



Care and Choice at the End of Life

# Aid in Dying:

## A Handbook for City and County Council Statements of Support



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**Public opinion on these issues seems to be far ahead of political leadership and legislative actions.**

– Humphrey Taylor, chairman of *The Harris Poll*, Dec. 2014

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# SECTION I:

# Introduction

## Attention Advocates!

*In the following pages, we provide some **step-by-step information on engaging your local government and working to pass a city or county resolution or proclamation in support of aid in dying for terminally ill people who are suffering.***

Local government resolutions, proclamations or declarations — expressions of support from an elected city or county body (council, board, commission, etc.) — send an important message about the urgency of end-of-life options and care. They also put state legislators on notice that other levels of government are engaged with and supportive of aid in dying.

If this is something you'd like to see happen in your city or county, identify a couple of friends or neighbors who also support death with dignity. You are going to need help, and it will broaden your networks for reaching other citizens who share your view. Then, follow these general guidelines for advancing a local resolution or other public statement of support. And remember, there is a lot more information about death with dignity — polling data, state developments, news coverage, etc. — at [CompassionAndChoices.org](https://www.compassionandchoices.org).

**Good Luck!**

# SECTION II:

## A Winning Issue

It's important that your local officials understand that aid in dying commands long-term, bipartisan majority support among voters nationwide. In 2014 a Harris Interactive survey put national support for aid in dying at 74%, which is consistent with other recent national and state results such as a 2015 Gallup poll that put aid in dying at 68% support.

*Majority support for aid in dying has been **broadly reliable across a range of questions and demographics.***








Among California voters, significant majorities support aid in dying in every subgroup, including 70% among Latinos, 67% among African Americans and 69% among Asian-Pacific Islanders.<sup>1</sup> In 2015, a poll of voters across New York state found support for the option of aid in dying was 77% (and 75% among Catholics); when more details of pending legislation in the state were provided, support went up to 4 out of 5 voters wanting that legislation to pass (including 81% of self-identified conservatives).<sup>2</sup>



**Nearly 7 in 10 Americans agreed** that “Individuals who are terminally ill, in great pain and who have no chance for recovery, **have the right to choose to end their own life.**”

<sup>1</sup> [Goodwin Simon & Probolshy Research Poll, June 2015.](#)

<sup>2</sup> [EaglePoint Strategies Poll, October 2015.](#)

National Polls		State Polls	
	<p><b>2011</b> 67% Support Aid in Dying</p>	<p><b>2011</b> <b>HAWAII</b> 71% Support Aid in Dying</p>	
	<p><b>2012</b> 55% Support Aid in Dying</p>	<p><b>2012</b> <b>VERMONT</b> 74% Support Aid in Dying</p>	
<p>PewResearchCenter</p>	<p><b>2013</b> 62% Support Right to Die</p>	<p><b>2012</b> <b>NEW MEXICO</b> 65% Support Aid in Dying</p>	
	<p><b>2014</b> 74% Support Aid in Dying</p>	<p><b>2013</b> <b>MONTANA</b> 69% Support Aid in Dying</p>	
	<p><b>2015</b> 68% Support Aid in Dying</p>	<p><b>2015</b> <b>NEW JERSEY</b> 63% Support Aid in Dying</p>	
		<p><b>2015</b> <b>MARYLAND</b> 60% Support Aid in Dying</p>	
		<p><b>2015</b> <b>CONNECTICUT</b> 63% Support Aid in Dying</p>	
		<p><b>2015</b> <b>CALIFORNIA</b> 69% Support Aid in Dying</p>	

# SECTION III:

## What Is a Local Resolution?

Every city and county works a little differently when it comes to these public statements, and they will go by different names. Often, for example, it is a mayor who issues such declarations — or signs or vetoes those passed by a city council. In some jurisdictions, a resolution is actually a binding commitment by city lawmakers. In others, proclamations are issued by agencies as rules. But in every city or county elected body, there is a mechanism for the elected representatives to vote on and issue some kind of public declaration expressing their support for — or at least acknowledgment of — a particular position on a matter of public importance or interest.

