Compassion & Choices Supports the Disability Rights Community

The medical aid in dying and disability rights movements share important core values: autonomy, independence and self-determination. We strongly support the right of people living with disabilities to remain in control of decisions about their healthcare and their life.

What Is Medical Aid in Dying?

Aid in dying (also known as death with dignity) is a medical practice in which a terminally ill, mentally capable adult with a prognosis of six months or less to live may request, obtain and - if their suffering becomes unbearable - self-ingest medication that brings about a peaceful death. Prior to providing a prescription for such medication, two doctors must confirm that the person is fully informed and provide the person with information about additional end-of-life options, including comfort care, hospice and pain control.

Medical Aid in Dying Has Strong Support from People Living With Disabilities

The Disabilities Rights Legal Center, which has a successful track record of litigating on behalf of disabled Americans, is an active supporter of medical aid in dying. It has declared that medical aid in dying “poses no threat to people with disabilities.” Furthermore, it has an End of Life Liberty Project that has litigated on behalf of disabled Americans to secure their right to determine the way in which they die, including medical aid in dying.

State polls show a strong majority of voters living with disabilities support medical aid in dying in Connecticut (65%), Massachusetts (74%) and New Jersey (63%). And their average support level is nearly identical to all voters in these three states (Connecticut: 66%; Massachusetts: 71%; New Jersey: 62%).

Dustin Hankinson

At age three, Dustin was diagnosed with a genetic disorder called Duchenne muscular dystrophy. A lifelong disability rights activist, he has diligently advocated for passage of aid-in-dying legislation.

“Like others, we want the freedom to enjoy life. This freedom should include the full range of options at the end of life, including hospice, palliative care and aid in dying. If you have a terminal illness and are in great pain, I think you should have the right to end your life ... It is discrimination against the disabled to deny them the right ... that able-bodied people have ... We should not take away the freedom of the individual to choose to die. I believe one should have control of one’s life, including its ending.”
Medical Aid in Dying Has a Proven Safety Record

Medical aid in dying is a safe and trusted medical practice. In the more than 30 combined years of medical aid in dying in the authorized states, there has not been a single instance of abuse or coercion. Almost two decades of experience in Oregon shows us the law has worked as intended, with none of the problems that opponents had predicted. Core safeguards in medical aid in dying laws ensure that people in vulnerable circumstances are protected from coercion or abuse, including two doctors and two witnesses who must attest that the person requesting the medication for aid in dying is not being coerced or under undue influence. Coercing someone to utilize medical aid in dying is a felony.

Careful studies of the law’s 18-year record in Oregon, the first state to pass an aid-in-dying law, demonstrate that concerns the law would target the disabled, elderly, frail, uninsured or any vulnerable groups have not materialized. Disability Rights Oregon, charged with protecting Oregonians with disabilities, has never received a complaint of abuse or attempted abuse under the Oregon Death With Dignity Act. The eligibility requirements ensure that only mentally capable, terminally ill adults with a prognosis of six months or less who want the choice of a peaceful death are able to request and obtain aid-in-dying medication. Medical aid-in-dying laws specifically state that no person can qualify for aid-in-dying medication based solely on their disability or age.

Medical Aid-in-Dying Laws Have Sound Oversight and Investigation Processes in Place

States that authorize medical aid in dying thoroughly monitor the practice with stringent eligibility and qualification processes, mandatory state reporting by the medical team, medical board oversight, and justice department investigatory power when appropriate. Not a single reputable researcher or research institution has ever suggested that the oversight of the laws or the data are unsound or in any way unreliable.

Medical Aid in Dying Improves Overall End-of-Life Care

Medical aid in dying not only expands choice, but improves care at the end of life because palliative care and hospice systems grow stronger in states that authorize the practice. End-of-life care has improved overall since the Oregon law’s implementation, in large part due to the dialogue the Death With Dignity Act encourages between people and their doctors. Oregon is a leader in end-of-life care and policy, receiving a grade of A from The Center to Advance Palliative Care. And Oregon, Washington and Vermont, where medical aid in dying is authorized, are among only seven states that receive a grade of A for palliative care. A Journal of Palliative Medicine article suggests that medical aid in dying in Oregon has resulted in “more appropriate palliative care training of physicians.”

