U.S. MODEL OF MEDICAL AID IN DYING (MAID)

Common Opposition Questions and Answers

Responding to Common Concerns: A Reference Guide

This worksheet is designed to help Aid in Dying supporters engage in respectful, informed conversations about Medical Aid in Dying (MAID) legislation. The responses below are based on evidence from states with existing laws and are meant to facilitate productive dialogue.

Core Message: Freedom & Compassion at Life's End

- **Medical Aid in Dying is about the most basic American values — freedom and individual rights**.
- MAID empowers mentally capable, terminally ill adults to make one final, deeply personal choice: to determine the timing and manner of their own peaceful death, surrounded by loved ones, rather than losing control to unbearable suffering they did not choose.
- Ohioans: This is your decision — between you and your loved ones, guided by your own values and beliefs. It is not up to government bureaucrats, the state, hospitals, or insurance companies to decide when and how your life ends.
- **Remember: Always speak about what MAID is — a compassionate option that honors freedom and preserves human dignity for people who are already dying.**
- **DO NOT speak of it on the terms of our opponents. DO NOT talk about what it isn't. Talk about what it IS.**

Remember to talk about what this IS and not what it is NOT - Do not repeat negative message	The four pillars of the US Model of MAID: ● An adult with a terminal condition ● Able to make informed health care decisions ● Voluntarily requests a prescription for aid in dying medication ● May decide to self-administer and ingest the medication People with disabilities or dementia who are not terminally ill are not eligible. Ohioans who are at the end of their days want the freedom and autonomy to make end-of-life decisions. Pivot: If someone asks about suicide, you immediately respond: This is about a dying individual who wants the freedom to control the timing and manner of their death.

Common Opposition Arguments	Responses: Do not repeat opposition talking points
“What about what’s going on in Canada and the Netherlands? They euthanize people for mental illness and all sorts of things.”	We strictly adhere to the U.S. Model of Medical Aid in Dying and its clear safeguards. All of the US laws require the four cornerstones. Other countries have different laws, but in over 30 years, US state laws have not expanded to include chronic illnesses, disabilities, dementia, or mental health issues. All national U.S. advocacy and clinical organizations support the U.S. Model.
"This is a slippery slope that will lead to involuntary euthanasia or pressure on vulnerable populations."	This is a common fear tactic used by opposition groups, but the evidence doesn't support it. The U.S. has 100+ years of collective state data with zero verified cases of abuse or coercion. These U.S. laws have strict, effective safeguards: ● have a terminal diagnosis with 6 months or less to live ● the patient must be a mentally capable adult ● make multiple requests over a period of time ● and self-administer the medication ● Two physicians must confirm eligibility. No one else can administer the medication, which prevents any slippery slope toward involuntary euthanasia. Studies show the laws work exactly as written, with no evidence of coercion or expansion beyond the original parameters. **There is a clause in all of the US MAID laws that says euthanasia, mercy killing, and lethal injection are all prohibited.**
"This discriminates against people with disabilities and devalues their lives."	Medical Aid in Dying laws are specifically designed for terminally ill individuals—those with a prognosis of six months or less to live. ● The bill expressly protects the disabled by specifying that no individual qualifies solely because of age or disability (Section 3793.01(B)). ● In fact, many disability rights advocates support these laws because they recognize that autonomy and choice are fundamental rights for all people, including those with disabilities when facing their own terminal illness. ● The law empowers individuals to make their own end-of-life decisions rather than having others decide for them. ● Data from existing MAID states show that people who use this option are typically well-educated, have insurance and access to healthcare and hospice care, and exercise autonomy—not acting out of desperation. ● The law protects against discrimination by requiring mental capacity

