

Assisted Suicide Laws- End-of-life Statutes

Oversight, Non-Medical Supports, Disability and Equity

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Disclaimer

- This presentation is provided for educational purposes
- It does not advocate for or against legislation
- Terms used descriptively, not endorsing
- Based on statutes and scholarly literature
- Its purpose is to provide policy analysis, historical context, and comparative research consistent with IRS 501(c)(3) parameters
- Centers for Independent Living are required to conduct systems advocacy as a core service, and other organizations may have similar responsibilities. We encourage you to use this knowledge in ways that make sense in your role, whether in education, program design, planning, or systems advocacy

Purpose of This Briefing

- Share our policy analysis and context
- Share disability justice perspectives
- Discuss oversight, equity, and transparency
- Inform dialogue among policymakers, researchers, and leaders in the disability network

Key Terms

- Assisted Suicide (Oregon DwDA)
- Medical Assisted in Dying (Canada MAiD)
- Euthanasia (Belgium, Netherlands)
- Advance Directives
- Centers for Independent Living - CILs
- Disability Peoples Organizations – DPOs
- Faith Based Organizations - FBOs

U.S. and Global Context

- Oregon's DwDA: enacted 1997, residency requirement removed 2023
- Other U.S. states: WA, VT, CA, CO, HI, ME, NJ, NM, MT
- Global context: Canada (MAiD), Switzerland, Belgium, Netherlands
- Our research is grounded in the Independent Living Philosophy & UN CRPD Articles 10 (Right to Life), 12 (Equal Recognition Before the Law), 19 (Independent Living), 25 (Right to Health). CRPD offers global safeguards

Gaps in Implementation and Disability Exclusion

- No disability-led oversight structures
- No mandatory referral to peer-led supports (CILs & DPOs)
- Advance directive bias comparing disability with diminished dignity or quality of life
- Economic coercion: estate recovery, gaps in SSDI/Medicare
- Ableism influencing decisions: Global example - Iceland Down syndrome elimination practice
- Non-disability informed 2008 OHSU guidebook continues to shape practice

Key Findings: Oversight, Inclusion, and Economic Justice

- Advance directive equity risks
- Weak oversight and accountability
- Eligibility assessments lack disability-informed safeguards
- No automatic peer referral (newly acquired disabilities)
- Economic inequities distort choice
- Data transparency gaps (HIV/AIDS data)

Key Findings: Advance Directive Equity Risk

- Idaho medical directive form permits individuals to authorize refusal of care if they are in a state of severe physical and mental disability
- Alaska advance directive uses the phrase incurable and irreversible condition
- Montana advance directive permits withholding treatment if the patient is permanently unconscious or has an incurable condition
- Such terms may overlap with descriptions of newly acquired disabilities or chronic disabilities, and there is no requirement for linkage to CILs or DPOs

Key Findings: International Ethical Debates and Expansion

- Canada: assisted suicide will include mental health by 2027
- Switzerland: no residency requirement
- Netherlands & Belgium: “psychiatric illness”, Alcoholism, minors
- Iceland: Down Syndrome elimination rates

U.S. Structural Barriers

- Economic pressure plays a significant role
 - Medicaid estate recovery (asset liens/ fear of home loss)
 - Oregon's 2023 data: fear of loss of autonomy, dignity, burden and pain
 - Decisions shaped by inequities (Cost of living, access to affordable and accessible housing, health care and insurance gaps, benefit restrictions, lack of support services and transportation)

Policy Options from Research

- Options noted in literature. Not recommendations
 - Disability-led oversight task forces
 - Peer-led referral models
 - Alignment with CRPD principles
 - Independent review boards
 - Improved data transparency

Legal and Judicial Opportunities

- Litigation monitoring & amicus briefs
 - 2024 Colorado EOLOA case monitoring and partnerships
- Partnerships with legal aid, ethic advocates, Not Dead Yet
- Due process protections
- Model statutory language for peer referrals
- CRPD-aligned policy checklists
- Coalitions of CILs, DPOs, NGOs, and researchers

Academic Collaboration Opportunities

- CILs, DPOs, FBOs, and university partnerships (academia is key for rigorous study and research)
- IRB approved projects
- Technical assistance

Research Gaps

- Limited disability data
- Economic coercion understudied
- Medical tourism underexplored
- Lived experience missing
- Comparative safeguards needed

Closing Themes

- Oversight, peer support and alternatives
- Comparative analysis informs dialogue
- Next steps: build data and dialogue

Q & A

- Next steps
 - Peer review for Assisted Suicide Laws- End-of-life Statutes: Oversight, Non-Medical Supports, Disability and Equity (October 30, 2025)
 - Dissemination (November 2025)
 - Business Cards
- Open Discussion