

Aid in Dying

Guest Presentation

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1. Terminology
2. Legal history
3. Happening now
4. Proponent args
5. Opponent args

Terminology

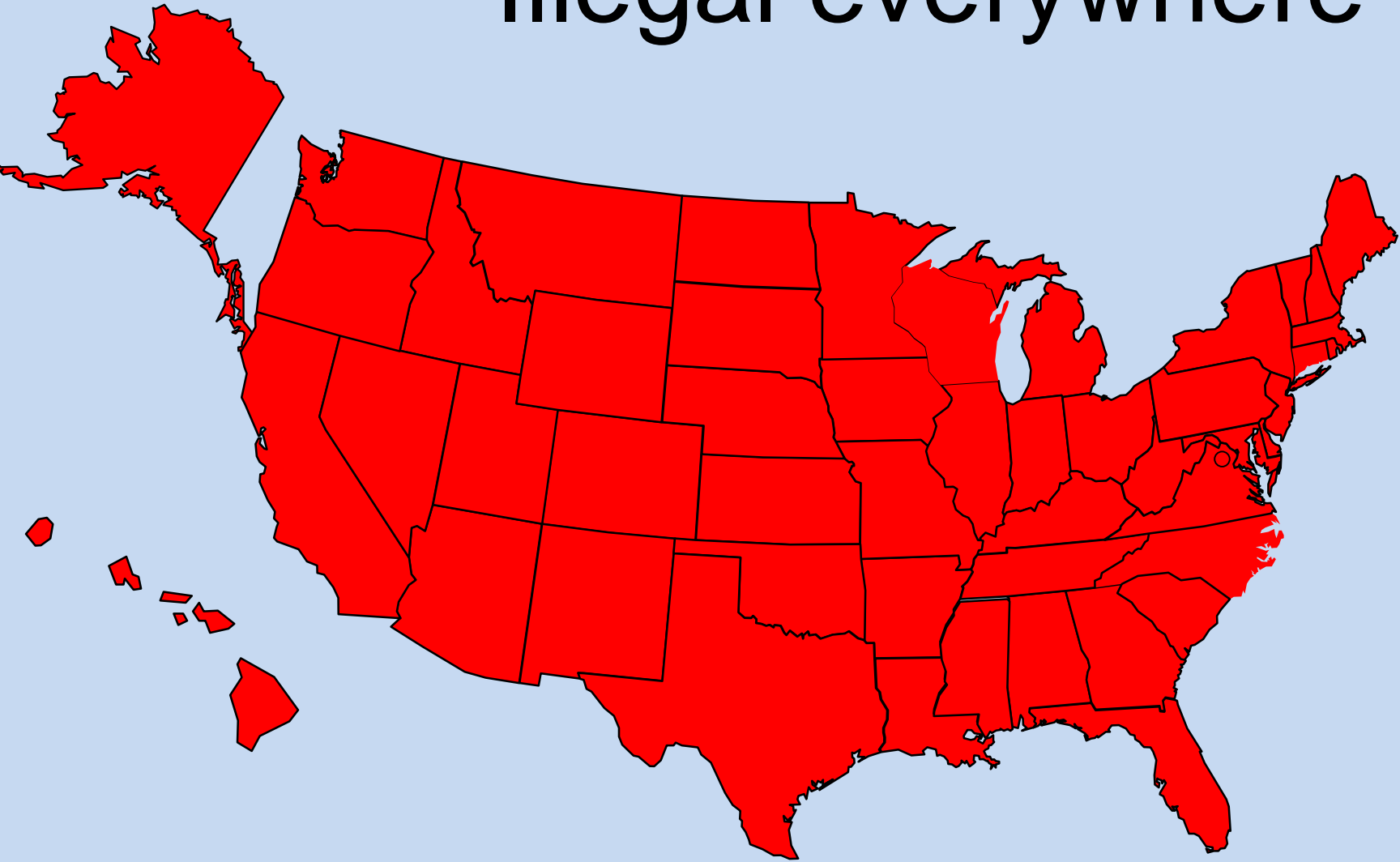
Part 1 of 5

“assisted
suicide”

“Whoever intentionally .
. . **assists** another in
taking the other's own
life may be sentenced to
imprisonment”

Minn. Stat. 609.215

Illegal everywhere



Not changing

Not our focus

“aid in
dying”

Physician prescribing medication to a **capacitated, terminally ill** patient, which the patient may ingest to bring about death

Conceptually -



“aid in dying”
so distinct, so
do **not** refer
as “PAS”



APHA

AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.



American Medical **Women's** Association

The Vision and Voice of Women in Medicine since 1915

Legal history

Part 2 of 5

1997



Patients in WA
and NY sought
constitutional
right to AID

Denied

No right to AID
under US Const.



