



Physician-Assisted Suicide: Why Physicians Should Oppose It

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Disclosures

- No relevant financial disclosures
- I am a member of the American College of Physicians, the American Medical Association, and the Baltimore City Medical Society
 - All of these organizations oppose legalization of physician-assisted suicide and all other forms of euthanasia
- There are no drugs or devices that have been approved by the US FDA for physician-assisted suicide or euthanasia

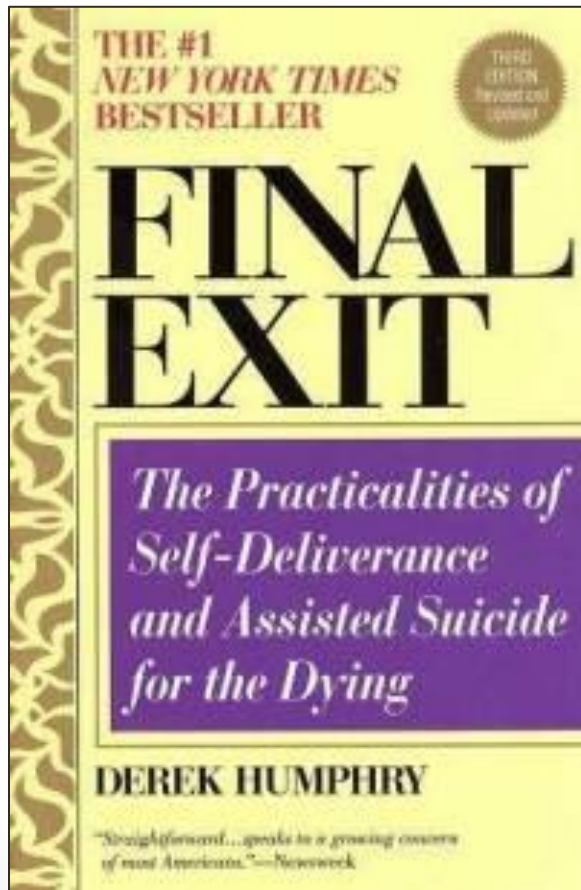
Some Definitions

- **Physician-Assisted Suicide:** A form of euthanasia (“good death) where a physician provides the means (such as a lethal drug prescription) for a patient to end his/her own life
 - Synonyms/ Euphemisms:
 - **Physician/doctor-assisted death**
 - **Death with Dignity**
 - **End-of-Life Option**
 - **(Medical) Aid-in-Dying**
 - includes euthanasia by lethal injection in Canada
- Usual drugs used: 90-100 x 100 mg secobarbital tabs dissolved in liquid and swallowed quickly
 - Antiemetic premed usually given to prevent vomiting

PAS/Euthanasia: Background

- **Mid-1800s** – increasing medical use of morphine and chloroform anesthesia leads to proposals to use to hasten death for patients with advanced illnesses
- **1906:** Euthanasia law proposed in Ohio state legislature, voted down 79-23
- **1920s-1930s:** Public support for euthanasia increases in USA, though not legally adopted
- **1939-1945: WWII, Nuremberg trials**

Euthanasia in post-war era



- **1945-1980:** Little activity
- **1980:** Derek Humphry, a British journalist, founds *Hemlock Society* to promote euthanasia and assisted suicide for patients with advanced illness
- **1992:** Publication of *Final Exit*
- **2003-4:** *Hemlock Society* becomes *Compassion and Choices*



Care and Choice at the End of Life

Dr. Jack Kevorkian



- Michigan “pathologist” (who never really practiced medicine)
- 1990-1998 – Assisted in deaths of about 130 patients with advanced illnesses
 - “Thanatron”(injection) and “Mercitron” (CO inhalation)
- 1994-1997 – Tried and acquitted 4 times
- 1999 – Convicted of 2nd degree murder for giving lethal injection
- 1999: Maryland passes law explicitly outlawing provision of PAS

Organizations Promoting PAS

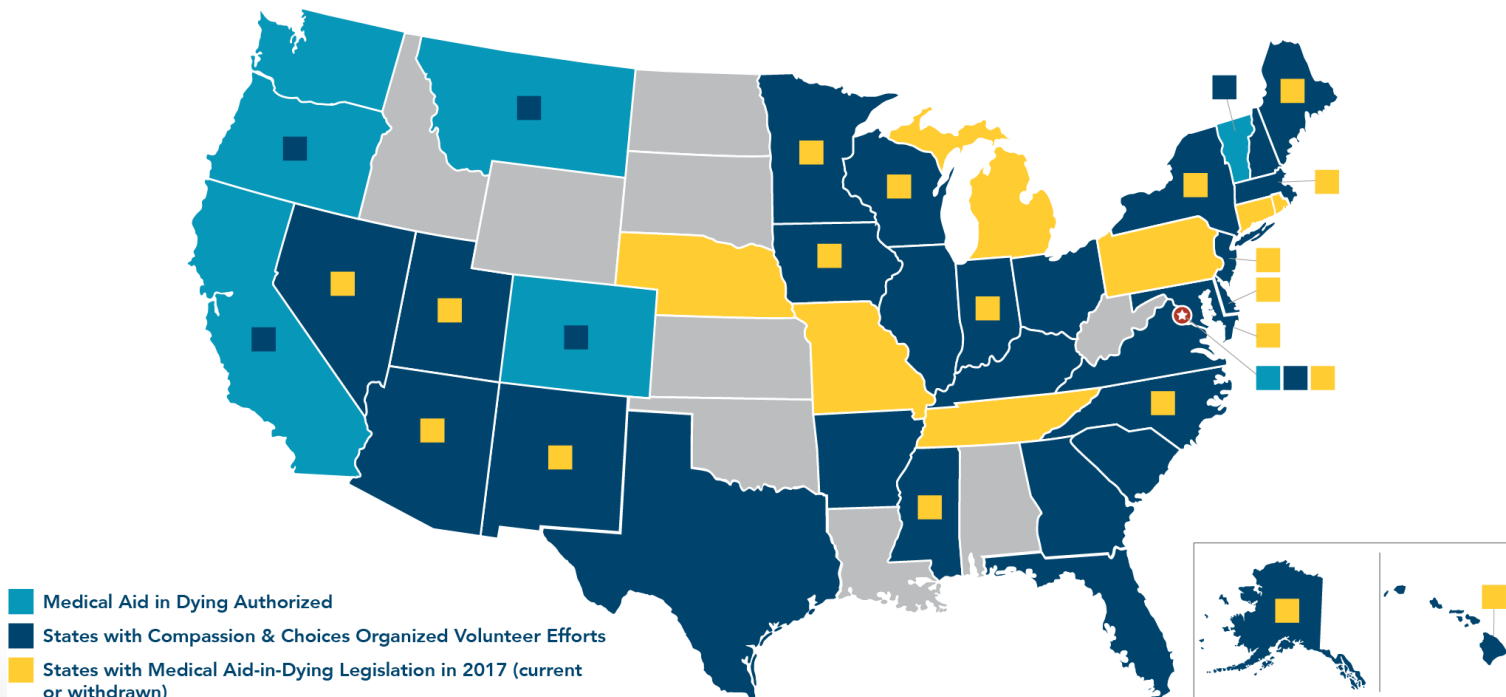
- **Compassion and Choices:** “Nation’s oldest, largest and most active nonprofit organization committed to improving care and expanding options for the end of life.”
 - National advocacy organization with multimillion dollar budget
 - Large donations from Soros’ Foundation, other grants
 - Almost all efforts direct towards passage of PAS laws in state legislatures
 - Promotes access to and use of PAS in states where legalized
- **Death With Dignity National**
- **Final Exit Network**
- **Exit International**
- **Dignitas (Switzerland)**



Current Status of PAS in USA

- **Oregon:** Legalized by referendum in 1994, implemented 1997
 - **Washington:** Legalized by referendum in 2008
 - **Montana:** Decriminalized by judicial action 2009
 - **Vermont :** Legislation 2013
 - **California:** Legislation 2015
 - **Colorado:** Referendum 2016
 - **DC:** Legislation 2016
- But PAS bills failed in 10 states in 2017 (including Maryland)!**

But PAS bills failed in 25 states in 2017 (including Maryland)!



