

The Facts About Medical Aid in Dying



Medical aid in dying is optional.

Optional for patients and optional for doctors. No person is required to use it. No doctor is mandated to provide it. It is illegal to force someone to use 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 health care decision and be able to take the medication themselves.



The legislation includes more than a dozen safeguards.

Two doctors must confirm that the patient has six months or less to live — due to terminal illness, not because of age or disability. Two doctors and two independent witnesses must confirm that no coercion exists. Coercion is subject to criminal prosecution.



Medical aid in dying is a medical practice proven by decades of experience in authorized states.

In more than 20 years of experience since the first law was enacted in Oregon, and an additional 40+ years of combined evidence and cumulative data from the laws passed in other jurisdictions there is not a single substantiated case of abuse or coercion nor any civil or criminal charges filed related to the practice. Not one.



Medical aid in dying gives patients autonomy.

The patient is in charge. They request the medication. They take it. And they can change their mind at any time.



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

Studies show palliative (“comfort”) care gets better 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.



Doctors support medical aid in dying.

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



The American public wants medical aid in dying.

Nearly three out of five U.S. residents (74%) according to a May 2020 Gallup poll. 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 (1994), Washington (2008), Montana (2009), Vermont (2013), California (2015), Colorado (2016), the District of Columbia (2016), Hawai'i (2018), New Jersey (2019), Maine (2019) and New Mexico (2021).