

## Addendum to LWV Utah Death with Dignity Study

Since the LWV Utah Report was published, 6 additional states have passed medical-aid-in-dying laws modeled after the Oregon Death with Dignity Act:

1. Colorado (ballot initiative) 2016
2. Washington D.C. (City Council) 2017
3. Hawaii (legislature) 2018
4. New Jersey (legislature) 2019
5. Maine (legislature) 2019
6. New Mexico (legislature) 2021

Additional information on impacts of Oregon's law, described on page 9 of the LWV Utah Study, can be found in the 2018 Oregon Death with Dignity Data Report. In short, current data shows similar patterns of usage by demographics, diagnosis and usage as compared to previous data reports.

<https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/documents/year21.pdf>

Supplemental information to the LWV Utah Report's summary of Impacts on Vulnerable Groups (page 10) is found in this statement in a letter from Bob Joondeph, Executive Director of Disability Rights Oregon:

*"In the years since passage of the Oregon Death with Dignity Act (the Act), DRO has received very few complaints from disabled Oregonians about the Act. All of the complaints we have received have focused on the concern that the Act might discriminate against persons with disabilities who would seek to make use of the Act but have disabilities that would prevent self-administration, thereby denying these persons the ability to use the Act. DRO has never to my knowledge received a complaint that a person with disabilities was coerced or being coerced to make use of the Act."*

Since the LWV Utah Report was published, several key medical organizations have modified or adopted their organization's position on medical aid in dying:

1. The American Medical Association's Council on Ethical and Judicial Affairs acknowledged that, based on the Exercise of Conscience Chapter of the Code of Medical Ethics, physicians who provide medical aid in dying are not violating their professional obligations. [CEJA Report](#)
2. The American Nurses Association withdrew its previous prohibition on nurses' participation in medical aid in dying, emphasizing that nurses must be knowledgeable, objective and not abandon patients who request medical aid in dying in addition to informing employers if they choose to conscientiously opt out. [The Nurses Role When a Patient Requests Medical Aid in Dying](#)
3. The American Academy of Hospice and Palliative Medicine has adopted a neutral stance toward the practice of medical aid in dying and has provided guidance for participation for its members in authorized states. <http://aahpm.org/positions/pad>
4. The American Academy of Family Physicians has adopted a position of engaged neutrality with regard to medical aid in dying, emphasizing that end-of-life decisions are personal, private decisions best made in the context of the doctor-patient relationship. <https://www.aafp.org/news/2018-congress-fmx/20181010cod-hops.html>

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5. The American Academy of Neurology withdrew previous opposition to “physician assisted suicide” in favor of a neutral stance toward medical aid in dying.  
<http://n.neurology.org/content/90/9/420>
6. The Minnesota Medical Association undertook a 2-year study by a 10-member task force which culminated in a position that no longer opposes medical aid in dying as long as adequate protections are in place for both physicians and patients. <https://www.mnmed.org/news-and-publications/News/MMA-Revises-Its-Policy-on-Physician-Aid-In-Dying>

### Additions to the LWV Utah Study Glossary (pages 28-29)

1. Although the term “Death with Dignity” is used interchangeably with “medical aid in dying,” it should be reserved for usage as the proper name of the Oregon, Washington and other state laws and not the clinical practice (e.g. Oregon Death with Dignity Act). Using the term “dignity” to describe the process of medical aid in dying is offensive to some in the disability community and implies that use of medical aid in dying is the only way to die with dignity.
2. Although the terms “assisted suicide” and “physician-assisted suicide” are used interchangeably with “medical aid in dying,” they are legally and clinically two different entities. Statutes in the jurisdictions where medical aid in dying has been authorized clearly state: *“Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.”*
3. According to the American Association of Suicidology and the American College of Legal Medicine, the term “assisted suicide” is not the same as a request for medical aid in dying.  
[https://aclm.memberclicks.net/assets/docs/Policy\\_On\\_Aid\\_In\\_Dying.pdf](https://aclm.memberclicks.net/assets/docs/Policy_On_Aid_In_Dying.pdf)

### Additional info:

1. National surveys indicate strong support for medical aid in dying, with between 65 and 75% support by Americans since 1990.  
<https://news.gallup.com/poll/235145/americans-strong-support-euthanasia-persists.aspx>
2. Minnesota surveys from 2016 demonstrate that 73% Minnesotans support medical aid in dying including in every demographic group (age, geography, religion, political affiliation).
3. A State Fair survey from 2016 showed public support for medical aid in dying at 68%.
  - a. MN House of Representatives 2016 State Fair Survey  
[https://www.house.leg.state.mn.us/hinfo/leginfo/16poll\\_results.pdf](https://www.house.leg.state.mn.us/hinfo/leginfo/16poll_results.pdf)
  - b. MN Senate 2016 State Fair Survey  
<http://www.senate.mn/departments/secretary/info/statefair/2016/2016%20State%20Fair%20questions.pdf>
4. You can find the full text of the End-of-Life Option Act (HF2152) [here](#).