

Medical Aid in Dying: What You Need to Know

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OUR GOALS TODAY

- Introduction
- What is the experience of Medical Aid in Dying (MAID) in other states?
- Evolution of the Colorado law
- Beliefs, concerns about this law
- Where are we in this community?
- Some final thoughts & questions

World Mortality Rate

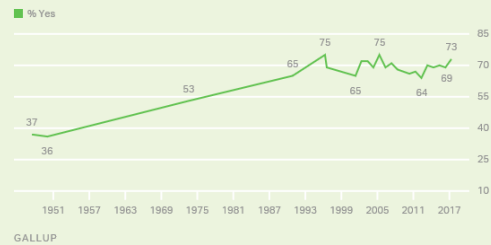


Fb/A Science Enthusiast

NATIONAL POLLS RELATIVELY STABLE SINCE EARLY 90'S

Americans' Support for Euthanasia

When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?



GALLUP

PROGRESS, BUT NOT ENOUGH...

90% want to die at home, 80% want to avoid ICU

- 25% die in hospitals
- 30% are in an ICU in the month before death
- 20% die in a nursing home
- Half die in hospice, but 35% spend <7 days

Place of Care and Death of Medicare Beneficiaries at End-of-Life

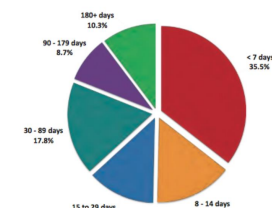
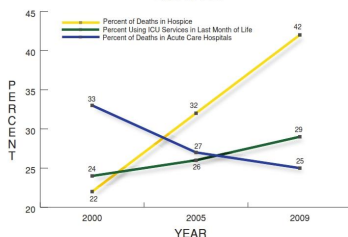


Figure 5. Proportion of Patients by Length of Service in 2014¹

Source: Dr. John Teno, et al., "Change in End-of-Life Care for Medicare Beneficiaries," Journal of the American Medical Association, February 2013

DEFINITIONS

Medically/Physician-Assisted Dying

- *Terminally ill patient* takes prescribed, intentionally-lethal dose of medication to end life

Euthanasia

- *Physician* (or another) takes action to end a suffering patient's life (aka, mercy killing)

DEFINITIONS

Physician Assisted Suicide

- *Suffering* (but not terminal) patient administers intentionally lethal dose of medication to end life

US LEGAL JURISDICTIONS

Where	When	How
Oregon	1997	Voter-approved ballot initiative
Washington	2008	Voter-approved ballot initiative
Montana	2009	Court decision*
Vermont	2013	Legislation
California	2015	Legislation
Colorado	2016	Voter-approved ballot initiative
District of Columbia	2016	Legislation

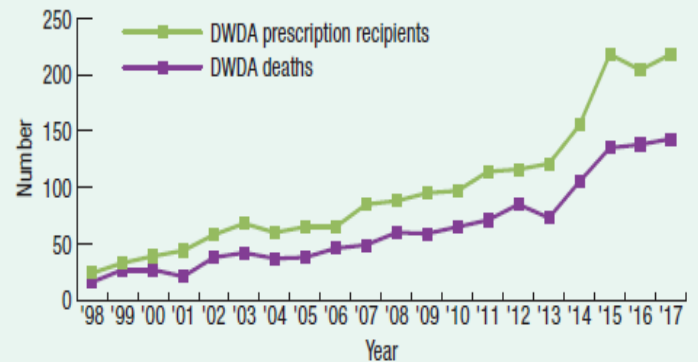
Sulmasy: Annals IM 2017.

WORLD LANDSCAPE

Countries	Legalization
Canada	MAID and euthanasia
Benelux countries	MAID and euthanasia
Switzerland	MAID
Colombia	Euthanasia

Sulmasy: Annals IM 2017.

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998-2017

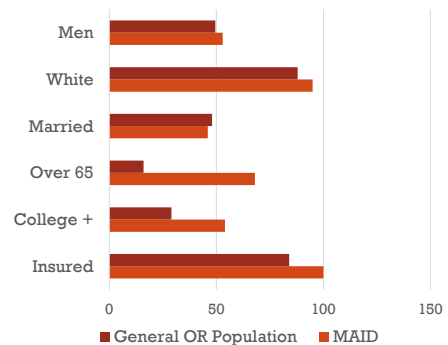


ELEPHANT IN THE ROOM

- Will focusing on the <1% who die using MAID divert our attention and resources from the broader improvement in EOL care?
- Or is there a Halo Effect?