Before you begin, make sure you know how your city or county issues such statements. If you don't already know and can't find the information on your local government website, simply call your own representative's office or the main number and ask. Tell them you are interested in getting a nonbinding resolution or proclamation introduced for your city or county — no need to tell them the topic — and ask what the options and right terminology are, and if there are any standard procedures.

As you reach out to your local elected officials, you will quickly find that aid in dying is not a traditional partisan issue. The idea that people who are dying should have the option to end their suffering in the face of certain, near-term death resonates with people across both major political parties — and beyond. And the idea that individuals should be able to make medical decisions free from government intrusion is fundamental to American political values.

*A sample resolution is available at the end of this document (section VII, pg 13) for your reference. **Use it as a template for your own local versions.***

# SECTION IV:

## Passing a Local Resolution

Resolutions and other declarations on issues like aid in dying have been critical momentum-builders in states like California, where an active campaign worked to pass a statewide law. They can also be enormously important to generating visibility in states where we are still building campaign infrastructure.

### Identify a Strategic Sponsor & Champion

Ideally, you will have an ally on the city council, county commission, etc., or maybe even the mayor, who will help you navigate the process — and the politics. But the fact is, the easiest person to convince to sponsor your legislation is not always the best. Your champion should not be polarizing. They should have a proven and recent record of passing legislation and, if possible, some credibility to speak to this issue — either through a personal experience or other efforts they have been involved in.

### Know the Rules

Your champion should know these details, but here are things you need to know as the person most invested in seeing this declaration or resolution pass. How many council members are there? Will the resolution have to go through a subcommittee before the council votes on it? Which committee? Who is on that committee? How many votes are needed for it to pass? Can the mayor issue a veto? Is the mayor a member of the body? Also, does the body have similar resolutions for other issues in place?

### Give Your Champion Solid Fact-Based Talking Points

Some of our most enthusiastic advocates have very personal reasons for supporting death with dignity, and they explain their support in ways that make others uncomfortable or, frankly, can turn people off. The next section of this document has some facts about aid in dying and the language we know works to help others understand what it is and why it's such an important option. Make sure you understand it and that you share it with your legislative champion(s) so they can be maximally persuasive talking to their colleagues.

## Draft Your Resolution

The precise wording of the resolution is flexible. Not every local council or other body is ready to support full authorization, but they may be willing to support something less ambitious that is a step along the path toward full end-of-life options. Go with what works and remember that the by-word of politics is compromise.

**EXAMPLE:** the city of West Hollywood — the first in California to weigh in on this issue with a local resolution — was not yet ready to call for full authorization of aid-in-dying. But they were ready to call on local district attorneys in Los Angeles County to refrain from prosecuting any doctor or family member involved with aid in dying.

## Be Available to Explain the Issue to Undecided and “Persuadable” Representatives

If in reaching out to the swing votes (based on what you and your legislative champion can determine), you realize one seems to oppose aid in dying, don't badger them. Just be respectful of their position and clear any misinformation if they'll hear you out. If they ask about your strategy, refer them to your sponsor. If they are supportive, make sure to solidify it by educating them further on the issue. You do not need to meet with members of the body who are in strong opposition as you may antagonize them, could potentially be alerting them to your strategy and will waste your limited resources. You should be respectful towards opponents to keep them from becoming vocal or active in defeating the bill.

## Plan for a Great Hearing

If you don't have enough support to pass a resolution, you may be able to present the issue without having a vote. If you do have the votes and decide to move forward, you will likely have a public hearing.

- > Find others willing to join your cause: Identify supportive constituents and organizations with a strong voice in the community.
- > Seek out opinion leaders with a stake in this issue, such as doctors, faith leaders and hospice nurses who are in favor of this end-of-life option.
- > Provide talking points to all of your citizen-speakers, including supportive members of the body.
- > Make sure your citizen-speakers know when and where the hearing is.
- > Make sure your speakers know the rules for the hearing: Most will have a limit on how long testimony can run, often just a few minutes. Keep all your speakers under that limit!