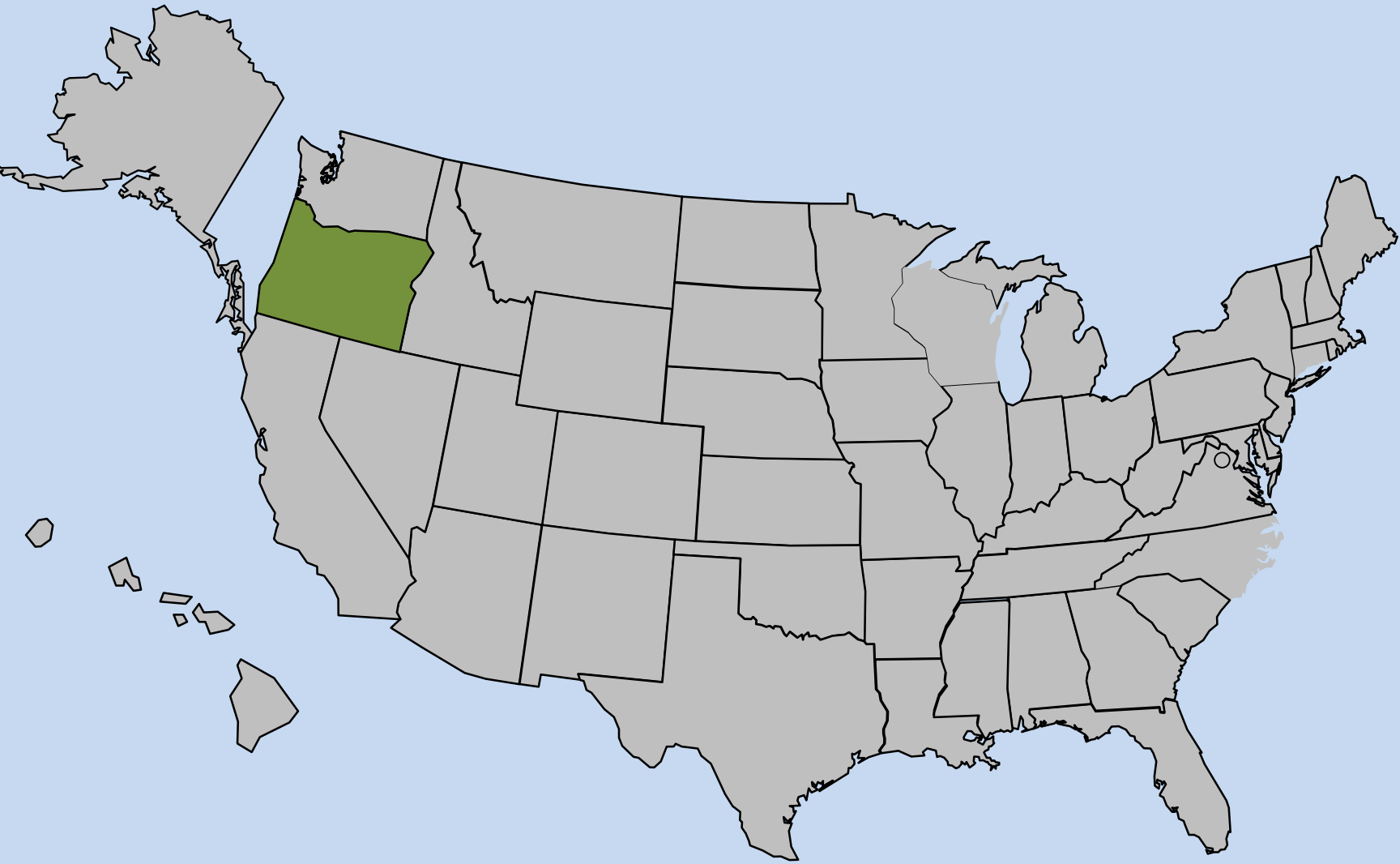
“States are . . .
undertaking
extensive and
serious
evaluation”

“[T]he . . . challenging task of crafting appropriate procedures for safeguarding . . . liberty interests is entrusted to the **laboratory of the States . . .**”

1994

Oregon

ballot initiative



In operation

1997 - ongoing

who

Terminal illness

(6 months)

