act

2022 Data Summary

Prepared by:  
The Office of the Chief State Medical Examiner



## **Introduction**

The New Jersey Medical Aid in Dying for the Terminally Ill Act permits an attending physician to write a prescription for medication that enables a qualified terminally ill patient to end his or her own life. The Act was approved April 12, 2019 and went into effect August 1, 2019.

The Act defines “terminally ill” as “the terminal stage of an irreversibly fatal illness, disease, or condition with a prognosis, based upon reasonable medical certainty, of a life expectancy of six months or less. The Act defines an “attending physician” as a “physician who has primary responsibility for the care of a qualified terminally ill patient and treatment of the patient’s terminal illness, disease, or condition.”

The Act requires a qualified terminally ill patient to be a capable adult resident of New Jersey who has been diagnosed as being terminally ill by both his or her attending physician and a consulting physician. A qualified patient can obtain a prescription for medication to end his or her own life only if he or she has made a voluntary and informed decision. Prior to being prescribed medication to end his or her own life, the qualified patient must voluntarily and capably make two oral requests and one written request for the medication. The oral requests must be separated by at least 15 days. The written request must be signed and dated by the patient and witnessed by at least two people who attest that the patient is capable and acting voluntarily. One of the witnesses has to be a person who is not related to the patient, entitled to any portion of the patient’s estate, an owner, operator, employer, or resident of a health care facility at which the patient is receiving medical treatment, or the patient’s attending physician.

At the time of the initial oral request, the attending physician has to recommend that the patient take part in consultations on alternative treatment opportunities. At the time of the second oral request, the attending physician must offer the patient the opportunity to rescind the request. At least 15 days must elapse between the initial oral request and the writing of the prescription and 48 hours must elapse between a patient signing the written request and the writing of the prescription. A consulting physician must confirm the diagnosis and that the patient is capable and acting voluntarily. If indicated, the patient may be referred to a psychiatrist, psychologist, or clinical social worker to determine whether the patient is capable.

The attending physician is required to dispense medications directly to the patient or to contact a pharmacist and transmit the prescription to the pharmacist. A pharmacist may only dispense medications directly to the patient, the attending physician, or an identified agent of the patient. Medications cannot be dispensed to the patient by mail or other form of courier service.

The Commissioner of Health requires the physician and pharmacist who dispensed the medication to file a copy of the dispensing record with the department no later than 30 days after dispensing the medication. The attending physician and consulting physician are required to submit documentation with the Department no later than 30 days after the qualified terminally ill patient's death. The Office of the Chief State Medical Examiner (OCSME) will document each event and create a report on an annual basis.

The required forms can be found at:

<http://ocsme.nj.gov/MAiD>

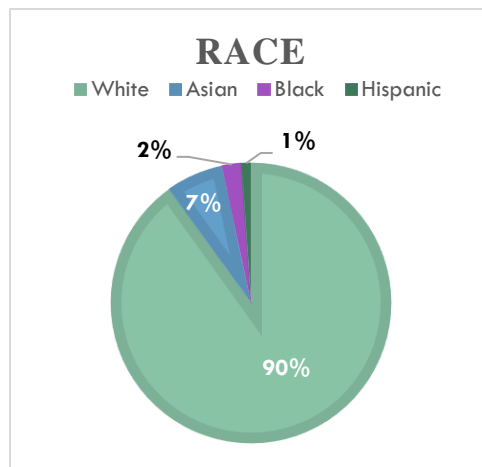
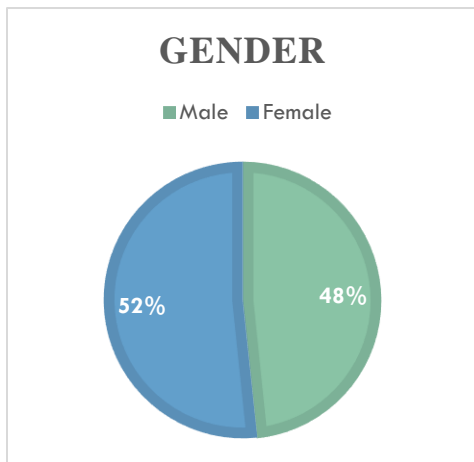
## Participation Summary and Trends

From January 1, 2022 to December 31, 2022, ninety-one (91) Medical Aid in Dying cases were filed with the Office of the Chief State Medical Examiner (OCSME).

