

## APPENDIX

### A COMPREHENSIVE DESCRIPTIVE MATRIX FOR THE RESTRICTIVENESS OF INTERNATIONAL ASSISTED DYING PROGRAMS\*

Where jurisdictions have not yet clarified their stances as to particular safeguards, this Appendix characterizes their approaches as “Unclear.” If a jurisdiction imposes a waiting period but waives it in certain cases, this Appendix categorizes the jurisdiction as imposing the waiting period restriction. This is because exemptions are offered on a case-by-case basis,<sup>1</sup> so default waiting periods are barriers to access in themselves because patients are unable to predict, at the time they choose to initiate the assisted dying process rather than to engage in self-help, whether they will be eligible. In the context of assisted dying, *advance directives* allow competent patients to issue written statements authorizing health care providers to provide or administer fatal medication at a later date, when they may have lost decisionmaking capacity.<sup>2</sup>

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\* This is the Appendix to Note, *Barriers and Safeguards: Access to Assisted Dying for the Socioeconomically Vulnerable*, 139 HARV. L. REV. 1984 (2026).

<sup>1</sup> See, e.g., Appendix (Australia excepting the Australian Capital Territory, Belgium, Canada, New Mexico, and Oregon).

<sup>2</sup> See J.J.M. van Delden, *The Unfeasibility of Requests for Euthanasia in Advance Directives*, 30 J. MED. ETHICS 447, 447 (2004).

JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
Australian Capital Territory <sup>3</sup>	Yes (s 42(1))	Yes (s 11(1)(a))	Yes (a “substantial connection” may also suffice) (ss 11(1)(f), 154)	Yes (“approaching the end of . . . life”) (s 11(3))	Yes (“condition” or combination of conditions that is/are “advanced, progressive,” and causing “intolerabl[e]” suffering) (s 11(1)(b), (c))	No (s 11(2)(b))
Australia New South Wales <sup>4</sup>	Yes (s 60(6))	Yes (s 16(1)(a))	Yes (s 16(1)(b)–(c))	Yes (death expected within six months, or twelve months for neurodegenerative diagnoses) (s 16(1)(d))	Yes (“disease, illness or medical condition” that “is advanced, progressive,” and “causing suffering to the person that cannot be relieved in a way the person considers tolerable”) (s 16(1)(d))	No (s 16(2))
Australia (Queensland) <sup>5</sup>	Yes (s 50(1))	Yes (s 10(1)(d))	Yes (s 10(1)(e)–(f))	Yes (death expected within twelve months) (s 10(1)(a))	Yes (“disease, illness or medical condition” that “is advanced, progressive,” and “causing suffering that the person considers to be intolerable”) (s 10(1)(a))	No (s 13(1))
Australia (Tasmania) <sup>6</sup>	Yes (s 86(1))	Yes (s 10(1)(a))	Yes (s 11(1))	Yes (death expected within six months, or twelve months for neurodegenerative diagnoses; unless the Commission grants an exception) (s 6(1), (3))	Yes (“disease, illness, injury, or medical condition” that “is advanced, incurable and irreversible”) (s 6(1)–(2))	No (s 10(2)–(3))

<sup>3</sup> *Voluntary Assisted Dying Act 2024* (ACT) (came into operation on November 3, 2024). Three years after commencement, government officials will assess whether the age limitation, residency requirement, and advance directive prohibitions should be lifted. *Id.* at s 162.

<sup>4</sup> *Voluntary Assisted Dying Act 2022* (NSW) (came into operation on November 28, 2023).

<sup>5</sup> *Voluntary Assisted Dying Act 2021* (Qld) (came into operation on January 1, 2023).

<sup>6</sup> *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (Tas) (came into operation on October 23, 2022).

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JURISDICTION	WAITING PERIOD	DUAL HEALTH CARE PROVIDER APPROVAL	PROSPECTIVE COMMITTEE REVIEW	ADVANCE DIRECTIVES	CENTRALIZED MONITORING AND REPORTING	WRITTEN DECLARATION REQUIREMENT
Australian Capital Territory	No	Yes (s 19(1))	No	No (s 11(1)(d))	Yes (s 127)	Yes (s 27(3))
Australia New South Wales	Yes (five days, unless death or incapacity is likely to occur sooner) (s 49)	Yes (s 31)	Yes (ss 70–72)	No (s 16(1)(e))	Yes (s 136(1))	Yes (s 43(1)–(2))
Australia (Queensland)	Yes (nine days, unless death or incapacity is likely to occur sooner) (s 43)	Yes (s 9)	No (review available only on application from an eligible person) (s 102)	No (s 10(1)(b))	Yes (s 117(1)(d)–(f))	Yes (s 37(2))
Australia (Tasmania)	Yes (forty-eight hours between first and second requests and again between second and final requests, unless incapacity is likely to occur sooner or death is likely to occur within seven days) (ss 30(2), 53(2))	Yes (s 37)	No (review available only on application from an eligible person) (s 95)	No (s 10(1)(c))	Yes (ss 119–120)	Yes (s 30(3))

