

MDDC Policy Spotlight: End-of-Life Options

April, 2025

Background

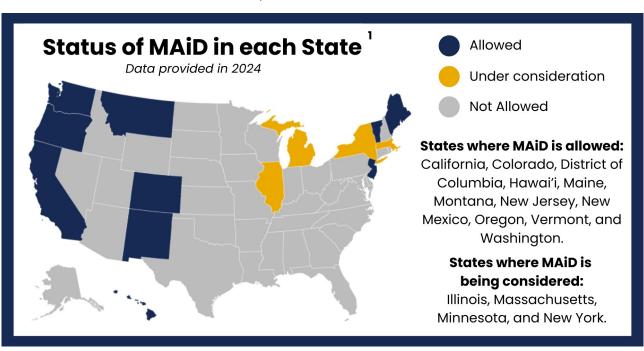
- "End-of-life options" is a big category in healthcare. It includes different ways people can make plans and choices about the end of their life.
- "End-of-life options" include decisions like Advance Care Planning or Advance Care directives.
- These are plans that people make with doctors about the type of care they receive at the end of their life. Some people do not want to receive a lot of medical treatment if they get very sick. They might choose to say "no" to specific treatments like surgery.
- These plans might include "Do Not Resuscitate" (DNR) orders. DNR is when a
 person is dying because their heart or breathing stops, and they tell healthcare
 professionals not to save their life.
- End-of-life options also include plans and choices people make about wanting to end their own life with the guidance of healthcare professionals.
- This has been called many different things like voluntary euthanasia, Medical Assistance in Dying (MAiD), Physician-Assisted Suicide (PAS), etc.
- A new bill in Massachusetts uses "End-of-Life Options" in the title (<u>H.2505/S.1486</u>). This bill is about ending one's own life with the help of a doctor and uses the label "Medical Assistance in Dying" (MAiD).

What is Medical Assistance in Dying?

- Medical Assistance in Dying (MAiD) is when a healthcare professional, like a doctor or nurse, helps a person end their own life.^{1,2}
- Usually, doctors do this by giving someone a prescription medication. When the
 person takes this medicine by themselves, they will die.
- This is similar to Physician-Assisted Suicide (PAS). PAS can be different from MAiD
 if the doctor administers the medicine that ends the person's life.

MAiD Laws in the United States

- MAiD is not currently legal, or allowed, in Massachusetts.
- MAiD is also not allowed in most states in the United States.
- MAiD is only allowed in 11 states and territories.
- Four more states are considering legalizing MAiD, including Massachusetts.¹
- 26 states have proposed MAiD laws, but they did not pass.
- There are different rules about MAiD in the states that allow it.
- Overall, people may be eligible for MAiD if they:¹
 - are an adult and live in the state where it is allowed.
 - have a terminal illness, or a sickness that they will die from in the next 6 months,
 - are able to make the choice themselves,
 - are not pressured to make this choice because of outside influences.
- In Massachusetts, House Bill <u>H.2505</u> and Senate Bill <u>S.1486</u> are currently under review in the <u>Joint Committee on Public Health</u>. This proposed law includes additional rules.
 - For example, people who have guardians would not be eligible to use MAiD under this law.
 - People need to request MAiD using spoken and written communication.
 - Some people with disabilities, like people who are Deaf or who do not use these communication forms, would not be allowed to access MAiD.



What do disability advocates think about Medical Assistance in Dying?

- · People have different opinions about MAiD.
- Some people believe this is a good option for people who have a terminal illness or who are experiencing a lot of pain.
- They believe that MAiD helps people have dignity and self-determination about how they die.
- Other people believe this is a dangerous law, especially for people with disabilities. People with disabilities are not always treated the same as other people in healthcare systems, and some individuals worry that this could happen with MAiD.
- Disability organizations like the <u>National Council on Disabilities</u>, <u>TASH</u>, and <u>The Arc</u> have positions that MAiD laws are dangerous for people with disabilities.^{3,4}

How is MAiD related to healthcare?

