Ten Facts for 10 Years of Medical Aid in Dying in Montana

On December 31, 2009, Montana’s highest court ruled that physicians are authorized under state law to provide aid in dying to the terminally ill. In celebration of ten years of access, here are ten facts about the landmark Baxter decision, medical aid in dying in Montana and the movement to expand end-of-life options across the country.

Fact #1 — Bob Baxter’s Legacy of Service

In 2007, Bob Baxter volunteered to be the lead plaintiff in Compassion & Choices’ case to bring medical aid in dying to Montana. A Marine veteran, outdoorsman and career long-haul truck driver living in Billings, Bob was suffering from lymphocytic leukemia, a painful disease for which there is no known cure.

Fact #2 — Courts Support Throughout

On December 5, 2008, District Court Judge Dorothy McCarter decided that the Montana Constitution guarantees “the right of competent terminally ill patients to die with dignity.” The ruling came too late to give relief to Bob Baxter, who died that evening. The state immediately announced that it would appeal the ruling to the state’s highest court.

Fact #3 — The Baxter Decision

In their landmark decision, the Montana Supreme Court affirmed that terminally ill adults may choose medical aid in dying under state law and that it is lawful for Montana physicians to participate in the practice.

Fact #4 — A Unique Authorization

Montana is the only state where medical aid-in-dying has been authorized by a court decision. The nine other jurisdictions where the practice is authorized — Oregon, Washington, Vermont, California, Colorado, Washington, D.C., Hawai‘i, New Jersey and Maine — were through legislation or ballot initiatives.

Fact #5— First Access

In April 2010, just four months after the Baxter ruling, a terminally-ill patient was able to access the first peaceful death through medical aid in dying in Montana.

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Fact #6 — Disability Rights Activists Support Autonomy in Dying

In July 2014, New Mobility magazine published an editorial making the historic move from opposed to neutral on the issue of aid in dying. The editorial included a photo of Missoula resident and disability rights activist Dustin Hankinson. Hankinson, who lived with Duchenne muscular dystrophy, was a staunch advocate for medical aid in dying until his death in 2017.

Fact #7 — Triumphing over Challenges

Challenges to the Baxter decision were successfully defeated by Compassion & Choices in 2011, 2013, 2017 and 2019. The most recent legislative challenges have focused on criminalizing Montana doctors who choose to participate in the practice. These so-called “Physician Imprisonment Act” bills outline penalties as high as the death sentence for doctors who prescribe medical aid-in-dying medication.

Fact #8 — Family Ties

In February 2017, because of his grandfather Bob Baxter’s brave fight, TJ Mutchler utilized medical aid in dying to peacefully end his unbearable suffering from terminal pancreatic cancer.

Fact #9 — A Successful Issue for Sponsoring Lawmakers

In 2019, legislators in 19 states introduced bills to authorize medical aid in dying. A detailed state-by-state election analysis released by Compassion & Choices in 2018 showed that a majority of primary bill sponsors who ran for re-election last year won their races: A 93-percent re-election rate in primaries and 99-percent re-election rate in general elections.

Fact #10 — High Momentum

The movement to expand end-of-life options reached a high watermark in 2019 as two states passed medical aid-in-dying legislation: New Jersey and Maine. This marks the first time multiple states have authorized the practice in one year. More than 20 percent of U.S. residents may now access medical aid in dying.

For the most up-to-date information on medical aid in dying in Montana, including resources for patients, doctors, and pharmacists visit CompassionandChoices.org/Montana.

You can contact Community Organizer Brittany McLaughlin at 406-360-9810 or mclaughlin.contractor@compassionandchoices.org to share your story or get involved.