



Care and Choice at the End of Life

Aid in Dying: Primer for Candidates

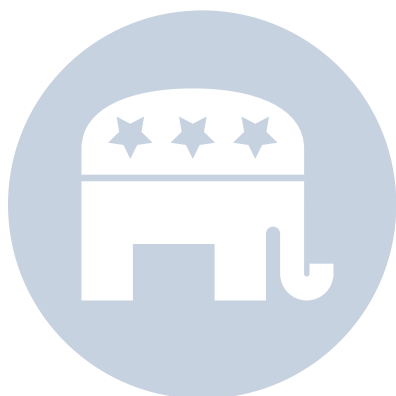


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Public opinion on these issues seems to be far ahead of political leadership and legislative actions.

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

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SECTION I: Introduction

Attention Candidates!

This brief resource is designed to provide up-to-date, reliable information about end-of-life options for those seeking political office.

*For most candidates, **expanding options for dying people is a winning issue with super-majority support from voters, which is demonstrated through several years of polling.***

Voters are asking lawmakers to allow another option — aid in dying — and winning your election by talking about it is the first step to honoring their request. Along with detailed polling data and other resources, this guide will provide you with best practices for talking about aid in dying on the campaign trail.

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 large majorities of voters 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.

Aid in dying first emerged on the national stage in 1994 when Oregon voters passed the Death With Dignity Act. That law was upheld by the U.S. Supreme Court in 1997, leading to enactment of similar laws, by ballot initiative in Washington and through the legislature in Vermont. Montana and New Mexico have also authorized aid in dying through the courts in suits brought by Compassion & Choices.



At least
1/2 the states
considered
aid-in-dying
legislation
in 2014 & 2015

As a candidate who supports aid-in-dying legislation, you are in good company. In 2014 and 2015, a total of 217 individual elected politicians put their names on bills as sponsors or co-sponsors in at least 25 legislatures (including the Washington, D.C., City Council). These bills were proposed in every region of the country, including the Libertarian West, the Bible Belt, the Midwest and both coasts.

The New York Times

The Washington Post

LaOpinión



Over the past year, aid in dying has received unprecedented (and disproportionately positive) media attention across the country, and extensive state and local print and broadcast coverage. In states where aid-in-dying laws are being considered, newspaper editorial boards consistently endorse the legislation, including: [The Newark \(NJ\) Star Ledger](#), [The Trenton \(NJ\) Times](#), [The Hartford \(CT\) Courant](#), [The Portland \(ME\) Press Herald](#), [The Bozeman \(MT\) Chronicle](#), [The Des Moines \(IA\) Register](#), [The Philadelphia \(PA\) Daily News](#), [The Denver \(CO\) Post](#), [The Los Angeles \(CA\) Times](#), and [The Sacramento \(CA\) Bee](#).

Major national outlets have also editorialized in support of aid in dying, including *The New York Times*, *The Washington Post*, *The Economist* and *La Opinion*.

Reflecting the issue's popularity, mainstream broadcast/digital outlets have given it extensive, positive coverage including Katie Couric on Yahoo! News, Oprah Winfrey on OWN, *The View* on ABC, People.com and Diane Rehm on NPR, among others.

This clear trend toward more states adopting aid-in-dying laws has been covered by state policy outlets including *Governing Magazine* and *Pew Stateline News*, as well as consumer outlets such as *USA Today* and *The New York Times*.

We hope your campaign joins popular opinion and embraces end-of-life options as an important issue that enhances your ability to connect with families and constituents. We feel confident that voters will reward a courageous stand in favor of allowing a person dying from a painful disease the option to end their suffering.

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We are not talking here in this bill about that decision that sons make for their fathers or their daughters make for their mothers. We are talking about decisions we make for ourselves.

– Senator Roger Katz (R-Maine)

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SECTION II: Public Opinion

A Winning Issue

Whether you are a candidate running for office or an American trying to understand the news, few things are as confounding — and beguiling — as public opinion polls about social issues. One best-practice approach is to look at how an issue polls over time from a variety of sources, across demographics, both nationally and at the state level. From this perspective, aid in dying clearly commands long-term, bipartisan majority support among American 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.***

In California voters show significant majorities support aid in dying in every voter subgroup, including 70% among Latinos, 67% among African Americans and 69% among Asian-Pacific Islanders.¹ Similarly, in 2014, New Jersey's PurplePoll found 63% support among voters who are disabled and 55% support among Catholic voters.²














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.**”

After nearly two decades of public debate and years of detailed polling data, it is clear that a broad majority of American voters support legislation to authorize aid in dying. It may be trending, but it is not a fad. Americans as a whole increasingly see this option as a personal decision that our laws should honor. Many voters view it as an individual right, and they are asking for it in ever greater numbers.

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

² [Purple Strategies, February 2014.](#)

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

SECTION III:

Language Matters

How to Talk About Aid in Dying

As a political candidate, you know how important it is to have an elevator pitch to get your point across quickly. But sometimes you have the opportunity to delve into an issue; it's normal for people to ask questions, and your thoughtful answers will help solidify their support. 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 no cure, we should honor and respect that person's decision to end their pain and suffering.*

Medical Support

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

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 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.

Family Values

Most people experience death within the context of social and familial networks. People who use aid in dying do so after meaningful discussions that bring loved ones together and foster intimacy during a difficult time. As a candidate, you should feel free to reflect on any experience you have had with death and any conversations you have had with your family about end-of-life wishes.

Faith

Aid in dying isn’t about playing God or trying to control nature; it’s about honoring a dying person’s decision to end their pain and suffering. Notable religious leaders support aid in dying because they believe God doesn’t want people to suffer; their support for end-of-life options 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. As a candidate 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.

*Both data and research indicate **the Oregon law works as intended**, with no evidence of harm to vulnerable populations.*

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.

Dignity and dying

There are many ways to die with dignity. The term death with dignity refers to both a concept and a movement, where people gain dignity from making their own medical decisions. Aid in dying provides additional options in the range of end-of-life care, which also might include more treatment, pain management, comfort care and hospice.

SECTION IV:

How the Law Works

FAQ: The Medical Practice of Aid in Dying

While you should focus on the heart of the matter in any campaign speech — *honoring and respecting a dying person's decision to end their pain and suffering* — understanding the medical realities are 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.

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How each of us spends the end of our lives is a deeply personal decision, and that decision should remain with the individual as a matter of personal freedom and liberty, without criminalizing those who help to honor our wishes and ease our suffering. This law will honor that freedom with appropriate protections to prevent any abuse.

– Senator Lois Wolk (D-California)

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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.

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 New Mexico, and there has never 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.



Aid in dying authorized in:

Oregon
Washington
Montana
Vermont
New Mexico

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This is fundamentally a role-of-government discussion. Government's role is to protect me from you and you from me. It is not to protect me from myself.

– Senator Chas Vincent (R-Montana)

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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.



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