- MAiD happens in healthcare systems.
 These systems include places like hospitals. They also include people like doctors and nurses.
- People with disabilities are treated differently in healthcare. Some medical professionals believe that the lives of people with disabilities are not as good or as important as people without disabilities.⁵
- This can result in people with disabilities having less access to the quality healthcare that they need to live.⁵



Examples of how people with disabilities are treated differently in healthcare

- Many doctors do <u>not</u> think the lives of people with disabilities are as good as people without disabilities.⁶
 - However, we know that people with disabilities <u>can</u> live good lives just like anyone else.^{7,8} Having a disability does not determine your quality of life.
 - A national survey showed us that 82% of physicians still believe that people with disabilities have a worse quality of life than people without disabilities.⁶
- Only 56% of these physicians believe that their clinics welcome patients with disabilities.
- People with disabilities were treated like they were less important than people without disabilities during early responses to the COVID-19 pandemic.⁹
 - For example, "Crisis Standards of Care" are rules about how hospitals share lifesaving care and equipment during emergencies, like the COVID-19 pandemic.
 - Many state governments set rules that meant people with disabilities were pushed to the back of line, and did not get needed care or access to ventilators.¹⁰⁻¹²

Disability and Healthcare: State & Federal Positions

- In recent years, different agencies have made changes to try to protect people with disabilities across healthcare settings.
 - In 2023, the National Institute of Health (NIH) designated people with disabilities as a "health disparity population." This designation intends to provide more resources for research and programs that will help people with disabilities access better healthcare and have better health outcomes.
 - In 2024, the U.S. Department of Health and Human Services announced updates to Section 504 of the Rehabilitation Act. These updates strengthened protections for people with disabilities from being treated differently in healthcare services and programs.¹⁴
 - In 2025, in Massachusetts, House Bill <u>1360</u> and Senate Bill <u>869</u> were introduced to help make sure that people with disabilities are treated fairly by doctors and at hospitals. These bills have not passed yet. People with disabilities in Massachusetts are still <u>not</u> protected from being treated differently in healthcare settings.

How do views about disability affect MAiD?

- MAiD is supposed to be a choice that individuals can make.
- People with disabilities may feel more pressure to choose MAiD because they
 cannot always access treatment they need to be healthy and live comfortably.³
- People with disabilities may also feel pressure to choose MAiD because they do not have basic supports and services to live.³
- For example, some people in Oregon who accessed MAiD did so because they: 3,15
 - feel like a burden to their family or friends,
 - do not have enough money to pay for healthcare treatments that can help them live longer,
 - do not have money or support to be comfortable and manage pain.

Do rules about MAiD make it safe?

- MAiD is allowed in some states, like Oregon. It is also allowed in some other countries, like Canada.
- These places have rules or "safeguards" to make sure MAiD is only used in a few, specific cases.
- In these places, we have seen cases when the rules are not followed or become less strict over time. This means people with disabilities may not be protected and may be vulnerable to MAiD.¹⁶

Some disability advocates say it is <u>more important</u> to help people with disabilities live good lives than to help people with disabilities end their lives.¹

- For example, many disability advocates are asking lawmakers to pass laws that help people with disabilities live good lives. This includes having budgets and laws that support Home and Community-Based Services (HCBS) and the direct care workforce.
- It is important these policy ideas get attention and consideration like proposed MAiD legislation.
- If all people with disabilities do not have access to HCBS or treatment in healthcare settings, it is possible that a law allowing MAiD could have unintended consequences.

Disabled Voices: Harriet McBryde Johnson



- Harriet McBryde Johnson was a famous disability advocate.
- In this quote, she is explaining that people with disabilities do not get to make fair choices when they are not treated the same as people without disabilities.
- She also says people should have support to live good lives before they are offered help with MAiD.

"...I argue that choice is illusory in the context of pervasive inequality.

Choices are structured by oppression. We shouldn't offer assistance with suicide until we have all the assistance we need to get out of bed in the morning and live a good life." –

Harriet McBryde Johnson

Contacts

- Jennifer Bertrand, Deputy Director Jennifer.Bertrand@mass.gov
- Joshua Gladstone, Disability Policy Specialist <u>Joshua.Gladstone@mass.gov</u>
- Kaitlin Stober, Policy Research Associate <u>Kaitlin.Stober@mass.gov</u>

