

# Medical aid-in-dying laws are increasing, but substantial barriers to access remain

May 2 2018

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Medical aid-in-dying is now legal in eight U.S. jurisdictions, but patients still face substantial barriers to access, according to a new analysis by Dr. Mara Buchbinder of the University of North Carolina School of Medicine.

Eight U.S. jurisdictions (seven states plus the District of Columbia) now allow physicians to prescribe a [lethal dose](#) of medication to a mentally competent, terminally ill patient, provided that certain conditions are met.

Hawaii passed a medical aid-in-dying law in April, and similar proposed laws are currently under consideration in North Carolina, New York and other states.

However, in the states where medical aid-in-dying laws are already in effect, [patients](#) who wish to use them still face substantial barriers to [access](#), according to a new analytic essay by Mara Buchbinder, PhD, an associate professor in the department of social [medicine](#) at the University of North Carolina School of Medicine.

"People think the main barrier is their state's legal status and that legalization will resolve access issues. My research suggests otherwise," Buchbinder said.

Her analysis was recently published online by the *American Journal of Public Health*.

Buchbinder's article argues that although medical aid-in-dying laws are on the rise in the U.S., legalization does not guarantee access. Patients can and do encounter substantial barriers to access in jurisdictions where medical aid-in-dying is legal, and access is hindered by the same socioeconomic inequalities that are common in U.S. health care.

For example, patients with higher incomes have easier access to physicians who are willing to prescribe the lethal medication. They are also more likely to have insurance that will cover it, or to be able to afford to pay for these services themselves.

**More information:** Mara Buchbinder, Access to Aid-in-Dying in the United States: Shifting the Debate From Rights to Justice, *American Journal of Public Health* (2018). [DOI: 10.2105/AJPH.2018.304352](https://doi.org/10.2105/AJPH.2018.304352)

Provided by University of North Carolina Health Care

Citation: Medical aid-in-dying laws are increasing, but substantial barriers to access remain (2018, May 2) retrieved 3 May 2024 from <https://medicalxpress.com/news/2018-05-medical-aid-in-dying-laws-substantial-barriers.html>

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