## Email the Elected Officials Who Will Be Voting on Your Resolution

Make sure all your supporters email the committee members to urge them to vote in favor of the declaration, resolution, etc. But remember, the emails need to be respectful, brief and personal. They are the most likely to be read and taken seriously.



# SECTION V:

## How to Talk About Aid in Dying

Here you will find facts to help answer common questions about aid in dying. Make a mental note of the language to assist in your communications.

**Elevator pitch:** *When a dying person only has months, weeks or days to live and there is nothing else that medicine can treat, we should honor and respect that person's decision to end their pain and suffering.*

### The Medical Community

Many leading national professional medical associations support aid in dying because it empowers physicians to respect their patients' wishes. The American Public Health Association, the American College of Legal Medicine, the American Medical Women's Association and the American Medical Student Association support open access to aid in dying. Also, a highly reliable [Medscape poll](#) of U.S. physicians in December 2014 found a majority (54%) of doctors now support medical aid in dying.

Significantly, after reviewing the California End of Life Option Act, the state's medical association (the largest in the nation) decided to take a neutral position on death-with-dignity legislation. In a press release the California Medical Association said, "We believe it is up to the individual physician and their patient to decide voluntarily whether the End of Life Option Act is something in which they want to engage. Protecting that physician-patient relationship is essential."





To learn  
more visit:

[ItsNotAssistedSuicide.org](https://ItsNotAssistedSuicide.org)

## The “S” word

Aid in dying is not assisted suicide. It is critical to accurately describe this medical option that dying people can access to end their suffering. Dying people who consider using aid in dying find the suggestion that they are committing suicide deeply offensive, stigmatizing and inaccurate. Many have publicly expressed that the term is hurtful and derogatory to them and their loved ones. Many medical groups agree and have adopted the more accurate and neutral term aid in dying.

The assisted suicide statutes that many states have on the books are not intended to address aid in dying. They are designed to stop people from helping mentally unbalanced, despondent people kill themselves. Neither the statute nor the term accurately applies to terminally ill people who want to live, but given their imminent death, choose to die peacefully. State laws authorizing aid in dying clearly state they do not authorize assisted suicide.

## Faith

Notable religious leaders have spoken out in favor of aid in dying. Their advocacy demonstrates that their support for aid in dying is rooted in their faith and not in spite of it.

[Archbishop Desmond Tutu](#) expounded, “I have been fortunate to spend my life working for dignity for the living. Now I wish to apply my mind to the issue of dignity for the dying. I revere the sanctity of life — but not at any cost ... People should die a decent death. For me that means having had the conversations with those I have crossed with in life and being at peace. It means being able to say goodbye to loved ones — if possible, at home.”

Similarly, retired [Episcopal Bishop Gene Robinson](#) reasoned, “There is nothing innately good about allowing ‘nature’ to take its course in a prolonged and painful journey to an inevitable death. It doesn’t make you a better person because you endured the indignity and trauma of it. You don’t get extra stars for it ... Shouldn’t the right to end one’s life also be provided for those [terminally ill people] who would choose it?”

Many dying people who consider using the option say that praying about the decision brought them closer to God, just as conversations about the decision brought them together as a family, and they view that intimacy as a miracle in and of itself. Remember, an inclusive approach is always best. Our country is built on respect for religious diversity. You should never be dismissive of or combative with faith communities.

## Protecting People Who Are Vulnerable

There is simply no evidence or data to support any claim that death-with-dignity laws are subject to abuse. A report published in the [Journal of Medical Ethics](#) about the Oregon Death With Dignity Act concluded: "Rates of assisted dying in Oregon showed no evidence of heightened risk for ... the physically disabled or chronically ill." In fact, there has not been a single documented case of abuse or misuse related to existing aid-in-dying laws, and no one has ever been charged with a crime. Since the implementation of the law in 1997, the Oregon Health Authority has collected comprehensive data about the implementation of the Death With Dignity Act. Seventeen annual reports, as well as a host of medical articles and other resources, are posted online.