References

- 1. Caldwell. Medical Assistance in Dying (MAiD) Report. Center for Racial and Disability Justice; 2024. https://www.crdjustice.org/_files/ugd/fa94e8 5775e2bc1e0741ba8ad21e0a412ee4b4.pdf
- 2. Emanuel EJ, Onwuteaka-Philipsen BD, Urwin JW, Cohen J. Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe. Jama. 2016;316(1):79-90.
- 3. National Council on Disability. The Danger of Assisted Suicide Laws.; 2019. https://www.ncd.gov/report/the-danger-of-assisted-suicide-laws/
- 4. The Arc of the U.S. Position Statement: Physician-Assisted Suicide. 2017. https://thearc.org/position-statements/physician-assisted-suicide/
- 5. lezzoni LI. Disability Disparities and Ableism in Medicine. ABC of Equality, Diversity and Inclusion in Healthcare. 2023;1:61.
- 6. lezzoni LI, Rao SR, Ressalam J, et al. Physicians' Perceptions Of People With Disability And Their Health Care: Study reports the results of a survey of physicians' perceptions of people with disability. Health Affairs. 2021;40(2):297-306. doi:10.1377/hlthaff.2020.01452
- 7. Goering S. 'You Say You're Happy, but...': Contested Quality of Life Judgments in Bioethics and Disability Studies. Bioethical Inquiry. 2008;5(2-3):125-135. doi:10.1007/s11673-007-9076-z
- 8. Ubel PA, Loewenstein G, Schwarz N, Smith D. Misimagining the unimaginable: the disability paradox and health care decision making. Health Psychology. 2005;24 (4S):S57.
- 9. Sabatello M, Burke TB, McDonald KE, Appelbaum PS. Disability, Ethics, and Health Care in the COVID-19 Pandemic. Am J Public Health. 2020;110(10):1523-1527. doi:10.2105/AJPH.2020.305837
- 10. Moura I. Encoding normative ethics: On algorithmic bias and disability. First Monday. Published online 2023. Accessed July 18, 2024. https://firstmonday.org/ojs/index.php/fm/article/view/12905
- 11. Ne'eman A, Stein MA, Berger ZD, Dorfman D. The treatment of disability under crisis standards of care: an empirical and normative analysis of change over time during COVID-19. Journal of health politics, policy and law. 2021;46(5):831-860.
- 12. Andrews EE, Ayers KB, Brown KS, Dunn DS, Pilarski CR. No body is expendable: Medical rationing and disability justice during the COVID-19 pandemic. American Psychologist. 2021;76(3):451.

- 13. National Institute of Health. NIH Overview: Populations with Health Disparities. NIH Overview: Populations with Health Disparities. October 3, 2023. https://www.nimhd.nih.gov/about/overview/
- 14. National Health Law Program. HHS Finalizes Rule to Strengthen Protections for People with Disabilities in Health Care. https://healthlaw.org/news/hhs-finalizes-rule-to-strengthen-protections-for-people-with-disabilities-in-health-care/
- 15. McIntosh I. Patients Rights Action Fund: Physician Assisted Suicide. Presented at: May 13, 2024.
- 16. Pereira J. Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls. Current Oncology. 2011;18(2):38-45.
- 17. Burns A, Watts MO, Ammula M. A Look at Waiting Lists for Home and Community-Based Services from 2016 to 2021. KFF; 2022. https://www.kff.org/medicaid/issue-brief/a-look-at-waiting-lists-for-home-and-community-based-services-from-2016-to-2021/
- 18. Laws CB, Hewitt AS. Introduction to the special issue: Understanding the direct support workforce in the United States. Intellectual and developmental disabilities. 2020;58(3):189-191. Accessed August 6, 2024. https://meridian.allenpress.com/idd/article-abstract/58/3/189/436578

About the MDDC

The Massachusetts Developmental Disabilities Council (MDDC) is an independent agency, funded by the federal government, dedicated to empowering people with developmental disabilities and their families to enjoy full productive lives by promoting self-sufficiency, community inclusion & opportunity.



The MDDC works to improve the system of supports for individuals with developmental disabilities and their families by bringing advocates together with policymakers to be sure people with developmental disabilities are included in policy decisions that impact their lives.

The MDDC also serves as an objective resource to inform public policy at the local, state and federal levels, to better meet the needs of individuals with developmental disabilities and their families.

Visit the MDDC online: mass.gov/mddc