18+

Capacity

How

Doc educates patient
about all options –

palliative care

pain management

hospice

Oral request

15 days

2nd oral request

Written request

48 hours

Both treating
physician **and**
consulting physician
must approve

Only 1 in 6
requests accepted

NEJM

10.1056

Doc writes prescription

Patient gets at pharmacy

Must self ingest

Self ingest

Patient takes final overt act leading to death

If physician did it, that would be euthanasia & crime everywhere USA

1/3 who get drugs
never ingest

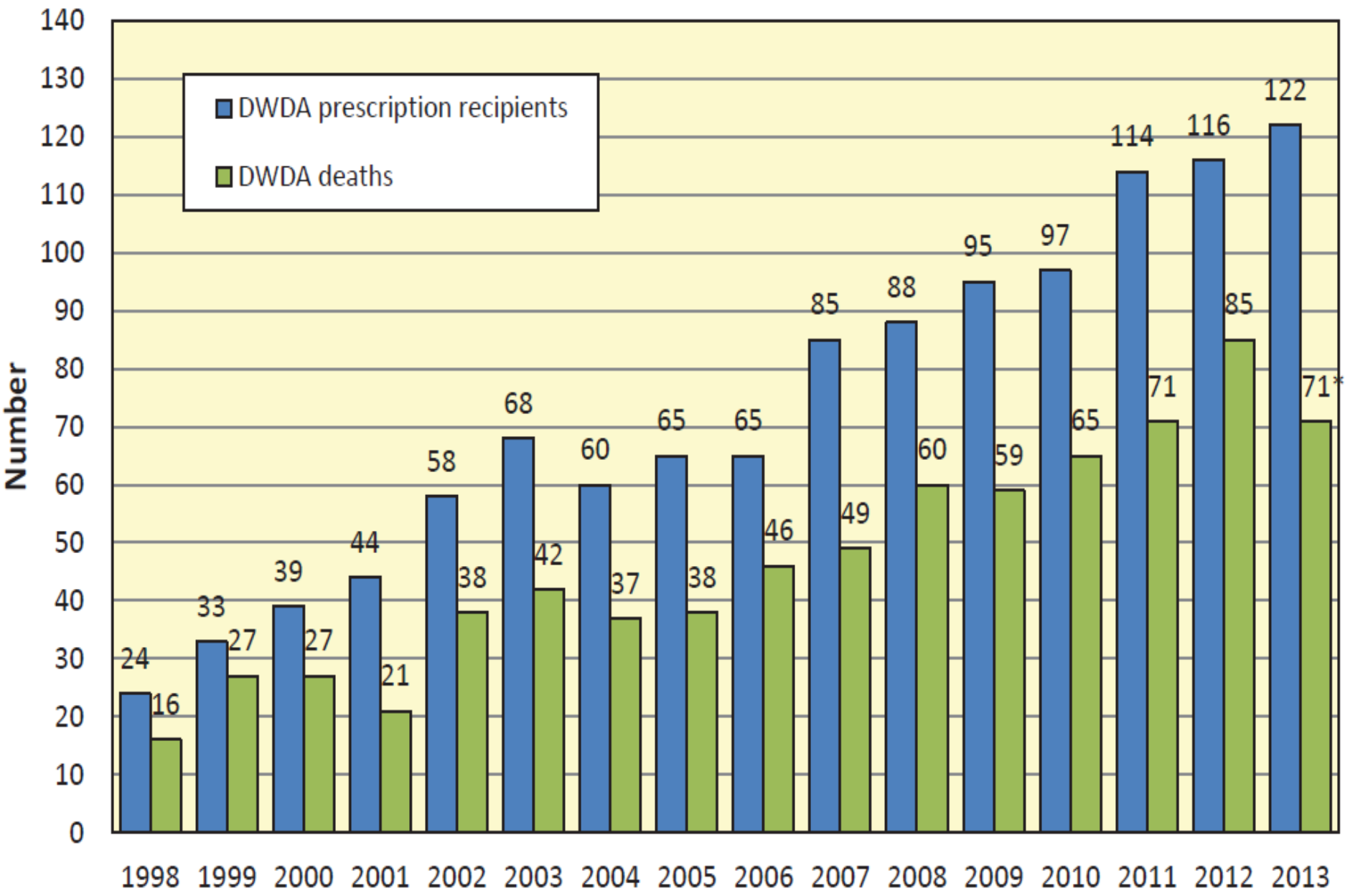
1200 Get prescription

800 Ingest the drugs

Experience

(18 years)

