Aid in Dying Legislation in Ohio
What You Need to Know

HAS LEGISLATION BEEN INTRODUCED IN OHIO?
There is currently no proposed legislation. An aid-in-dying bill was introduced in January 2018 by Senator Charleta Tavares. It will need to be re-introduced because no vote was taken in that session of the Ohio general assembly.


WHAT IT WOULD DO: Allow an eligible terminally ill person to obtain a prescription to hasten his or her imminent death using a strict process with multiple safeguards.

WHO WOULD BE ELIGIBLE TO USE AN AID-IN-DYING LAW?
Adult residents of Ohio who are:
- Determined to be mentally competent to make decisions
- Diagnosed with a terminal illness that will lead to death within six months, confirmed by two doctors
- Capable of ingesting the medication without assistance

SAFEGUARDS:
- Using the law is voluntary for patients, physicians, and pharmacists.
- The patient is always in control of the process. Only he or she can make the request for medication, and can rescind the request at any time.
- Two licensed physicians must verify the patient’s eligibility.
- If a mental disorder or depression causing impaired judgment is suspected, the patient must undergo a mental health evaluation.
- The patient must make two oral requests in-person, at least 15 days apart. The patient must also make a written request, witnessed by two people, one of whom is not an heir.
- Physicians and pharmacists must meet strict reporting requirements for each request.
- The request process must stop immediately if there is any suspicion or evidence of coercion.
- There are criminal penalties for any abuse or violations.

Ohioans Support Death with Dignity

SUPPORT AMONG ALL OHIOANS

SUPPORT AMONG RELIGIOUS GROUPS

May 2018 Public Policy Polling survey of 645 Ohioans, margin of error +/- 3.9%

Learn more at OhioOptions.org or contact us at Info@OhioOptions.org
 BENEFITS OF AID IN DYING LEGISLATION FOR END-OF-LIFE CARE

INFORMATION: A person must be informed of options for end-of-life care when they request the medication, including hospice, pain control and comfort care. Ninety percent of the people who have used this law in Oregon have also been enrolled in hospice.

AUTONOMY AND CONTROL: Individuals can decide what is best for them. They retain control over the time and place of death and can be surrounded with the people they choose at the time of death. Thirty-six percent of the people who receive the medication never use it.

PEACE OF MIND: The option to die at a time and place of their choosing provides people with invaluable peace of mind at an extremely private time of their lives.

RESPECTING END-OF-LIFE WISHES: National polls show that 70 percent of people wish to die at home, but only 20 percent do die at home. For patients who use death with dignity laws, 93 percent die at home.

PROMOTING END-OF-LIFE CONVERSATIONS WITH PHYSICIANS: Studies show that a higher percentage of terminally ill patients discuss all end-of-life options with their physicians when they live in states where death with dignity laws are enacted.

THE OREGON EXPERIENCE

FEW PEOPLE USE THE OREGON DEATH WITH DIGNITY ACT: Four in 1,000 Oregonians die using the law. One in three patients with the medication choose not to take it.

IMPROVEMENTS IN END-OF-LIFE CARE: Over 90 percent of Oregonians requesting life-ending medications are in hospice, twice the US average.

FLAWLESS IMPLEMENTATION: No reports of abuse.

I Should Have Control over My Death
by Pamela Gredicak, Columbus, Ohio

I was first diagnosed with a rare autoimmune disease while working as a school administrator in 2001 and then diagnosed with a rare form of cancer in 2009. I am pursuing all treatment options available to me. My goal is to live long enough to outlive my parents because I worry that my death would literally kill my father. I don’t want my mother to have to bury one of her children.

My husband has been with me through every stage of my illnesses. I don’t want him to have to watch me die slowly in agonizing pain or to be so scarred by my death that he can’t go on living.

I don’t want to stop what I’ve been doing; 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 and then I want to stop putting the people I love through this pain.

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

I don’t believe there are many who would choose to struggle through those last horrible days, weeks or months while our loved ones feel obligated to visit us in places that feel and smell like death. These are some of the reasons that the Death with Dignity law is so very important to me.

Opponents believe that it’s the depressed and weary who are convinced Death with Dignity is the only option. That’s not the case for me. I have been in control of the way I lead my life, as much as I am allowed by my illnesses.

I believe I should have control over my death.