

Fact: Medical Aid-in-Dying Laws Work to Protect Patients



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I have spent my life fighting to empower workers, women and disenfranchised communities. I advocate for and support passing medical aid-in-dying laws because they have strict safeguards to protect vulnerable people from abuse and coercion — while honoring the fundamental human right to decide how and when we die, when death is inevitable. All Americans should have the option to decide the end-of-life care that is right for them in consultation with their doctor and their loved ones.

– Dolores Huerta, American Labor Leader and Civil Rights Activist

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1. Medical aid-in-dying laws’ strict eligibility requirements protect all patients. To be eligible, a person must be an adult, terminally ill with six months or less to live, able to make an informed healthcare decision and able to take the medication themselves.
 2. Medical aid-in-dying laws have over a dozen safeguards — too many, according to some physicians and even more patients. These safeguards include:
 - » Two medical providers and/or qualified clinicians (according to state requirements) must confirm that the person is terminally ill with six months or fewer to live and is able to make an informed healthcare decision.
 - » At least one medical provider and witness must confirm that no one is exerting undue influence on the person requesting medical aid in dying.
 - » A medical provider must counsel the person about all other available treatment options.
 - » The person always remains in control, has to take the medication by self-ingesting it, and can change their mind at any time.
 3. Medical aid-in-dying laws make it a felony to coerce someone to request the medication or to forge a request.
 4. More than a dozen studies have carefully examined existing medical aid-in-dying laws. They conclude medical aid in dying benefits many terminally ill adults, whether they use the option or not, because it spurs conversations about all end-of-life care options and reduces suffering by inspiring more frequent usage of hospice, palliative care and pain management.
 5. There have been no documented or substantiated incidents of abuse or coercion across the authorized jurisdictions since Oregon implemented the first medical aid-in-dying law on Oct. 27, 1997.
 6. According to a 2015 Journal of Medical Ethics Report about the Oregon Death with Dignity Act: “Rates of assisted dying in Oregon ... showed no evidence of heightened risk for the elderly, women, the uninsured ... people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations.”