Oregon DWDA Prescription Recipients and Deaths*, 1998-2013



97% white

98% health insurance

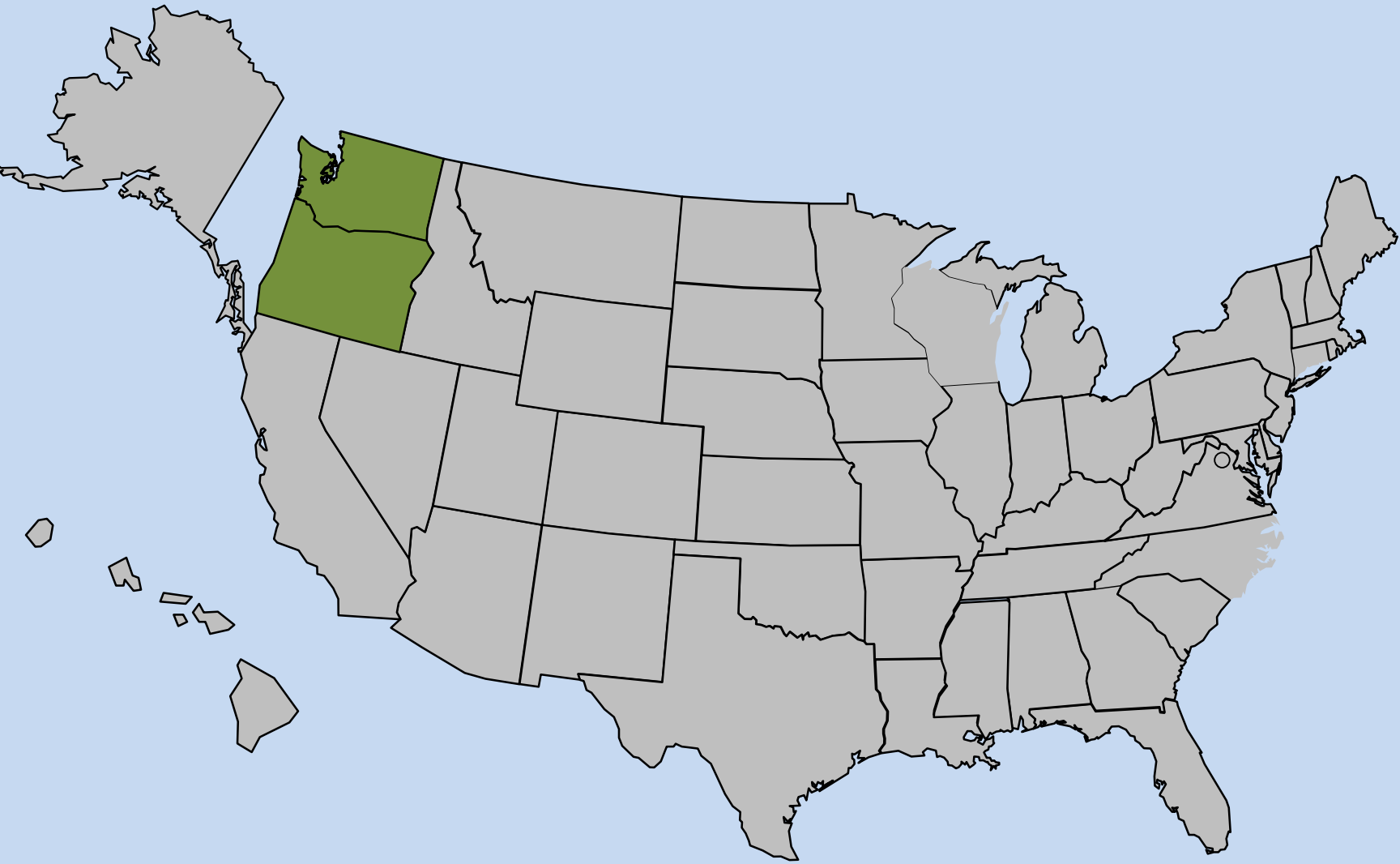
90% enrolled in hospice

72% gone to college

2008

Washington

Ballot initiative

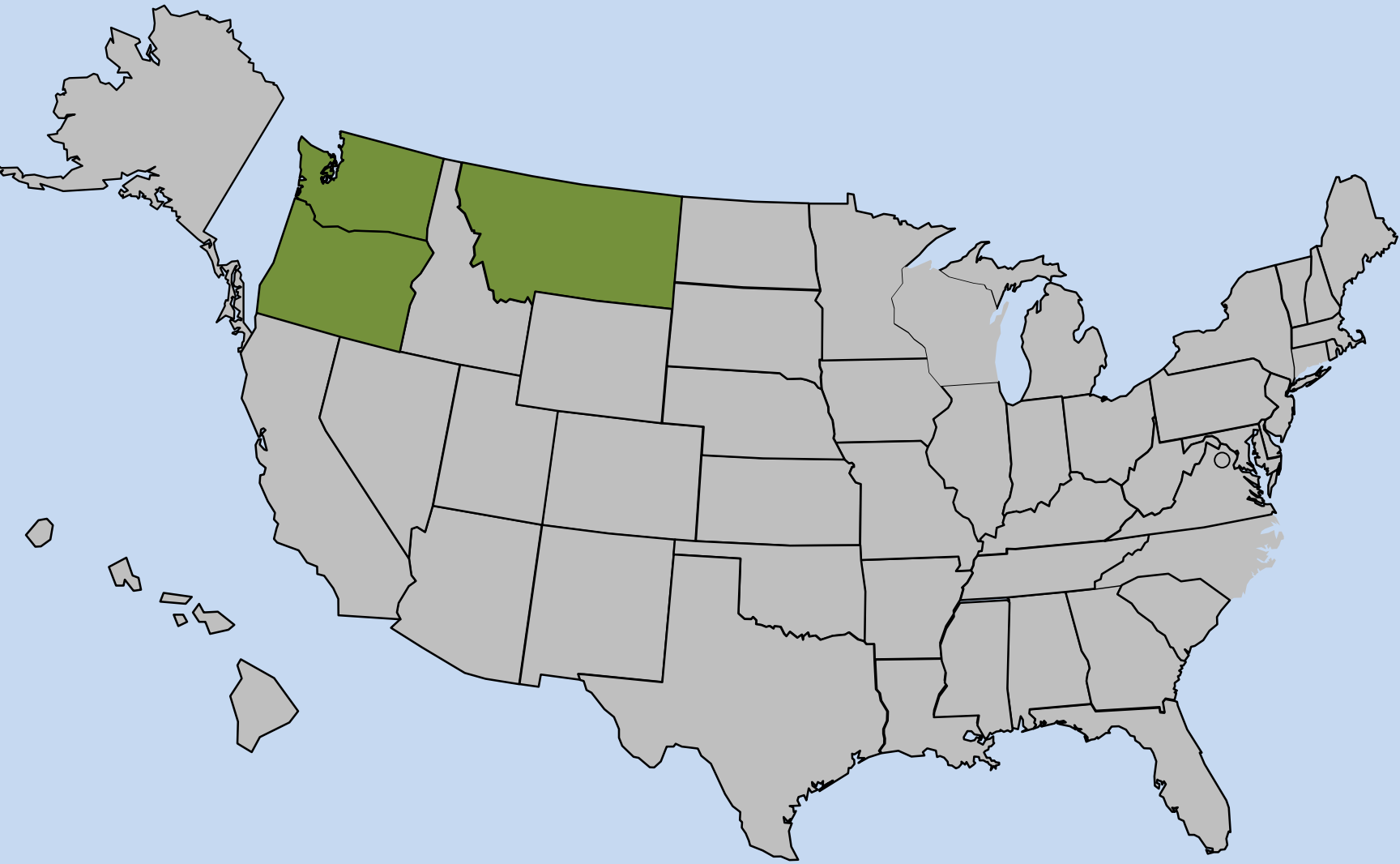


Based on >10
year OREGON
track record

2009

Montana

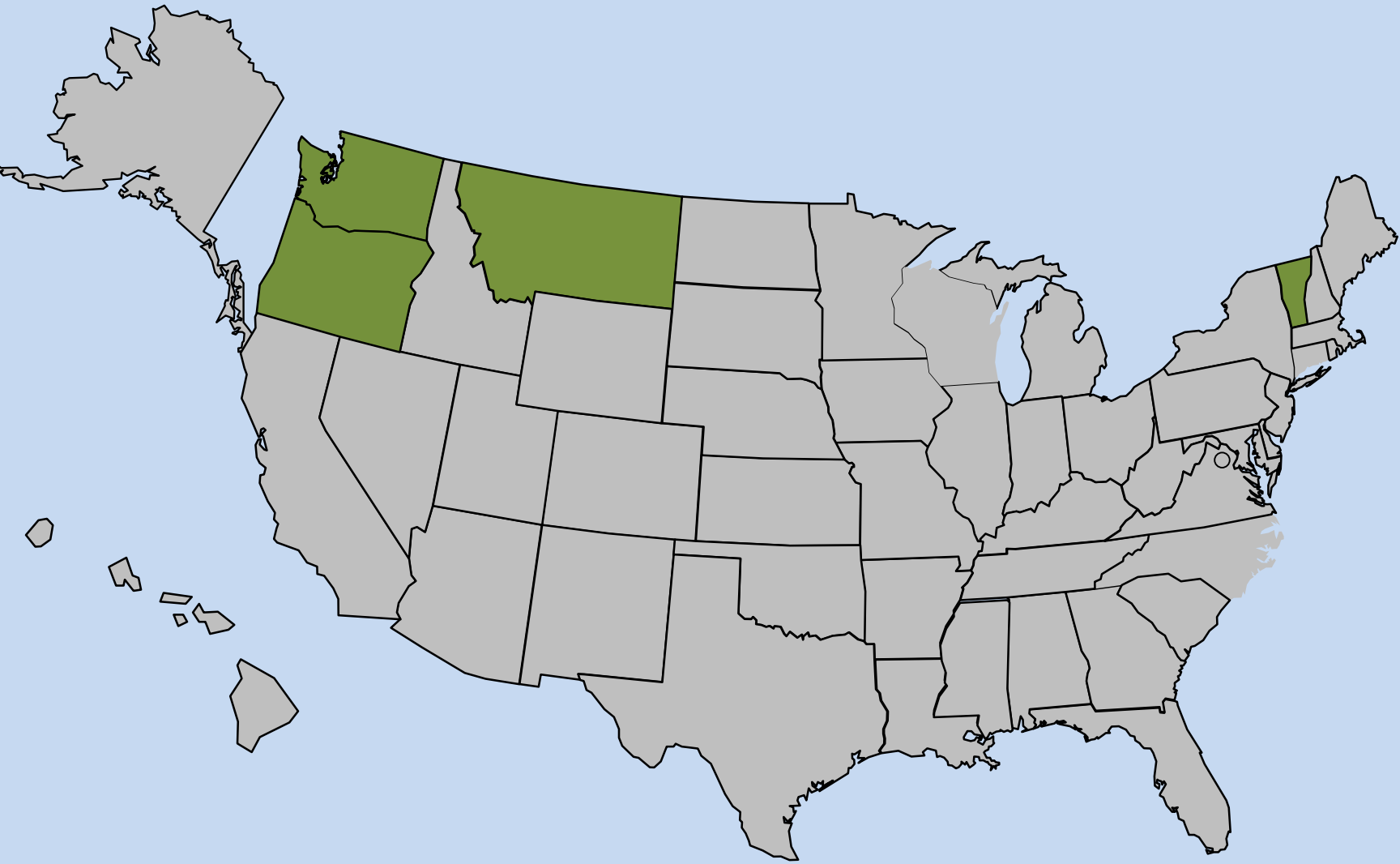
Court decision



2013

Vermont

Legislation



2014

New Mexico

Court decision

2014



Yukon
Territory

Northwest
Territories

Nunavut

British
Columbia

Alberta

Saska-
tchewan

Manitoba

Ontario

Québec

Labrador

Newfoundland

PEI

New
Brunswick

Nova
Scotia

2015





Robin Stransham-Ford
(South Africa)



Ovidio Gonzalez
(Colombia Ministerio de Salud)