Current Status Outside of USA

- **Netherlands:** PAS and euthanasia formally legalized in 2002, now allowed for almost any reason
 - 3,000-4,000 per year
- **Belgium:** PAS and euthanasia legalized in 2002, now allowed for most medical reasons, including for children
 - About 2,000 per year
- **Switzerland:** Assisted suicide and voluntary euthanasia allowed by non-profit groups since 1980s
 - “Suicide tourism” allowed – most recipients not Swiss
 - 700-800 per year ,
- **Canada:** PAS and euthanasia legalized by Supreme Court directive 2015 and enabling legislation in 2016
 - About 2,000 per year
- **Australia:** One state (Victoria) legalized PAS in Nov. 2017

HOUSE BILL 370

J1, J2, E1

HB 404/16 – HGO & JUD

7lr1382

CF SB 354

By: **Delegates Pendergrass, Anderson, Angel, Atterbeary, B. Barnes, Barve, Bromwell, Carr, Cullison, Dumais, Ebersole, Fraser-Hidalgo, Frick, Frush, Gilchrist, Gutierrez, Hettleman, Hill, Hixson, Kaiser, Kelly, Korman, Kramer, Lafferty, Lam, Lewis, Luedtke, McIntosh, A. Miller, Moon, Morales, Oaks, Pena-Melnyk, Platt, Proctor, Reznik, Robinson, Rosenberg, Tarlau, Waldstreicher, M. Washington, West, and K. Young**

Introduced and read first time: January 25, 2017

Assigned to: Health and Government Operations and Judiciary

A BILL ENTITLED

AN ACT concerning

Richard E. Israel and Roger “Pip” Moyer End-of-Life Option Act

FOR the purpose of authorizing an individual to request aid in dying by making certain requests; prohibiting another individual from requesting aid in dying on behalf of an individual; requiring a written request for aid in dying to meet certain requirements;

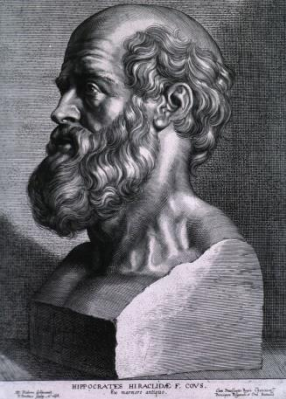
- Proposed in Maryland 2015, 2016, 2017
- Withdrawn each year due to lack of support

End-of-Life Option Act

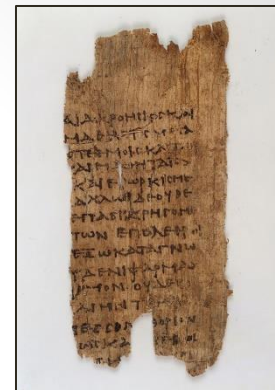
- Creates a legal process which allows any licensed Maryland physician to prescribe a lethal overdose of a drug or drugs to a Maryland-resident patient who “voluntarily” submits oral and written requests
 - Patient deemed “terminally ill” and “mentally competent” with less than 6 months to live (with or without treatment)
 - No other qualification needed
 - Repeated requests separated by 15 days
 - Request and eligibility confirmed by 2nd physician
 - Drugs “self-administered” by patient (preferably in private setting)

11 Reasons Why Physicians Should Oppose End-of-Life Option Act and PAS

- Unethical
- Not medical care
- Dangerous
- Based on false ideas about prognosis
- Discriminatory
- Unnecessary
- Not about autonomy
- Introduces deadly drugs into communities
- Will lead to other forms of euthanasia
- Will not be practiced by most doctors
- Will affect everyone



1. PAS is Unethical for Physicians and Nurses



- Oath of Hippocrates (c. 400 BC):
 - **“Neither will I administer a deadly drug (poison) to anybody when asked to do so, nor will I suggest such a course.”**
- American Medical Association (1993):
 - **“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks”** -- AMA Code of Ethics
- American College of Physicians, American Nurses Association, National Hospice & Palliative Care Org., World Medical Association, many other oppose PAS
- A core principle of medical ethics
 - **Serves as a “red line” which protects the integrity of the medical profession and the public**

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

Lois Snyder Sulmasy, JD, and Paul S. Mueller, MD, MPH*; for the Ethics, Professionalism and Human Rights Committee of the American College of Physicians

- American College of Physicians (ACP)
September 19, 2017: Reaffirmed 2001 opposition:
- **“ On the basis of substantive ethics, clinical practice, policy, and other concerns . . .the ACP does not support legalization of physician-assisted suicide. It is problematic given the nature of the patient-physician relationship, affects trust in the relationship and in the profession, and fundamentally alters the medical profession’s role in society.”**

2. PAS is Not Medical Care

- No basis in medical science or medical tradition
- No guidelines
- No “standard of care”
- No training in medical school or residency
 - Concerning that such “practices” could be taught to medical students and residents and become the subject for research
- Giving patients cyanide tablets or carbon monoxide gas is not medical care
 - Neither is misusing dangerous controlled drugs as poisons

3. PAS is Dangerous

- “Safeguards” in PAS laws are an illusion
- **PAS laws in USA:**
 - No requirement for formal psychiatric evaluation
 - Minimal informed consent
 - No witnesses
 - No routine audits
 - No impartial third-party oversight
 - Physicians granted immunity
 - Records excluded from legal discovery, destroyed every year

No requirement for formal psychiatric evaluation

- Patients receiving diagnosis of advanced cancer, heart failure or neurologic illness vulnerable to hopelessness, despair, depression
 - Up to 50% of patients with metastatic cancer, and 75% with advanced CHF have depression
 - Konstam V et al. *J Cardiac Failure* 2005; 11: 455
 - Asghar-Ali AA, et al. *J Pain Symptom Manage* 2013; 45:926-33
 - Rosenstein DL. *Dialogues Clin Neurosci* 2011;13:101-8
- 90-95% of patients prescribed PAS in Oregon “less able to engage in activities that make life enjoyable”
- **Yet less than 5% of patients are referred for psychiatric evaluation prior to PAS prescription**

No Witnesses Required

- In Oregon 2016:
 - 10% of deaths attended by prescribing physician
 - 10% attended by another health care provider
 - **80% not attended by any health care provider**
- No assurance that patient was mentally competent and free of “undue influence”
- No assurance that deadly drugs were self-administered
- No assurance that deaths were not “assisted” in other ways
- No assurance that death was “dignified”

Oregon Death with Dignity Act

Data summary 2016

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>

- In Oregon Death with Dignity program
 - Patient have required up to 104 hours to die
 - At least 6 patients awoke after ingesting drugs
 - For 80% of patients, “unknown” if complications occurred

| | 2016 | 1998-2015 | Total |
|--|---------|-----------|-----------|
| Complications ⁶ | (N=133) | (N=994) | (N=1,127) |
| Difficulty ingesting/regurgitated | 3 | 27 | 30 |
| None | 24 | 530 | 554 |
| <i>Unknown</i> | 106 | 437 | 543 |
| Other outcomes | | | |
| Regained consciousness after ingesting DWDA medications ⁷ | 0 | 6 | 6 |

| Minutes between ingestion and death | | | |
|--|-----------|-------------|-------------|
| Median | 27 | 25 | 25 |
| Range | 7min–9hrs | 1min–104hrs | 1min–104hrs |
| <i>Number of patients with information available</i> | 25 | 537 | 562 |
| <i>Number of patients with information unknown</i> | 108 | 457 | 565 |

Is “Death with Dignity” really Dignified?

Docs In Northwest tweak aid-In-dying drugs to prevent prolonged deaths



JoNel Aleccia, Kaiser Health News 5:16 p.m. ET Feb. 16, 2017

- Price spike in secobarbital led PAS doctors in Washington state to experiment with other drug cocktails – combinations of choral hydrate, diazepam, digoxin, morphine, and propranolol
- “The first . . . alternative turned out to be too harsh, burning patients’ mouths and throats, causing some to scream in pain. The second drug mix, used 67 times, has led to deaths that stretched out hours . . . up to **31 hours** in one case.”

