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

NATIONAL POLLS RELATIVELY STABLE SINCE EARLY 90’S

Charts from NHPCO, 2014
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

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**

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<thead>
<tr>
<th>Where</th>
<th>When</th>
<th>How</th>
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<tbody>
<tr>
<td>Oregon</td>
<td>1997</td>
<td>Voter-approved ballot initiative</td>
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<tr>
<td>Washington</td>
<td>2008</td>
<td>Voter-approved ballot initiative</td>
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<tr>
<td>Montana</td>
<td>2009</td>
<td>Court decision*</td>
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<td>Vermont</td>
<td>2013</td>
<td>Legislation</td>
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<td>California</td>
<td>2015</td>
<td>Legislation</td>
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<tr>
<td>Colorado</td>
<td>2016</td>
<td>Voter-approved ballot initiative</td>
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<td>District of Columbia</td>
<td>2016</td>
<td>Legislation</td>
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**WORLD LANDSCAPE**

<table>
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<tr>
<th>Countries</th>
<th>Legalization</th>
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<tr>
<td>Canada</td>
<td>MAID and euthanasia</td>
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<td>Benelux countries</td>
<td>MAID and euthanasia</td>
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<td>Switzerland</td>
<td>MAID</td>
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<tr>
<td>Colombia</td>
<td>Euthanasia</td>
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**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

- Men
- White
- Married
- Over 65
- College +
- Insured

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


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

Natural Death No CPR Withholding (not starting) Life-sustaining treatments
Withdrawing Life-sustaining treatments Voluntarily stopping eating and drinking 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

WHAT IS HAPPENING AT BCH?

- MAID neither encouraged or discouraged.
- Physicians must complete education and credentialing
- SW, chaplains and RN’s provide supportive role when appropriate

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

The Denver Post

69 Coloradans got aid-in-dying prescriptions during law’s first year, report says

56 of those 69 patients died, but the data doesn’t reveal which ones died as a result of the drugs
CURRENT AND COMING ISSUES...

- 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.

LIKELY ISSUES TO ARISE

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QUESTIONS AND CONCERNS