The National Association of Medical Examiners®

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September 15, 2026

Re: Position Statement, Medical Assistance in Dying (MAID)/End-of Life-Care Act/Medical Aid in Dying/Death with Dignity Laws 2026

The National Association of Medical Examiners (NAME) affirms that medical examiner/coroner (ME/C) systems nationwide certify the cause and manner of death in cases that commonly include sudden and unexpected natural deaths in which a person is not under the care of a physician; suspicious deaths; violent and traumatic deaths, such as suicides, homicides, and motor vehicle fatalities; deaths in custody; sudden unexplained infant deaths; and drug-related deaths.

In recent years, states have enacted Medical Aid in Dying (MAID), End-of-Life Option, or Death with Dignity laws that provide qualifying terminally ill patients with a prognosis of six months or less the option of requesting medication to voluntarily hasten death and end their life. This position statement addresses the fundamental principles of these laws that medical examiner and coroner systems must understand to ensure that a death is not certified by the medical examiner/coroner when the death *properly* falls under such a law and does not otherwise meet the jurisdiction's criteria for investigation.

When a person intentionally ingests a drug to end their own life outside the provisions of an applicable MAID law, this constitutes a suicidal act and, if death ensues, is certified as a suicide. In recent years, states have taken the position that when someone is terminally ill and expresses a will to die, whether it is the mental or physical anguish and pain of the disease, the person should have the right to end their life. As such, some states authorize qualifying terminally ill patients to request and self-administer prescribed medication to hasten death. In these circumstances, deaths occurring in compliance with applicable law are not considered suicides and are generally certified as natural deaths due to the underlying terminal illness, as directed by the applicable jurisdiction.

As of September 2026, MAID has been enacted or otherwise authorized in thirteen (13) states and the District of Columbia. While the details of each jurisdiction's law may be slightly different, several principles apply that every medical examiner and coroner need to know:

1. The patient must be at least 18 years of age, be diagnosed with a terminal illness and have less than 6 months to live.

2. The patient's terminal diagnosis, prognosis, and eligibility must be evaluated by an attending provider, and must be independently reviewed and confirmed by a consulting provider.

3. The patient must have decision-making capacity **and** make voluntary and informed consent.

4. The patient must self-administer the medication. Another person may not administer the medication to the patient.

5. A death occurring in compliance with applicable law is not classified as suicide under that law and is generally certified as **natural** due to the underlying terminal illness, as directed by the applicable jurisdiction.

NAME affirms that medical examiners and coroners are well versed in the laws of their jurisdictions. When such a law applies, ME/C offices must not be required to certify the death based solely on the fact that the person self-administered prescribed aid-in-dying medication.

Death certification must be completed either by the prescribing physician and/or healthcare provider who provided the medication. If a medical examiner or coroner is asked or being required to certify this type of death when no independent basis for ME/C jurisdiction exists, the reporting party should be directed to the applicable law and referred to the local or state registrar for further guidance regarding death certification.

Although tracking, reviewing, or otherwise investigating these deaths is at the discretion of the individual jurisdiction or office, NAME recommends that ME/C offices establish protocols, at least initially, to ensure that if a death is reported and the law is cited, the death is properly vetted to confirm that the applicable law was followed. Such protocols should clearly establish that the medical examiner or coroner is not required to take jurisdiction of the death unless applicable law requires it or unusual, suspicious, or other circumstances establish an independent basis for ME/C jurisdiction.

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