From Legislation to Pharmacy Practice: Understanding Deb's Law

Southern Illinois Society Meeting: August 5, 2026

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I have no conflicts of interest with ineligible companies to disclose

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Learning Objectives

1. Distinguish Medical Aid in Dying (MAiD) from suicide, euthanasia, palliative sedation, and withdrawal of life-sustaining treatment
2. Describe key eligibility, process, and safeguard provisions in Deb's Law
3. Examine the roles and responsibilities pharmacy professionals hold in the MAiD process
4. Identify the ethical, legal, and institutional considerations that may influence the implementation of MAiD

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What words/phrases come to mind when you think of MAiD (i.e., Medical Aid in Dying)?

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What isn't MAiD?[1-3]

	Who?	Intent?	Legal?
Withdrawal of life-saving treatment			
Palliative sedation			
Euthanasia			
Suicide			

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What isn't MAiD?[1,2]

	Who?	Intent?	Legal?
Withdrawal of life-saving treatment	Healthcare team	Care goals vs. patient wishes	Yes

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What isn't MAiD?[2]

	Who?	Intent?	Legal?
Palliative sedation	Healthcare team	Symptom relief	Yes

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What isn't MAiD?[2]

	Who?	Intent?	Legal?
Euthanasia	Healthcare worker	Death	No

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What isn't MAiD?[2]

	Who?	Intent?	Legal?
Euthanasia	Healthcare worker	Death	No

A 60-year-old male is in the final stages of ALS and asks his provider to "end it now." Due to his advanced ALS, the patient will not live long enough for the MAiD legislation to go into effect. His provider administers a lethal IV injection resulting in the patient's death.

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What isn't MAiD?[3]

	Who?	Intent?	Legal?
Suicide	Patient	Death	N/A

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What isn't MAiD?[1-3]

	Who?	Intent?	Legal?
Withdrawal of life-saving treatment	Healthcare team	Care goals vs. patient wishes	Yes
Palliative sedation	Healthcare team	Symptom relief	Yes
Euthanasia	Healthcare worker	Death	No
Suicide	Patient	Death	N/A

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What is MAiD?[4-6]

	Who?	Intent?	Legal?
MAiD	Terminally ill patient	Compassionate end to life	Yes

Patient-centered process with medical oversight

- Patient has decision-making capability
- Patient requests MAiD
- Patient administers lethal dose

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Test your Knowledge

A 72-year-old male with end-stage ALS has progressive respiratory failure. He remains cognitively intact and has decision-making capacity. He resides in California, where MAiD is legal and already in effect.

After multiple discussions with his healthcare team, he makes a voluntary, written request for medication that he will self-administer to intentionally end his life when his suffering becomes intolerable. Two independent physicians confirm that he meets all legal criteria. He fills the prescription but keeps it at home until he decides to take it.

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Test Your Knowledge Q1

Which of the following best describes this scenario?

A. Withdrawal of life-sustaining treatment

B. Palliative sedation

C. Suicide

D. Medical Aid in Dying (MAiD)

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Deb's Law[5-7]

- Deb Robertson
- SB1950 introduced February 6, 2025
- Passed October 31, 2025
- Signed December 12, 2025
- In effect September 12, 2026
- Provides legal path for MAiD in Illinois

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Eligibility[6]

- Illinois resident
- Adult ≥18 years
- Terminally ill
- <6 months
- Mental capacity
- Self-administration capability
- No coercion/undue influence

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Process[6]

- Oral requests x2
- Written request
- In-person exam x2
- Informed consent
- Mental health evaluation*
- Prescription
- Documentation

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Case-Based Scenario

A 64-year-old female with metastatic lung cancer has a prognosis of <6 months. She is alert, oriented, and demonstrates decision-making capacity. She lives in Oregon, where MAiD is legal.

She makes a voluntary oral request to her oncologist for life-ending medication. The physician reviews her medical record, confirms her prognosis, and discusses hospice, palliative care, and other alternatives. The physician documents the discussion.

The patient returns five days later and repeats her request orally and in writing with the necessary witnesses. The oncologist verbalizes the patient's right to rescind her request. At the end of the visit, the oncologist prepares an electronic prescription for the medication, which the patient fills at a compounding pharmacy affiliated with the oncology clinic.

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Case-Based Scenario Q2

Which required step is missing in the MAiD process?

