

# The Facts About Medical Aid in Dying



## Medical aid in dying is optional.

No person is required to use it. No healthcare provider is mandated to provide it.



## Medical aid in dying includes strict eligibility requirements.

A patient must be an adult, have six months or less to live, be able to make an informed healthcare decision and be able to self-administer the medication themselves.



## The legislation includes more than a dozen safeguards.

Two healthcare providers (according to jurisdiction requirements) must confirm that the patient has six months or less to live — due to terminal illness. A person is not qualified solely because of advanced age or disability. Two qualified clinicians and at least one independent witness must confirm that no coercion exists. Coercion is subject to criminal prosecution.



## Medical aid in dying is a practice proven by decades of experience in authorized jurisdictions.

In decades of experience since the first law was enacted in Oregon in 1997, and cumulative data from the laws passed in other jurisdictions there is not a single substantiated case of abuse or coercion — not one.



## Medical aid in dying gives patients autonomy.

The patient is in charge from the initial request to self-ingestion. They can withdraw their request for medication, not take the medication once they have it or otherwise change their mind at any point.



## Medical aid in dying improves end-of-life care.

Studies show palliative care improves for patients — and families — in states with medical aid in dying.



## Medical aid in dying helps far more people than those who choose to use it.

Research shows just having medical aid in dying as an option relieves fear and anxiety — even for those who never choose the option.<sup>1</sup>



## Doctors support medical aid in dying.

A November 2020 Medscape survey reported that more than half (55%) of physicians support the practice.<sup>2</sup>



## The American public wants medical aid in dying.

Nearly eight out of ten U.S. residents (79%) according to a February 2023 Susquehanna poll.<sup>3</sup> Support is strong across most demographic groups. The practice also claims majority support among people who attend church, people of all ideological views (conservatives, moderates and liberals), people from both political parties, and all races and ethnicities. Support has nearly doubled since Gallup first polled on the question in 1947.



## Medical aid in dying is currently authorized in 11 jurisdictions.

They include Oregon (1997), Washington (2008), Montana (2009), Vermont (2013), California (2015), Colorado (2016), the District of Columbia (2017), Hawai'i (2018), New Jersey (2019), Maine (2019) and New Mexico (2021).

**RESOURCES** **1.** Compassion & Choices, “Medical Aid in Dying: A Policy to Improve Care and Expand Options at Life’s End.” February 2, 2024, [CompassionAndChoices.org/resource/medical-aid-in-dying-data-book](https://CompassionAndChoices.org/resource/medical-aid-in-dying-data-book). **2.** Medscape, “Life, Death, and Painful Dilemmas: Ethics 2020.” Nov. 13, 2020, [www.medscape.com/slideshow/2020-ethics-report-life-death-6013311#2](https://www.medscape.com/slideshow/2020-ethics-report-life-death-6013311#2). **3.** Susquehanna Polling & Research, “USA/National Public Opinion Survey of 1,004 respondents – Cross Tabulation Report, February 2023.” <https://bit.ly/SPRNatDisabilityPoll2023>