Medical aid in dying is fundamentally different from euthanasia. While both practices are designed to bring about a peaceful death, the distinction between the two comes down to who administers the means to that peaceful death. Euthanasia is an intentional act by which another person (not the dying person) administers the medication. By contrast, medical aid in dying requires the patient to be able to take the medication themselves and therefore always remain in control. Euthanasia is illegal throughout the United States.

State legislatures and courts in states where the practice is authorized recognize medical aid in dying as differing from suicide, assisted suicide or euthanasia. Euthanasia and assisted suicide are both illegal in jurisdictions where medical aid in dying is authorized. Medical aid-in-dying laws on the books in California, Colorado, the District of Columbia, Hawai’i, Maine, New Jersey, Oregon, Vermont and Washington expressly state: “Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide.” And in Montana, where assisted suicide is specifically illegal, the Montana Supreme Court ruled in Baxter v. Montana that medical aid in dying provided to terminally ill, mentally competent adult patients in no way violates established state law [including Montana’s assisted suicide statute] or the principles of public policy.

The American Association of Suicidology (AAS) recognizes that the practice of medical aid in dying is distinct from the behavior that has been traditionally and ordinarily described as “suicide.” People who seek medical aid in dying want to live but are stricken with life-ending illnesses. They feel deeply offended when the medical practice is referred to as suicide or assisted suicide.

Leading medical organizations reject the term “physician-assisted suicide.” The American Academy of Hospice and Palliative Medicine, American Medical Women’s Association, American Medical Student Association, American Academy of Family Physicians and American Public Health Association have all adopted policies opposing the use of the terms “suicide” and “assisted suicide” to describe the medical practice of aid in dying. The American Association of Suicidology, a nationally recognized organization that promotes prevention of suicide through research, public awareness programs, education and training comprised of respected researchers and mental health professionals, documents 15 ways medical aid in dying is fundamentally distinct from suicide and “a matter outside the central focus of the AAS.”

The most prominent professional society in the United States addressing issues that arise at the interface of law and medicine rejects the term “physician-assisted suicide.” The American College of Legal Medicine filed an amicus brief before the United States Supreme Court in 1996 rejecting the term and adopted a resolution in 2008 in which they “publicly advocat[ed the] elimination of the word ‘suicide’ from the lexicon created by a mentally competent, though terminally ill, person who wishes to be aided in dying.”