<https://www.usatoday.com/story/news/2017/02/16/kaiser-docs-northwest-tweak-aid--dying-drugs-prevent-prolonged-deaths/98003110/>

No Audits or Investigations

- Oregon has no system for reporting PAS abuse
- Oregon Health Dept. has no authority or budget to investigate or audit deaths
- Physicians have immunity in prescribing PAS
 - Unaccountable even for gross negligence
- All records involved in PAS are immune from discovery and inadmissible in court
- In Oregon, all PAS records are destroyed each year
- Death certificates falsified to state that patients died of “natural causes”
- **Provisions guarantee that no death under PAS laws will ever be investigated**

4. PAS based on False Ideas about Prognosis

- Physicians cannot predict a 6-month prognosis in individual patients with sufficient accuracy to assure that wrongful deaths will not occur
- No requirement that patients need to exhaust or even try any standard medical care
 - Many patients with chronic illness who are not dying would be eligible
- Data from Oregon show some patients live over 3 years after getting suicide prescription
 - No consequences or accountability for physicians

5. PAS Is Discriminatory

- Creates a new class of human beings who are **denied protection of the law** afforded to all others
- Suicide is not illegal, but is discouraged in almost all societies and faith traditions
- Assisting a suicide is illegal
 - Law recognizes value of human life and potential for abuse, undue influence, coercion
- Implications for people with severe illness, disabilities, advanced age:
 - **“Your life is less valuable and less worthy of the protection of the law”**

PAS is opposed by almost all disability rights organizations



Disability Rights Education
& Defense Fund



Second Thoughts

People with Disabilities Opposing the Legalization of Assisted Suicide



For people with intellectual
and developmental disabilities



National Council on Disability

An independent federal agency committed to
disability policy leadership since 1978



Independent
Living Institute
independentliving.org



**United Spinal
Association**

Spinal Cord Resource Center



6. PAS is Unnecessary



Source: Dignitas

6. PAS is Unnecessary

- Patients already may decline any and all medical care they do not want, may express through advanced directive
- Palliative care, hospice care, and pain management fields have made enormous strides
 - **Maryland programs ranked among the best in the country**
- 90% of US adults have little or no knowledge of palliative and hospice care. -Kelley and Morrison. N Engl J Med 2015; 373:747.



6. PAS is Unnecessary

- All physical suffering at end of life can be managed with narcotics and palliative sedation
- Most patients requesting PAS in Oregon not experiencing significant pain (<25%)
 - Fear of loss of independence and dignity, enjoyment of life, and burdening others leading reasons
- No requirement in End-of-Life Option bill that the patient be experiencing any physical pain or suffering at all!

7. PAS is not about autonomy

- Patients under PAS laws are dependent upon actions of at least 5 accomplices to end life
 - 2 physicians, 2 witnesses, 1 pharmacist
- We as physicians do not always provide patients what they ask for
 - Antibiotics for viral URI
 - Narcotics for chronic musculoskeletal pain
- PAS laws do not make it illegal for family or physicians to suggest or recommend PAS.
- Danger that the “choice”, under economic and cultural influences, will become an expectation

Cost analysis of medical assistance in dying in Canada

CMAJ 2017; 189:E100-5

RESULTS: Medical assistance in dying could reduce annual health care spending across Canada by between \$34.7 million and \$138.8 million, exceeding the \$1.5–\$14.8 million in direct costs associated with its implementation.

- Euthanasia/PAS are cost-saving compared with medical care, palliative care, hospice care

Why Now?

FREEDOM TO DIE

PEOPLE, POLITICS,
AND
THE RIGHT-TO-DIE
MOVEMENT



DEREK HUMPHRY
AUTHOR OF THE #1 BESTSELLER *FINAL EXIT*
& MARY CLEMENT

“ One must look at the realities of the increasing cost of health care in an aging society because, in the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice.”

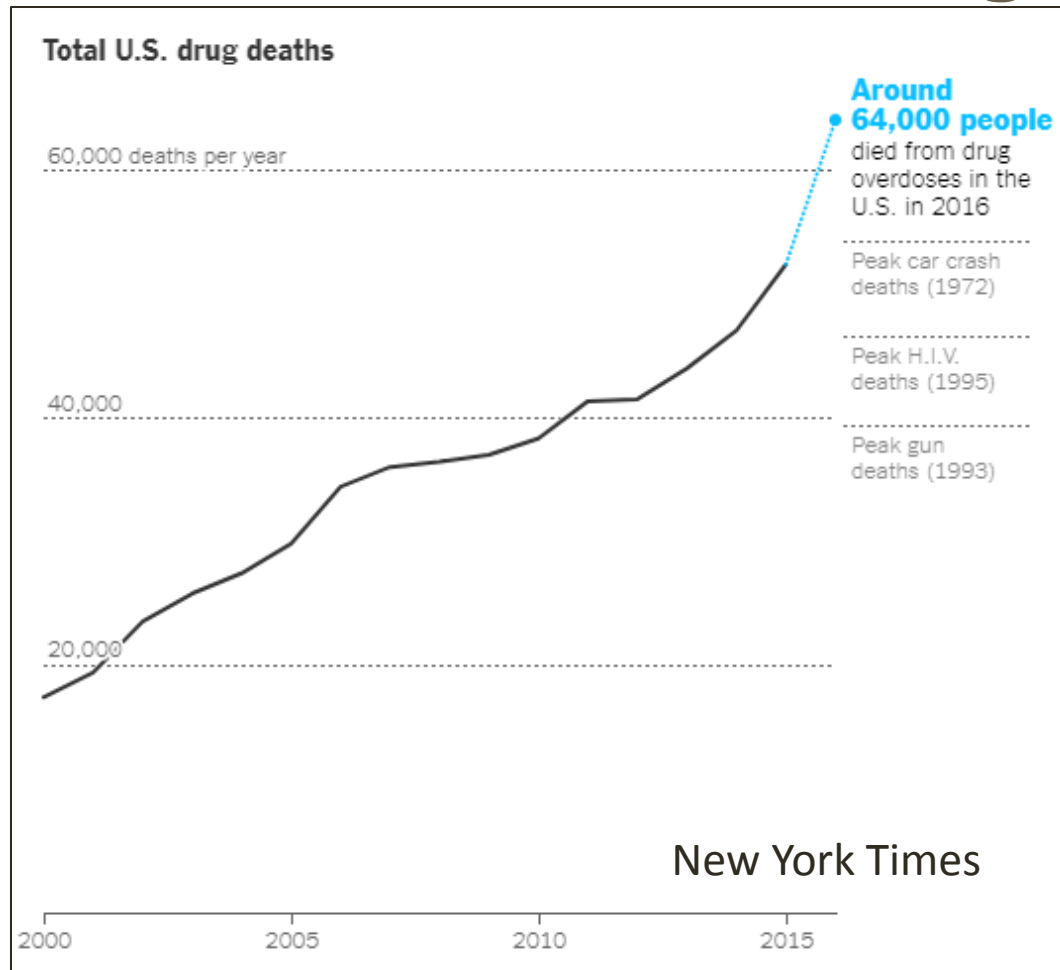
- Derek Humphry & Mary Clement (2000)

8. PAS will introduce more deadly drugs into communities



- Most commonly used PAS drugs are barbiturates, a dangerous controlled substance and drug of abuse.
- PAS bill provides for no regulation or tracking of suicide drugs once they leave the pharmacy
 - May sit in medicine cabinets for months or years
 - May never be used
 - No system for returning unused drugs
- Potential danger from diversion

The Epidemic in Deaths from Drug Overdose



- US and Maryland face massive epidemic of overdose deaths from opiates
- Diversion of prescription opiate drugs feeds the epidemic
- **Why add fuel to this fire??**

9. PAS will expand and lead to other forms of Euthanasia

- Fallacy of “right” to “aid-in-dying” by PAS
 - Will inevitably lead to expansion of “right” to others
 - People suffering without terminal illness
- Voluntary euthanasia by lethal injection
 - If unable to swallow pills
- Non-voluntary euthanasia
 - If unable to give consent
 - Alzheimer’s dementia, etc.
- Involuntary euthanasia
 - Decision made on behalf of others
 - “Mercy killing”
 - Surveys estimate >1000/yr in Bel.