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JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
Australia (the Victoria model) <sup>7</sup>	Yes (Vic s 48) (SA s 64)	Yes (Vic s 9(1)(a)) (SA s 26(1)(a))	Yes (Vic s 9(1)(b)) (SA s 26(1)(b))	Yes (death expected within six months, or twelve months for neurodegenerative diagnoses) (Vic s 9(1)(d), (4)) (SA s 26(1)(d), (4))	Yes (“disease, illness or medical condition” that “is incurable,” “advanced, progressive,” and “causing suffering . . . that cannot be relieved in a manner that the person considers tolerable”) (Vic s 9(1)(d)) (SA s 26(1)(d))	No (Vic s 9(2)) (SA s 26(2))
Australia (Western Australia) <sup>8</sup>	Yes (s 60)	Yes (s 16(1)(a))	Yes (s 16(1)(b))	Yes (death expected within six months, or twelve months for neurodegenerative diagnoses) (s 16(1)(c))	Yes (“disease, illness or medical condition” that “is advanced, progressive,” and “causing suffering . . . that cannot be relieved in a manner that the person considers tolerable”) (s 16(1)(c)) Yes (“incurable, fatal illness” or “serious, permanent illness” causing “permanent[] impair[ment]” to one’s “entire way of life,” such that suffering cannot be avoided in any other way (author’s translation)) (s 6(3))	No (s 16(2))
Austria <sup>9</sup>	No	Yes (§ 6)	Yes (§ 1(2))	No	Yes (“incurable, fatal illness” or “serious, permanent illness” causing “permanent[] impair[ment]” to one’s “entire way of life,” such that suffering cannot be avoided in any other way (author’s translation)) (s 6(3))	Unclear <sup>10</sup>

<sup>7</sup> *Voluntary Assisted Dying Act 2017* (Vic) (came into operation on June 19, 2019); *Voluntary Assisted Dying Act 2021* (SA) (came into operation on January 31, 2023).

<sup>8</sup> *Voluntary Assisted Dying Act 2019* (WA) (came into operation on July 1, 2021).

<sup>9</sup> STERBEVERFÜGUNGSGESETZ [STVFG] [END-OF-LIFE DIRECTIVES ACT] BUNDESGESETZBLATT I [BGBl I] No. 242/2021, [https://ris.bka.gv.at/Dokumente/BgblAuth/BGBLA\\_2021\\_I\\_242/BGBLA\\_2021\\_I\\_242.html](https://ris.bka.gv.at/Dokumente/BgblAuth/BGBLA_2021_I_242/BGBLA_2021_I_242.html) [<https://perma.cc/GD5E-5QJ3>] (Austria) (came into operation on January 1, 2022).

<sup>10</sup> Mona Gupta, *Access to Assisted Dying on the Basis of Mental Disorder*, in RESEARCH HANDBOOK ON VOLUNTARY ASSISTED DYING LAW, REGULATION AND PRACTICE 176, 178–79 (2025).

<b>JURISDICTION</b>	<b>WAITING PERIOD</b>	<b>DUAL HEALTH CARE PROVIDER APPROVAL</b>	<b>PROSPECTIVE COMMITTEE REVIEW</b>	<b>ADVANCE DIRECTIVES</b>	<b>CENTRALIZED MONITORING AND REPORTING</b>	<b>WRITTEN DECLARATION REQUIREMENT</b>
Australia (the Victoria model)	Yes (nine days, unless death is likely to occur sooner) (Vic s 38) (SA s 56)	Yes (Vic s 22) (SA s 40)	Yes (a lone executive official decides whether to approve a patient's request) (Vic s 49) (SA s 67)	No (Vic s 9(1)(c)) (SA s 26(1)(c))	Yes (Vic ss 75, 107 – 08) (SA s 120)	Yes (Vic ss 34 – 36) (SA ss 52 – 54)
Australia (Western Australia)	Yes (nine days, unless death or incapacity is likely to occur sooner) (s 48)	Yes (s 30)	No (review available only on application from an eligible person) (ss 84 – 86)	No (s 16(1)(d))	Yes (s 152)	Yes (ss 42 – 45)
Austria	Yes (twelve weeks, or two weeks for terminal diagnoses) (§ 8(1))	Yes (§ 7(1))	No	Yes (the recipient must have decisionmaking capacity only at the time they receive information and create a written directive) (§ 6(1))	Yes (§ 9(2))	No (the person documenting the request need not be the patient) (§ 8(3))

JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
Belgium <sup>11</sup>	Yes (art. 2)	No <sup>12</sup>	No (except for advance declarations <sup>13</sup> )	No (except for minors <sup>14</sup> )	Yes (“terminal medical situation and reports constant and unbearable physical or psychological suffering that cannot be alleviated and that results from a serious and incurable accidental or pathological condition” (author’s translation)) (art. 3 § 1)	Yes <sup>15</sup> (except for minors <sup>16</sup> )
Canada <sup>17</sup>	Yes (Criminal Code § 241.1(a))	Yes (Criminal Code § 241.2(1)(b))	No (must be eligible for publicly funded health care services, or would be eligible but for minimum residency or waiting period) (Criminal Code § 241.2(1)(a))	No (as of Mar. 17, 2021) <sup>18</sup>	Yes (“grievous and irremediable medical condition” that is “serious and incurable,” causing an “advanced state of irreversible decline in capability” and “intolerable” “physical or psychological suffering . . . that cannot be relieved under conditions that [the patient] consider[s] acceptable”) (Criminal Code § 241.2(1)(c), (2)(a) – (c))	No <sup>19</sup>

<sup>11</sup> Loi du 28 mai 2002 relative à l’euthanasie [Law Relating to Euthanasia], M.B., June 22, 2002, [https://www.ejustice.just.fgov.be/cgi\\_loi/article.pl?language=fr&sum\\_date=&pd\\_search=2002-06-22&numac\\_search=2002009590](https://www.ejustice.just.fgov.be/cgi_loi/article.pl?language=fr&sum_date=&pd_search=2002-06-22&numac_search=2002009590) [https://perma.cc/R6FW-ZRUN].