Many prominent people with disabilities support aid in dying. Stephen Hawking summarized it succinctly. "We should not take away the freedom of the individual to choose to die," he concluded in a BBC TV interview. "I believe one should have control of one's life, including its ending."

## Respecting the wishes of others

Aid-in-dying legislation is about bringing options to people at the end of their life. Many people support aid in dying without knowing whether they would use it for themselves because they feel it is right to respect the wishes of others.

California Governor Jerry Brown, a Jesuit Catholic, recently signed an aid-in-dying bill into law. In a memo he said "I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by the bill. And I wouldn't deny that right to others."

# SECTION VI:

## FAQ: The Medical Practice of Aid in Dying

While you should focus on the heart of the matter — honoring and respecting a dying person's decision to end their pain and suffering — understanding the medical realities is important for your credibility. Sometimes people who don't understand how aid in dying works fill in the blanks on their own and confuse the practice with euthanasia or assisted suicide. For those people, setting the record straight solidifies support.

### Who is eligible for aid in dying?

Aid in dying is not widely used or requested. To receive an aid-in-dying prescription from a doctor, people must be over 18, in the final stages of a terminal illness as confirmed by a second opinion, be of sound mind, and they must take the medicine by themselves (self-administer).

### What if people change their minds?

One-third of people who receive a prescription for aid-in-dying medication have chosen not to take the medicine. Having the medication on hand provides them peace of mind by knowing they can end their pain and suffering should it become too great.

### How do people use aid-in-dying medication?

A terminally ill person must ask his or her doctor to prescribe the aid-in-dying medication. Pharmacies either prepare the medication to be mixed into a liquid — water is the best, most effective option — or people open capsules to mix into the liquid. Usually, the dying person drinks anti-nausea medication an hour prior to drinking the aid-in-dying medication. The aid-in-dying medication, which usually is a fast-acting barbiturate, causes a person to fall asleep into unconsciousness, and death usually follows quickly. It takes an average of five minutes for the person to become unconscious and 25 minutes to pass away.

**Aid in dying  
authorized in:**

Oregon  
Washington  
Montana  
Vermont  
California

**How well has aid in dying worked in the five states where it is already authorized?**

Aid in dying is authorized in Oregon, Washington, Montana, Vermont and California, and there has not been a single instance of reported abuse. In Oregon, end-of-life care has improved overall since the law's implementation, in large part due to the dialogue it encourages between people and their doctors. Hospice referrals are up, as is the use of palliative care. Oregon now has the lowest rates of in-hospital deaths and the highest rates of at-home deaths in the nation, and violent suicide among hospice patients has virtually disappeared. Almost two decades of rigorously observed and documented experience show us the law has worked as intended, with none of the problems opponents had predicted.




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**During the height of the AIDS epidemic in West Hollywood we learned the painful lesson that sometimes death with dignity is far more humane and moral than an agonizing painful existence.**

– Councilmember John J. Duran (in response to the passing of the Resolution)

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# SECTION VII:

## Sample Draft Resolution

**WHEREAS**, all people are by nature free and independent and have inalienable rights; and

**WHEREAS**, advances in science and technology have created medical interventions that often prolong the dying process and increase suffering; and

**WHEREAS**, “aid in dying” describes a medical practice defined by established standards of care, which enables a mentally competent, terminally ill adult to obtain a prescription for medication, which the patient may choose to self-administer, in the face of unbearable suffering, to advance the time of an approaching death; and

**WHEREAS**, absent the availability of aid in dying, patients and loved ones in *[name of state]* have become so desperate to relieve suffering caused by terminal illness that they turn to violent means; and

**WHEREAS**, many find comfort and peace of mind in having access to options at the end of life, including aid in dying, even if they do not exercise those options; and

**WHEREAS**, A *[year conducted]* public opinion poll by *[name of poll]* found *[% supporting aid in dying]* percent of *[name of state]* adults and *[% supporting aid in dying]* of the state’s registered voters agree with the statement: *[insert poll language here]*;

(NOTE: this can be a national poll if no state-specific poll is available; always use the best poll available for your state).