Euthanasia and Assisted Suicide of Patients With Psychiatric Disorders in the Netherlands 2011 to 2014

Scott Y. H. Kim, MD, PhD; Raymond G. De Vries, PhD; John R. Peteet, MD

JAMA Psychiatry 2016; 73:362

Table 2. Psychiatric Conditions of 66 Patients Who Received Euthanasia or Assisted Suicide for Psychiatric Reasons

| Psychiatric Condition ^a | No. (%) ^b |
|--|----------------------|
| Depression, including depression with psychotic features | 41 (35) |
| Anxiety other than PTSD, including generalized anxiety disorder, phobias, obsessive-compulsive disorder, panic disorder, social phobia | 15 (13) |
| PTSD or posttraumatic residua | 13 (11) |
| Psychotic disorders, ^c including schizophrenia, schizoaffective disorder, psychosis not otherwise specified, psychosis due to medical condition | 9 (8) |
| Somatoform disorders, including pain disorders, somatization disorder, hypochondria | 8 (7) |
| Bipolar depression | 7 (6) |
| Substance abuse | 6 (5) |
| Eating disorders | 4 (3) |
| Neurocognitive impairment, including mental retardation, incipient dementia, brain tumor surgical sequelae, stroke | 4 (3) |
| Prolonged grief | 2 (2) |
| Autism spectrum | 2 (2) |
| Other, including alexithymia, Cotard syndrome, dissociative disorder, factitious disorder, reactive attachment disorder, kleptomania | 6 (5) |

- Depression
- Anxiety d/o
- PTSD
- Eating disorders
- “Prolonged grief”
- Autism

Female Dutch doctor drugged a patient's coffee then asked her family to hold her down as she fought not to be killed - but did not break the country's euthanasia laws

- The case was referred to the Regional Review Committee in the Netherlands
- It concluded that the female doctor had effectively acted in good faith
- The Netherlands introduced the euthanasia law 17 years ago

By [GIULIA CROUCH FOR MAILONLINE](#)

PUBLISHED: 20:50 EST, 27 January 2017 | **UPDATED:** 07:19 EST, 28 January 2017

- Netherlands now allows non-voluntary euthanasia by advance directive

10. Vast majority of doctors will not practice PAS

- In Oregon, all suicide prescriptions written by only about 2-3% of state's physicians
- Average duration of physician-patient "relationship" in Oregon DWDA – 3 months
- Patient's family physician or oncologist generally not prescribing
- Patients will be directed to small group of willing physicians who may know little about them
- **Several profiled in the NY Times do nothing other than prescribe assisted suicide and administer euthanasia**

11. PAS Will Affect Everyone

- “Medicine is a Public Trust”
- Public holds doctors collectively accountable
 - For the integrity of health care systems
 - For the actions of other physicians
- Doctors, nurses, allied professionals work in teams
 - Have to have a common ethical framework to be able to trust one another
- PAS will corrode how all healthcare providers view patients with advanced illness and disabilities
- **Result: A medical profession and health care system that is less caring and compassionate**

PAS: Summary

- Unethical
- Not medical care
- Dangerous
- False ideas about prognosis
- Discriminatory
- Unnecessary
- Not about autonomy
- Introduces deadly drugs into communities
- Will lead to other forms of euthanasia
- Will not be practiced by most doctors
- Will affect everyone

MARYLAND

AGAINST PHYSICIAN ASSISTED SUICIDE

MENU 

JOIN THE HEALTHCARE COALITION



HEALTHCARE COALITION



TAKE ACTION



LIKE US ON FACEBOOK

<http://stopassistedsuicidemd.org>

+ Share   

Healthcare professionals throughout Maryland know the dangers of legalizing physician-assisted suicide.

Sign up below to join the many medical, behavioral, hospice and other healthcare providers in Maryland who are standing against PAS.



STAY INFORMED

SUBMIT

CONNECT WITH US

June 1, 2017

HOME

BUSINESS

TECHNOLOGY

MONEY

POLICY

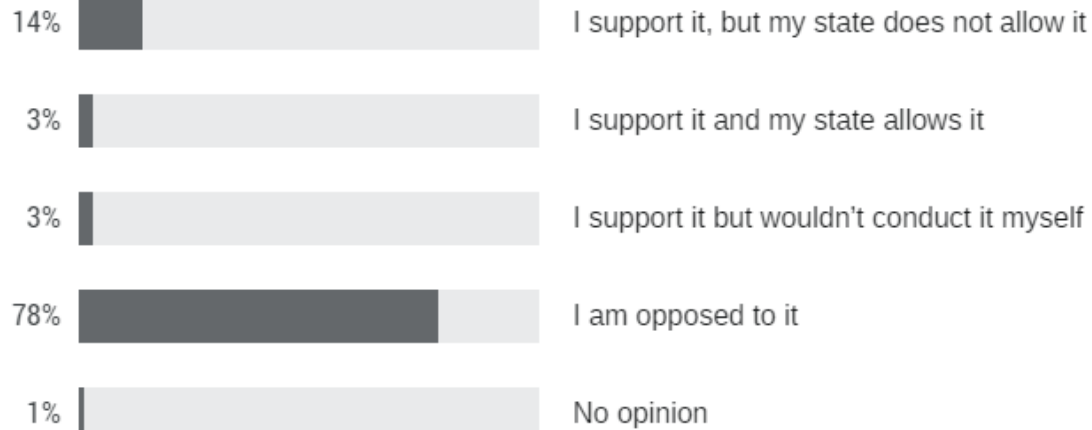
BLOG

RESOURCES

Your vote was recorded.



A number of U.S. states are considering physician-assisted suicide bills. What are your thoughts on physician-assisted suicide?



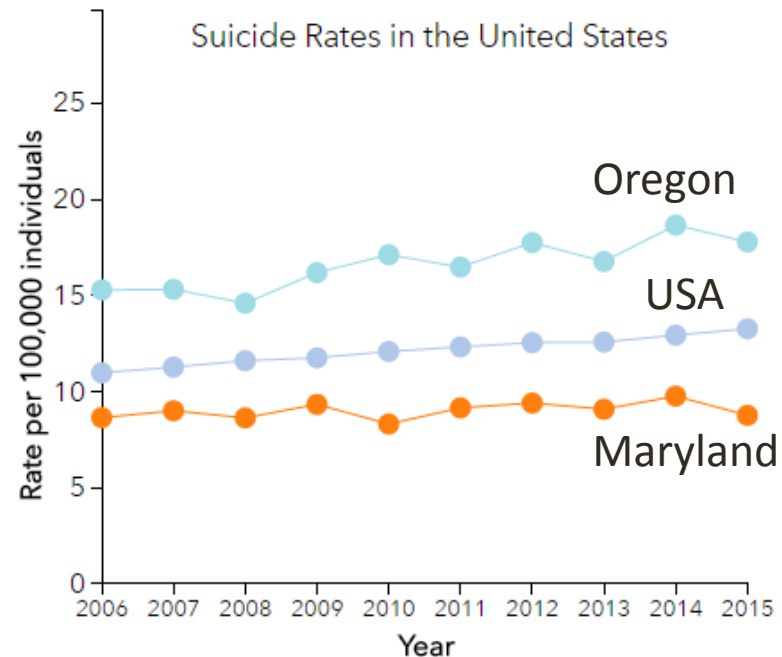
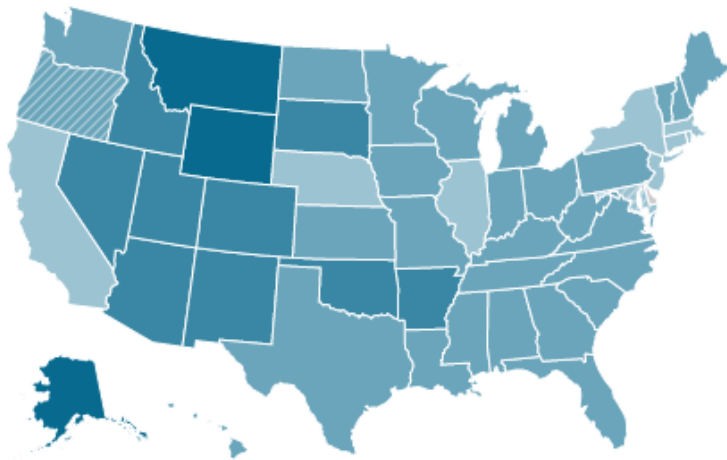
Oh, Canada...