<sup>12</sup> Loi modifiant la loi du 28 mai 2002 relative à l’euthanasie, en vue d’étendre l’euthanasie aux mineurs [Law Amending the Law Relating to Euthanasia, With a View to Extending Euthanasia to Minors], M.B., Feb. 28, 2014, art. 2, [https://www.ejustice.just.fgov.be/cgi\\_loi/article.pl?language=fr&sum\\_date=&pd\\_search=2014-03-12&numac\\_search=2014009093](https://www.ejustice.just.fgov.be/cgi_loi/article.pl?language=fr&sum_date=&pd_search=2014-03-12&numac_search=2014009093) [https://perma.cc/W9KN-LFNN].

<sup>13</sup> Advance Declaration of Euthanasia, FED. PUB. SERV. PUB. HEALTH, FOOD CHAIN SAFETY & ENV’T (author’s translation), <https://www.health.belgium.be/fr/themes/sante/votre-sante/euthanasie/declaration-anticipee-deuthanasie> [https://perma.cc/CP22-UBVT].

<sup>14</sup> Loi modifiant la loi du 28 mai 2002 relative à l’euthanasie, en vue d’étendre l’euthanasie aux mineurs [Law Amending the Law Relating to Euthanasia, With a View to Extending Euthanasia to Minors], M.B., Feb. 28, 2014, art. 2(c), [https://www.ejustice.just.fgov.be/cgi\\_loi/article.pl?language=fr&sum\\_date=&pd\\_search=2014-03-12&numac\\_search=2014009093](https://www.ejustice.just.fgov.be/cgi_loi/article.pl?language=fr&sum_date=&pd_search=2014-03-12&numac_search=2014009093) [https://perma.cc/W9KN-LFNN] (emancipated minors seeking assisted dying must exhibit a condition that “leads to death in the short term” and that involves “constant and unbearable physical suffering” (author’s translation)).

<sup>15</sup> Sigrid Dierickx et al., *Euthanasia for People with Psychiatric Disorders or Dementia in Belgium: Analysis of Officially Reported Cases*, 17 BMC PSYCHIATRY, June 23, 2017, at 2.

<sup>16</sup> Loi modifiant la loi du 28 mai 2002 relative à l’euthanasie, en vue d’étendre l’euthanasie aux mineurs [Law Amending the Law Relating to Euthanasia, With a View to Extending Euthanasia to Minors], M.B., Feb. 28, 2014, art. 2(c), [https://www.ejustice.just.fgov.be/cgi\\_loi/article.pl?language=fr&sum\\_date=&pd\\_search=2014-03-12&numac\\_search=2014009093](https://www.ejustice.just.fgov.be/cgi_loi/article.pl?language=fr&sum_date=&pd_search=2014-03-12&numac_search=2014009093) [https://perma.cc/W9KN-LFNN] (emancipated minors must exhibit “unbearable physical suffering,” to the exclusion of mental suffering alone (author’s translation)).

<sup>17</sup> An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying), S.C. 2016, c. 3 (penalties for noncompliance came into operation on June 17, 2017); Criminal Code, R.S.C. 1985, c. C-46, § 241.2(1)–(3.2).

<sup>18</sup> An Act to Amend the Criminal Code (Medical Assistance in Dying), S.C. 2021, c. 2, s 3 (came into operation on receipt of Royal Assent on Mar. 17, 2021).

<sup>19</sup> Section 1 of the 2021 amendment repealed the provision forbidding the use of mental illness as an underlying diagnosis, originally to take effect on Mar. 17, 2023. *Id.* at s 6. But Parliament

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Belgium	Yes (one month, “[i]f the physician is of the opinion that death will clearly not occur in the short term” (author’s translation)) (art. 3 § 3(2))	Yes (art. 3 § 2(3))	No	Yes <sup>20</sup> (art. 4)	Yes (art. 9)	Yes (art. 3 § 4)
Canada	Yes (ninety days, unless death is imminent <sup>21</sup> )	Yes (Criminal Code § 241.2(3)(e))	No	Yes <sup>22</sup>	Yes (Criminal Code § 241.31(3))	Yes (Criminal Code § 241.2(3)(b))

later delayed its efficacy until 2024, An Act to Amend An Act to Amend the Criminal Code (Medical Assistance in Dying), S.C. 2023, c. 1, and then again until 2027, An Act to Amend An Act to Amend the Criminal Code (Medical Assistance in Dying), S.C. 2024, c. 1.