In addition to the ninety-one cases that participated in the MAiD program:

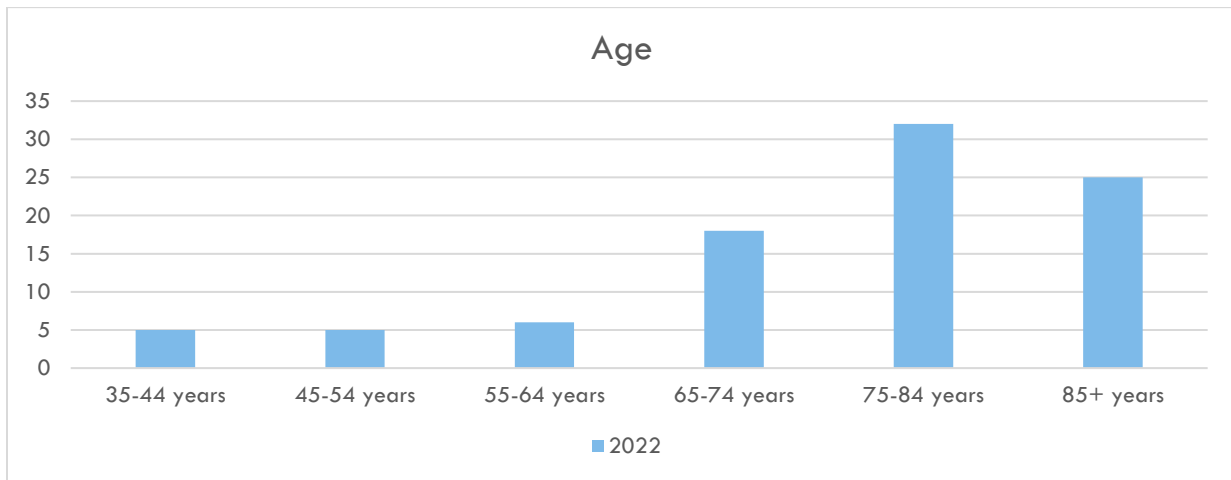
- Paperwork was received for three (3) individuals who applied and received medication for the Medical Aid in Dying program but have not been reported as deceased in New Jersey.
- Paperwork was received for nine (9) individuals who applied and received medication for the Medical Aid in Dying program but passed away without the use of the medication.

2022 MAiD Cases		
	Number of Cases	Percentage of Total Cases
<b>Gender</b>		
Male	47	52%
Female	44	48%
<b>Race</b>		
White	82	90%
Black	2	2%
Hispanic	1	1%
Asian	6	7%
Native Hawaiian/Pacific Islander	-	-
American Indian	-	-
Other single race	-	-
Two or more races	-	-

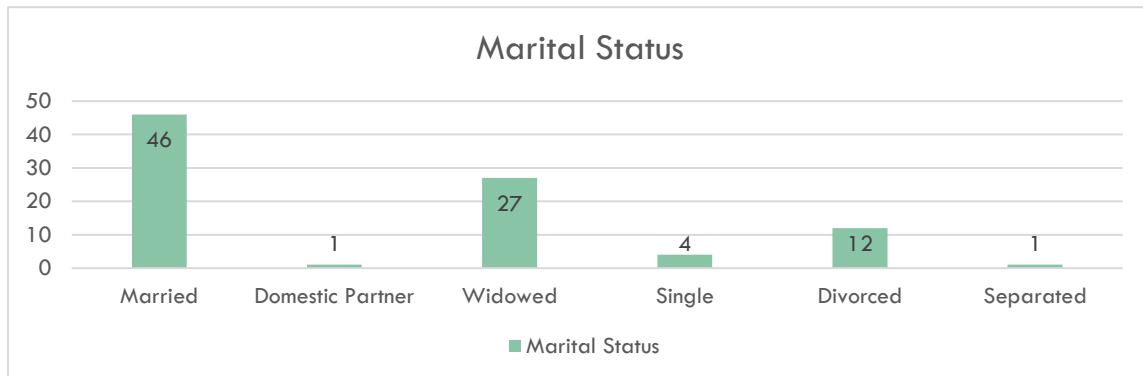


	2022 MAiD Cases	
	Number of Cases	Percentage of Total Cases
Age		
35-44 years	5	5%
45-54 years	5	5%
55-64 years	6	7%
65-74 years	18	20%
75-84 years	32	35%
85+ years	25	28%

Of the ninety-one MAiD cases, the age of patients reported was between 32 and 99 years. The mean age was 76 years and the median age was 79 years.