| Medically assisted deaths in Canada April 2017 | | |
|---|-------|--|
| TOTAL | 1,324 | |
| QUEBEC | 469 | DEC. 10, 2015 - DEC. 9, 2016 |
| ONTARIO | 365 | JUNE 17, 2016 - MARCH 31, 2017 |
| B.C. | 285 | JUNE 17, 2016 - FEB. 28, 2017 |
| ALBERTA | 100 | JUNE 17, 2016 - MARCH 31, 2017 |
| MANITOBA | 37 | JUNE 17, 2016 - MARCH 31, 2017 |
| N.S. | 31 | JUNE 17, 2016 - MARCH 31, 2017 |
| SASK. | 21 | JUNE 17, 2016 - MARCH 31, 2017 |
| N.B. | 9 | JUNE 17, 2016 - DEC. 31, 2016 |
| N.L. | 7 | JUNE 17, 2016 - MARCH 31, 2017 |
| P.E.I. | 0 | JUNE 17, 2016 - MARCH 31, 2017 |
| N.W.T. | 0 | - |
| NUNAVUT | 0 | - |
| YUKON | * | Would not divulge, saying small population raises confidentiality concerns |

- Carter v. Canada ruling in 2015
- Ethicists in Canada concluded no meaningful ethical/moral distinction between PAS and euthanasia
- Legislation in 2016 legalized both
 - But euthanasia is chosen by the vast majority of patients

PAS could affect attitudes toward other suicides

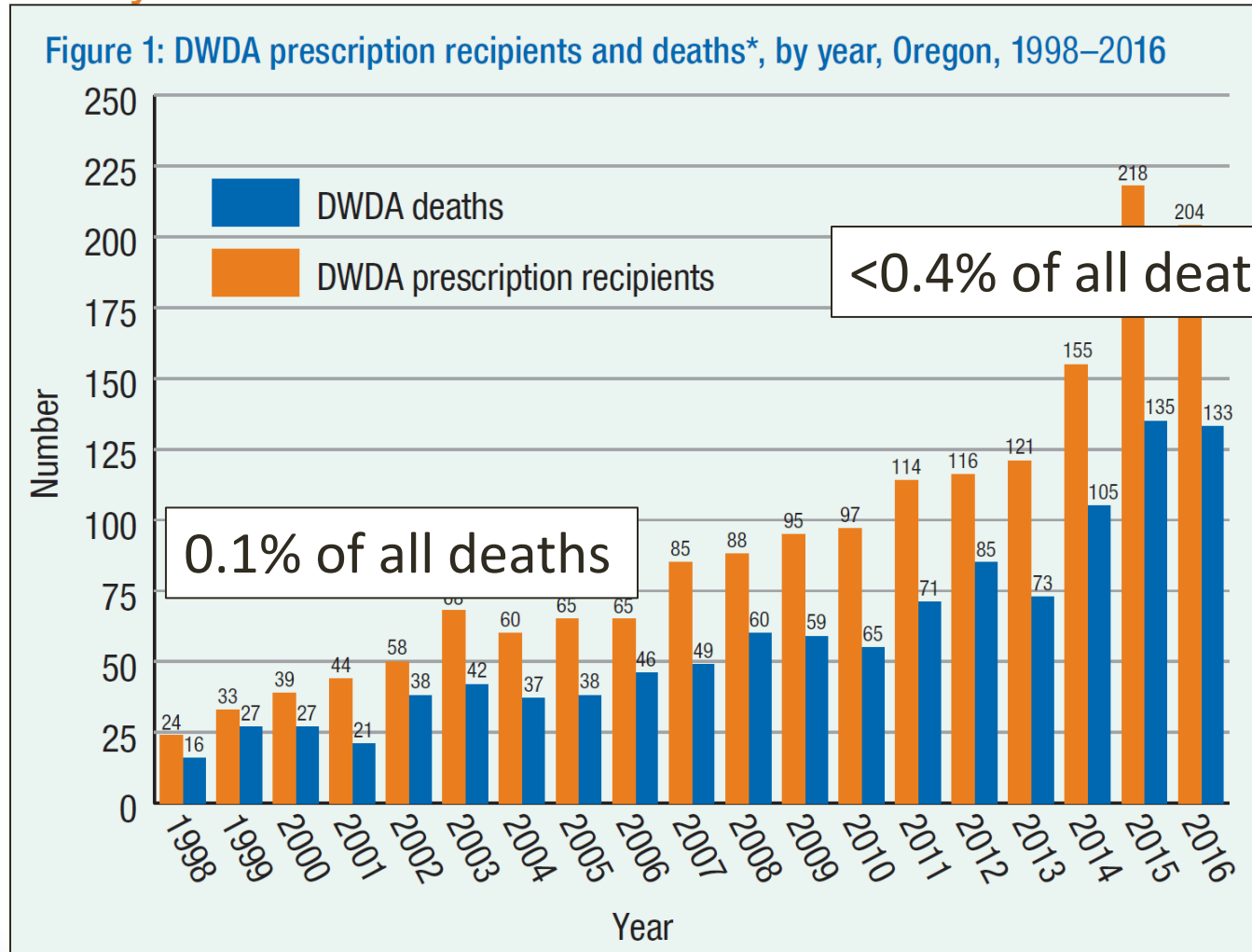
- > 44,000 suicides in USA each year, rising steadily
- 10th leading cause of death
- How can the state and medical profession rationally endorse suicide for some people and oppose for others?
- Isn't all suicide a response to "intolerable suffering"?



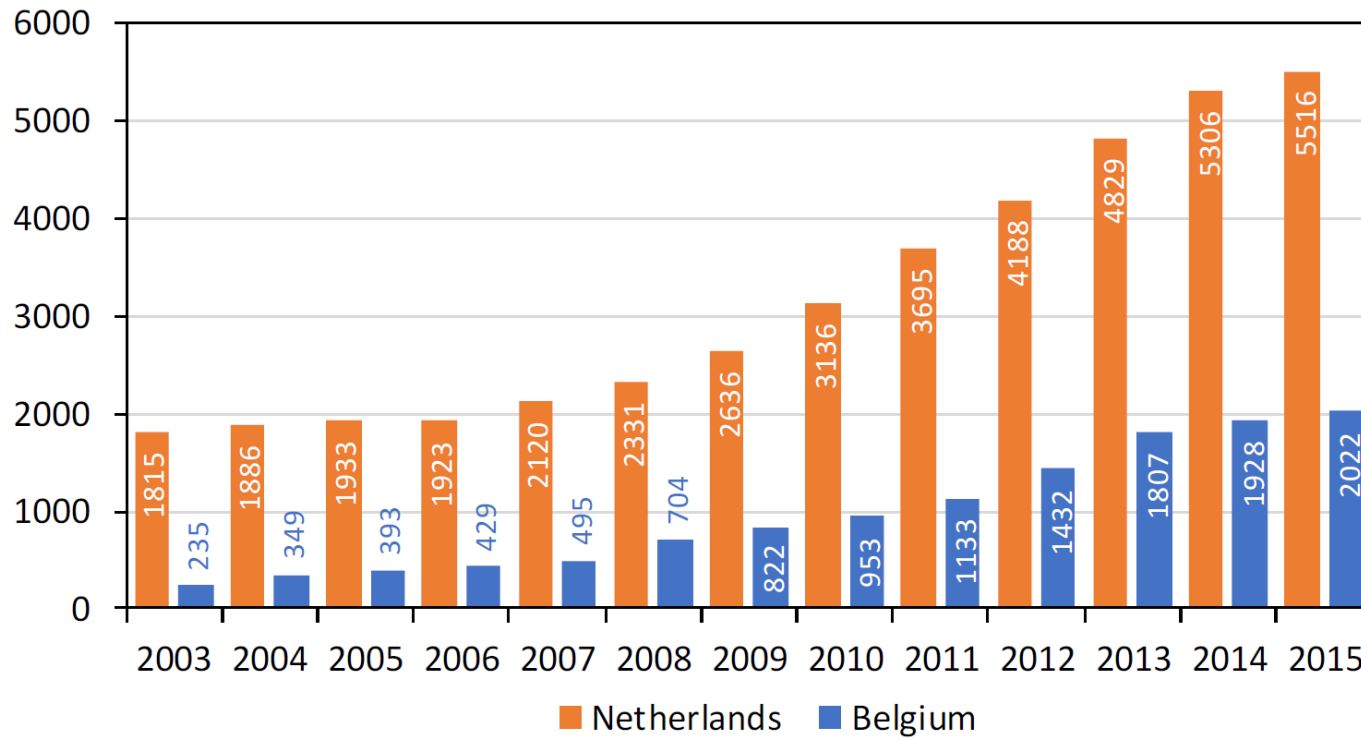
Oregon Death with Dignity Act

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>

Data summary 2016



Euthanasia in Netherlands and Belgium



- Began with assisted suicide, expanded to euthanasia
- Euthanasia expanded to more groups
- Today >95% of assisted deaths by lethal injection