Bills in
>25 state
legislatures

Happening Now

Part 3 of 5

September

11



OCTOBER 27, 2014

People

**A TERMINAL
CANCER
PATIENT'S
CONTROVERSIAL
CHOICE**



MV





California Medical Association

68% public
support AID

Gallup 2015

October

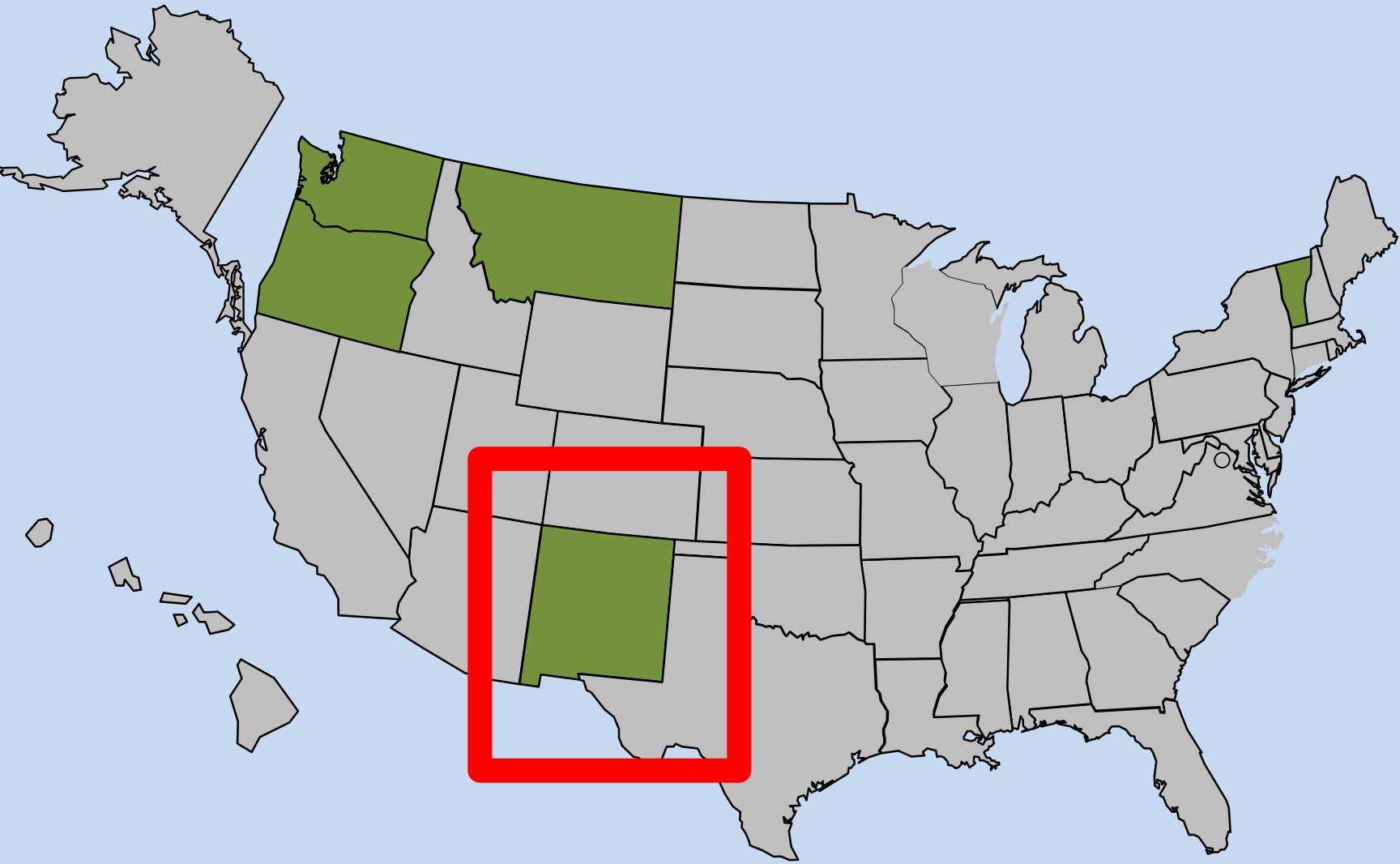
11



October

26





November

& beyond

Active Court Cases



Proponent Arguments

Part 4 of 5

Autonomy



Karen Ann Quinlan



Nancy Cruzan

Dax Cowart





Larry McAfee

Equal

protection

Persons similarly situated
should be treated alike



Gerald Dworkin



Tom Beauchamp

Those dependent
on dialysis, vents,
CANH can hasten
their deaths

**Already
happens**

10% oncologists

Emanuel, *Annals* (2000)

