Current Landscape

Implementation & Practice

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Physician-Assisted Death: Scanning the Landscape and Potential Approaches: A National Academies of Sciences, Engineering, and Medicine Workshop
6 MAID statutes
OREGON welcomes you
Nearly identical
Eligibility
&
safeguards
Bills >25 states (2017-2018)
Nearly identical
Next 12 minutes
Too weak?
Too strong?
Not my arguments
Data: What institutions & legislatures are doing
Too weak
Only 1 example
6 MAID statutes
Ineligible for MAID
“impaired judgment . . . mental disorder”
Voluntary
BUT
How do we screen
Mental health specialist only if attending or consulting physician refers.
Rare
Oregon Death with Dignity Act

2017 Data Summary
<5% (and dropping)
Many think that rate is too low.
Some institutions: MHS for all
BELGIUM

Not terminal or mature minor
Are we failing to screen out impaired judgment?
No proof but needs study
No good
evidence
safeguards
too weak
Too strong
6 examples
Terminal illness
6 MAID statutes
“incurable and irreversible . . . condition . . . death within six months.”
BUT
Temporally

strict
unbearable suffering

but not “terminal”
Position Paper

Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper

Opposed to MAID
Arbitrary discrimination
Let's remember what we are debating here: the most conservative voluntary assisted dying model that has ever been proposed – let alone implemented – anywhere in the world.
12 months

neurodegenerative illness (ALS)
Canada
Drop time altogether
“reasonably predictable”
Self
ingest
6 MAID statutes
Physician only prescribes

Patient administers
Helps
assure
voluntary
BUT
Some lose ability
Some have complications
Oregon Death with Dignity Act
2017 Data Summary
<table>
<thead>
<tr>
<th>Complications</th>
<th>(N=143)</th>
<th>(N=1,121)</th>
<th>(N=1,264)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty ingesting/regurgitated</td>
<td>1</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Seizures</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>None</td>
<td>38</td>
<td>554</td>
<td>592</td>
</tr>
<tr>
<td>Unknown</td>
<td>101</td>
<td>537</td>
<td>638</td>
</tr>
</tbody>
</table>

3-6%
Complications may rise
Experimenting with NEW drugs
Avoid with clinician administration
5/2000 self ingest
Normally, self-administered (like USA)
Physician administration allowed
“physically incapable of the self-administration or digestion”
Adult
6 MAID statutes

The image shows a map of the United States with certain states highlighted in red. States highlighted include:
- California
- Oregon
- Washington
- Colorado
- Vermont
- New Mexico

These states have enacted legislation related to MAID (Medically Assisted Death) statutes.
Assure voluntary & informed
BUT
Allow minors to make other healthcare decisions
Arbitrary discrimination
Stage 1
June 2016
Adults only
Stage 2
Dec. 2018
Mature minors
Benelux allow minors
Capacity
6 MAID statutes
“solely and directly by the individual . . . not . . . advance directive”
Terminal ➔ no capacity
Arbitrary discrimination
Stage 2
Dec. 2018
Advance directives
Benelux

Netherlands

Belgium

Luxembourg
Waiting period
“two oral requests . . . 15 days apart”
Assure request enduring
BUT
Undue burden
Waive
wait period
“death is likely to occur **before** the expiry of the time period”
Physician
6 MAID statutes

- California
- Oregon
- Washington
- Colorado
- Vermont
- New Mexico
Attending + consulting physician

MD or DO
BUT
Access problems
Extend to NPs
HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

A  CARDIOPULMONARY RESUSCITATION (CPR):
☐ Attempt Resuscitation/CPR  ☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)
☐ (Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in B and C.

B  MEDICAL INTERVENTIONS:
☐ Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. Transfer if comfort needs cannot be met in current location.
☐ Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
☐ Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location.
☐ Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders:________________________

C   ARTIFICIALLY ADMINISTERED NUTRITION:
☐ No artificial nutrition by tube.
☐ Long-term artificial nutrition by tube.
☐ Defined trial period of artificial nutrition by tube.

Additional Orders:________________________

D   SIGNATURES AND SUMMARY OF MEDICAL CONDITION:
Discussed with: ☐ Patient  ☐ Health Care Decisionmaker  ☐ Parent of Minor  ☐ Court Appointed Conservator  ☐ Other:

Signature of Physician
My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name ____________________________
Physician Phone Number ____________________________ Date ____________________________

Physician Signature (required) ____________________________
Physician License # ____________________________

Signature of Patient, Decisionmaker, Parent of Minor or Conservator
By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required) ____________________________
Name (print) ____________________________ Relationship (write self if patient) ____________________________

Summary of Medical Condition ____________________________
Office Use Only ____________________________

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
A.B. 10059 (2016)