<http://www.dyingforchoice.com/docs/AssistedDyingPracticeInBeneluxWhitepaper1b2016.pdf>

LaQuandra S. Nesbitt, MD, MPH
Director, DC Dept. of Health



- Opposed passage of the “Death with Dignity Act” in District of Columbia
- “I am confident that, without the support of the organized medical community, implementing this [Act] would be difficult at best.”
- “...the Death with Dignity legislation catapults the District into uncharted territories that we are not yet prepared to navigate.”

U.S.

Who May Die? California Patients and Doctors Wrestle With Assisted Suicide

By JENNIFER MEDINA JUNE 9, 2016

end-of-life medication. A former emergency room physician, Dr. Shavelson has just begun his own practice dedicate

“A former emergency room physician, Dr. Shavelson has just begun his own practice dedicated to providing care for those seeking to end their lives. . . . [He] . . . will charge patients \$200 for an initial consultation and \$1,800 if they move forward . . .”

<https://www.nytimes.com/2016/06/10/us/assisted-suicide-california-patients-and-doctors.html>



Bay Area End of Life Options

Bay Area End of Life Options

California's End of Life Option Act was passed on October 5, 2015 and entered into effect June 9, 2016. The law allows mentally capable, terminally ill patients to request "Aid-in-Dying" — a prescription for a medication that will end their life at their own

Lonny Shavelson, MD

Lonny Shavelson, MD heads the Bay Area End of Life Options team of consultants and patient advocates. He worked for 29 years as an emergency department physician, then 7 as a primary care physician in a clinic for immigrants and refugees. He

<https://bayareaendoflifeoptions.com/>

At His Own Wake, Celebrating Life and the Gift of Death

Tormented by an incurable disease, John Shields knew that dying openly and without fear could be his legacy, if his doctor, friends and family helped him.

By CATHERINE PORTER Photographs and video by LESLYE DAVIS MAY 25, 2017



“I’m coming here and John will be dead, so I guess technically I’m killing John. But that’s not how I think of it.”

STEFANIE GREEN

“This is my job. I do it well.”

STEFANIE GREEN

<https://www.nytimes.com/2017/05/25/world/canada/euthanasia-bill-john-shields-death.html>

Anita Cameron

Not Dead Yet

“I will lose the ability to do the things that I used to be able to do.”



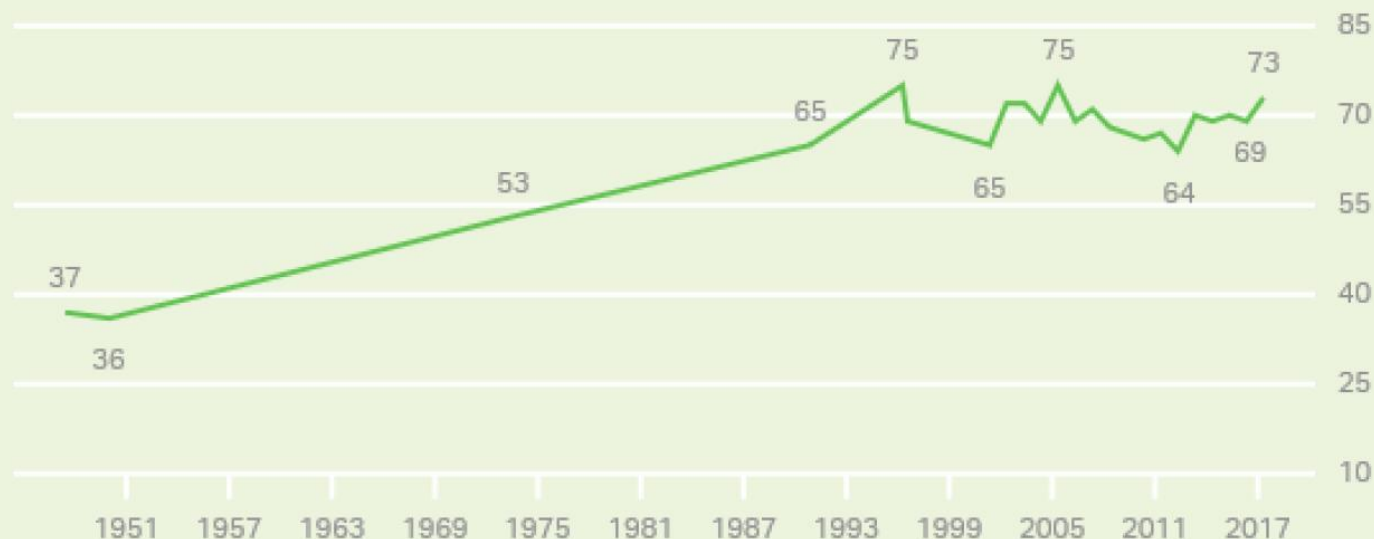
“This is a disability concern, not an end of life issue. It shouldn’t be a reason to want to die, but for the all too common societal view that it’s better to be dead than disabled. That very view is why doctor assisted suicide is so dangerous for people with disabilities. Our lives and quality of life are devalued by many doctors. Instead of prescribing home based care, attendant services, and possibly some counseling, some doctors see death as the only viable option for some of us.”

Majority of Americans Remain Supportive of Euthanasia

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?