Safer when regulated
than when black
market, back-alley

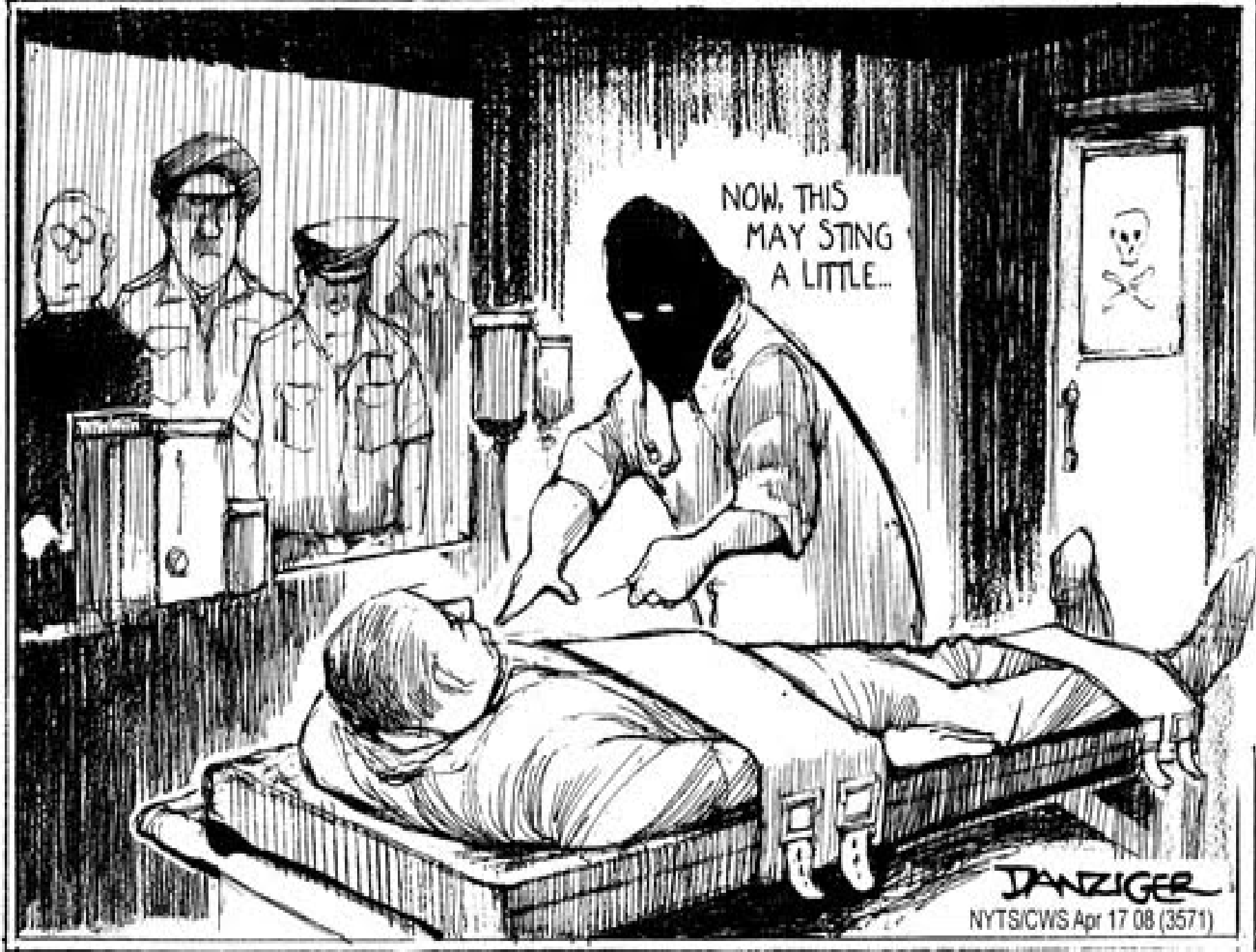
Opponent Arguments

Part 4 of 5

Integrity

medical

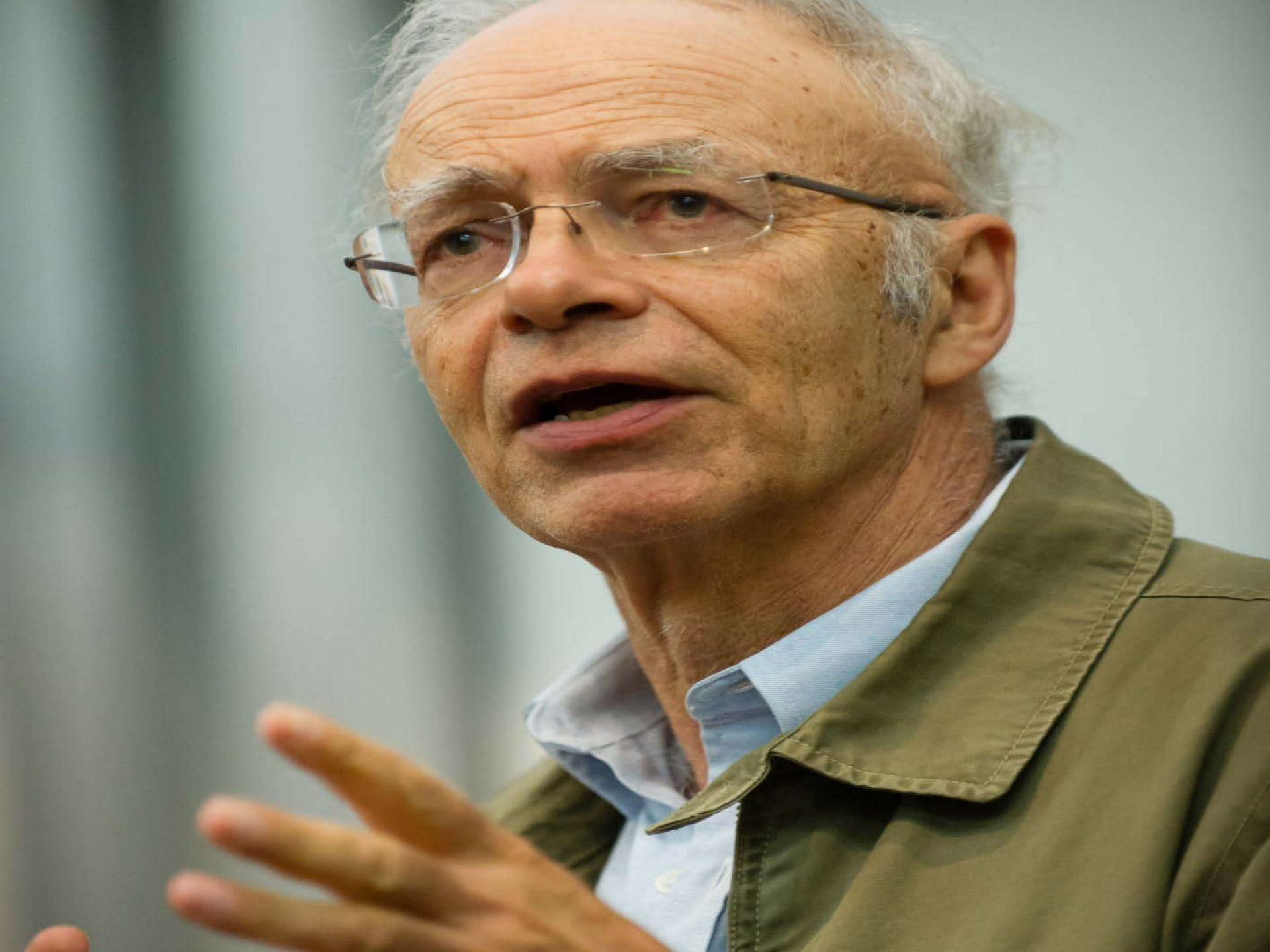
profession



NOW, THIS
MAY STING
A LITTLE...