<sup>20</sup> Arrêté royal fixant les modalités suivant lesquelles la déclaration anticipée relative à l’euthanasie est rédigée, reconfirmée, révisée ou retirée [Royal Decree Establishing the Procedures According to Which the Advance Declaration Relating to Euthanasia Is Drawn Up, Reconfirmed, Revised or Withdrawn], M.B., Apr. 2, 2003, [https://www.ejustice.just.fgov.be/cgi\\_loi/article.pl?language=fr&sum\\_date=&pd\\_search=2003-05-13&numac\\_search=2003022490](https://www.ejustice.just.fgov.be/cgi_loi/article.pl?language=fr&sum_date=&pd_search=2003-05-13&numac_search=2003022490) [<https://perma.cc/Y4VH-NJUV>].

<sup>21</sup> An Act to Amend the Criminal Code (Medical Assistance in Dying), S.C. 2021, c. 2, s 1(7). Before March 17, 2021, the framework also required “[ten] clear days” between the patient signing the request and receiving the service, unless death or loss of capacity was imminent. An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying), S.C. 2016, c. 3, s 3.

<sup>22</sup> As of March 17, 2021, when Parliament introduced a procedure for waiving final consent on the date of the procedure in the event that a patient whose death is “reasonably foreseeable” loses capacity before they can provide final consent. An Act to Amend the Criminal Code (Medical Assistance in Dying), S.C. 2021, c. 2, s 1.

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Colombia <sup>23</sup>	Yes (Resolución No. 971, art. 3.8)	No <sup>24</sup>	Yes (Resolución No. 971, art. 2.4)	No <sup>25</sup>	Yes (“advanced incurable disease, terminal illness, or agony” resulting in “suffering” (author’s translation)) (Resolución No.971, art. 7)	Unclear
Cuba <sup>26</sup>	Unclear (sanctioning “valid procedures that end life” (author’s translation)) (art. 158.2(e))	No	No	Yes (must be in an “agonizing or terminal phase of life” (author’s translation)) (art. 158.3(c))	Yes (“chronic, degenerative, and irreversible” conditions causing “intractable suffering” (author’s translation)) (art. 158.3(a), (b))	Unclear
Ecuador <sup>27</sup>	Yes (Reglamento arts. 3, 22)	Yes <sup>28</sup> (Reglamento art. 4(b))	Yes (Reglamento art. 4(a))	Yes (the regulatory definition of a serious and irreversible bodily injury requires “a fatal prognosis that is imminent or expected within a short timeframe,” and the definition of a serious and incurable illness requires “life expectancy [of] less than [six] months” (author’s translation)) (Reglamento art. 3)	Yes (“serious and incurable illness or serious and irreversible bodily injury” (author’s translation)) (Reglamento art. 4(d)(1))	No

<sup>23</sup> Corte Constitucional [C.C.] [Constitutional Court], mayo 20, 1997, Sentencia C-239/97 (decriminalizing euthanasia; “the Court concludes that the State cannot oppose the decision of an individual who no longer wishes to live and requests assistance in dying when suffering from a terminal illness that causes unbearable pain incompatible with their sense of dignity” (author’s translation)); Ministerio de Salud y Protección Social, Resolución No. 971, julio 1, 2021, DIARIO OFICIAL [D.O.] (detailing eligibility for adults).

<sup>24</sup> Ministerio de Salud y Protección Social, Resolución No. 825, marzo 9, 2018, DIARIO OFICIAL [D.O.], art. 5 (detailing eligibility for minors).

<sup>25</sup> Corte Constitucional [C.C.] [Constitutional Court], julio 22, 2021, Sentencia C233/21, ¶¶ 438–39 (extending eligibility to individuals without terminal prognoses).

<sup>26</sup> República de Cuba Asamblea Nacional del Poder Popular, Public Health Law 165, arts. 158–61 (published July 16, 2025) (stating that further regulations respecting the implementation of an assisted dying framework will follow, *id.* art. 161).

<sup>27</sup> Reglamento para la Aplicación de la Eutanasia Activa Voluntaria y Avoluntaria [Regulations for the Implementation of Voluntary and Nonvoluntary Active Euthanasia], abril 12, 2024, [Third Supplement No. 538] REGISTRO OFICIAL [R.O.] [hereinafter Reglamento]; Corte Constitucional [C.C.] [Constitutional Court], febrero 5, 2024, Sentencia 67-23-IN/24, ¶ 103.

<sup>28</sup> In Ecuador, the legal age is defined to be 18. CÓDIGO CIVIL art. 21 (2017).

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Colombia	No	No	Yes (Resolución No. 971, art. 14)	Yes (Resolución No. 971, art. 3 § 3.8)	Yes (Resolución No. 971, arts. 20, 22)	No (Resolución No. 971, art. 3 § 3.9)
Cuba	No	No	No	No	No	No
Ecuador	No	No	Yes (Reglamento arts. 6–7, 17(1))	Yes <sup>29</sup> (Reglamento art. 5(a))	Yes (Reglamento art. 12(j), (l))	Yes (Reglamento art. 5(a))

<sup>29</sup> A court must ratify the legal representation necessary for executing the advance directive. Reglamento, *supra* note 27, art. 5(d).

JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
Estonia <sup>30</sup>	No (noting that the defendant gave people a device that they used to end their own lives) (¶¶ 30, 31)	No	No	No	No	Unclear
Germany <sup>31</sup>	No (invalidating a challenged provision criminalizing assisted suicide, ¶ 331, but leaving intact a federal criminal law prohibiting killing on request <sup>32</sup> )	No	No	No (¶ 340)	No (¶ 340)	Yes (¶ 340)
Italy <sup>33</sup>	No (addressing a Criminal Code provision prohibiting assisted suicide, but not another prohibiting killing on request <sup>34</sup> ) (Corte Cost. § 9)	No	No	Yes (patient must be “kept alive by life support treatments” (author’s translation)) (Corte Cost. § 5)	Yes (“terminal illness” and “physical or psychological distress that [the patient] finds intolerable” (author’s translation)) (Corte Cost. § 5)	No

<sup>30</sup> Riigikohus Kriminaalkolleegium [Supreme Court, Criminal Division], mai 6, 2025, No. 1-23-5985, ¶ 31 (holding that the State cannot criminalize the act of “aiding and abetting” suicide unless the person who commits suicide “is incapable of [acting to end their own life] or does not fully understand the meaning of their actions” (author’s translation)).

<sup>31</sup> Bundesverfassungsgericht [BVerfG] [Federal Constitutional Court] 2 BvR 2347/15, Feb. 26, 2020, ¶ 277, [https://www.bundesverfassungsgericht.de/SharedDocs/Entscheidungen/EN/2020/02/rs20200226\\_2bvr234715en.html](https://www.bundesverfassungsgericht.de/SharedDocs/Entscheidungen/EN/2020/02/rs20200226_2bvr234715en.html) [<https://perma.cc/K97F-Y8UN>]. The German Bundestag has yet to implement a legislative framework to govern the practice of assisted dying. See Lisa Hänel & Rina Goldenberg, *Assisted Suicide: Germany Weighs Autonomy and Ethics*, DW (Apr. 7, 2023), <https://www.dw.com/en/assisted-suicide-germany-weighs-autonomy-and-ethics/a66111477> [<https://perma.cc/32QE-GX85>].

<sup>32</sup> Strafgesetzbuch [StGB] [Penal Code], § 216, [https://www.gesetze-im-internet.de/englisch\\_stgb/englisch\\_stgb.html#p2050](https://www.gesetze-im-internet.de/englisch_stgb/englisch_stgb.html#p2050) [<https://perma.cc/Q66B-9SXH>]; see also *Legal Regulations on Euthanasia in the Federal Republic of Germany*, DEUTSCHES REFERENZZENTRUM FÜR ETHIK IN DEN BIEWISSENSCHAFTEN, [https://www.drze.de/en/research-publications/infocus/euthanasia/modules/legal\\_regulations\\_on\\_euthanasia\\_in\\_the\\_federal\\_republic\\_of\\_germany](https://www.drze.de/en/research-publications/infocus/euthanasia/modules/legal_regulations_on_euthanasia_in_the_federal_republic_of_germany) [<https://perma.cc/VVZ8-A5XB>].

<sup>33</sup> Corte Cost. [Constitutional Court], 25 September 2019, n. 242; see also Art. 1–9, L. Regionale [Tuscany Regional Law] n. 16, Mar. 14, 2025 [hereinafter Tuscany Regional Law].

<sup>34</sup> *Compare* Art. 580 Cod. Pen. [Italian Criminal Code] (addressed in the Constitutional Court’s holding in Corte Cost. [Constitutional Court], 25 September 2019, n. 242, § 9), *with* Art. 579 Cod. Pen. [Italian Criminal Code] (not addressed in the same holding).

JURISDICTION	WAITING PERIOD	DUAL HEALTH CARE PROVIDER APPROVAL	PROSPECTIVE COMMITTEE REVIEW	ADVANCE DIRECTIVES	CENTRALIZED MONITORING AND REPORTING	WRITTEN DECLARATION REQUIREMENT
Estonia	No	No	No	No	No	No
Germany	No	No	No	No	No	No
Italy	No <sup>35</sup>	No	Yes (territorial ethics committee; judicial review may be necessary until legislation is passed) (Corte Cost. §§ 5, 7)	No (patient must be “fully capable of making free and conscious decisions” (author’s translation)) (Corte Cost. § 5)	No	No

<sup>35</sup> In Tuscany, a local interdisciplinary Commission approves individualized protocols for implementing assisted dying. Tuscany Regional Law, *supra* note 33, arts. 3, 6(2)–(5). Tuscan law does not specifically state that the Commission could not approve a protocol including a mandatory waiting period.