■ % Yes

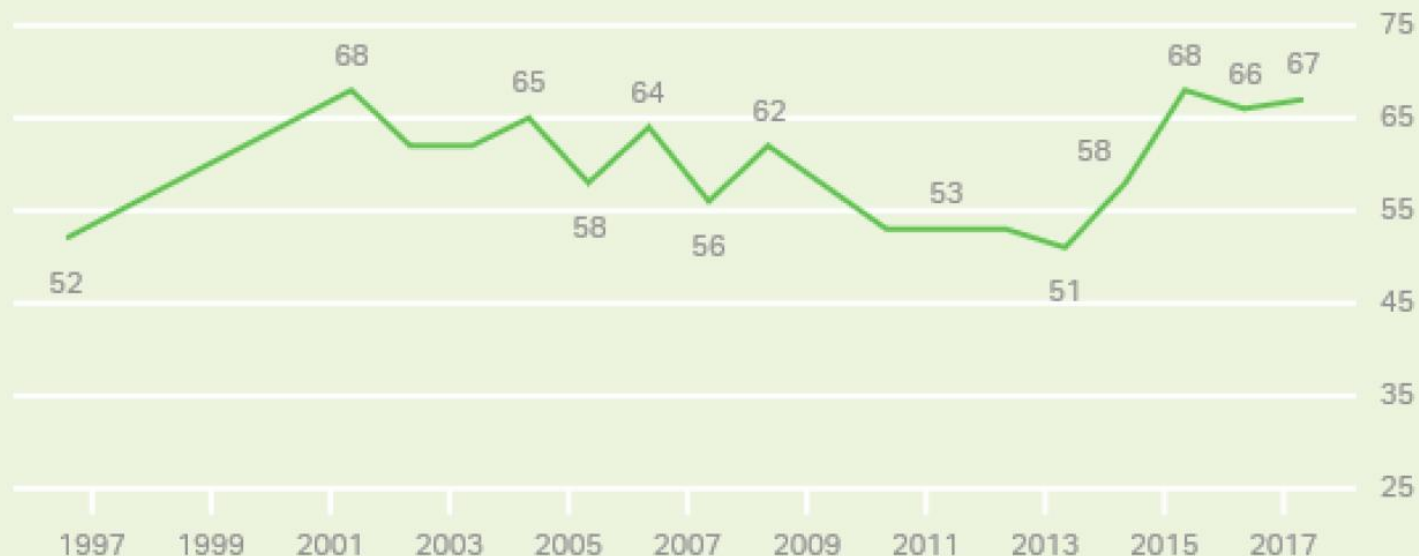


Majority of Americans Remain Supportive of Euthanasia

Support for Doctor-Assisted Suicide

When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

■ % Should be allowed



MedChi Poll June 2016

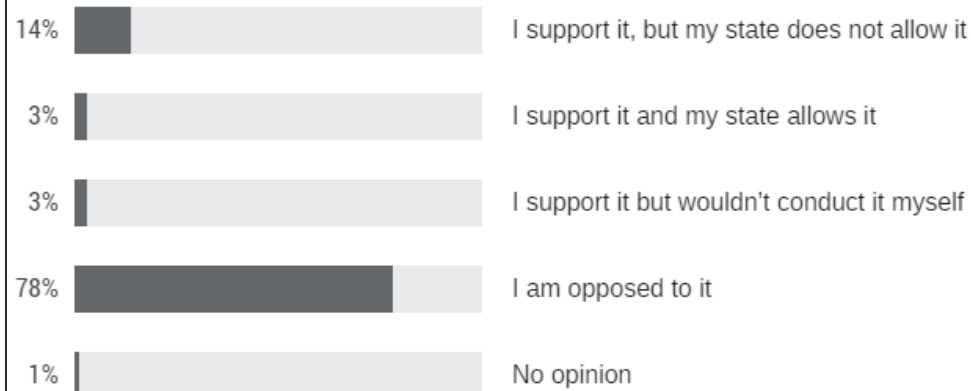
Physician View on Aid in Dying, In Maryland and Nationwide

| | Question or Summary | Individuals Surveyed (respondents) | Support | Oppose | Neutral, Other or Don't Know |
|---|---|---------------------------------------|---------|--------|------------------------------------|
| MedChi Survey (June-July 2016) | General feelings about aid in dying. | Maryland Physicians (n=455) | 54% | 42% | 4% |
| | | Just MedChi Members (n=261) | 58% | 38% | 4% |
| | Change of MedChi position to either "neutral" or "support" of End-of-Life Option Act? | Maryland Physicians (n=455) | 60% | 40% | |
| | | Just MedChi Members (n=261) | 65% | 35% | |
| | What should the MedChi position be on the End-of-Life Option Act? | Maryland Physicians (n=455) | 47% | 40% | 13% |
| | | Just MedChi Members (n=261) | 50% | 35% | 15% |

- 22,000 Maryland physicians polled
- 455 responses (2%)

A number of U.S. states are considering physician-assisted suicide bills. What are your thoughts on physician-assisted suicide?

June 01, 2017



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VERMONT ALLIANCE FOR ETHICAL HEALTHCARE, INC., ET AL V. WILLIAM HOSER, ET AL

Plaintiffs in this case, led by the [Vermont Alliance for Ethical Healthcare](#), have filed a federal lawsuit in U.S. District Court of Vermont seeking to undermine Vermont's Patient Choice and Control at End of Life Act. The lawsuit challenges Vermont's requirement that patients must be informed of all their available healthcare options after they receive a terminal diagnosis.

In Vermont, patients have a right to be informed of all options for care and treatment at the end of life, including medical aid in dying. While medical providers are not required to participate in prescribing aid-in-dying medication, they are required under the law to provide information on all end-of-life options or arrange a referral to another provider if they are unwilling to inform the patient themselves.



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ABOUT COMPASSION & CHOICES AND THE END-OF-LIFE MOVEMENT

[Compassion & Choices](#) is the nation's oldest, largest and most active nonprofit organization committed to improving care and expanding choice at the end of life.

For more than [30 years](#), by using a comprehensive strategy including legislative advocacy, grassroots organizing, media outreach and litigation, Compassion & Choices and our predecessor organizations have led most of the [significant advances in the movement](#).

Medical Aid in Dying:

A Handbook for Engaging State Medical Associations



25 page How-To Guide for flipping your state medical society's position on PAS

SECTION V: Steps for Engaging Your Medical Association / 10

STEP 1.

Become a Member of Your State Medical Association

STEP 2.

Find Out Your Association's Current Position

STEP 3.

Learn Your Association's Process for Changing or Adopting Policies

STEP 4.

Assess Current Attitudes About the Issue

STEP 5.

Attend a Committee Meeting (Better Yet, Join One)

STEP 6.

Attend Your Local, Component Society Meeting

STEP 7.

Suggest an Educational Forum on Medical Aid in Dying

STEP 8.

Ask for a Survey of Members

STEP 9.

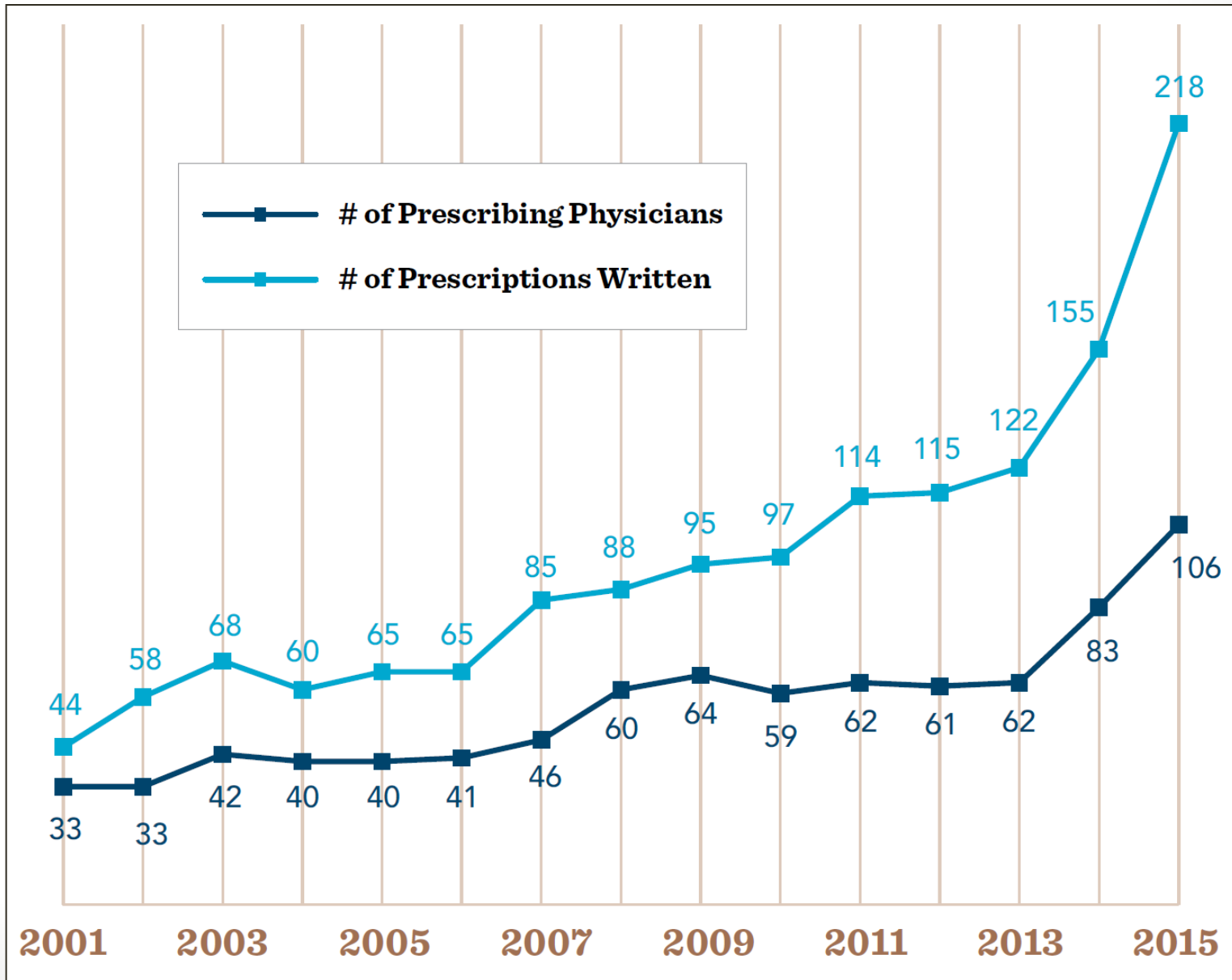
Two Possible Paths to Success

Path A: Introduce a Resolution at the Annual Meeting

Path B: Launch a Grassroots Campaign for Change

Pathway followed in California (2015), Maryland (2016), Massachusetts (2018)

