# MAID Legal & Ethical Issues

## Current Practice & View to the Future

1

# Thaddeus Pope

June 6, 2026

2

# 1 disclosure

3

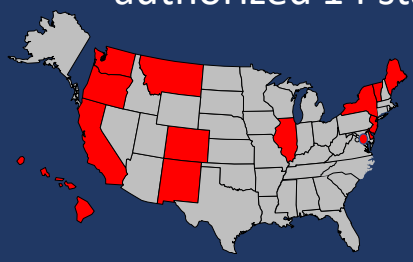
Wolters Kluwer

UpToDate®

royalties - for 2 topics on MAID

4

authorized 14 states



5

# 108,000,000

Americans live in a MAID jurisdiction

6

# 1 in 3 Americans

7

# 132 years

combined experience

8

| | | | |
|---|---|---|---|
| OR | 28 | HI | 8 |
| WA | 18 | ME | 7 |
| MT | 17 | NJ | 7 |
| VT | 13 | NM | 5 |
| CA | 10 | DE | 1 |
| CO | 9 | NY | 0 |
| DC | 9 | IL | 0 |

9

# >30,000 patients

10

# >3000 Colorado

11

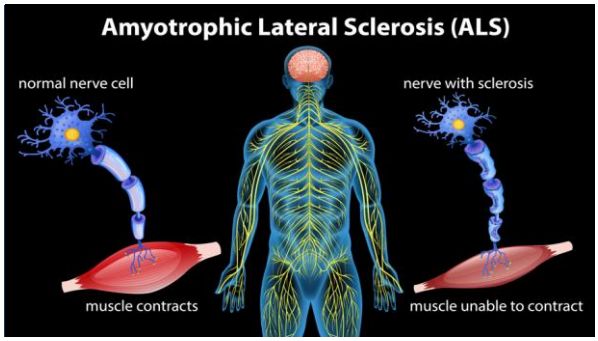

12

60% cancer

13

1 in 25

14




15

1 in 5

16


17


18

# 2016 - 2026

19


20

CO has **4th** highest MAID rate in USA

21

*after*

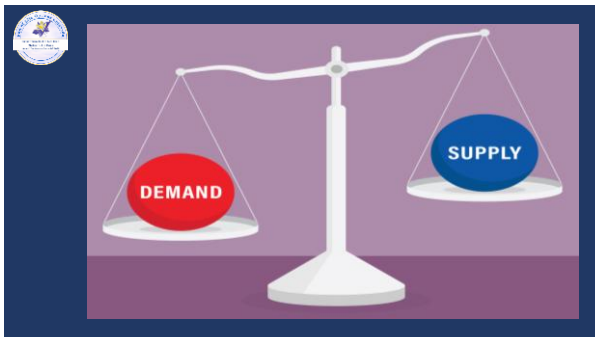
New Mexico
Vermont
Oregon

22


23

**but**

24




25

access
problem

26

patients cannot **get** MAID

27

patients cannot **get** MAID – when it **fits** their goals, preferences, values

28

**roadmap**

29

**2** parts

30

what did we learn

**1st** 10 years

31

2016 - 2026

32

what's coming up

**next** 10 years

33

2026 - 20**36**

34

**1st** 10 years

35

2016

36

2016 STATE BALLOT INFORMATION BOOKLET

37


38


39

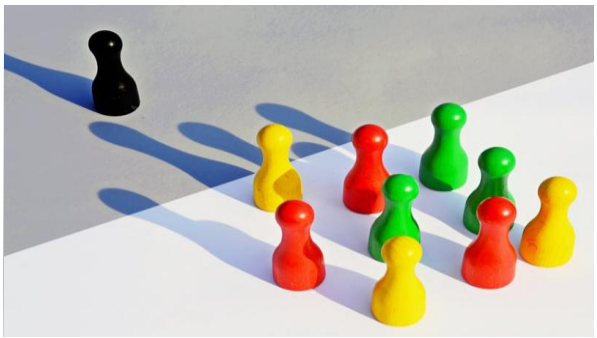
Oregon
Washington
Montana
Vermont
California

