



# The Illinois End-of-Life Options Act

## Modeled After Successful State Laws

Closely modeled after aid-in-dying legislation in Oregon, Washington, California, Colorado, and Vermont, the Illinois End-of-Life Options Act provides a compassionate choice to terminally ill people who are suffering. It includes the same robust protections that have worked in Oregon for over 20 years.

## Strict Qualifications

To take advantage of the law, a person must be terminally ill, an adult, mentally capable of making informed decisions, and an Illinois resident. The person must be able to self-administer the medication.

## Robust Protections

A patient initiates the process by asking a physician to prescribe medication that may be self-administered to bring about a peaceful death.

That physician and a second consulting physician must agree that the person is terminally ill and expected to die within six months. Both doctors must agree that the patient is mentally capable of making an informed decision. If either doctor has doubts, they must refer the patient for an evaluation to a licensed psychologist or psychiatrist, and the process may proceed only if that professional concludes that the patient is mentally capable of making an informed decision.

## A Deliberate Choice

The person must make three separate requests for medication, two oral and one written. There is a fifteen day waiting period in between the two oral requests. The written request must be witnessed by at least two people, at least one of whom must be unrelated to the patient and without any expectation of financial interest in the patient's estate.

## Informed Decision-Making

The physician must ensure that the person is making an

informed decision and explain all alternatives, including hospice and palliative care. Coercing or putting undue pressure on a person to request, receive, rescind a request for, or take aid-in-dying medication or tampering with aid-in-dying documents is strictly prohibited.

## Peace of Mind

Twenty years of experience with the Oregon law shows that about one third of the people who obtain the prescription, never choose to self-administer it. But just knowing that they have the means to end their suffering if it becomes unbearable, provides peace of mind and improves their quality of life.

## Protects Doctors, Nurses, and Loved Ones

The law is explicit that medical aid in dying is not “suicide.” Doctors, nurses and loved ones are protected against prosecution for “assisted suicide.” Good faith compliance with the law may not be construed as unprofessional conduct or considered neglect. The law mandates that the death certificate list the underlying illness as the cause of death. It also prohibits any insurance policy from being conditioned upon or affected by a patient taking advantage of the law.

## No One Is Obligated To Participate

No healthcare provider, pharmacist, or health care facility is obligated to participate in the law. A health care facility which declines to participate, and which provides notice of this to physicians, may prohibit employees from providing aid in dying on its premises.

## Compassion for the Suffering

As in Oregon and other states, the law can be expected to be used by only a small percentage of dying patients – but for those who are suffering at the end of life, it provides immeasurable peace. It is a matter of human rights. Physicians participating in the law are acting ethically and fulfilling the highest obligations of their calling to relieve suffering.

**Illinois End of Life Options Coalition – [www.IllinoisOptions.org](http://www.IllinoisOptions.org)**

A project of Final Options Illinois, Compassion & Choices, and the American Civil Liberties Union of Illinois  
[www.finaloptionsillinois.org](http://www.finaloptionsillinois.org) – [www.compassionandchoices.org](http://www.compassionandchoices.org) – [www.aclu-il.org](http://www.aclu-il.org)