

# SB 610 – "Georgia Death and Dignity Act"

## Legislative Rubric from Science for Georgia

[SB 610](#) - This bill allows physicians to prescribe life-ending medication to terminally ill patients with less than 6 months left to live who request medical aid in dying. Criminal charges are provided for forging or coercing these requests.

Criteria	Variables			
<b>Impact</b> <b>Who is going to be impacted? Is it equitable? List stakeholders &amp; opinions.</b>	Negative	Positive		
	<p>This bill primarily impacts terminally ill adults in Georgia, along with their families, healthcare providers, and healthcare systems. It generally expands end of life choice and aims to enhance patient autonomy and dignity at the end of life. In terms of equity, access may vary depending on various factors such as healthcare availability, provider participation, health literacy, and cultural / religious beliefs. Patients and advocacy groups are generally supportive across the U.S. Religious organizations often oppose the bill on moral grounds. Overall, the impact will depend on equitable implementation and strong protections to ensure voluntary decision-making.</p>			
<b>Reach</b> <b>Does it reach its target audience?</b>	0 - No impact on target audience.	1 - Impacts narrow segment.	2 - Impacts Majority; Exceptions	3 - Impacts entire target audience
	<p>Physician-assisted suicide is <a href="#">rarely chosen</a> in jurisdictions where it is legal. Cancer is the most common diagnosis, at more than 70% of MAID deaths. In jurisdictions where it is legal, only 0.3% to 4.6% of deaths are reported as physician assisted suicide, and many are already enrolled in hospice or palliative care.</p>			
<b>Scientific Merit</b> <b>Does it utilize scientific research accurately?</b>	YES - this does follow scientific research accurately. Here's why....		NO - this does not present scientific research accurately.	
	<p>This bill is grounded in both scientific and ethical frameworks that emphasize patient autonomy and informed consent in end-of-life care. It also provides safeguards for patients such as requiring confirmations from at least two physicians and mental capacity assessments to minimize risks for coercion. <a href="#">Evidence</a> from several states with similar laws such as <a href="#">Oregon</a> suggested that medical aid in dying can reduced perceived suffering and provide patients with a greater sense of control at the end of life, regardless of whether medication to induce peaceful dying is ultimately used or not. This bill also includes a requirement for physician to discuss alternative care options such as palliative care, and this practice aligns with <a href="#">national recommendations</a> for high quality end-of-life care. Lastly, even though the legislation of medical aid in dying has long been debated as potentially risky for vulnerable groups, there is <a href="#">no current evidence</a> for the claim that medical aid in dying will have disproportionate impact on patients in vulnerable groups.</p>			

### Science for Georgia, Inc.

1700 Northside Dr, Ste A7, PMB 916, Atlanta, GA 30318

Scienceforgeorgia.org • [info@sci4ga.org](mailto:info@sci4ga.org)

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<p><b>Financial Feasibility</b> Is it financially feasible? or does this have burdensome finances (higher taxes, future costs, etc)?</p>	0 - Extremely high costs	1 - Expensive but can be done	2 - Slight	<b>3 - No financial burden</b>
<p>While potential savings arise from the cost of the last aspects of life, including that nearly 30% of Medicare is spent on 5% of patients who die annually, <a href="#">researchers</a> found that when considering the number of patients who would use the service, the proportion of medical costs saved to the time of life shortened, and the total cost of medical care for patients who die, cost savings are minimal. Researchers estimated savings to be less than 0.1% of total healthcare spending nationwide and less than 0.1% of an individual’s managed-care plan’s budget.</p>				
<p><b>Political Feasibility</b> Level of opposition and partisan disagreement.</p>	0 - Majority disagreed, regardless of party.	<b>1 – Split along party lines</b>	2 - Minimal Opposition	3 - Complete consensus (zero to five 'Nays').
<p>This <a href="#">bill</a> is heavily partisan, with full Democratic sponsorship. It did not cross over into the House, but the topic may resurface. The <a href="#">Supreme Court</a> allows states to decide whether or not physician assisted suicide is legal.</p>				
<p><b>Measurable Metrics?</b> We recommend looking at these 3 metrics. Is the data available or being measured?</p>	0 - no data	1 - some data / not accessible	<b>2 - most data / somewhat accessible</b>	3 - complete transparency
<p>Outcome of the bill can be tracked by number and demographics of individuals requesting and receiving medical aid in dying prescriptions, number of participating physicians and general opinions of patients and health providers.</p>				