



2025 Saw Expanded Access to Physician-Assisted Suicide

Despite opposition from advocacy groups and Catholic leaders, multiple states and countries advanced legislation in 2025 to expand access to physician-assisted suicide. American states that permit the practice include California, Colorado, Delaware, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, and Washington, as well as the District of Columbia.

Delaware

Delaware Gov. Matt Meyer signed a bill in May legalizing physician-assisted suicide for terminally ill adults with a prognosis of six months or less to live. The law will go into effect on Jan. 1, 2026, allowing patients to self-administer lethal medication. After the bill was signed, several disability and patient advocacy groups filed a lawsuit in the U.S. District Court in Delaware on Dec. 8 alleging that the law discriminates against people with disabilities.

Illinois

The House passed a bill in May to legalize physician-assisted suicide in Illinois, and it stalled in the Senate during the regular session. After it was taken up during the fall veto session, senators passed it on Oct. 31. The bill, which allows doctors to give terminally ill patients life-ending drugs if they request them, was signed into law by Gov. JB Pritzker on Dec. 12. The law “ignores the very real failures in access to quality care that drive vulnerable people to despair,” according to the Catholic Conference of Illinois.

New York

The New York State Assembly advanced an assisted suicide measure in May, which Cardinal Timothy Dolan called “a disaster waiting to happen.” Despite calls from Catholic bishops, the New York Legislature passed the “Medical Aid in Dying Act” in June. The legislation is expected to be signed by New York Gov. Kathy Hochul.

Colorado

Assisted suicide has been legal in Colorado since 2016. In June 2025, a coalition of advocacy groups sued the state over its assisted suicide law, claiming the statute is unconstitutional for allegedly discriminating against those who suffer from disabilities. The suit was filed on June 30 in U.S. district court

by organizations including Not Dead Yet and the Institute for Patients’ Rights. It calls Colorado’s assisted suicide regime “a deadly and discriminatory system that steers people with life-threatening disabilities away from necessary lifesaving and preserving mental health care.”

Canada

A Cardus Health report released in September found the legalization of medical assistance in dying (MAID) in Canada led to disproportionately high rates of premature deaths among vulnerable groups. MAID passed in 2012 with safeguards and provisions that the report said Canada has not upheld. It said: “Those who died from MAID were more likely to have been living with a disability than those who did not die from MAID, even though both groups had similar medical conditions and experienced diminished capability.” People suffering from mental illness are also dying by assisted suicide at disproportionate rates, the report said.

France

The National Assembly approved a bill in May that would allow certain terminally ill adults to receive lethal medication. The bill passed with 305 votes in favor and 199 against. In a statement released after the vote, the French Bishops’ Conference expressed its “deep concern” over the so-called “right to assistance in dying.”

United Kingdom

British lawmakers in the House of Commons passed a bill in June to legalize assisted suicide for terminally ill patients in England and Wales. In order to become law, the bill must pass the second chamber of Parliament, the unelected House of Lords. The Lords can amend legislation, but because the bill has the support of the Commons, it is likely to pass.

Uruguay

Legislators in Uruguay passed a bill in August to legalize euthanasia in the country. In October, Uruguay’s Parliament approved the “Dignified Death Bill,” making the bill law and allowing adults in the terminal stage of a disease to request euthanasia.

Disability Rights Groups Warn of Discrimination in the Expansion of Medical Aid in Dying

As more U.S. states expand access to physician-assisted suicide (PAS), often called medical aid in dying (MAID), disability-rights organizations are raising alarms about what they see as systemic discrimination against people with disabilities. These groups argue that, while framed as a compassionate end-of-life option, MAID is being implemented in ways that undermine civil rights protections and place disabled people at unique risk.

In 2026, this opposition has coalesced into a broad national movement involving organizations such as Not Dead Yet, the United Spinal Association, the Autistic Self Advocacy Network (ASAN), ADAPT, and the National Council on Independent Living (NCIL).