	2022 MAiD Cases	
	Number of Cases	Percentage of Total Cases
Marital Status		
Married	46	51%
Widowed	27	30%
Single	4	4%
Divorced	12	13%
Separated	1	1%
Domestic Partner	1	1%



	<b>2022 MAiD Cases</b>	
	<b>Number of Cases</b>	<b>Percentage of Total Cases</b>
<b>Education</b>		
Unknown	-	-
8 <sup>th</sup> Grade or Less	-	-
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	1	1%
High school/ GED	32	35%
Some college credit but no degree	1	1%
Associate degree	4	5%
Bachelor's degree	19	21%
Master's degree	21	23%
Doctorate or Professional degree	13	14%

It is recommended that when the patient takes the prescribed medication, they leave a copy of the required paperwork in plain view.

- In 14% of cases, the OCSME was notified of the death via mailing-in of required forms.
- In 2% of cases, the OCSME was notified of the death via a phone call
- In 84% of cases, the OCSME was notified of the death via email.

In 2022, heart disease was the leading cause of death in the general population in New Jersey, accounting for 22.8% of all deaths, followed closely by malignancy at 18.8%. \* However, for those participating in the Medical Aid in Dying program in New Jersey, malignancy is the leading underlying illness accounting for 48% of cases.

	<b>2022 MAiD Cases</b>	
	<b>Number of Cases</b>	<b>Percentage of Total Cases</b>
<b>Underlying Illness</b>		
Malignancy	44	48%
Neuro-degenerative disease	22	24%
Cardiovascular disease	13	14%
Pulmonary disease	6	7%
Other	6	7%

\*At time of this report, 2022 statewide total data is preliminary.

The New Jersey Medical Aid in Dying for the Terminally Ill Act does not make recommendations for any specific medications that should be prescribed for a patient, but it does state the patient must be able to self-administer the medication. If medication is dispensed and for whatever reason the patient decides not to self-administer the medication, it must be disposed of by lawful means, including but not limited to, disposing of the medication in a way consistent with State and Federal guidelines concerning disposal of prescription medications, or by surrendering the medication to a prescription medication drop-off receptacle.

The Medication Dispensing record has a section to report the source of payment. All forms that were submitted noted “credit card” as the form of payment. The various medication combinations prescribed are listed below:

	<b>2022 MAiD Cases</b>
<b>Medication Prescribed</b>	
Diazepam, Digoxin, Propranolol, Morphine	1
Diazepam, Digoxin, Amitriptyline, Morphine	1
Morphine, Diazepam, Amitriptyline, Digoxin, Zofran, Reglan	5
Morphine, Diazepam, Digoxin, Zofran, Reglan, Propranolol	1
Morphine, Diazepam, Phenobarbital, Amitriptyline, Digoxin	3
Morphine, Diazepam, Phenobarbital, Amitriptyline, Digoxin, Reglan	1
Morphine, Diazepam, Phenobarbital, Amitriptyline, Digoxin, Zofran	1
Morphine, Diazepam, Phenobarbital, Amitriptyline, Digoxin, Zofran, Reglan	77
Morphine, Diazepam, Phenobarbital, Amitriptyline, Zofran, Reglan	1

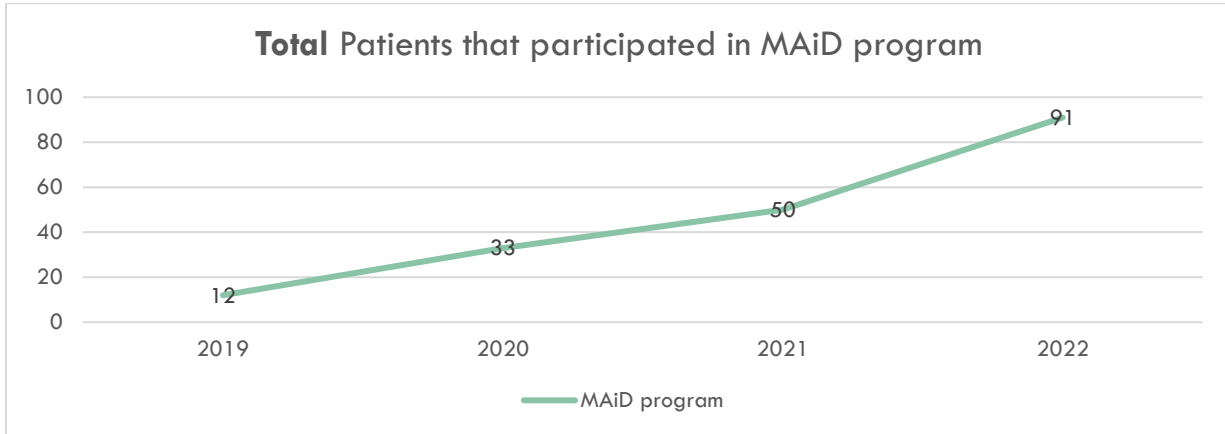
- The medications listed were taken directly from the Attending Physician Compliance forms or the Medication Dispensing Records submitted.

