Medical Aid in Dying is a nuanced and deeply personal issue. It's important not to overwhelm people with too much information at one time. When interacting with your community, you sometimes need phrases that help you discuss MAID in an easily digestible way for a newcomer to this issue.

We asked our team to share common phrases they use when talking about Medical Aid in Dying in the community. As you fine-tune your conversational skills around this issue, we hope these phrases help you to develop your own style of MAID advocacy.

- Every Ohioan deserves the freedom to access ALL end-of-life options, INCLUDING high-quality hospice and palliative care AND Medical Aid in Dying.
- The road to full end-of-life autonomy in Ohio is a long one. With 13 states and D.C. allowing MAID, Ohioans are in the fight for freedom and compassion until we pass a law.
- The United States has the strictest Medical Aid in Dying laws in the world, and Ohio End of Life Options is committed to working within this framework.
- Dignity is inherent in each person, not the way they die. (Note: This is why we don't use the term "death with dignity" to refer to the process of Medical Aid in Dying).
- Organized opposition groups often misrepresent the dangers to vulnerable populations such as those living with a disability. U.S. MAID laws are only an option for terminally ill adults with decision-making capacity and a life expectancy of less than six months.
- Sadly, organized opposition groups weaponize language such as "assisted suicide" to capitalize on the societal stigma associated with suicide. It's shameful and does not help the suicide prevention work that we support.
- Every opposition group has been invited to participate in a review and discussion of the laws. They never take us up on that. Why?
- Organized opposition groups often traffic in disinformation, and that hurts terminally ill patients who just want the additional end-of-life option of using MAID to die a planned and peaceful death.

- We respect those who choose not to access MAID due to their religious beliefs. Religious leaders should counsel their members accordingly, rather than assuming their worldview should inform public policy.
- Discussing other countries is a distraction. No one is suggesting we adopt the Canadian, Dutch, or any other legal model. Let's focus on discussing the legislation that has been introduced.
- Why does the opposition think it's okay to punish and shame dying people who want the option to forego suffering and die peacefully on their own terms?
- Medical Aid in Dying in the United States is a 100% voluntary patient-directed process. Only the patient may request medication, and they must be able to self-administer it.
- Hospice, palliative care, and medical aid-in-dying are compatible end-of-life options.
- Patients who choose Medical Aid in Dying want to live, but the disease they have is killing them.
- We strongly support hospice and palliative care. They provide excellent symptom management and support for patients and families. Medical Aid in Dying is an additional end-of-life option. It is not meant to replace hospice or palliative care.
- Medical aid in dying does not result in more people dying, just fewer people suffering.
- Advanced age, disability, and mental illness are NOT eligible conditions for Medical Aid in Dying in the United States.
- We're all one terminal diagnosis away from supporting Medical Aid in Dying as an end-of-life option.
- Assisted suicide and euthanasia are illegal in the United States.
- Medical Aid in Dying laws in the United States have a robust, multi-step eligibility process that safeguards patients and healthcare providers.
- All MAID laws in the United States provide opt-out options for healthcare providers and systems.
- Every current state law in the U.S. clearly carves out a distinction about what MAID is and is not. Additionally, healthcare policies in MAID-implementation states use the correct language adopted by lawmakers, patients, families, and advocates.
- Only a patient can request medical aid in dying. No one may request MAID for someone else, regardless of their relationship to the patient. The patient must be able to make their own healthcare decisions and take the medication independently.

- Alzheimer's disease is not eligible for medical aid in dying. Patients must be legally able to make their own healthcare decisions both at the time they request and ingest the medication.

Pivot Comment Examples: *A key to effective advocacy is to dispel opponents' misinformation and avoid repeating incorrect information*. This takes some practice. Be kind to yourself. The following are examples of pivot language.

