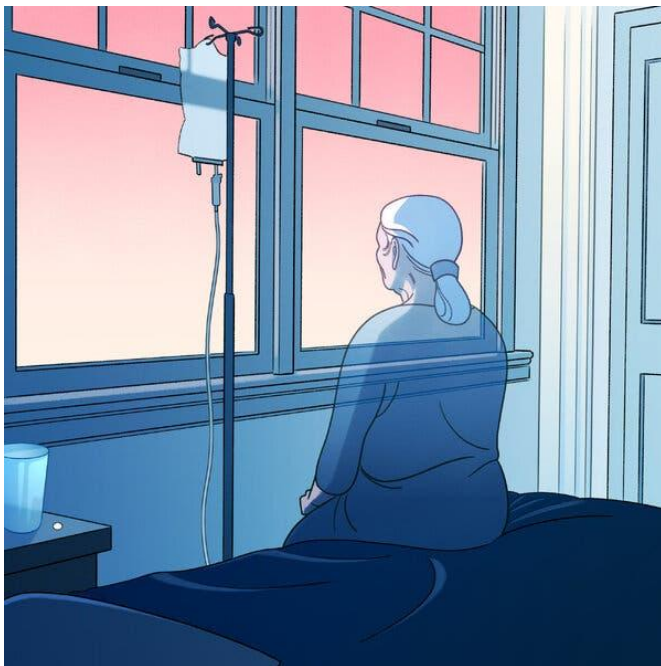


THE NEW OLD AGE

By September, Nearly a Third of Americans Will Live in States With Legal Aid in Dying

Despite widespread support in polls, the number of people who actually go through with the practice remains very small.



Credit...Bianca Bagnarelli

By [Paula Span](#)

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Jules Netherland traveled from her home in the Bronx to the New York State Capitol in Albany several times in the past few years, hoping to persuade the Legislature to pass a medical aid in dying bill, allowing terminally ill patients to end their lives with a lethal prescription.

She spoke at rallies. With other members of the advocacy organization Compassion & Choices, she visited legislators' offices. In 2024, as the State Assembly was debating the aid in dying bill, she helped unfurl a banner in the chamber gallery that read, "Stop the Suffering."

Her activism was becoming difficult. Ms. Netherland, who is 59 and works for a nonprofit, was diagnosed with breast cancer in 2019. “I did a full year of aggressive treatment,” she said. “Chemotherapy. A mastectomy. Radiation treatment every weekday for five weeks. Six months of two oral medications.”

She recovered and felt well until the cancer returned a few years later. Although metastatic breast cancer is incurable, drugs are keeping her disease at bay for now. Ms. Netherland feels fortunate but also fatigued, and she contends with brain fog, gastrointestinal symptoms and joint pain.

“My energy is really limited,” she said.

As she emailed and called legislators, Ms. Netherland feared she might die before the aid in dying bill — first introduced in New York in 2016 — could become law.

‘A Breakthrough Moment’

On June 9, 2025, after the Assembly approved the bill, Ms. Netherland was in the State Senate chamber, watching the aye votes mount, and seeing it pass. [Gov. Kathy Hochul signed](#) an amended version in February; it is scheduled to take effect Aug. 5.

A similar law is [slated to take effect in September in Illinois](#), which would become [the 13th state \(plus the District of Columbia\)](#) where medical aid in dying is legal.

“A breakthrough moment,” said Kevin Díaz, president of Compassion & Choices, which has spearheaded the long campaign for such laws. After almost 30 years — Oregon’s law, the first in the country, was enacted in 1997 — the addition of two populous states means that almost a third of Americans will live in one where medical aid in dying is legally available. “It shows that there’s broad support for this model,” Mr. Díaz said.

Polls consistently back that claim. A [Pew Research Center survey](#) last spring found that almost two-thirds of respondents didn’t consider the practice “morally wrong,” either because they thought it was acceptable or not a moral issue. Support crossed many political and religious lines: A narrow majority of Republicans and 76 percent of Democrats both found “physician assisted death” (also sometimes called “physician assisted

suicide”) permissible; so did most Catholics, Jews and nonevangelical white Protestants.

In New York, [a Siena Poll found](#) that 54 percent of respondents supported aid in dying, including majorities of men and women, of all age groups, and of city, suburban and upstate residents. A plurality of Latinos supported it; Black respondents narrowly opposed it.

Passing these laws has grown somewhat easier, said Thaddeus Pope, a bioethicist and professor at Mitchell Hamline School of Law in St. Paul, Minn., who tracks such policies. “You can say, ‘We have 10 years in California, 18 years in Washington and 29 years in Oregon, and nothing bad has happened.’ It becomes more accepted.”

‘You Need A, B and C’

Yet legalizing medical aid in dying, or MAID, has been and remains a long, contentious process. Catholic leadership and many disability organizations staunchly oppose it. (Pope Leo XIV personally [asked Illinois Gov. JB Pritzker not to sign](#) the bill.)

The American Medical Association says that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer” and poses “serious societal risks,” although a number of state medical organizations have opted to remain neutral or, as in New York, to [support passage](#).

The Patients’ Rights Action Fund, through a sister organization, has lawsuits pending or on appeal in California, Delaware and Colorado, arguing that aid in dying laws discriminate against people with disabilities by steering them toward physician-assisted suicide instead of treatment.

