

ENDORSEMENTS FOR DEATH WITH DIGNITY LEGISLATION

ENDORSEMENTS BY HEALTHCARE ORGANIZATIONS

American College of Legal Medicine

“The ACLM recognizes patient autonomy and the right of a mentally competent, though terminally ill, person to hasten what might otherwise be objectively considered a protracted, undignified, or painful death, provided, however, that such person strictly complies with law specifically enacted to regulate and control such a right...The ACLM has recognized there has been considerable literature and data surrounding whether or not there is a need to implement such options, including the 10 years of experience now from the State of Oregon with its Death With Dignity Act...The process initiated by a mentally competent, though terminally ill, person who wishes to end his or her suffering and hasten death according to law specifically enacted to regulate and control such a process shall not be described using the word “suicide”, but, rather, as a process intended to hasten the end of life.”

American Medical Women’s Association

“AMWA supports the right of mentally capable terminally ill patients to advance the time of death that might otherwise be a protracted, undignified, or extremely painful death... AMWA supports the legislation that empowers and protects terminally ill persons with decision-making capacity and physicians with regard to medical aid in dying. One such example is the Oregon Death with Dignity Act, passed in 1994...AMWA supports patient autonomy and the right of terminally ill patients to request medical aid in dying for a peaceful death...In addition, AMWA strongly supports the concurrent use of other palliative care measures and hospice care for terminally ill patients.”

American Public Health Association

“The quality of dying is a personal subjective assessment, and each dying person, family member, and loved one may have his or her own sense of what a “good death” would be. This may include dying quietly and with dignity, being pain free, and without distress...Having the option of DDA [Death with Dignity Act] provides important psychological benefits for the terminally ill because it gives the terminally ill autonomy, control, and choice...The American Public Health Association supports allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place, and manner of his or her impending death, where safeguards equivalent to those in the Oregon DDA are in place.”

“NO ONE SHOULD BE FORCED TO LIVE OR DIE ACCORDING TO SOMEONE ELSE’S BELIEFS”

Secular Coalition for America

The American Medical Student Association

“The American Medical Student Association supports passage of aid in dying laws that empower terminally ill patients who have decisional capacity to hasten what might otherwise be a protracted, undignified or extremely painful death. Aid in dying should not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide.”

The Oregon Hospice and Palliative Care Association

“The Oregon Hospice and Palliative Care Association supports the rights of Oregonians to choose or not to choose any and all legal end-of-life options, and supports hospice and palliative care programs in development of their own policies around the Oregon Death With Dignity Act and Physician-Assisted Death (PAD).”

Other Endorsing Nonprofit Organizations

Hispanic Health Network (HHN)
Latino Commission on AIDS (LCOA)
Latinos for Healthcare Equity
National Association of Social Workers
Nuestra Salud
Older Women's League
SAGE, Advocacy & Services for LGBTQ+ Elders

**“THE QUALITY OF DYING IS
A PERSONAL SUBJECTIVE
ASSESSMENT”**

American Public Health Association

ENDORSEMENTS BY NONPROFIT ORGANIZATIONS

ACLU

“We support this bill [HB1020: End of Life Options] because we believe all people should have the liberty to make personal, intimate decisions not just about how to live but also about how to die.”

National Hispanic Coalition on Aging

“I [Yanira Cruz, President and CEO] am deeply concerned about this federal overreach into the most personal, private decisions of D.C. residents, 11 percent of whom are Hispanic. Last month, the U.S. House of Representatives passed an appropriations bill, H.R. 3354, with an amendment by Rep. Andy Harris (R-Md.) to repeal D.C.'s Death with Dignity Act. Twelve days later, 11 House members introduced a concurrent resolution (H.Con. Res.80) opposing medical aid in dying nationwide. In response, I recently sent letters to members of the Congressional Hispanic Caucus on behalf of the National Hispanic Council on Aging to express our opposition to these measures and to announce our support of medical aid-in-dying laws nationwide. Medical aid in dying is authorized in the District of Columbia,

California, Colorado, Montana, Oregon, Vermont and Washington, representing 18 percent of our nation's population, with 40 years of combined experience without any misuse of this option. Most people won't need medical aid in dying, but laws authorizing this option benefit many terminally ill adults by spurring conversations with their physicians and loved ones about all end-of-life care options, including hospice and palliative care, and better utilization of them.”

Secular Coalition for America

“It is no coincidence that every effort to block death with dignity legislation is led by churches and religious organizations, who want to see their specific beliefs imposed on others as law,” said Larry T. Decker, Executive Director of the Secular Coalition for America. “No one should be forced to live or die according to someone else's beliefs. We're not asking lawmakers to grant a personal stamp of approval on the decision to end one's life. We're simply asking them to respect a terminally ill individual's right to make the choice that's best for them.”

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