40

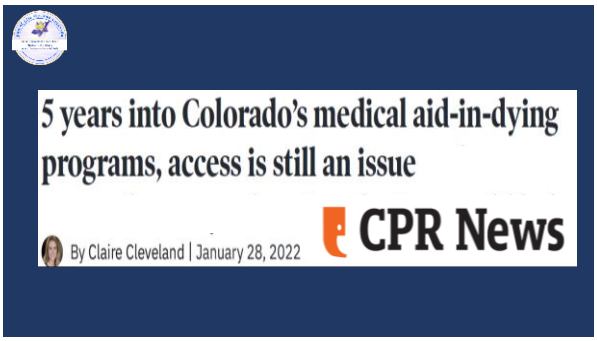

41

but

42



43




44

2 reasons

45

46


47

SO …

48

# 2024

49

50

# S.B. 68

51

# 4 changes

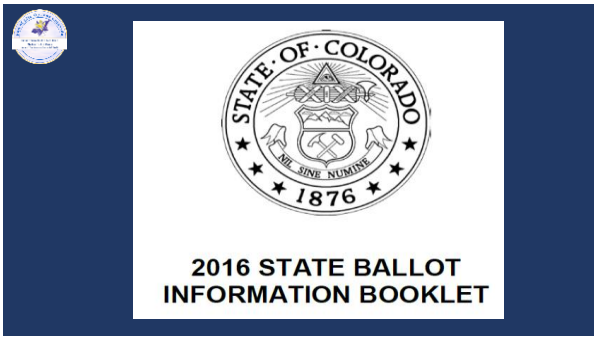
52

# change 1

53

# **shortened** waiting period

54




55

**2** oral requests separated by **15+ days**

56

# but

57

# undue burden

58

**many** patients cannot wait that long

59


Mandell et al., Medical Aid in Dying in the State of **Colorado**: Perspectives, Data, and Lessons Learned in the First Years of a Uniquely Centralized Program, 28(7) *J Pall Med* 869-874 (2025).

60

1 in 4

died **before**
15 days

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

61

JAMA Intern Med. 2017 Dec 26;178(3):417-421. doi: 10.1001/jamainternmed.2017.7728

**Characterizing Kaiser Permanente Southern California's Experience With the California End of Life Option Act in the First Year of Implementation**

Situating requests for medical aid in dying within the broader context of end-of-life care: ethical considerations

Lori Seller,[1,2] Marie-Ève Bouthillier,[3] Veronique Fraser[1]

