



Talking Points for Meetings with Indiana State Legislators on Medical Aid in Dying (8/1/2017-2)

Setting the Stage

- Tell the legislator that you are working with the State Chapter of a national group, Compassion & Choices (C&C). C&C works to ensure that all terminally ill patients have a complete understanding of the full range of end-of-life options, including hospice, palliative sedation, voluntarily stopping eating and drinking, and a few others. Indiana currently does not have Medical Aid-in-Dying legislation, but in 2017, Representative Matt Pierce from Bloomington and Senator Lonnie Randolph of East Chicago introduced in their respective chambers identical End-of-Life Options legislation to allow this choice. They plan to submit the bills again for the 2018 session of the legislature.

Main points to cover (with fuller text below)

- The Indiana legislation is aimed at terminally ill people with 6 months or less to live. (1)
 - Two physicians must concur that the person is in the final stages of life. (2)
 - The two physicians must agree that the person is not depressed. (3)
 - Medical aid in dying is supported by numerous medical professional organizations. (4)
 - Six states and the District of Columbia already allow medical aid in dying and exclude it from the legal definition of suicide. (5)
 - We expect opposition from pro-life groups and some people who oppose medical aid in dying on religious beliefs, but their points of view should not be the dominant factor in considering this legislation. (6)
 - Research shows that medical aid in dying is supported by 2 out of 3 adult Americans, including many from various religions. (7)
- (1) The bills are not aimed at those who have rich, full, and potentially long lives ahead of them, but concern only terminally ill people with relatively little time left on this earth, whose quality of life has diminished to the point where life itself is unbearable. They should have the choice to end their suffering in a humane manner.
 - (2) Only the person with the terminal condition can initiate a request for the medication, and two physicians must certify that the person is actively dying with no hope of being healed.
 - (3) The proposed law excludes providing the medication to people who are depressed. If the person is diagnosed as depressed, the physician(s) must refer the person to a mental health professional.
 - (4) The option of medical aid in dying is supported by the American Medical Student Association, the American Medical Women's Association, the American College of Legal Medicine, the American Public Health Association, and the New York Academy of Family Physicians. Before passage in California, the California Medical Association voted to take a neutral stance on medical aid in dying.

- (5) The legislation is soundly based on laws and judicial decisions in other states, dating back nearly 20 years in the case of Oregon and more recently in California, Colorado, Washington, Vermont, the District of Columbia, and Montana. The states where medical aid in dying is allowed have a collective population of over 57,000,000. Medical aid in dying is also possible in Canada, the home of over 36,000,000 people. Every state that has passed legislation allowing medical aid in dying specifically excludes it from the legal definition of suicide.
- (6) The pro-life movement has no right to restrict a suffering, terminally ill adult's choice to hasten death. Those in the pro-life community clearly have a passionate desire to act as a protector for a being that cannot raise an objection when a woman chooses to have an abortion. However, in the case of medical aid in dying, it is mentally competent adults who are near the end of life and know full well what the consequence of their actions will be. We allow hastening difficult births with Caesarean section and medications to induce labor. If expectant mothers have this option, why not allow terminally ill, mentally competent adults the option to hasten their difficult deaths? They are the only ones who can properly make the decision, and many who hold religious beliefs support their right to do so.
- (7) A 2013 Pew Research Center poll on end of life decisions found that a majority of white mainline Protestants (61%) and about half of white Catholics (55%) approve of laws that allow medical aid in dying, as do two-thirds of religiously unaffiliated adults. This is confirmed by a 2016 Lifeway Research poll that found 67% agree that when a person is facing a painful terminal disease, it is morally acceptable to ask for a physician's aid in taking his or her life.

<http://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/>

<http://lifewayresearch.com/2016/12/06/most-americans-say-assisted-suicide-is-morally-acceptable/>

Closing the Meeting

- After discussing the content of the bill through the points above, ask the representative or senator if they will support the end-of-life options legislation.
- Ask if we can provide any additional information to help them understand the bill better.
- If they do support the bill, ask if they will be a co-sponsor. We would be happy to connect them with Representative Pierce or Senator Randolph if that would be helpful in any way.