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Luxembourg <sup>36</sup>	Yes (art. 2(1))	Yes (art. 2(1)(1))	No	No	Yes (“hopeless medical situation” causing “constant and unbearable physical or psychological suffering without prospect of improvement” (author’s translation) (art. 2(1)(3))	Unclear
The Netherlands <sup>37</sup>	Yes (art. 8(1))	No (art. 2(2)–(4))	No	No	Yes (“hopeless and unbearable suffering” with “no reasonable alternative solution” (author’s translation) (art. 2(1)(b), (d))	Yes <sup>38</sup>
New Zealand <sup>39</sup>	Yes (s 19(2)(a)–(b))	Yes (s 5(1)(a))	Yes (s 5(1)(b))	Yes (“terminal illness that is likely to end the person’s life within [six] months”) (s 5(1)(c))	Yes (“advanced state of irreversible decline in physical capability” and “unbearable suffering that cannot be relieved in a manner that the person considers tolerable”) (s 5(1)(d)–(e))	No (s 5(2))
Portugal <sup>40</sup>	Yes (art. 3, no. 4, art. 5)	Yes (art. 3, no. 1)	Yes (art. 3, no. 2)	No	Yes (“[p]ermanent injury of extreme severity” or “[s]erious and incurable illness,” as well as “suffering of great intensity” (author’s translation) (art. 3, no. 3)	Unclear

<sup>36</sup> Loi du 16 mars 2009 sur l’euthanasie et l’assistance au suicide [Law of 16 March 2009 on Euthanasia and Assisted Suicide], n. 4909 (came into operation Mar. 20, 2009).

<sup>37</sup> Wet toetsing levensbeëindiging op verzoek en hulp bij zelfdoding 12 april 2001, Stb. 2001, 194.

<sup>38</sup> See REG’L EUTHANASIA REV. COMMS., ANNUAL REPORT 2024, at 5 (2025).

<sup>39</sup> End of Life Choice Act 2019 (came into operation Nov. 6, 2021).

<sup>40</sup> Lei n. °22/23 de 25 de maio [Act no. 22/23 of 25 May], <https://files.diariodarepublica.pt/1s/2023/05/10100/0001000020.pdf> [<https://perma.cc/7TU4-DVHK>]. This law is not currently in force because the Constitutional Court of Portugal has demanded specific modifications to its text. See Tribunal Constitucional [Constitutional Court], Proceedings nos. 1110/23, 271/24 of 22-04-2025, DR 108 Series 1-A of 06-05-2025, <https://files.diariodarepublica.pt/1s/2025/06/10800/000900170.pdf> [<https://perma.cc/SXE5-KV78>].

JURISDICTION	WAITING PERIOD	DUAL HEALTH CARE PROVIDER APPROVAL	PROSPECTIVE COMMITTEE REVIEW	ADVANCE DIRECTIVES	CENTRALIZED MONITORING AND REPORTING	WRITTEN DECLARATION REQUIREMENT
Luxembourg	No	Yes (art. 2(2)(4))	Yes (art. 8)	Yes (art. 4)	Yes (art. 9)	Yes (art. 2(1)(4))
The Netherlands	No	Yes (art. 2(1)(e))	No	Yes (art. 2(2))	Yes (arts. 8, 17)	No
New Zealand	Yes (prescription and communication to the Registrar at least forty-eight hours before administration) (s 19(3))	Yes (s 14)	Yes (procedural review by the Registrar) (s 19(4)–(5))	No (s 33)	Yes (s 27(2))	Yes (s 12(2)–(4))
Portugal	Yes (two months) (art. 4, no. 5)	Yes (art. 6, no. 1)	Yes (art. 8, no. 1, art. 9, no. 1)	No (art. 3, no. 1)	Yes (art. 27)	Yes (art. 4, no. 1)

JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
Spain <sup>41</sup>	Yes (art. 3(g)(1)(a))	Yes (art. 5(1)(a))	Yes (art. 5(1)(a))	Yes (as to a “[s]erious and incurable disease,” there must be “a limited life expectancy” (author’s translation)) (art. 3(c))	Yes (“serious and incurable disease” or “serious, chronic and disabling condition” (author’s translation)) (art. 5(1)(d))	Unclear <sup>42</sup>
Switzerland <sup>43</sup>	No (art. 114)	No	No	No	No	Yes <sup>44</sup>
U.S. (California) <sup>45</sup>	No (§§ 443.2(a)(5), .18)	Yes (§ 443.2(a))	Yes (§ 443.2(a)(3))	Yes (death expected “within six months”) (§ 443.1(r))	No (“terminal disease”) (§ 443.2(a)(1))	No (§ 443.2(a)(1))
U.S. (Colorado) <sup>46</sup>	No (§ 25-48-102(7), (15))	Yes (§ 25-48-103(1))	Yes (§ 25-48-103(1))	Yes (death expected within six months) (§ 25-48-103(1)(a))	No (“terminal illness”) (§ 25-48-103(1)(a))	No (§ 25-48-103(1)(a))

<sup>41</sup> Law for the Regulation of Euthanasia (B.O.E. 2021, 72) (came into operation on June 25, 2021).

<sup>42</sup> See Sergio Ramos-Pozón et al., *Persons with Mental Disorders and Assisted Dying Practices in Spain: An Overview*, INT’L J.L. & PSYCHIATRY, Mar. 3, 2023, art. 101871, at 5 (“[A]ny request for euthanasia on grounds of a mental health disorder does not readily fit into this [requisite] category of *serious and incurable* disease.”); Josep Pifarre et al., *Persons with Mental Disorders and Assisted Dying Practices in Spain: In Response to Ramos et al.*, INT’L J.L. & PSYCHIATRY, Mar. 16, 2024, art. 101980, at 3 (“[A] deeper understanding of the needs and potentials of individuals with mental disorders is indispensable before considering euthanasia for this demographic.”).