There Is No Financial Pressure to Use Medical Aid in Dying

Independent research published in the New England Journal of Medicine concluded that insurers have no financial incentive to pressure terminally ill patients to accelerate their deaths using medical aid in dying, because there are no substantial cost savings. The authors state “savings can be predicted to be very small — less than 0.1 percent of both total healthcare spending in the United States and an individual managed-care plan’s budget.”

Medical Aid in Dying Is Not Assisted Suicide

Factually, legally and medically speaking, it is inaccurate to equate aid in dying with assisted suicide. People who consider aid in dying find the suggestion that they are committing suicide deeply offensive, stigmatizing and inaccurate. The
Oregon\textsuperscript{13}, Washington\textsuperscript{14}, Vermont\textsuperscript{15} and California\textsuperscript{16} medical aid-in-dying laws emphasize that:

“Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.”

This is because a person who is choosing medical aid in dying already has a terminal prognosis of six months or less to live. They are not choosing to die; a disease is taking their life. The terminally ill person who pursues aid in dying is simply choosing not to prolong a difficult and painful dying process.

**Medical Aid in Dying Is Not Euthanasia**

Medical aid in dying and euthanasia are two fundamentally different practices, the chief differentiator between the two being who makes the choice to end a terminally ill person’s life. Compassion & Choices does not support euthanasia.

- Aid in dying is a medical practice by which a terminally ill, mentally capable person who has a prognosis of six months or less requests, obtains and — if their suffering becomes unbearable — self-administers medication that brings about a peaceful death.

- Euthanasia, sometimes called “mercy killing,” is an intentional act by which another person (not the terminally ill or dying person) chooses and acts to cause death. Medical aid-in-dying laws expressly prohibit euthanasia.\textsuperscript{17} Euthanasia is illegal in the United States, whereas medical aid in dying is currently authorized in five states.

**Most Americans Support Medical Aid in Dying**

The American public consistently supports medical aid in dying by large majorities, and the issue is of great importance to voters, as measured by national independent polling outlets such as Gallup (68 percent support in May 2015) and The Harris Poll (74 percent support in November 2014). State-by-state polling also indicates that majority support cuts across demographic groups. Since Oregon passed its law, medical aid in dying has been authorized in Washington, Montana, Vermont and California. In 2015, proposed legislation authorizing medical aid in dying was introduced in 27 states and the District of Columbia, and 217 state legislators across the country sponsored medical aid-in-dying bills.

Many Professional Healthcare Associations and National Organizations Support Medical Aid In Dying.

A growing number of national and state organizations representing healthcare professionals have endorsed or accepted medical aid in dying as an end-of-life option for terminally ill, mentally capable adults. And the prestigious and peer-reviewed Journal of Palliative Medicine published clinical criteria for medical aid in dying which physicians use to ensure that the practice meets the highest standards of medical care.\textsuperscript{18}

The medical practice is supported by the American Public Health Association, the American Medical Students Association, the American Medical Women’s Association, the American College of Legal Medicine, National Association of Social Workers, state chapters of the American Civil Liberties Union and the Gay and Lesbian Medical Association. The New York Times editorial board and major newspaper editorial boards across the country have also endorsed this end-of-life option after examining its record. In addition, a 2014 Medscape survey of 17,000 U.S. doctors representing 28 medical specialties agreed by a 23-percent margin (54% vs. 31%) that medical aid in dying should be available as an end-of-life option.\textsuperscript{19}
3. Recent Polling in MA. Purple Insights. February 2014. Available from: https://drive.google.com/open?id=0B3luDiCAxxv7eXdPUXjtTEtyc0NZNFoSDjWYkTvIM4aWkQ
8. Robert Joondepth, Executive Director of Disability Rights Oregon, reconfirmed in a February 10, 2016 letter that his 2007 declaration in testimony before the American Health Public Health Association that Disability Rights Oregon has never received a complaint of abuse or attempted abuse under the Oregon Death with Dignity Act. Available from: https://drive.google.com/file/d/0B3luDiCAxxv7WmhZWNZMEt4Wms/view?usp=sharing