A. The patient's written request with witness signatures

B. Confirmation of prognosis and capacity by a second physician

C. Documentation of alternative treatment discussions

D. The patient's right to rescind the request

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Safeguard Provisions[6]

- No coercion
- Fast-tracking
- Participation not required
- Good faith
- Offer to rescind
- No delay
- Oversight
- Insurance
- Unused meds

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Test Your Knowledge Q3

Which safeguard provision under Deb's Law has been violated?

A. The patient must self-administer the medication.

B. The patient must be referred for a mandatory psychiatric evaluation.

C. At least one witness to the written request must not be entitled to any portion of the patient's estate.

D. The attending physician must be physically present at the time of medication ingestion.

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Who may have been missing from the Deb's Law planning discussion?

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Prescriptions[6,8]

- Pre-medications
  - 30 to 60 minutes prior to MAiD suspension
- Powder for suspension of lethal dosing of digoxin, diazepam, morphine, amitriptyline, phenobarbital
  - Add 2 ounces water or clear apple juice, shake well, and take full dose within 2 minutes
- Compounding pharmacy or direct physician dispensing

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Prescriptions[6,8]

- See residency requirement
- See MAiD day within state requirement
- Check DEA registration of provider
- Check applicable laws/requirements
  - Pending guidance from IDPH
- Encourage p/u 1-2 weeks from MAiD day
- Some states require a Pharmacy/Medication Dispensing Form
- Consider a MAiD Prescription Consent Form

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How does Deb's Law provide that the attending physician does not send the prescription to the nearest pharmacy?

Quick review

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Test Your Knowledge Q4

It is March 2027 and a 58-year-old patient with end-stage idiopathic pulmonary fibrosis (IPF) has progressive respiratory failure and a prognosis of less than six months despite maximal medical therapy. The patient lives in Illinois and meets all eligibility criteria for MAiD. Two physicians have confirmed the terminal diagnosis and decision-making capacity. The required oral and written requests have been completed in accordance with state law.

The attending physician electronically sends the MAiD prescription to a pharmacy located in a neighboring state where the patient plans to stay with family. The physician holds an Illinois medical license but does not verify whether they are DEA-registered in the neighboring state. Two days later, the pharmacist contacts the physician expressing concern.

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Test Your Knowledge Q4

Which of the following represents the MOST significant compliance concern in this situation?

A. The physician did not encourage Rx pickup 1–2 weeks before the planned MAiD day.

B. The patient cannot meet the MAiD day within state requirement.

C. The patient did not complete a MAiD Prescription Consent Form.

D. The physician did not personally dispense the medication in accordance with Illinois law.

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Other Considerations

- Patient autonomy
- Beneficence vs. nonmaleficence
- Equity and access
- Moral distress
- Institutional policies and procedures
- Interdisciplinary coordination
- Risk management

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ICHP Position Statement[9]

Conscientious Objection to Dispensing Medications

The Illinois Council of Health-System Pharmacists (ICHP) recognizes the rights of pharmacists and pharmacy technicians (hereafter referred to as "pharmacy professionals"), including an individual pharmacy professional's right to conscientiously object to dispensing and managing medications they consider morally, religiously or ethically troubling. ICHP also recognizes that pharmacy professionals and their employers must protect the patient's right to obtain legally prescribed and medically indicated treatments in a timely manner.

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Pharmacy Practice Act[10]

Section 1330.30 Unprofessional and Unethical Conduct

Unprofessional and unethical conduct by a licensee or registrant shall include, but not be limited to:

Failing to provide patient counseling in accordance with this Part, failing to respond to requests for patient counseling, attempting to circumvent patient counseling requirements, or otherwise discouraging patients from receiving patient counseling concerning their prescription medications.

Committing any other act or omission that breaches the pharmacist's responsibility to a patient according to the accepted standard of care in pharmacy practice.

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Case-Based Scenario Q5

It is February 2027 in Illinois and the attending physician provides a legally compliant MAiD prescription for a 67-year-old patient with end-stage heart failure with a prognosis of less than 6 months. The patient presents the prescription to their community pharmacy. This prescription is for a compound that the community pharmacy does not make. The pharmacy technician on duty does not agree with MAiD. The institution does not have any MAiD-specific policies.

How should the pharmacy technician handle this situation? Briefly discuss.

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Case-Based Scenario Q5

How could this situation have been addressed earlier in the process?

A. The physician should have delivered the Rx to a pharmacist who would dispense the medication.

B. The pharmacy technician should have filled the Rx as written.

C. The patient should have researched where to fill their MAiD Rx.

D. The patient should have been declined for MAiD earlier in the process, as heart failure is not a terminal illness.

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Questions/Comments?

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Thank you for your time and attention!

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