DANZIGER

NYTS/CWS Apr 17 08 (3571)



Death is **not**
always bad

Patient **herself**
finds life
intolerable

54% of 21,000
physicians
support AID

Medscape 2014

**May not be
voluntary**

Safeguards at time request

But **not** at time of ingestion

Family coercion

Zero evidence of
this from 18 years
in Oregon, 7 years
in Washington

No safeguards in LST context

Tim Bowers



Slippery

slope



North Sea

Netherlands

Germany

Antwerp

Brussels

Belgium

Luxembourg

France

Remove safeguards

- Adult
- Terminal illness
- Voluntariness
- Self ingestion



Marc & Eddy Verbesssem

Nathan Verhelst



2% deaths (1997)

5% deaths (2013)

Contrast

Oregon = 0.2%



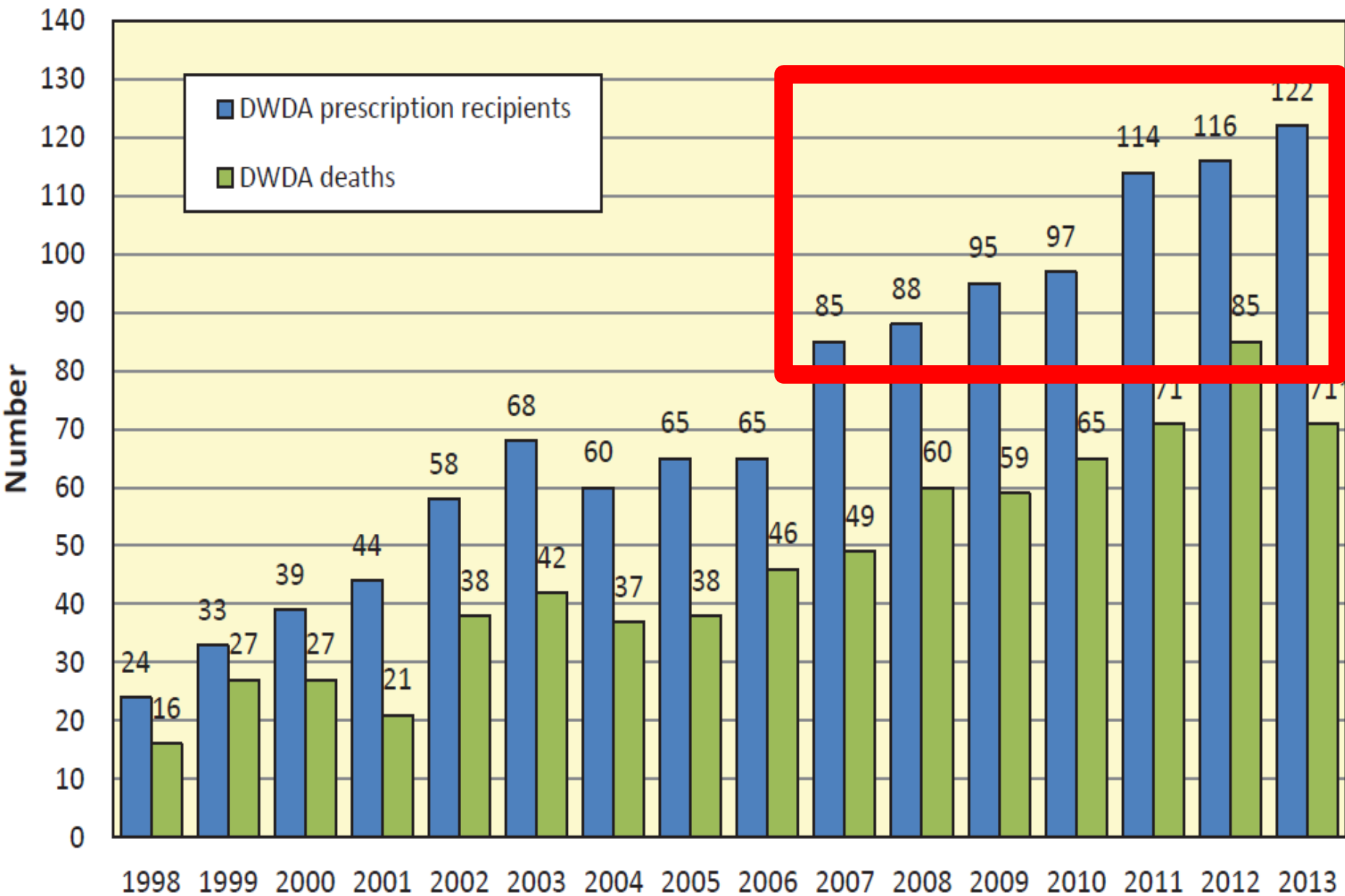
Kathryn Tucker (HCR Oct. 2015)
Time to end oversight



Steve Latham
(Yale)

AID is “not
yet normal”

Oregon DWDA Prescription Recipients and Deaths*, 1998-2013



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Illegal
(e.g. NY)

Illegal but
permitted
(e.g. UK
COPFS)

Legal
without
positive
guidance
(e.g. MT)

Legal with
positive
guidance
(e.g. WA,
OR, VT)