



Senate Bill 136: Prohibiting Consent as a Defense for Physician-Assisted Suicide BAD POLICY FOR MONTANA

In 2009, the Montana Supreme Court ruled on behalf of a terminally ill truck driver from Billings, Bob Baxter (<u>Baxter v. Montana</u>), that the practice of medical aid in dying was not against public policy and it affords terminally ill Montanans the right to die on their own terms.

Since then, opponents have tried to deny Montana citizens this freedom. *Every effort* in prior legislative sessions to take end-of-life liberty away and criminalize physicians *has failed* because over 80% of Montanans support allowing a mentally capable adult who is dying of a terminal disease and in extreme pain to choose to end their life in a humane and dignified way.

If enacted, this bill would take away terminally ill Montanans' option to live out their final days and weeks as they see fit, according to their wishes and values. SB 136 would

- Criminalize the established practice of medical aid in dying in Montana;
- Subject physicians to potential homicide charges for simply providing the end-of-life care their terminally ill patients want and need; and
- Create a chilling effect on important end-of-life conversations between doctors and patients.

We recognize that medical aid in dying can seem like a complex issue. But, <u>we have nearly 30 years of experience</u> since the law was enacted in Oregon, the first authorized jurisdiction, and 16 years since it was authorized in Montana. This compassionate option has proven to protect patients and improve care across the end-of-life spectrum. The practice is time-tested and proven effective with established guidelines that meet the highest standard of care.

Research shows medical aid in dying improves end-of-life care for everyone. Authorization of the practice has resulted in:

- Increased hospice use;
- More open conversations between patients, families and physicians about the end-of-life; and
- Better physician palliative care training.

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Just having the option relieves fear and anxiety — even for those who never choose to use it. Medical aid in dying does not cause more people to die, but allows fewer people to suffer.

Terminally ill Montanans should not have to suffer needlessly at the end of life, and doctors should not have to worry about criminal charges for simply providing care to dying patients. Everyday Montanans – not politicians in Helena – should remain in charge of their own end-of-life care decisions.

Additional Information About the Bill:

Legislation SB 136

Compassion & Choices Website:

https://compassionandchoices.org/in-your-state/montana/

For More Information:

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The Compassion & Choices family comprises two organizations: Compassion & Choices (the 501(c)(3)), whose focus is expanding access, public education and litigation; and Compassion & Choices Action Network (the 501(c)(4)), whose focus is legislative work at the federal and state levels.

Paid for by Compassion & Choices Action Network

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