

# The Facts About Medical Aid in Dying for the Terminally Ill



Medical Aid in Dying laws provide the option for terminally ill, mentally capable adults to end their life when and where they choose by requesting a prescription from their doctor. The laws define a strict, voluntary process with multiple safeguards.



Medical Aid in Dying laws are referred to by the acronym MAID and also known as Death with Dignity laws. In the U.S., these laws always apply only to mentally capable adults with terminal illnesses.



There are strict eligibility requirements. The person must be an adult, have six months or less to live, be able to make an informed healthcare decision and be able to

take the medication themselves. Two doctors must agree that the patient is mentally capable of making the decision. It may not be written into an advance directive in the case of dementia.



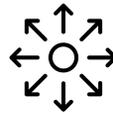
Patients are protected by more than a dozen safeguards. Two doctors must confirm that the patient has six months or less to live — due to a terminal illness, not because of age or disability. Two doctors and two independent witnesses must confirm that no coercion exists.



The laws are administered on a state level. These jurisdictions have passed MAID laws: Oregon, Washington, Vermont, Maine, California, Colorado, District of Columbia, Hawaii, New Jersey and New Mexico. Medical aid in dying is allowed through a court ruling in Montana.



All of the laws in the U.S. are similar and modeled on the Oregon Death with Dignity Act passed in 1994. It was The first MAID law in the U.S. The safeguards of these laws have proven effective. No cases of abuse or coercion have been found.



Medical Aid In Dying is optional. It is optional for patients and healthcare providers. No person is required to use it and no doctor is mandated to prescribe the medication. All healthcare providers may opt-out of participation.



The patient is in control. Only the patient can request the prescription. The patient must be able to take the medication themselves. They can change their mind at any time and choose not to take it.



It improves end of life care. Evidence shows that palliative or comfort care gets better for patients and families in states with medical aid in dying. The vast majority of patients who have obtained a prescription were also using hospice care.



Medical Aid in Dying can provide comfort and control when a patient is facing the uncertainties and suffering of a terminal illness. Patients report that just having this option relieves fear and anxiety — even for those who never choose to use it.



# Medical Aid in Dying for the Terminally Ill in Ohio



Ohio End of Life Options' mission is to raise awareness, provide fact-based education, and advocate for a medical aid in dying law in Ohio. In 2018 we worked with Senator Charleta Tavares who proposed SB 249 in the 132nd General Assembly. Because she was term-limited, new legislation needs to be introduced in Ohio. Please contact your state legislators and ask for their support.

## Through conversations and research we know that people want this option in Ohio.

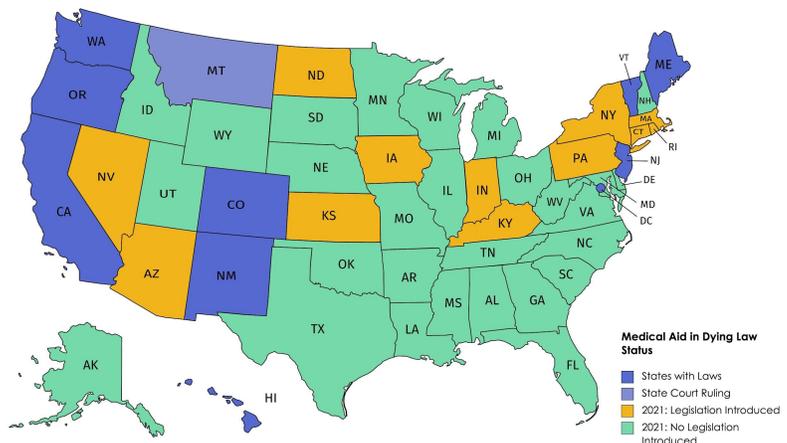


"I still have so much left to do. I want to live my life until I can't for another moment. I want quality for as long as I can have it. I have been in control of the way I lead my life, I believe I should have control over my death."

**"It is as important to choose the way we die as it is to choose the way we live."**

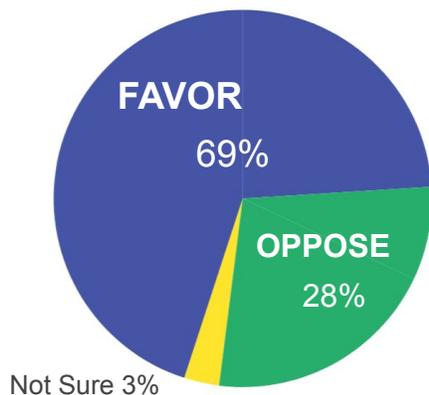
*Pamela Gredicak (1965-2020), Columbus, OH.*

- Ten states and the District of Columbia allow access to Medical Aid in Dying for the terminally ill.
- One in five Americans has access to this option that provides great comfort to the dying.
- More states are considering legislation.



## Ohio Voters Support Medical Aid in Dying Legislation

### SUPPORT AMONG OHIO VOTERS



May 2018 Public Policy Polling. N=645 Ohio voters, margin of error is +/- 3.9%

### SUPPORT AMONG RELIGIOUS GROUPS