62

***SO …***

63

S.B. 68

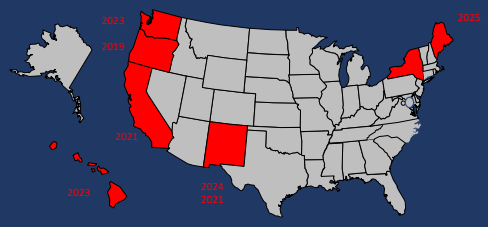
64

**7** days
+ waivable

65


66

## 7 other states



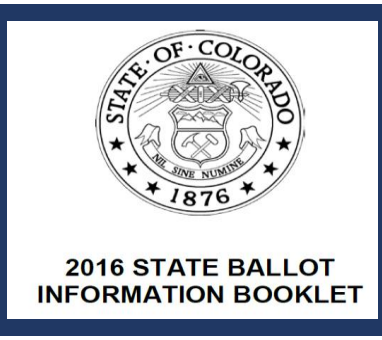

67

## change 2

68

## **who** can prescribe

69




70

## physicians **only**

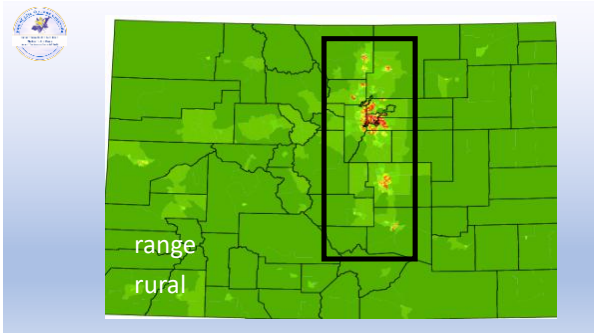
71

## MD *or* DO

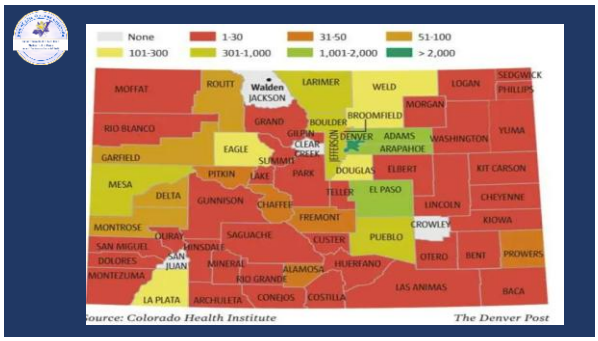
72

but

73




74




75

so …

76

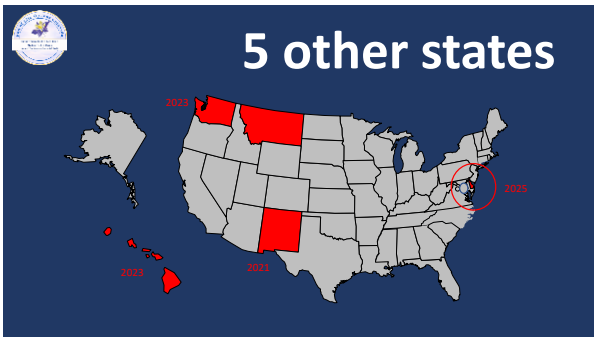
S.B. 68

77

APRN

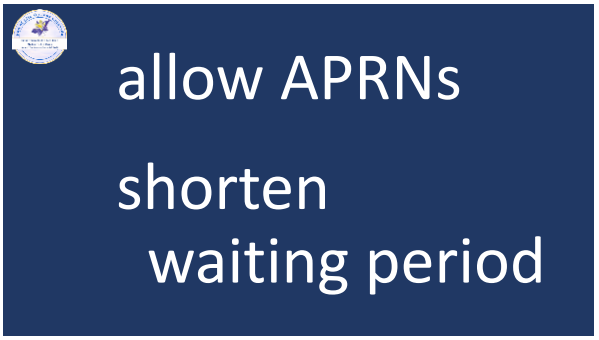
78


79




80


81




82


83


84

2016 STATE BALLOT INFORMATION BOOKLET

85

CO MAID is **only** for CO residents

86

S.B. 68

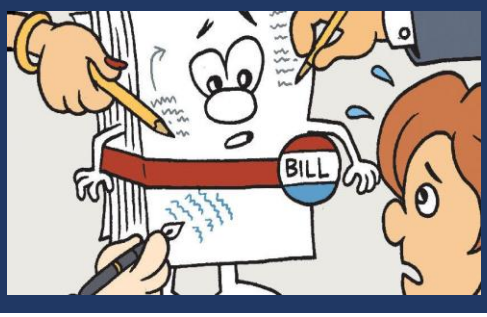
87

~~residency requirement~~

88

**but**

89

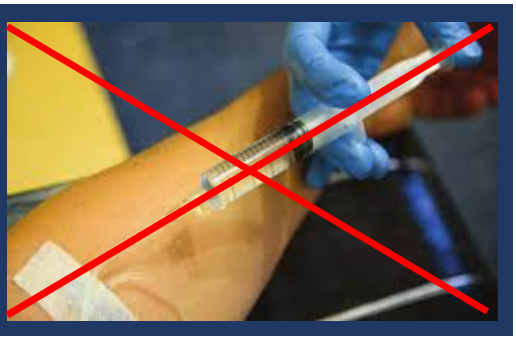



90

change 4

91

92



93


2016 STATE BALLOT INFORMATION BOOKLET

94

~~self-ingest~~

like many MAID states

95

self-administer

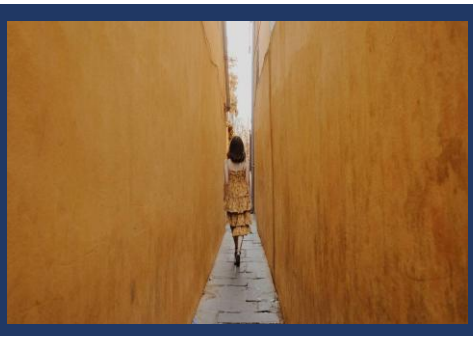
96

but

97

S.B. 68

98



99

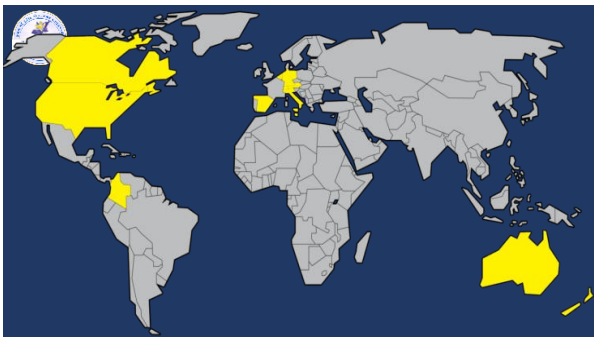
"self-administer does **not include** administration by parenteral injection or infusion"

