



Medical Aid in Dying
Sharing the Experience 2017

Rebecca Thoman, M.D.

Today's goals

1. Understand medical aid in dying (so you can speak knowledgeably about it)
2. Understand the implications of various terminology
3. Understand that ethical people can disagree

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"You've got six months, but with aggressive treatment we can help make that seem much longer."

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Definition

Medical aid in dying is a medical practice in which a terminally-ill adult of sound mind may ask for and receive a prescription medication they may self-administer for a peaceful death if and when their suffering becomes unbearable.

Journal of Palliative Medicine: Clinical Criteria for Physician Aid in Dying

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Medical Aid in Dying is NOT

- Euthanasia
- Assisted Suicide
- Death panels



"Death with Dignity" v. "End-of-Life Option Act"

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Medical Aid in Dying v. Suicide

Medical Aid in Dying	Suicide
Terminal diagnosis	No terminal diagnosis
Mentally capable	Mentally incapable (psychiatric diagnosis)
Patient wants to live	Patient wants to die
Planned; often with family	Impulsive; alone
Death is peaceful	Death may be violent
Normal grieving after death (guilt is rare)	Abnormal grief (family members wonder "what if?")

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Legal Definition

“Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.”

Current End-of-Life Options

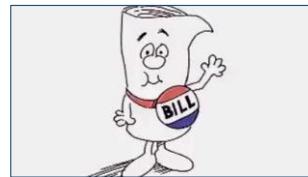
- Pursue all treatment
- Refuse some or all treatment
- Discontinue treatment
- Hospice/palliative care
- VSED
- Palliative sedation
- Medical aid in dying (18% of U.S.)

Authorized in 6 states and D.C.

- Oregon (1997 by ballot)
- Washington (2009 by ballot)
- Montana (2009 by court)
- Vermont (2013 by legislation)
- California (2015 by legislation)
- Colorado (2016 by ballot)
- Washington D.C. (2016 by legislation)

Minnesota

End-of-Life Option Act



Who qualifies?

- Adult
- Terminally ill (~ 6 months)
- Mentally sound – able to make health care decisions and understand the consequences
- Able to self-administer (swallow)

Process

- Patient submits written request (two witnesses, at least one must be disinterested party)
- Doctor determines eligibility
- Doctor provides full list of alternatives
- **MN:** Patient must be referred for hospice consultation if not already enrolled at the time the request is made
- Refers to second doctor for confirmation of eligibility and prognosis

Process cont.

- If second opinion does NOT concur, NO action may be taken until a comprehensive mental health evaluation is completed
- If second opinion does concur, patient submits a second written request (no earlier than 15 days from the first request)

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Process cont.

- Before prescription is written, doctor must
 - Confirm patient is acting voluntarily, free from coercion
 - Offer alternatives
 - Offer option to rescind request
 - Counsel on use of medication

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What is capacity?

- ability to communicate
- understand the consequences of medical decisions
- cognition is consistent and rational
- memory intact
- free from coercion

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Safeguards

- No health professional or institution is required to participate
- Liability protection – when health professionals follow the steps, they are protected from criminal and civil liability.

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Data from Oregon (2016)

1. Since 1997:
 - 1,749 patients received Rx/1,127 patients ingested
2. 79% cancer; 7% ALS; heart & lung 11%
3. 90% enrolled in hospice; 89% died at home
4. white, >65, educated, insured

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Data from California (June – Dec. 2016)

1. 258 requests; 191 prescriptions written (by 173 physicians); 111 ingested
2. Median age = 73
3. 84% in hospice
4. 65% cancer; 20% ALS/Parkinson
5. White, educated, insured

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Impact on Hospice

Oregon hospice use has increased and is now **DOUBLE** the national average
 Appropriate lengths of stay
 More people die at home than in health care institutions
 All 4 states with DwD in 2014 received “A” grade in 2015

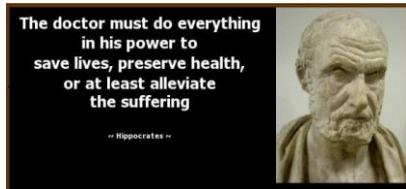
Public opinions surveys

Gallup poll: 66 – 75% support
 Minnesota poll: 73% support
 Minnesota State Fair poll: 68% support
 Medscape poll: 56% support
 Lifeway Research: 59% of Christians and 70% of Catholics support

Ethics

- o Respect for autonomy – the right to self-determination
- o Beneficence – promote good and remove harm
- o Nonmaleficence – do not cause harm
- o Justice – social fairness

Patient-centered care



Advance Care Planning

Can I write this into my health care directive to be carried out later? **NO**

Can my health care agent make this decision for me if I have dementia? **NO**

Dementia provision

www.CompassionAndChoices.org

click on Plan Your Care

- Dementia Provision
- End-of-Life options and decision-making
- Truth in Treatment tools
- POLST info

Questions and Discussion

Rthoman@CompassionAndChoices.org