Their concerns focus on how MAID intersects with existing healthcare inequities, physician bias, and economic pressures.

A “Hierarchy of Life’s Worth” One of the central objections raised by disability advocates is what they describe as a discriminatory double standard. They point out that when able-bodied individuals express suicidal thoughts, the healthcare system mobilizes suicide-prevention efforts: counseling, crisis intervention, and psychiatric treatment. But when people with disabilities or serious illnesses express the same desire to die, they may instead be offered assistance in ending their lives. This difference, critics argue, creates a “hierarchy of life’s worth” that violates the spirit — if not the letter — of the Americans with Disabilities Act (ADA), which prohibits unequal treatment based on disability or health status.

From a “Right to Die” to a “Duty to Die” Opponents also warn that MAID does not exist in a vacuum. In a healthcare system where long-term care, home services, and high-quality palliative care are often underfunded or unavailable, patients may feel boxed into choosing death. Advocates argue that when families are overwhelmed and support systems are thin, people with disabilities can internalize the belief that they are a burden. Under these conditions, what is legally described as a free choice can become a subtle form of coercion — a perceived duty to die rather than a genuine right.

Physician Bias and the Devaluation of Disabled Lives Disability groups frequently cite research showing that many physicians underestimate the quality of life of people living with significant disabilities. This bias, they say, can lead clinicians to view a disabled patient’s desire for death as a

reasonable response to suffering, while interpreting the same request from a non-disabled person as a psychiatric emergency. In practice, this means disabled patients may receive fewer offers of therapy, pain management, or social support — and more validation of suicidal thoughts.

Ableism in Definitions of “Dignity” The language surrounding MAID often centers on “loss of dignity,” commonly defined in terms of physical decline, incontinence, dependence on caregivers, or loss of bodily control. Disability rights organizations argue that these definitions are inherently ableist. Millions of people live full, meaningful lives with precisely these conditions. When society frames such experiences as undignified, it reinforces long-standing prejudices that disability itself makes life not worth living.

Safeguards That Erode Over Time Proponents of MAID frequently emphasize legal safeguards, but critics contend that these protections are weak, inconsistently enforced, and prone to erosion. They point to international cases in which people with non-terminal or treatable conditions — including anorexia and diabetes — have received lethal prescriptions after laws were gradually expanded. What begins as a narrow end-of-life option, they warn, often becomes far broader in practice.

Economic Pressures from Insurers Finally, disability advocates express concern about financial incentives embedded in the healthcare system. Life-sustaining treatments, long-term home care, and assistive services are expensive. A lethal prescription is not. In some cases, insurers have been accused of declining to cover costly therapies while approving payment for MAID. For people with disabilities — who are statistically more likely to experience poverty and insurance instability — this creates a dangerous environment in which death can appear to be the only affordable option.

A Civil Rights Issue, Not Just a Medical One. Organizations such as United Spinal Association, ASAN, ADAPT, and NCIL argue that opposition to MAID is not rooted in religion or denial of suffering, but in civil rights. Their position is simple: before offering people help to die, society must ensure it has done everything possible to help them live — with adequate medical care, pain management, social supports, and respect for the inherent dignity of disabled lives. Without those foundations, they warn, medical aid in dying risks becoming not a matter of compassion, but of discrimination.

Message from the Chapter President, Georgia Snodgrass

The FCA family has another year of growth and change under our belt. We welcomed 177 new members into the chapter. We have expanded our networking opportunities into areas that we had not previously explored. We have been invited to participate in resource fairs and speaking presentations from new organizations. We also want to remind everyone that we are available to speak/meet with your family groups, church groups, or just a group of your friends. We welcome any opportunity to get the word out about our organization.

I am always grateful to see the donations we receive from our members. As a small all volunteer nonprofit, we rely on memberships and donations to cover ongoing expenses. Every donation of any size helps us to continue providing information about low-cost funerals and cremations. We invite you to consider making a donation to FCA.