100

101

102


103



104

safer &
faster

105

OREGON HEALTH AUTHORITY
Public Health Division
Center for Health Statistics

2024

# Oregon Death with Dignity Act

Data Summary

106


107

8%

108

difficulty ingesting regurgitation

1 in 20

109

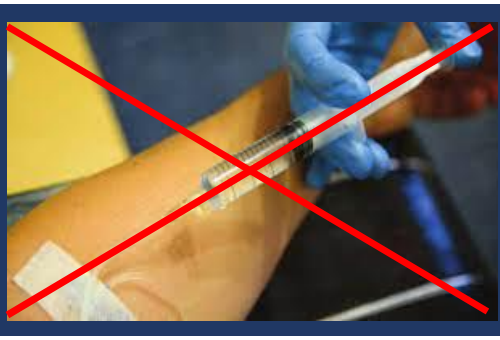
seizures + other complications

1 in 36

110

but

111



112


113

*that's*

S.B. 68

114

2nd legislation

115

2023

116

117

H.B. 1218

Patient's Right to Know Act

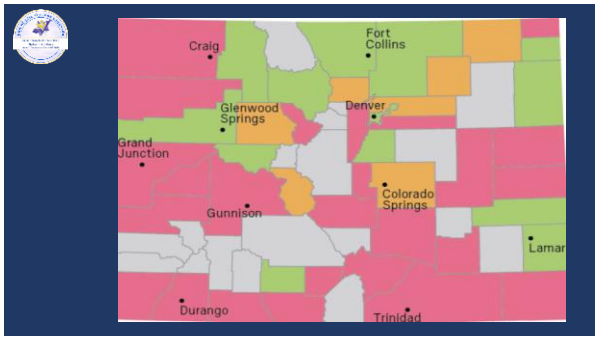
118

many entities **decline** to participate

119

that's their **right** under the EOLOA

120




121

but

122

123

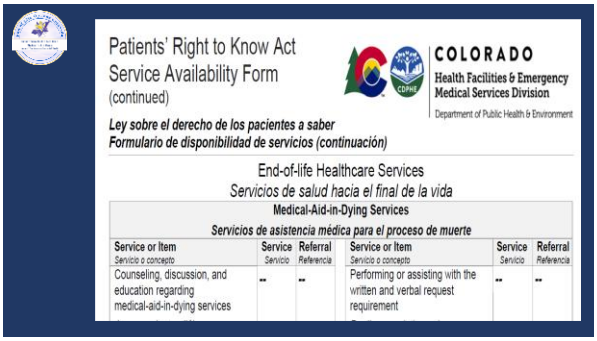
**who** participates

who does not

124

# H.B. 1218

125



Patients' Right to Know Act
Service Availability Form
(continued)

COLORADO
Health Facilities & Emergency Medical Services Division
Department of Public Health & Environment

***Ley sobre el derecho de los pacientes a saber***
***Formulario de disponibilidad de servicios (continuación)***

End-of-life Healthcare Services
*Servicios de salud hacia el final de la vida*

**Medical-Aid-in-Dying Services**
***Servicios de asistencia médica para el proceso de muerte***

| Service or Item *Servicio o concepto* | Service *Servicio* | Referral *Referencia* | Service or Item *Servicio o concepto* | Service *Servicio* | Referral *Referencia* |
|---|---|---|---|---|---|
| Counseling, discussion, and education regarding medical-aid-in-dying services | ▪▪ | ▪▪ | Performing or assisting with the written and verbal request requirement | ▪▪ | ▪▪ |

126

**Medical-Aid-in-Dying Services**

***Servicios de asistencia médica para el proceso de muerte***

| Service or Item<br>*Servicio o concepto* | Service<br>*Servicio* | Referral<br>*Referencia* | Service or Item<br>*Servicio o concepto* | Service<br>*Servicio* | Referral<br>*Referencia* |
|---|---|---|---|---|---|
| Counseling, discussion, and education regarding medical-aid-in-dying services<br>*Asesoramiento, diálogo y educación con respecto a los servicios de asistencia médica para el proceso de muerte* | *L* | *L* | Performing or assisting with the written and verbal request requirement<br>*Realizar o asistir en el cumplimiento de peticiones escritas o verbales* | *N* | *N* |
| Providing procedure for medical-aid-in-dying medication<br>*Procedimiento para suministrar medicamentos de asistencia médica para el proceso de muerte* | *N* | *N* | Performing or assisting with the attending physician requirement<br>*Realizar or asistir en el cumplimiento de los requisitos del médico tratante* | *N* | *N* |
| Selling or furnishing medical-aid-in-dying medication | *N* | *N* | | | |

127

patients can make informed choices **where** to get care

128


129

1st 10 years

130

UNITED SPINAL ASSOCIATION;
NOT DEAD YET;
INSTITUTE FOR PATIENTS' RIGHTS;
ATLANTIS ADAPT; and
MARY GOSSMAN,

Plaintiffs,

v.