MAID UTILIZATION— DEMOGRAPHICS



Sources: Oregon's Death with Dignity Act, Report 2014; U.S. Census Bureau

REASONS FOR PURSUING MAID

91% Loss of autonomy

90% Less able to engage in enjoyable activities

77% Loss of dignity

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.p>

CLASSIC ETHICAL TENSION

- Personal liberty/autonomy
- Paternalism/beneficence



THE SPECTRUM

Acts and Omissions that Lead to Death....
Does MAID feel Different?

Natural No Death	Withholding CPR (not starting) Life-sustaining treatments	Withdrawing Life-sustaining treatments	Voluntarily stopping eating and drinking Sedation to Unconsciousness	Medical Aid in Dying	Active Euthanasia
Legal, Ethical, Acceptable		Legal, Ethical, Mostly Acceptable		Illegal or, Not Acceptable or Ethical	

WHY DO WE CONTINUE TO PUSH THE ENVELOPE?

- Wanting control of our death
- Increasingly we emphasize independence, individual rights, control and choice
- Frequency, severity and longevity of chronic diseases
- Many of us will spend significant time in the “grey zone” (Katy Butler)



BUT WHAT ARE OUR CONCERNS?

- Slippery slope
 - The vulnerable might be bullied
 - Cost considerations
- MAID is contrary to the social role of the healer
- Use of MAID might both create and hide poor End of Life care
- Is it false/wrong to aim for a life of always being in control, never dependent on others?

PRACTICAL PHYSICIAN CONCERNS

- Fundamental tenet: DO NO HARM
- Will I become the “DEATH DOCTOR”
- Am I sending the signal that I am giving up
 - “There is no hope”
- Physician costs: not billable, complex process
- What is my legal exposure (Low Frequency, High Risk Procedure)?
- Ambivalence of Partners (Hospice, Cancer Providers)

SOME MORE MEDICAL CONCERNS...

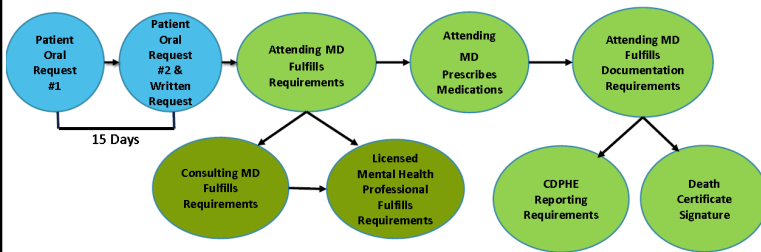
- What is “harm” these days?
- Refusing to accompany patients at the time of their dying can feel like abandonment.
- We hold a monopoly on the use of medications & medical technology and should be cautious in refusing to use them in service to patient goals.
- Isn't it hypocritical to say we don't “manipulate” the time of death?
 - Right to stop LS technologies, including ANH
 - Voluntary stopping of eating and drinking
 - “Terminal sedation”

COLORADO “END OF LIFE OPTIONS ACT”

Ballot measure passed easily in November after failing twice in committee (SB 16-025, HB 16-1054)

- Adult residents of Colorado
- Decision-making capacity and a terminal illness
 - Attending *and* a consultant confirm capacity & prognosis
- Voluntary expressions (2 oral, 1 written) 2 weeks apart
- Right to rescind at any time (regardless mental state)
- Health professionals may refuse to participate, may not be punished for participating
- “Attending physician” must write the Rx
- Institutions “opting out” only precludes use of meds on premises

Colorado End-of-Life Options Act: Process Overview



A patient has the ability to change his or her mind at any point during the process.



WHAT IS HAPPENING AT BCH?

- BCH recognizes and supports terminally ill patients and their loved ones in making informed health care decisions, including decisions regarding the patient's end-of-life options.
- MAID neither encouraged or discouraged.
- Recognize the right to choice for our patients.
- Physicians may consult, prescribe and be present at the end-of-life (however not at BCH facilities).



WHAT IS HAPPENING AT BCH?

- MAID needs to be part of a Spectrum of Options
- Physicians must complete education and credentialing
- SW, chaplains and RN's provide supportive role when appropriate



CURRENT AND COMING ISSUES...



LIKELY ISSUES TO ARISE

- Why are physicians not able to administer meds?
- What about people who cannot physically take the medication without help?
 - Forcing people to decide for PAD early.
 - Could be an ADA violation?
 - Might be an acceptable unfairness to prevent anyone from ever being killed against their will.
- Laws leave unresolved debates re: depression, eating disorders, dementia, children...

CONCLUSIONS

- We need to move carefully.
- Both physicians and patients need to be honored in their deeply held beliefs.
- It is important that MAID is available fairly.
- We need to be sure that the need for MAID is rare and part of good, robust and comprehensive end-of-life care.

QUESTIONS AND CONCERNS



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