Fear of expanding eligibility
"That's an important question to ask whenever a new law is considered. The proposal being discussed in Ohio is modeled on existing U.S. laws, which include specific eligibility requirements and safeguards. All MAID advocacy and clinical organizations in the U.S. support the current model, which is only an option for terminally ill adults with decision-making capacity."

The slippery slope
"Medical Aid in Dying laws are narrowly written and only for terminally ill adults with decision-making capacity. Any future change would require a separate legislative process here in Ohio. Citizens and lawmakers remain in full control of what is and isn't allowed."

Concern about protecting vulnerable people
"Protecting vulnerable people is something we care deeply about as well. That's why U.S. state laws include eligibility requirements, multiple requests, evaluations by healthcare professionals, and other safeguards. We believe it's important to discuss both patient autonomy and patient protection together."

Religious or moral objections
"Many people hold deeply held religious or moral beliefs about end-of-life care, and those beliefs deserve respect. We encourage religious leaders to counsel their members accordingly, rather than assuming their worldview should inform public policy.

Medical Aid in Dying laws do not require anyone to participate. They simply allow eligible individuals to make a decision that aligns with their own values and beliefs."

Concern about suicide
"Suicide prevention remains critically important in our society. Medical Aid in Dying in the U.S. is only an option for mentally capable adults with a terminal illness with less than six months of life expectancy. Patients who access Medical Aid in Dying want to live, but the disease they have is killing them. The conversation is about end-of-life medical care for terminal illness rather than crisis intervention."

Belief that hospice is sufficient and we don't need a MAID option
"Hospice provides extraordinary care and support, and many families are grateful for it. We encourage early enrollment. In states where medical aid in dying is legal, 80%+ of patients who access MAID are also enrolled in hospice. The two approaches can work together to support patients at the end of life."

Concern about physician ethics
"Healthcare professionals hold a range of views on this issue, and existing U.S. state laws allow physicians to decide whether participation aligns with their professional and personal ethics. No provider or system is required to participate."

Concern about pressure from family or society
"Only a patient can request medical aid in dying. No one may request MAID for someone else, regardless of their relationship to the patient. The patient must be able to make their own healthcare decisions and take the medication independently."

Concern about disability rights
"Research shows that a majority of people living with a disability support access to MAID for terminally ill adults with decision-making capacity. It's the organizations often funded by far-right groups that oppose this option.

Concern about prognosis errors
"Predicting life expectancy isn't perfect, which is one reason laws include multiple medical evaluations and eligibility requirements. It's a thoughtful conversation between patients and their healthcare teams rather than a decision based on a single opinion."

General distrust of the healthcare system

"Trust in healthcare is an important issue. That's why transparency, informed consent, documentation, and clear legal safeguards are central to existing U.S. medical aid-in-dying laws. Everyone benefits from careful oversight."

Thank you for taking the time to learn how to talk about the U.S. Model of Medical Aid in Dying. Here are practical ways volunteers can become more comfortable talking about Medical Aid in Dying:

1. **Role-play conversations** with another volunteer, practicing both supportive and skeptical interactions.
2. **Practice a 30-second introduction** until it feels natural and conversational.
3. **Learn the most common questions** and rehearse clear, concise responses.
4. **Observe experienced advocates** by attending presentations, webinars, or community events.
5. **Share your personal "why."** Reflecting on why you support the issue makes conversations more authentic.
6. **Use message guides or talking points** rather than trying to memorize facts.
7. **Practice active listening.** Focus on understanding before responding.
8. **Start with trusted friends or family** before speaking with strangers or the public.
9. **Accept that it's okay to say, "I don't know."** Offer to find the answer rather than guessing.
10. **Debrief after conversations** with fellow volunteers to discuss what went well and what could be improved.
11. **Read real patient and family stories** to better understand the human impact behind the issue.
12. **Remember your role.** Volunteers are there to educate, listen, and share information—not to win every debate.

The goal is not to have a perfect answer to every question. Confidence comes from repeated practice, active listening, and having genuine conversations grounded in respect and accurate information.