We look forward to seeing as many of you as possible at the Annual Meeting, Saturday, March 28, 2026, University Methodist Church, 5084 De Zavala Rd., San Antonio from 1:00 to 3:00. Our Keynote Speaker will be Autumn Puckett, Elder Law Attorney with Bertsch & Boze. Autumn is a wealth of knowledge about end-of-life planning. Please consider joining us and bring a friend or relative. If you are a current member of FCA and the person you bring with you joins at the Annual meeting, there will be a special gift for you. Think about it. It's a win-win for you both!

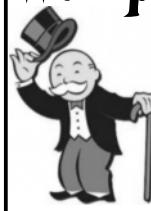
See you at the Annual Meeting!

From Jessie Ong, Chapter Secretary & Webmaster

The FCASATX is doing something new. We are developing corporate partners. Our website (funeralssatx.org) has a new tab at the top called, "Partners." Our first partner is Yellow Rose Realty. Eric and Susy Matheu are both real estate brokers. Their pledge is to support the FCASATX with every home sale where they are referred by the FCASATX and its members. This could mean very large donations to our continued efforts. So, please get involved by using or referring others to the professional services of Yellow Rose Realty (yellowroserealtytx.com).

In addition, FCASATX is developing a mutually beneficial rapport with the credit union called Credit Human. We will pass on further information as it develops! Any suggestions for corporate partners? We would love to hear from you!

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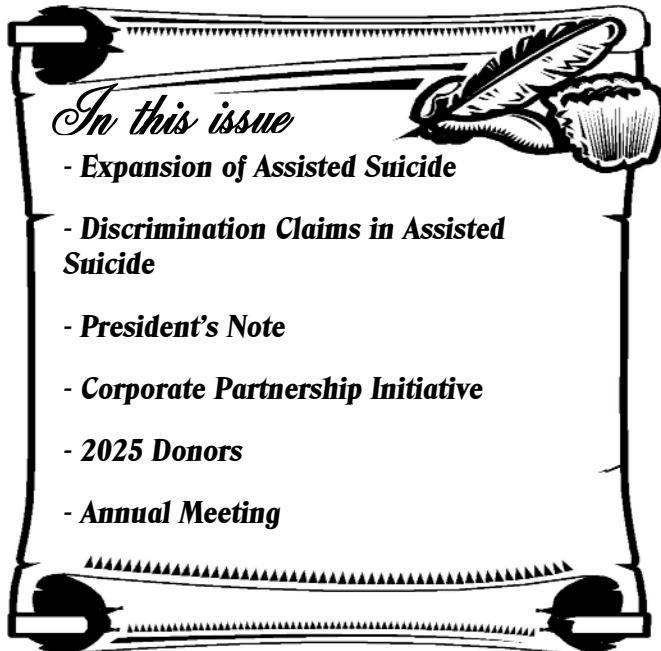
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Established in 1948 as a non-profit consumers, all volunteer service and educational organization, advocating simplicity, dignity and choice in cremation and funeral practices.

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The Newsletter of the Funeral Consumers Alliance of San Antonio, Texas. Published for the information of members and friends of the Alliance. Newsletter Editor: Quintin Cantu

Contributions for Choices publication are welcome

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Save the Date!

When: March 28, 2026; 1:00 p.m. To 3:00 p.m.

Where: University Methodist Church, 5084 DeZavala Rd.

Speaker Presentation: 1:00 p.m. - 2:00 p.m.

Speaker: Autum Puckett, Elder Law Attorney, Bertsch & Boze. **Topic:** "Everything You Need to Know About Navigating the End-of-Life Highway."

General Business Meeting: 2:00 p.m. - 3:00 p.m. **NOTE:** Members will be voting for Board Members: Keith Fox, Jessie Ong and Autum Puckett. Board terms 4/1/26 through 3/31/29

No Zoom meeting protocol to be provided.