STATE OF COLORADO;
JARED POLIS, in his official capacity as Governor;
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;
JILL RYAN, in her official capacity of as Director of CDHPE;
COLORADO MEDICAL BOARD; and
ROLAND FLORES, in his official capacity as the President of the Colorado Medical Board,

Defendants.

131

THE UNITED STATES DISTRICT COURT

DISTRICT OF COLORADO

Hon. Daniel D. Domenico, *Chief Judge*
Jeffrey P. Colwell Esq., *Clerk of Court*

132

claims CO-EOLOA violates federal **disability** discrimination laws

133

"all claims … **dismissed** … for lack of standing"

134

PTFs lost copycat lawsuits

135

but

136

137


138


139

# 1st 10 years

140

# 2016 - 2026

141

# multiple changes

142

143

NOT. DONE. YET.

144

changes will

**continue**

145


146


147

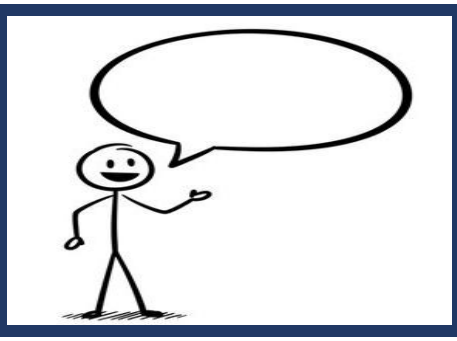
**next**

10 years

148

2026 - 2036

149



150

VSED **bridge** to MAID

(for Pt with dementia)

151

**assisted** self-administration

(for Pt with ALS)

152

**but**

153

154


155

**8** changes

156

change 1

157

residency requirement

158

**CO** permits MAID for **only** **CO** patients

159

but

160

~~"resident of ___"~~

161


162

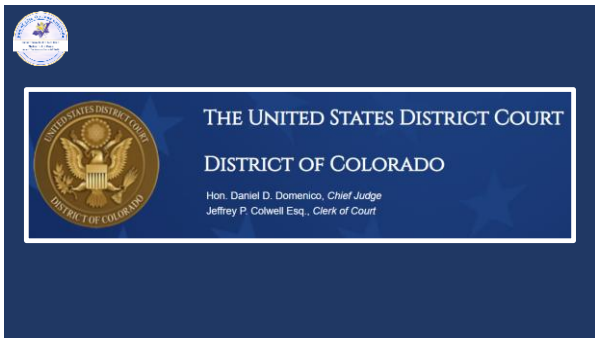
163


164

165

S.B. 68

166




167


168

**already** tried

try again

169

that's change 1

**eliminate**

residency

requirement

170

change **2**

171

require **more**

transparency

172

Patients' Right to Know Act
Service Availability Form
(continued)

COLORADO
Health Facilities & Emergency Medical Services Division
Department of Public Health & Environment

*Ley sobre el derecho de los pacientes a saber*
*Formulario de disponibilidad de servicios (continuación)*

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|---|---|---|---|---|---|
| Counseling, discussion, and education regarding medical-aid-in-dying services | -- | -- | Performing or assisting with the written and verbal request requirement | -- | -- |

173


174

# but

175

- hospital
- community clinic
- maternity hospital
- freestanding ED
- rehabilitation hospital

176

# *so …*

177

- hospices
- other entities

178

JOURNAL OF PALLIATIVE MEDICINE
Volume 00, Number 00, 2025
© Mary Ann Liebert, Inc.
DOI: 10.1177/10966218251377534

Examining Public-Facing Hospice Medical Aid in Dying Participation Policies in Legalizing U.S. Jurisdictions

Todd D. Becker, PhD, LMSW,[1] Paul Duberstein, PhD,[2] Elizabeth A. Luth, PhD,[3,4] Sanjana Kumar,[5] Samuel Nemeth, MPH,[2] Kira Phillips, EdM,[6] Veda Kota, MPH,[2] and Elissa Kozlov, PhD[2]