**WHEREAS**, five states affirmatively authorize the medical practice of aid in dying, enabling terminally ill, mentally competent adult residents to receive a prescription for life-ending medication from their doctor; and

**WHEREAS**, eighteen years of transparent reporting and study of aid-in-dying practice in Oregon demonstrates the utility and safety of the practice in upholding a patient’s right to self-determination; and

**WHEREAS**, the nearly two decades of implementation Oregon data shows “no evidence of heightened risk for the elderly, women, the uninsured, ... people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities;” and

**WHEREAS**, many people find significant relief in the legal right and medical means of control in bringing an end to the suffering caused by their terminal illness, and only a small minority of the patients who request a prescription for life-ending oral medication actually receive and use it;

**WHEREAS**, aid in dying has been successfully implemented in Oregon; and since implementation, the quality of end-of-life care, pain management and the use of hospice have all greatly improved; and

**WHEREAS**, well-respected health and medical organizations recognize aid in dying as a legitimate, necessary end-of-life option for eligible adults facing an imminent death from a terminal illness, including The American Public Health Association, The American Medical Women’s Association, The American Medical Student Association, The American Academy of Legal Medicine.

**WHEREAS**, *[local jurisdiction]* recognizes that the choices a person makes at the end of life are inalienably grounded in that individual person’s life experience and values, and

**WHEREAS**, *[local jurisdiction]* perceives that *[name of state]* statute on “assisted suicide” does not encompass the rational judgment of a psychologically healthy, terminally ill individual facing end-of-life suffering, who asks her physician for the means to die in a humane and dignified manner;

**THEREFORE BE IT NOW RESOLVED**, that *[local jurisdiction]* respects the diversity of perspectives on end-of-life decisions; and

**THEREFORE BE IT FURTHER RESOLVED**, that *[local jurisdiction]* supports equal protection within the diversity of perspectives on end-of-life decisions; and

**THEREFORE BE IT FURTHER RESOLVED**, *[local jurisdiction]* recognizes the practice of aid in dying as a desirable medical option for many terminally ill, mentally competent adults; and

**THEREFORE BE IT FURTHER RESOLVED**, that *[local jurisdiction]* requests the *[office of the district attorney of the county of [name of county]]* to recognize the medical practice of aid in dying, and to clarify that aid in dying is not murder, assisted suicide or euthanasia, which crimes shall not be affected and shall be investigated and prosecuted to the fullest extent of the law; and

**THEREFORE BE IT FURTHER RESOLVED**, that *[local jurisdiction]* requests that the county district attorney, after thorough investigation of any event or accusation raising the possibility of prosecution under the *[name of applicable law] [state code section here]* shall exercise prosecutorial discretion by deprioritizing the prosecution of physicians or family members who may have supported the decision of a terminally ill, mentally competent person to advance the time of their approaching death from their terminal illness; and

**THEREFORE BE IT FURTHER RESOLVED**, that *[local jurisdiction]* urges the *[name of state]* Legislature to enact death-with-dignity legislation, allowing for open and accessible aid in dying for those terminally ill, mentally competent adults seeking control over their own deaths; and

**THEREFORE BE IT FURTHER RESOLVED**, that this resolution be delivered and presented to the *[name of state]* Legislature and to the *[office of the district attorney of the county of [name of county]]*.



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**Compassion & Choices** is the nation's oldest and largest nonprofit organization working to improve care and expand choice at the end of life. We:

**Support** patients and families

**Educate** the public and professionals

**Advocate** across the nation

*Advancing death with dignity since 1980. Learn more at [CompassionAndChoices.org](http://CompassionAndChoices.org).*

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