QUICK START GUIDE

Aid in Dying Advocacy

Words and Concepts for Powerful Advocacy

Our goal is to educate. We know, when people have the correct information, approximately 7 out of 10 people support access to Medical Aid in Dying for terminally ill adults with decision-making capacity.

Most U.S. state laws, hospitals, and public policy use the term Medical Aid in Dying. Using terms like "assisted suicide" is detrimental to suicide prevention efforts.

AVOID	INSTEAD, TRY THIS
Non-neutral or emotionally charged language such as: Assisted Suicide Physician-assisted Suicide	Neutral, descriptive and compassionate language such as: Aid in Dying (Voluntary) Assisted Dying Medical Aid in Dying

In the context of MAID, ableism is defined as systemic discrimination and societal devaluation of people living with disabilities.

AVOID	INSTEAD, TRY THIS
Ableism assumes that because someone needs assistance with ADLs (activities of daily living), such as toileting, walking, or eating, that they are no longer in charge of their own lives.	Agency over pity: People living with a terminal illness are full human beings with agency, not people to be "fixed," no matter how well intentioned.

We allow everyone to have their own belief system. As a MAID advocate, you may come across someone who wants to "convince" you of their religious perspective. Politely pivot - recognize and respect their belief system and state your personal reason for support of MAID.

AVOID	INSTEAD, TRY THIS
Discussions about religious opposition to Aid in Dying	"I respect your right to hold your beliefs. The important thing about the U.S. Model of MAID is that it is 100% voluntary. So everyone can decide what is best for them."

The United States has vastly different Aid in Dying laws than many other countries, and ours are much stricter. It is in the best interest of advocacy to direct the conversation to U.S. legislation. We cannot impact laws in other countries and they do not impact ours.

AVOID	INSTEAD, TRY THIS
Discussions about how the U.S. is going to "end up" down a slippery slope like Canada, Netherlands, etc.	The U.S. Model of Medical Aid in Dying is the strictest in the world. Equating systems from other countries doesn't further our conversation about this option in Ohio.

Organized opposition groups often like to tout the "culture of death" that is created by allowing access to voluntary assisted dying. Patients who consider MAID very much want to live and value their life. However, they also want the option of a planned, peaceful death. Ignoring death doesn't make it go away.

AVOID	INSTEAD, TRY THIS
Discussions about how passing Aid in Dying laws will lead to a "culture of death."	"Because I cherish life so much, I have strong, personal preferences about maintaining autonomy when the time comes to making end-of-life decisions."

When educating about MAID in Ohio, we prefer that you do not initiate comparisons about MAID for terminally ill adults with decision-making capacity and pet euthanasia. If someone references it as they relate the compassionate aspect of not wanting their loved one to suffer, recognize their belief and move on.

AVOID	INSTEAD, TRY THIS
Comparing Medical Aid in Dying to involuntary euthanasia of pets	"I understand what you are saying. We love our pets. Unfortunately, some people (including lawmakers) find it offensive to compare pets to people."

Most of the people you talk with about MAID want a peaceful death for themselves and their loved ones. That may look different to people, and that's okay. You are an expert in your story, values, and beliefs. OhioOptions.org is always available as a resource for people who want to learn more.

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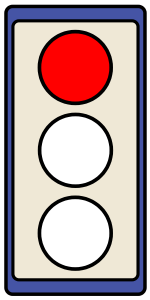
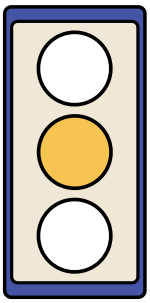
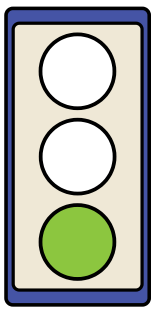
Speaking with one voice is important because it transforms fragmented, individual opinions into a powerful, cohesive message. A unified approach amplifies impact, builds trust, and ensures the core message is clearly understood rather than diluted by conflicting statements.