179

- only **6%** Colorado hospices have public-facing MAID policies

180

that's change 2

**more**
transparency

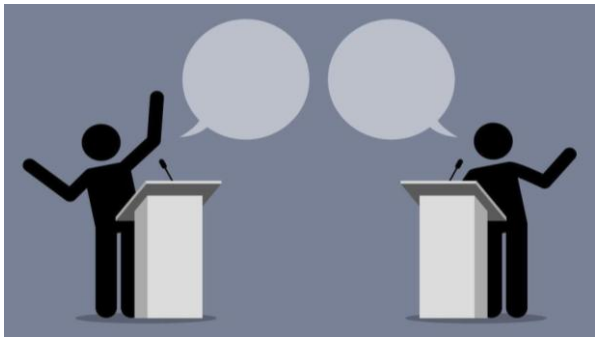
181

change **3**

182

informed
consent

183



184

wait for Pt to ask
***or***
MD raise option

185


186

CO in minority states **not** Pt centered

187

legal duty to disclose **only** what clinicians disclose

188

**but**

189

disclose all options a **reasonable Pt** would deem significant

190

need **not** recommend or encourage MAID

191

just include as **one** available option

192

**cannot** assume Pt already aware of MAID option

193

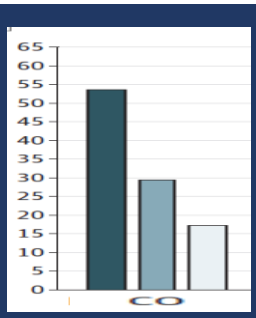
JAMA Network Open 2025

Original Investigation | Health Policy

Knowledge of and Preferences for Medical Aid in Dying

Elissa Kozlov, PhD; Elizabeth A. Luth, PhD; Sam Nemeth, BA; Todd D. Becker, PhD, LMSW; Paul R. Duberstein, PhD

194




16%

195

that's change 3

**better** informed consent

196

change **4**

197

counseling Pt **ineligible** for MAID

198

Pt **asks** HCP for MAID

199

**but**

200

Pt **not** terminally ill

201

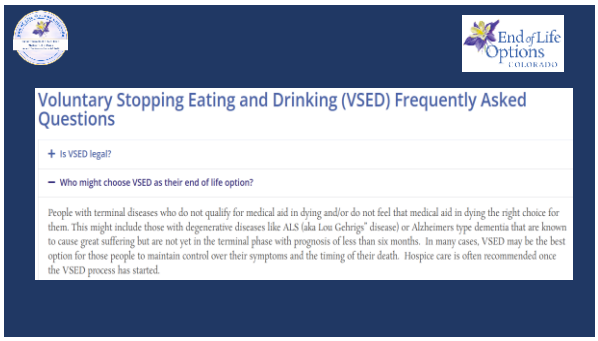
disclose **other** options

202

203

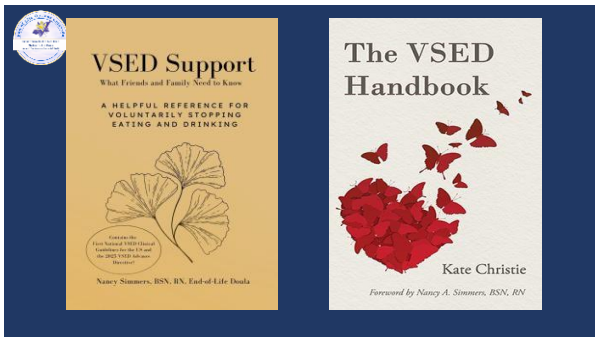
VSED

204




205


206




207


208


209

210

The Colorado Sun

ELECTION 2022

Colorado becomes second state to legalize "magic mushrooms"

Proposition 122, which passed by an extremely thin margin, would allow healing centers where people could consume psilocybin mushrooms

Jennifer Brown
5:52 PM MST on Nov 9, 2022

211

212

**50** healing centers

COLORADO
Department of Revenue
Natural Medicine Division

213

PRESIDENTIAL ACTIONS

ACCELERATING MEDICAL TREATMENTS FOR SERIOUS MENTAL ILLNESS

Executive Orders | April 18, 2026

214

psilocybin helps terminally ill Pt deal with **end-of-life psychological distress**

215

Original Paper

Psychedelics as an intervention for psychological, existential distress in terminally ill patients: A systematic review and network meta-analysis

Journal of Psychopharmacology
2026, Vol. 40(1) 119-133
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Sage

Mattia Marchi[1,2], Riccardo Farina[3], Karim Rachedi[1], Francesca Laonigro[1], Marija Franka Žuljević[4], Luca Pingani[1,2],

216

by boosting the will to live, psilocybin may **avert** Pt **need or desire** for MAID

217

psilocybin is option patients will find **significant** – and some will choose

218

***SO…***

219

legal & ethical **duty** to disclose

220

EOLOA

CRS 25-48-106

221

"feasible **alternatives** … including comfort care, palliative care …"