	2022 MAiD Cases		2022 Statewide Reported Deaths*	
	Number of Cases	Percentage of Total Cases	Total Cases	Percentage of Total Cases
<b>Disposition</b>				
Buried	15	17%	29,284	37%
Cremated	72	79%	41,550	53%
Donation	-	-	-	-
Entombment	3	3%	5,408	7%
Other	-	-	-	-
Removal from State	1	1%	2,527	3%
<b>County of Residence</b>				
Atlantic	4	5%	2,971	4%
Bergen	7	8%	7,170	9%
Burlington	9	10%	4,312	6%
Camden	7	8%	4,969	7%
Cape May	2	2%	1,367	2%
Cumberland	-	-	1,687	2%
Essex	6	7%	6,289	8%
Gloucester	2	2%	2,832	4%
Hudson	2	2%	3,970	5%
Hunterdon	3	3%	1,017	1%
Mercer	5	5%	3,148	4%
Middlesex	10	11%	6,359	8%
Monmouth	5	5%	6,049	8%
Morris	7	8%	4,164	5%
Ocean	2	2%	7,875	10%
Passaic	6	7%	3,989	5%
Salem	-	-	722	1%
Somerset	5	5%	2,579	3%
Sussex	-	-	1,367	2%
Union	8	9%	4,138	5%
Warren	1	1%	1,063	1%
Unknown	-	-		
<b>Place of Death</b>				
Home	83	92%	25,810	-
Other's Home	3	3%	-	-
Nursing Home	2	2%	14,257	-
Hospice Facility	3	3%	2,538	-

\*At time of this report, 2022 statewide total data is preliminary.