<sup>43</sup> SCHWEIZERISCHES STRAFGESETZBUCH [STGB], CODE PÉNAL SUISSE [CP], CODICE PENALE SVIZZERO [CP] [CRIMINAL CODE] June 23, 1989, SR 311.0, art. 114 (imposing criminal liability for euthanasia); *id.* art. 115 (imposing criminal liability for assisting another person’s independent suicide only if the assistant did so “for selfish motives” (Federal Chancellery of Switzerland’s unofficial translation)).

<sup>44</sup> Bundesgericht [BGer] [Federal Supreme Court] Nov. 3, 2006, 133 ENTSCHIEDUNGEN DES SCHWEIZERISCHEN BUNDESGERICHTS [BGE] I 58, 75.

<sup>45</sup> CAL. HEALTH & SAFETY CODE §§ 443–443.22 (West 2022).

<sup>46</sup> COLO. REV. STAT. ANN. §§ 25-48-101 to -124 (West 2016).

JURISDICTION	WAITING PERIOD	DUAL HEALTH CARE PROVIDER APPROVAL	PROSPECTIVE COMMITTEE REVIEW	ADVANCE DIRECTIVES	CENTRALIZED MONITORING AND REPORTING	WRITTEN DECLARATION REQUIREMENT
Spain	Yes (fifteen days unless loss of capacity is imminent) (art. 5(1)(c))	Yes (art. 8(3))	Yes (art. 10)	Yes (art. 5(2))	Yes (art. 18(e))	No (art. 5(1)(c))
Switzerland	No	No	Yes (right-to-die societies assess individual requests <sup>47</sup> )	Yes <sup>48</sup>	No	No
U.S. (California)	Yes (forty-eight hours between oral requests) (§ 443.3(a))	Yes (§ 443.5(a)(3))	No	No (§§ 443.2(a), .12)	Yes (§ 443.19)	Yes (§ 443.3(a)–(b))
U.S. (Colorado)	Yes (seven days between oral requests, unless death is expected within forty-eight hours) (§ 25-48-104(1))	Yes (§ 25-48-107)	No	No (§ 25-48-114)	Yes (§ 25-48-111)	Yes (§ 25-48-104(1)(a), (2))

<sup>47</sup> Nathalie Dieudonné-Rahm, Sandra Burkhardt & Sophie Pautex, *In-Hospital Care Prior to Assisted and Unassisted Suicide in Swiss Older People: A State-Level Retrospective Study*, BMC GERIATRICS, Nov. 6, 2019, art. 300, at 1.

<sup>48</sup> SR 311.0, art. 115 (imposing no requirement that an assisted dying recipient exhibit specific cognitive capacity).

JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
U.S. (District of Columbia; <sup>49</sup> Maine; <sup>50</sup> New Jersey <sup>51</sup> ) <sup>52</sup>	No (D.C. § 7-661.06(f) (Patient “ingests” the medication)) (Me. § 2140(4)) (N.J. § 26:16-15(a))	Yes (D.C. § 7-661.01(13)) (Me. § 2140(4)) (N.J. § 26:16-4(a))	Yes (D.C. § 7-661.03(a)(1)(D)) (Me. § 2140(15)) (N.J. § 26:16-4(a))	Yes (death expected within six months) (D.C. § 7-661.01(16)) (Me. § 2140(2)(M)) (N.J. § 26:16-3)	No (D.C. § 7-661.04(a)(1)(A) (“terminal disease”)) (Me. § 2140(4) (“terminal disease”)) (N.J. § 26:16-4 (“terminally ill”))	No (D.C. § 7-661.03(a)(1)(A)) (Me. § 2140(4)) (N.J. § 26:16-4)
U.S. (Hawaii) <sup>53</sup>	No (§ 327L-18)	Yes (§ 327L-2)	Yes (§ 327L-2)	Yes (death expected “within six months”) (§ 327L-1)	No (“terminal disease”) (§ 327L-2)	No (§ 327L-2)
U.S. (Montana) <sup>54</sup>	No (¶¶ 30, 32, 36)	No <sup>55</sup>	No	Unclear (analogiz- ing to a statutory provision authoriz- ing withdrawal of treatment, with con- sent, from patients who are “terminally ill”) (¶ 33)	No	Unclear
U.S. (New Mexico) <sup>56</sup>	No (§ 24-7C-8)	Yes (§ 24-7C-2(A))	Yes (§ 24-7C-2(A))	Yes (death expected “within six months”) (§ 24-7C-2(J))	No (“terminal illness”) (§ 24-7C-3(A)(2))	No (§ 24-7C-3(A)(2))

<sup>49</sup> D.C. CODE §§ 7-661.01 to .17 (2016).

<sup>50</sup> ME. STAT. tit. 22, § 2140 (2019).

<sup>51</sup> N.J. STAT. ANN. §§ 26:16-1 to -20 (West 2019).

<sup>52</sup> This Appendix lists these jurisdictions’ frameworks together because they align substantially in all twelve categories. While other U.S. jurisdictions have similar frameworks, they occupy separate rows because their waiting period prescriptions vary.

<sup>53</sup> HAW. REV. STAT. ANN. §§ 327L-1 to -25 (West 2019).