222

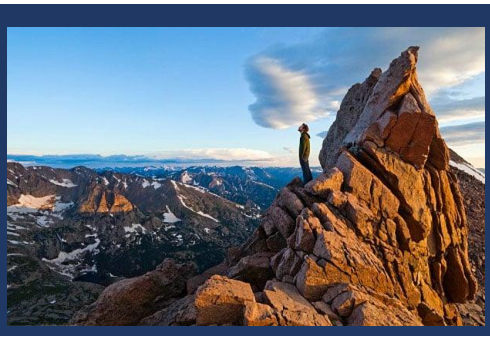
that's change 5

**disclose**
psilocybin
alternative

223

changes **6 7 8**

224



225

change **6**

226


227

| State | Prescriptions | Ingestions | Source | Population | Rx Rate |
|---|---|---|---|---|---|
| California | 1591 | 1032 | 2024 DOH | 40m | 40/m |
| Colorado | 580 | 261 | 2025 DOH | 6m | 97/m |
| Delaware | -- | -- | -- | 1m | -- |
| Hawaii | 93 | 59 | 2025 DOH | 1.5m | 62/m |
| Illinois | -- | -- | -- | 13m | -- |
| Maine | 66 | 48 | 2024 DOH | 1.4m | 47/m |
| Montana | -- | -- | -- | 1.1m | -- |
| New Mexico | 280+ | 280 | NMEOL | 2.1m | 133/m |
| New Jersey | 131 | 122 | 2024 DOH | 9.5m | 13/m |
| New York | -- | -- | -- | 20m | -- |
| Oregon | 637 | 400 | 2025 DOH | 4.3m | 148/m |
| Vermont | 95 | 91 | 2023-25 DOH | 0.7m | 136/m |
| Washington | 524 | 427 | 2023 DOH | 8m | 53/m |
| Washington, DC | 8 | 6 | 2023 DOH | 0.7m | 9/m |
| **TOTAL** | **4005+** | **2726+** | | | |

228

1. Oregon
2. Vermont
3. New Mexico

229

**OR** - 22y headstart

**both** CO OR - have big % out of state Pt

230


231

that's change 6

**learn** lessons from NM

232

change **7**

233

**Colorado End-of-Life Options Act, 2025**
2025 Data Summary, with 2017-2025 Trends and Totals

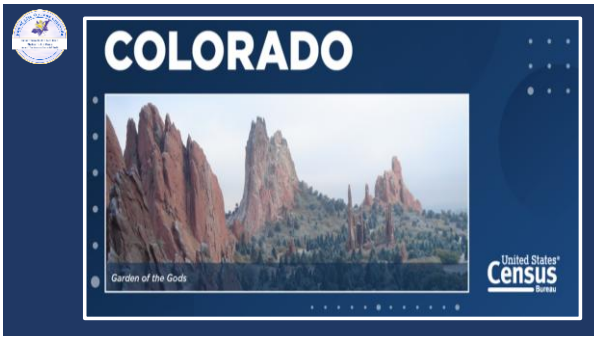
Prepared by the Center for Health and Environmental Data
Colorado Department of Public Health and Environment

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| White, non-Hispanic | 279 | 94.3 | 341 | 92.9 | 434 | 92.9 | 472 | 92.2 | 2,225 | 93.4 |
| White, Hispanic | 7 | 2.4 | 11 | 3.0 | 17 | 3.6 | 23 | 4.5 | 81 | 3.4 |
| Black/African American | 1 | 0.3 | 2 | 0.5 | 3 | 0.6 | 6 | 1.2 | 15 | 0.6 |
| Asian/Pacific Islander | 5 | 1.7 | 8 | 2.2 | 3 | 0.6 | 4 | 0.8 | 33 | 1.4 |
| American Indian/Alaska Native | 1 | 0.3 | 1 | 0.3 | 3 | 0.6 | 1 | 0.2 | 6 | 0.3 |

234

94%
white

235

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| | |
|---|---|
| White | **65%** |
| Hispanic | 23% |
| Black | 5% |
| Asian | 4% |

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that's change 7

**investigate**
disparities

239

change **8**

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COLORADO
Department of Public Health & Environment