	assessments and ensuring no one is pressured into this decision. ● No court-appointed guardian may request this on behalf of their ward. Coercion and fraud are specifically prohibited in all U.S. legislation.
"This violates religious beliefs and the sanctity of life."	We deeply respect religious beliefs, and Medical Aid in Dying laws are designed to protect religious freedom for everyone. ● No one—no patient, family member, doctor, or healthcare facility—is ever required to participate. ● Religious hospitals and any healthcare professional can opt out entirely. ● For some people of faith, relieving unbearable suffering at the end of life is consistent with their religious values of compassion and mercy. ● For others, it's not, and they would never choose this option—and that's completely respected. ● In a diverse society, Medical Aid in Dying laws allow individuals to make end-of-life decisions according to their own values and beliefs, rather than imposing a single set of religious beliefs on everyone through law. ● It's about freedom of conscience for all Ohioans.
“Only God determines when we die.”	Simple response: Thank you for sharing your thoughts. I respect your viewpoint and understand that you would never ask for this option.
“You’re supporting suicide.”	Simple response: People seeking MAID want to live, but they have a terminal disease that is killing them. They want is to to die peacefully in their sleep surrounded by loved ones. MAID is not ending life. It is shortening the dying process. We strongly support suicide prevention efforts in Ohio and the U.S.

"Vulnerable people—the elderly, poor, or uninsured—will be coerced or pressured into this to save money or relieve family burden."	This concern has been carefully studied in states with existing laws, and the data show it's not happening. ● 80% + of U.S. patients who access MAID are enrolled in hospice. ● The law includes multiple safeguards specifically designed to prevent coercion: two physicians must independently confirm the diagnosis and prognosis, assess mental capacity, and ensure the request is voluntary. There's a mandatory waiting period, and patients must make multiple requests. **Healthcare providers are already trained to evaluate decision-making capacity.** ● Financial concerns are not a qualifying factor—only a terminal diagnosis. ● After decades of implementation across multiple states, there's simply no evidence that vulnerable populations are being coerced. ● In fact, denying this option could be seen as paternalistic—assuming people can't make their own informed decisions.
"We should focus on improving palliative care and hospice instead—this is giving up."	This isn't an either/or situation. Advocates for Medical Aid in Dying strongly support expanding access to excellent palliative care and hospice—and so do the laws themselves. ● The Academy of Aid in Dying Medicine recommends all patients who are considering MAID be enrolled in hospice. ● The vast majority of people who use Medical Aid in Dying are already enrolled in hospice (about 80%+ in the U.S.). ● Even with the best palliative care available, "too much" suffering should always be determined by the terminally ill person. ● Medical Aid in Dying provides one additional option for people who choose it. It accounts for less than 1 percent of deaths in any of the states where it is legal. ● We should absolutely continue improving palliative care access for all Ohioans while also respecting that some individuals, even with excellent care, may choose a planned, peaceful death on their own terms. ● It's about compassion and respecting individual autonomy.
"Doctors took an oath to do no harm." **Or** **"Doctors shouldn't kill people."**	Doctors who participate focus on compassion and their duty to relieve suffering, acknowledging that competent adults have the right to make all end-of-life decisions. ● The original version of the Hippocratic Oath has been revised to reflect an understanding that medicine is an art as well as a science. ● While the AMA does not support MAID, it acknowledges that physicians practicing in states with such laws may act according to their conscience. ● Many state medical societies have neutral positions on the issue. A summary of those positions may be found here: Healthcare Professional Associations that Recognize Medical Aid in Dying

“Poeple may stop dialysis or other treatment in order to access MAID.”	Competent adults have the right to make end-of-life decisions. The bill specifies that the person must have an ***incurable and irreversible*** disease with six months or less to live.

Key Talking Points for All Conversations:

- **This is about personal freedom and autonomy** for terminally ill, mentally capable adults.
- **Individuals making this request are dying,** they want the freedom to determine the manner and timing of their imminent death.
- **Strict safeguards** prevent abuse: multiple requests, a waiting period, two physician confirmations, and a requirement for self-administration.
- **100+ years of collective U.S. state data** shows these laws work effectively as written.
- **No one is required to participate**—the law protects religious freedom and conscience rights.
- The law would c**omplement, not replace,** excellent palliative and hospice care.
- **Reduces suffering** for those facing terminal illness, with unbearable suffering as defined by the patient.

Remember:

- Share what brought you to support this issue
- Listen respectfully to concerns
- Acknowledge that this is a deeply personal issue
- Share facts and evidence calmly
- Emphasize choice, autonomy, and safeguards
- Respect that some people will continue to disagree—our goal is informed dialogue