<sup>54</sup> *Baxter v. State*, 2009 MT 449, ¶ 49, 354 Mont. 234, 223 P.3d 1211. The Montana legislature has yet to implement a legislative framework to govern the practice of assisted dying.

<sup>55</sup> The Supreme Court of Montana did not reach the question of whether extending a consent defense to assisted dying administrations involving minors would violate public policy. *See id.* ¶ 13.

<sup>56</sup> N.M. STAT. ANN. §§ 24-7C-1 to -8 (2021).

JURISDICTION	WAITING PERIOD	DUAL HEALTH CARE PROVIDER APPROVAL	PROSPECTIVE COMMITTEE REVIEW	ADVANCE DIRECTIVES	CENTRALIZED MONITORING AND REPORTING	WRITTEN DECLARATION REQUIREMENT
U.S. (District of Columbia; Maine; New Jersey)	Yes (fifteen days between initial and subsequent requests and forty-eight hours after written request) (D.C. § 7-661.02(a)) (Me. § 2140(13)) (N.J. § 26:16-10(a))	Yes (D.C. § 7-661.03(a)(3)) (Me. § 2140(7)) (N.J. § 26:16-4(b))	No	No (D.C. § 7-661.08) (Me. § 2140(18)) (N.J. § 26:16-14(a))	Yes (D.C. § 7-661.07) (Me. § 2140(17)) (N.J. § 26:16-13)	Yes (D.C. § 7-661.02(a)(2)) (Me. § 2140(4)) (N.J. § 26:16-5(a))
U.S. (Hawaii)	Yes (five days from first oral requests unless patient is expected to die sooner; forty-eight hours from written request) (§ 327L-11)	Yes (§ 327L-4(a)(4))	No	No (§ 327L-16)	Yes (§§ 327L-14, -25)	Yes (§ 327L-3(a))
U.S. (Montana)	No	No	No	No (¶ 30)	No	No
U.S. (New Mexico)	Yes (forty-eight hours after prescription is provided, unless patient is expected to die sooner) (§ 24-7C-5(A))	Yes (§ 24-7C-3(G))	No	No (§ 24-7C-3(A)(1))	Yes <sup>57</sup>	Yes (§ 24-7C-3(H))

<sup>57</sup> N.M. STAT. ANN. § 24-1-43 (2021).

JURISDICTION	ADMINISTRATION BY SOMEONE OTHER THAN THE PATIENT	MINIMUM AGE OF 18 YEARS	CITIZENSHIP OR RESIDENCY REQUIREMENT	PROGNOSTIC CRITERION	DIAGNOSTIC CRITERIA	MENTAL ILLNESS A SUFFICIENT GROUND FOR ACCESS
U.S. (Oregon) <sup>58</sup>	No (§ 127.815(1)(k))	Yes (§ 127.805(1))	No <sup>59</sup> (§ 127.805(1))	Yes (death expected “within six months”) (§ 127.800(12))	No (“terminal disease”) (§ 127.805(1))	No (§ 127.805(1))
U.S. (Vermont) <sup>60</sup>	No (§ 5283(a))	Yes (§ 5281(8))	No <sup>61</sup> (§ 5281(8))	Yes (death expected “within six months”) (§ 5281(10))	No (“terminal condition”) (§ 5283(a))	No (§ 5283(a))
U.S. (Washington) <sup>62</sup>	No (§ 70.245.020(1))	Yes (§ 70.245.020(1))	Yes (§ 70.245.020(1))	Yes (death expected “within six months”) (§ 70.245.010(13))	No (“terminal disease”) (§ 70.245.020(1))	No (§ 70.245.020(1))

<sup>58</sup> OR. REV. STAT. §§ 127.800–.995 (1997).

<sup>59</sup> This provision took effect on July 13, 2023. 2023 Or. Laws ch. 241.

<sup>60</sup> VT. STAT. ANN. tit. 18, §§ 5281–5283 (2013).

<sup>61</sup> 2023 Vt. Acts & Resolves act 10, H.190 (effective May 2, 2023).

<sup>62</sup> WASH. REV. CODE §§ 70.245.010–.903 (2009).

JURISDICTION	WAITING PERIOD	DUAL HEALTH CARE PROVIDER APPROVAL	PROSPECTIVE COMMITTEE REVIEW	ADVANCE DIRECTIVES	CENTRALIZED MONITORING AND REPORTING	WRITTEN DECLARATION REQUIREMENT
U.S. (Oregon)	Yes (fifteen days after first oral request; forty-eight hours after written request; unless patient is expected to die sooner) (§ 127.850)	Yes (§ 127.820)	No	No (§ 127.870)	Yes (§ 127.865)	Yes (§ 127.810)
U.S. (Vermont)	Yes (fifteen days after first oral request) (§ 5283(a)(2))	Yes (§ 5283(a)(7))	No	No (§ 5281(2))	Yes (§§ 5283(a)(15), 5293)	Yes (§ 5283(a)(4))
U.S. (Washington)	Yes (seven days after first oral request) (§ 70.245.110)	Yes (§ 70.245.050)	No	No (§ 70.245.160)	Yes (§ 70.245.150)	Yes (§ 70.245.030)