Annual Statistical Report

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END-OF-LIFE CARE FOREFRONT

**Accepting Professional Accountability: Call For Uniform National Data Collection On Medical Aid-In-Dying**

Jean T. Abbott, Jacqueline J. Glover, and Matthew K. Wynia • November 20, 2017

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| | Colorado | Oregon | Washington | California |
|---|---|---|---|---|
| **Patient-sourced data** | | | | |
| Diagnosis | Yes | Yes | Yes | Yes |
| Written attestation | Yes | Yes | Yes | Yes |
| Documented if informed family | No | No | Yes | No |
| Needed to change physician to access aid-in-dying? | No | No | No | No |
| End-of-life concerns/motivation for aid-in-dying | No | No | No | No |
| Final affirmation of capacity' | No | No | No | Yes |
| **Physician-sourced data** | | | | |
| Diagnosis | Yes | Yes | Yes | Yes |
| Whether patient referred for psychological evaluation | Yes | Yes | Yes | Yes |
| Consultant written report/attestation | | Yes | Yes | Yes |
| Physician report of patient end-of-life concerns | No | Yes | Yes | Yes |
| Enrollment in hospice (at time of request) | No | Yes | Yes | Yes |
| Health status (ECOG performance status) at time of ingestion | No | No | Yes | No |
| Patient ethnicity/race | No | Yes | Yes | Yes |
| Patient education | No | Yes | Yes | Yes |
| Health insurance/type | No | Yes | Yes | Yes |
| Which medication prescribed | Yes | Yes | Yes | Yes |
| Psychiatrist written report/attestation | Yes | Yes | Yes | No |
| Interpreter used/attestation | No | No | No | Yes |
| Physician specialty | No | No | Yes | No |
| Duration of physician/patient relationship | No | Yes | Yes | No |
| Hospital/health system of physician | No | No | No | No |
| Documented discussion of physician orders for life-sustaining treatment, cardiopulmonary resuscitation directive | No | No | No | No |
| Physician/other professional present at ingestion/time of death | No | Yes | Yes | Yes |
| Time between ingestion, unconsciousness, death | No | Yes | Yes | Yes |
| Complications after ingestion (regurgitation, regained conciousness, emergency medical services called) | No | Yes | Yes | Yes |
| Cause of death (ingestion, illness, other) | No | Yes | Yes | Yes |
| **Pharmacist-sourced data** | | | | |
| Which medication(s) prescribed | Yes | Yes | Yes | Yes |
| To whom medication dispensed | No | No | No | No |
| Medication follow-up mechanism | No | No | No | No |
| Pharmacist written report | Yes | Yes | Yes | No |

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that's change 8

**collect**

better data

245

**conclusion**

246


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1st 10 years CO EOLOA

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2016 - 2026

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next 10 years

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2026 - 2036

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bonus tip

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you may face conflict or uncertainty

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Academy of Aid-in-Dying Medicine

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**Ethical Consultation Service**

www.aadm.org/courses/ethicsconsults

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"**mission** … provide support for clinicians involved in the practice of medical aid in dying"

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multi-professional

multi-disciplinary

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# geographically diverse

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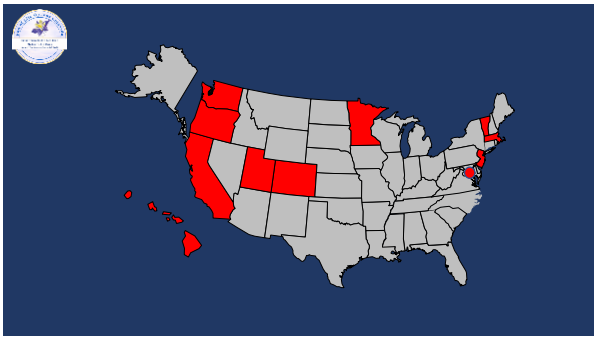

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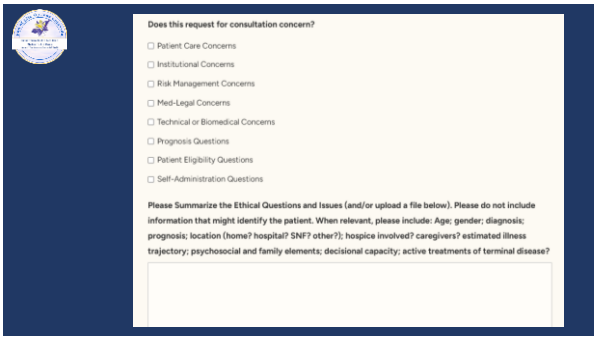


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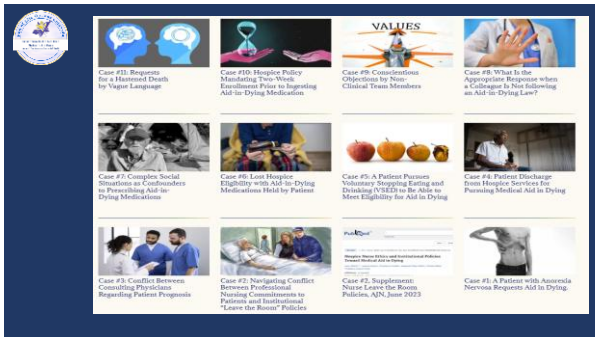


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