PAS in Oregon



More Definitions

- **Euthanasia:** Greek term “good death”
- Practice of intentionally ending a life to relieve pain and suffering
 - Technically encompasses PAS, but now generally used when lethal drugs are not self-administered
 - Usually IV sedative-hypnotic +/- paralytic, K+
 - **Voluntary:** Requested by a competent adult
 - **Non-Voluntary:** Applied to person who cannot provide legal consent (ie, child, comatose patient, etc)
 - Consent provided by “surrogate”
 - **Involuntary:** Applied without any consent or against patient’s express wishes

“Informed Consent” for PAS

MARYLAND REQUEST FOR MEDICATION FOR AID IN DYING

BY: _____ DATE OF BIRTH: _____

(PRINT NAME) (MONTH/DAY/YEAR)

I, _____, AM AN ADULT OF SOUND MIND.

I AM A RESIDENT OF THE STATE OF MARYLAND.

I AM SUFFERING FROM _____, WHICH MY ATTENDING PHYSICIAN HAS DETERMINED WILL, MORE LIKELY THAN NOT, RESULT IN DEATH WITHIN 6 MONTHS. I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED TO AID ME IN DYING, THE POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT, THE FEASIBLE ALTERNATIVES, AND THE ADDITIONAL HEALTH CARE TREATMENT OPTIONS, INCLUDING PALLIATIVE CARE AND HOSPICE.

I HAVE ORALLY REQUESTED THAT MY ATTENDING PHYSICIAN PRESCRIBE MEDICATION THAT I MAY SELF-ADMINISTER FOR AID IN DYING, AND I NOW CONFIRM THIS REQUEST. I AUTHORIZE MY ATTENDING PHYSICIAN TO CONTACT A PHARMACIST TO FILL THE PRESCRIPTION FOR THE MEDICATION ON MY REQUEST.

INITIAL ONE:

_____ I HAVE INFORMED MY FAMILY OF MY DECISION AND TAKEN THEIR OPINIONS INTO CONSIDERATION.

_____ I HAVE DECIDED NOT TO INFORM MY FAMILY OF MY DECISION.

_____ I HAVE NO FAMILY TO INFORM OF MY DECISION.

I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST AT ANY TIME.

I UNDERSTAND THE FULL IMPORT OF THIS REQUEST AND I EXPECT TO DIE IF AND WHEN I TAKE THE MEDICATION TO BE PRESCRIBED. I FURTHER UNDERSTAND THAT, ALTHOUGH MOST DEATHS OCCUR WITHIN 3 HOURS, MY DEATH MAY TAKE LONGER AND MY ATTENDING PHYSICIAN HAS COUNSELED ME ABOUT THIS POSSIBILITY.

I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION, AND I ACCEPT FULL RESPONSIBILITY FOR MY DECISION TO REQUEST AID IN DYING.

SIGNED: _____ DATED: _____

In memoriam: J.J. Hanson (1981-2017)

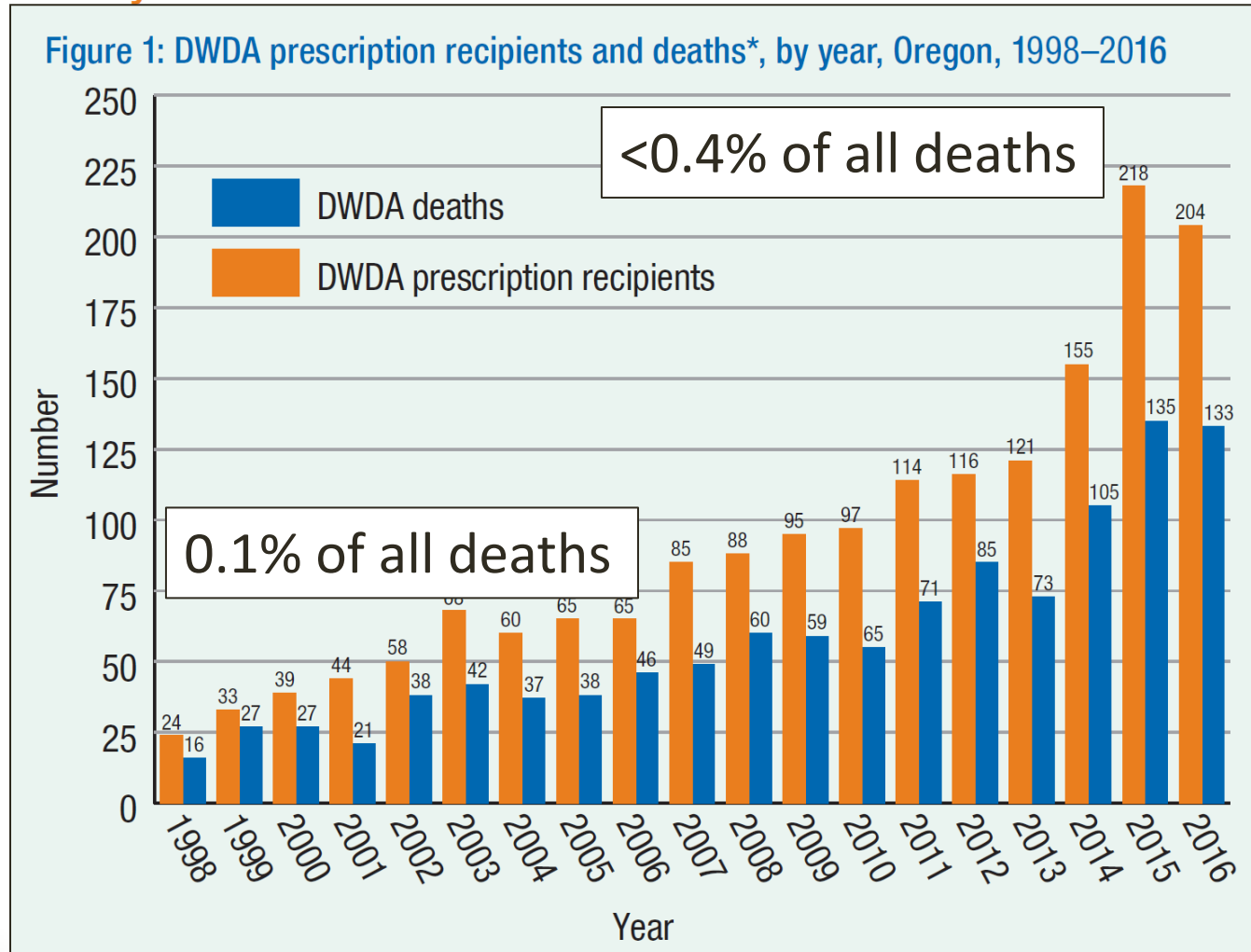


- US Marine, served in Iraq during “surge” in 2006
- Aide to 2 NY State Governors
- Diagnosed with malignant brain tumor in May 2014
- Outlived 4 month prognosis by over 3 years
 - Had second child
- Vocal opponent of PAS in NY and nationally

Oregon Death with Dignity Act

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>

Data summary 2016



Teen Suicide



Taking pills from a parent or grandparent one of the most common means by which teenagers attempt suicide

Is PAS worth the suicide death of one additional child?