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## QuickPoint! – Shouldn't the Terminally Ill Have the “Right to Try” to Save Their Lives?

By Matthew Hayes

Last Friday, [Michigan approved Right to Try legislation](#) with overwhelming bipartisan support. Colorado, Missouri, and Louisiana all passed similar measures this year, with Arizonans voting on the issue this November. What is Right to Try and why is it gaining steam?

Spearheaded by the [Goldwater Institute](#), an Arizona-based public policy organization, Right to Try legislation allows terminally ill patients access to drugs, biotics, and implants that have completed basic FDA safety testing but are still awaiting further approval.

The FDA offers a similar program, known as [Compassionate Use](#). Unfortunately, the process isn't easy. Physicians typically face 100 hours of paperwork and research per applicant. The entire process can take several months, a luxury many terminally ill patients don't have.

These costs are seen in the usage statistics. In 2011, fewer than 1200 patients received expanded access, while [more than 1500 people died of cancer each day](#). Right to Try legislation removes many of these barriers, making the process easier and faster for patients. While it can't be known how many lives these save, the number is undoubtedly greater than zero.

Since 1997, the [Death with Dignity Act](#) gives terminally ill Oregonians the right to end their lives. Bringing Right to Try to Oregon offers these citizens the chance to do more than just hasten death; it offers a chance to beat their illness.

If you have the right to die, shouldn't you have the right to fight to live?

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*Matthew Hayes is a research associate at Cascade Policy Institute, Oregon's free market public policy research organization.*