“This is a litigation strategy we’ve developed to ultimately get to the Supreme Court,” said Matt Vallière, the group’s executive director, who declined to say whether it would sue to block the Illinois and New York laws.

Even when aid in dying laws succeed, using them can prove challenging. In every state (except Montana, where it became legal through a court decision, so there is no statute governing eligibility), aid in dying is available only to people with incurable illnesses who are expected to die within six months.

It typically involves oral and written requests to two doctors, with mandated waiting periods between requests. Patients must have the mental capacity to make the decision, which disqualifies those with dementia, and they must ingest the medication without assistance. (An amendment Gov. Hochul insisted on adds a psychologist or psychiatrist to the process.)

All but two states require patients to be residents. Oregon and Vermont scrapped their residency requirements [to settle lawsuits](#) brought by Compassion & Choices. ([Courts ruled against](#) a [similar suit in New Jersey](#).)

Moreover, any doctor, hospital or health care system can legally decline to provide aid in dying, and religiously affiliated institutions often opt out. Those that participate can add their own requirements.

“The state can say ‘You need A, B and C,’ and Columbia-Presbyterian can say, ‘We also want D, E and F,’” Dr. Pope said.

Hotly Debated, Seldom Used

Perhaps these restrictions, or a lack of public awareness, help explain why, despite the headlines and fervent debates, the number of people who actually use the law is tiny in every state — usually one percent or fewer of the deaths recorded annually. The support for giving patients this kind of autonomy at the end of life remains widespread, but the desire to personally exercise it apparently is not.

Still, after studies showed that many patients seeking MAID were [dying before they could complete the process](#), the trend has been to loosen restrictions. California cut its 15-day waiting period to 48 hours; New Mexico allows physician assistants and advanced-practice nurses to write prescriptions along with doctors.

“Most states have now amended their laws two or three times,” Dr. Pope said. “We have liberalized.” Telehealth can also facilitate access to participating doctors.

Compassion & Choices is planning legal challenges to end residency requirements in additional states, Mr. Díaz said. It is also considering how to “make inroads in jurisdictions with a much different cultural and political environment,” he added, mentioning Florida and other Southern states.

Medical aid in dying represents a shift in power, Mr. Díaz said. “The person who has to bear the burden of the suffering should have the ability to decide when it’s enough,” he added.

Anne Gurnett Bander, 72, a retired research scientist in Carmel, N.Y., cared for her husband for four years as amyotrophic lateral sclerosis — the relentlessly disabling neurological disorder also known as Lou Gehrig’s disease — rendered him bedridden and dependent on feeding and breathing tubes. “By the time he died, the only thing he could do was nod his head,” she recalled.

So being diagnosed with A.L.S. herself last year was “my worst possible nightmare,” Dr. Gurnett Bander said. She was planning to fly to Switzerland, where the nonprofit organization Dignitas provides medical aid in dying, when she learned about the New York bill and began speaking publicly in support of it, her voice faltering as her illness advanced.

Dr. Gurnett Bander and Ms. Netherland say they’re not certain they’ll use lethal drugs to end their lives as their symptoms intensify. Not infrequently, patients complete the necessary steps, secure the prescribed medication, decide they don’t need it after all and die of their diseases. But both women insist that the choice should be theirs.

“It can offer so much peace of mind,” Ms. Netherland said. “I thought, ‘People should have this option.’ Now, they will.”

The New Old Age is produced through a partnership with [KFF Health News](#).

From the comments

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1.

C

Cindy

VT, USA

We had a family friend who was diagnosed with ALS a few years ago. His decline was slow at first, impacting his hands and feet.... but after a while, he was wheelchair bound. When it got to a point where eating and breathing became difficult, he was very clear that he did not want artificial means keeping him alive. With the support of his doctors, he chose physician assisted death. For anyone with an incurable disease, having this option is a way to escape the enduring pain and suffering.

M

Melissa Wood, Peaceful End of Life

Texas

One of the things I wish more people understood is that Medical Aid in Dying is not the same thing as suicide. When I work with and support people facing terminal illness or unbearable suffering, I rarely meet people who "want to die." What I meet are people who desperately want to live—but not at the cost of prolonged, intractable suffering, loss of dignity, or a dying process they find unacceptable. For many, the decision is not between life and death. The decision is between two different ways of dying: one that may involve suffering they do not want, and one that allows for a peaceful, planned, and supported death on their own terms. Every mentally competent adult deserves the right to decide what level of suffering is acceptable to them. Bodily autonomy should not end when a person receives a terminal diagnosis. Whether someone ultimately chooses Medical Aid in Dying, VSED, Switzerland or another way, simply finds comfort in knowing the option exists, the conversation should be centered on compassion, dignity, and personal choice—not language that inaccurately equates these decisions with suicide.

L

Lozzie

USA

As a survivor of suicide loss, having lost a loved one in a brutally violent way, I must say... had they been so sure they wanted to go, I would have wholeheartedly wished they'd had access to a more peaceful method. I worry that terminally ill patients without access to MAID would be left to end their suffering in far more traumatic ways. I think of the beloved pets I have helped cross over through humane euthanasia when their suffering became too overwhelming. Organizations like Laps of Love will even make house calls. At minimum, sentient suffering humans deserve the same dignity as our furry loved ones.