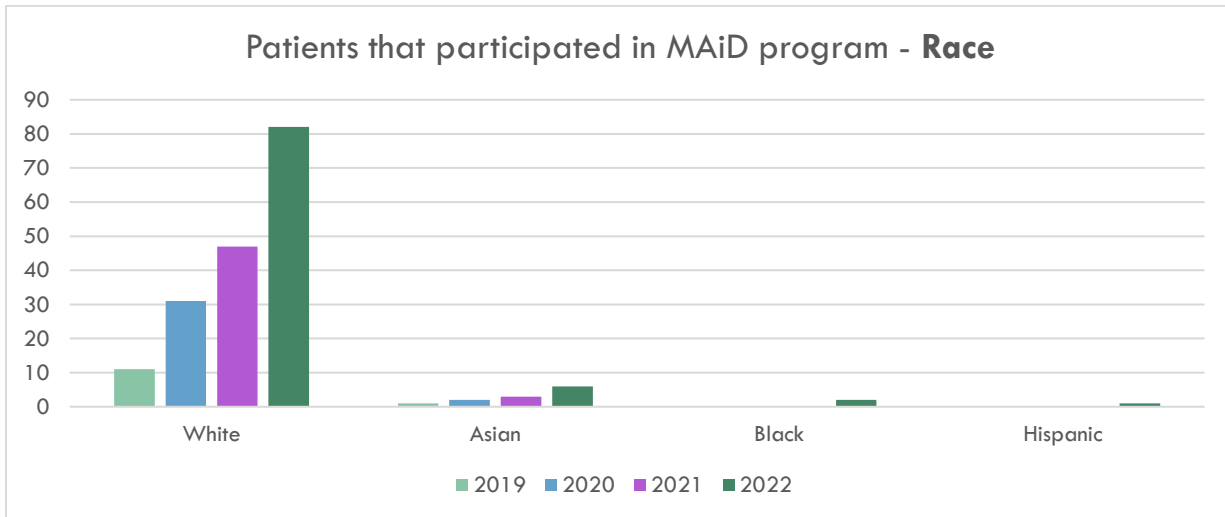


## Statistics Through the Years

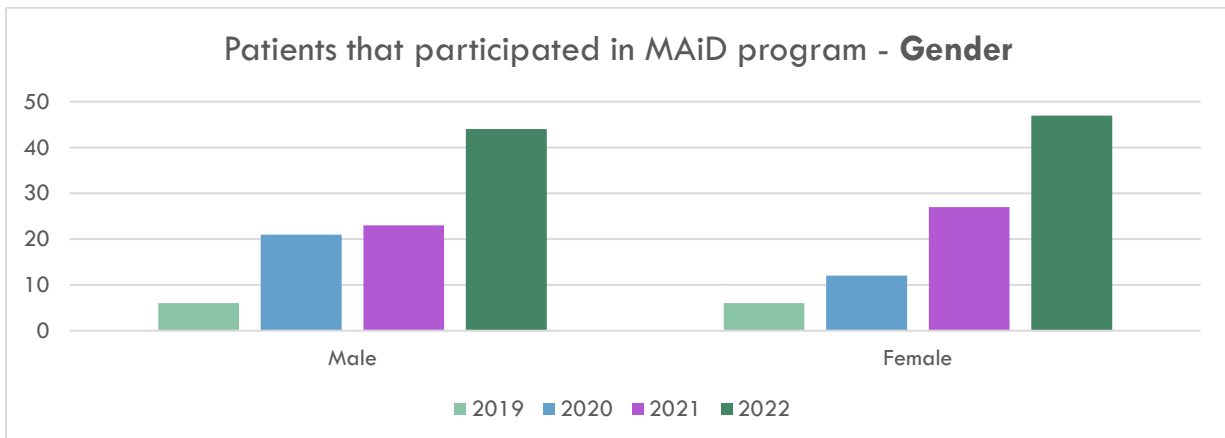


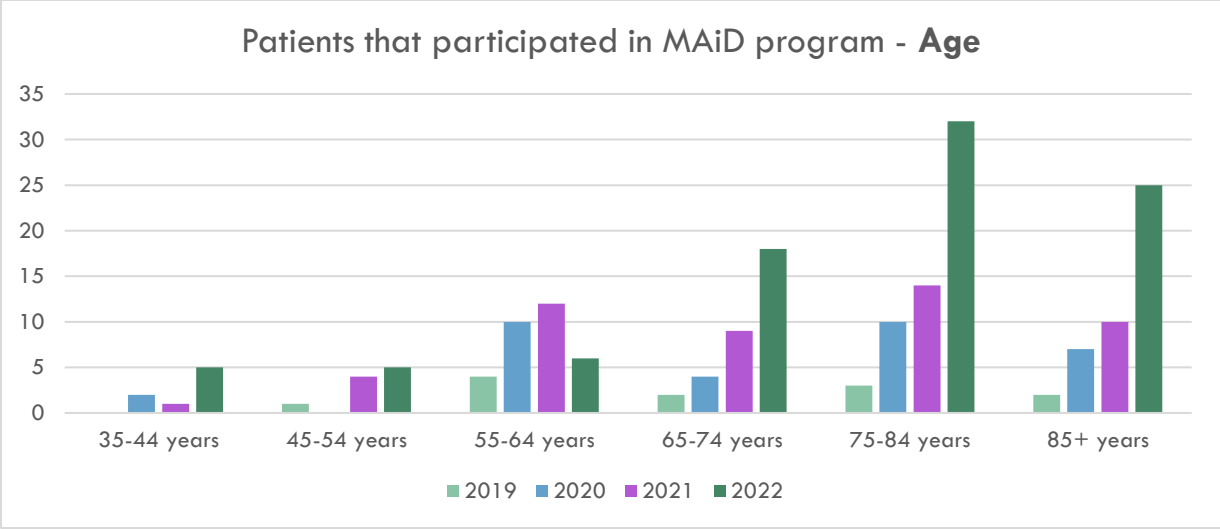
\* 2019 consisted of August to December

\* 2020 - 2022 consisted of January to December



\* The diversity profile has evolved since the inception of the program.





\* 2022 saw an increase in both the 35-44-year age group and the 85+ age group.

**References**

<http://ocsme.nj.gov/MAiD>  
<https://nj.gov/health/advancedirective/maid/>  
<https://www-doh.state.nj.us/doh-shad/query/builder/mort/MortStateICD10/Count.html>  
<https://www.nj.gov/health/chs/documents/Final2020LCOD.pdf>