- Assisted suicide, suicide, physician-assisted suicide, or mercy killing
- Ableist concepts and language:
  - discussing lack of independence with activities of daily living (showering, toileting, etc). Words like "suffering" or "inhumane."
- Judging someone for a religious objection to MAID or being intimidated to discuss this option with people you think may not support it due to their religious beliefs.
- Publicly supporting the expansion of eligibility criteria for mental illness, disability, alzheimers or advance directive inclusion.
- Assuming that an elderly person or someone living with a disability would want this because their life, as you see it, would not be "worth living."



- Dr. Kevorkian - A pop culture reference when referring to assisted dying. To maintain focus on the U.S. Model of MAID, we don't initiate conversations about Dr. K. We acknowledge that he opened the broader conversation about the right of people to die on their own terms.
- Using the phrase "death with dignity" to refer to the established medical practice of Medical Aid in Dying.
  - Death with Dignity is the name of a national advocacy organization, the name of the MAID laws in WA and OR, and an overarching concept that every human deserves to die in a way that aligns with their values and beliefs.
- Pet euthanasia - "We are kinder to our pets than our people." This is 100% relatable to pet owners. However, organized opposition will weaponize the concept to say supporters care more about animals than people.



- Medical Aid in Dying, or MAID, is also known as Aid in Dying, (voluntary) assisted dying.
- *The U.S. Model of Medical Aid in Dying is supported by Ohio End of Life Options, three U.S. national advocacy and clinical organizations, and serves as the framework for proposed legislation in Ohio. Our mission is to pass a law that allows an additional end-of-life option for terminally ill adults with decision-making capacity.*
- The U.S. Model for Aid in Dying is the strictest in the world.
- Only the patient may request medication, and they must be able to self-ingest. No one can request medication for someone else.
- People who decide to access MAID have generally been living with their disease for a while (ex, chemo, radiation, clinical trials, etc), and now there is no path forward. Then the focus shifts to quality of life (hospice) and determining the timing and manner of their death.
- Comparing the U.S. Model of MAID to other countries is like comparing apples and oranges.

Setting the Tone for Discussion

Most of your initial conversations about Medical Aid in Dying will be with family, friends, coworkers and neighbors. The following are some tips on how to approach and respond to ensure a productive discussion.

Prepare Your Message: Define the specific issue, your goal, and why it matters. Anticipate questions and potential resistance, and prepare answers in advance.

Keep it Personal and Concise: Share personal, authentic stories to make the topic relatable. Keep your talking points brief and clear, focusing on one issue at a time.

Choose the Right Setting: Engage in one-on-one conversations or small group chats, which promote better listening and reduce defensiveness.

Use Active Listening: Ask questions and listen to their perspectives with an open mind. Understanding their viewpoint helps tailor your message and fosters mutual respect.

Connect to Common Values: Frame your advocacy in terms of shared values, such as community well-being, fairness, or safety.

Be Patient and Persistent: Advocacy is often a long-term process. Maintain relationships and continue to share information, even if progress feels slow.

Colleague-Specific Advice: Use professional skills like data, research, or clinical reasoning to build a supportive case in a workplace setting.

Communication Techniques

- **Use "I" Statements**: Instead of saying "You are wrong," try "I feel concerned when I hear..." to express your viewpoint without placing blame.
- **Ask Open-Ended Questions**: Encourage others to share their perspectives by asking questions like "How did you come to that view?"
- **Practice Active Listening**: Genuinely listen to understand their perspective, even if you disagree, rather than just waiting for your turn to speak.
- **Use "And" Instead of "But"**: Subtly validating their perspective while adding your own can keep the conversation flowing, e.g., "I see that point, and I also think about...".
- **Avoid Shaming**: Focus on the issue or behavior rather than attacking the person, which can cause defensiveness and shut down dialogue.

Navigating Different Contexts

- **With Family/Friends**: Choose a comfortable, private setting, and avoid initiating high-stakes conversations when people are tired, stressed, or intoxicated.
- **With Colleagues**: Keep it professional by focusing on how the issue relates to shared workplace values, rather than personal politics.
- **Setting Boundaries**: It is okay to agree to disagree or to stop a conversation if it becomes unproductive or harmful.

If the Conversation Gets Heated

- **Take a Break**: Pause the conversation if emotions run too high.
- **Use Reflections**: Restate what you heard them say to ensure they feel heard, for example, "It sounds like you are concerned about..."**.** You can always refer them to OhioOptions.org to learn more.