# Reporting Assisted Suicide: Guidelines for Hospice Staff

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Context for this project

# The Greenwall Foundation

"Making a Difference in Real-World Bioethics Dilemmas"



**David J. Casarett**University of
Pennsylvania

This talk: only **loosely** related to forthcoming articles.

## Roadmap



Barbara Mancini

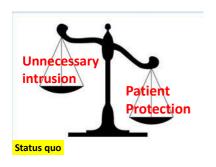


Reported to police for assisted suicide

Reported by her father's hospice











**Mancini** Case

The patient: **Joseph Yourshaw** 







End-stage diabetes Kidney failure Heart problems Frailty, debility



DNR order

Wanted to die

Refused meds

Lots of candy



Joe's daughter:

Barbara Mancini



58-years old ED nurse in Philadelphia February 7 2013







Joe **asks** Barbara for that bottle of morphine







Joe had fallen day before

Hospice comes to check on him

Barbara tells nurse about morphine

Nurse calls her supervisor

911







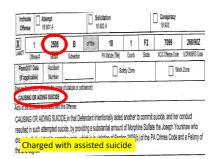
Wakes up
Agitated
Restrained
Worried re Barbara

Joe dies 4 days later









"A person who intentionally aids . . . another to commit suicide is guilty of a **felony** of the second degree if his conduct causes . . . attempted suicide . . . ."

18 PSA 2505(b)

Prosecution lasts a year

COURT OF COMMON PLEAS OF SCHUYLKILL COUNTY—CRIMINAL DIVISION
COMMONWEALTH OF PENNSYLVANSA No. 1365-13

Vs.

BARBARA JOY MANCINI.
Defending
Cife of the Adorney General – for the Commonwealth
Frederick J. Fariall, Equipe —for Defendent
ORDER OF COURT

RUSSELL J.

AND NOW, this — day of February, 2014, upon considerables of the
relevant record, the briefs of the parties and the taw, as the Commonwealth fealed to
meet its prima Sace burden of proof, it is heartly ORDERED Defendent's omeibuar protiel motion in the nature of a petition for well of notices corpus, is GRANTED.
Accordingly, the change lodged against Defendent is DISMISSED and Defendent is



# Bad Consequences

- 1. Joe
- 2. Barbara
- 3. Barbara's family
- 4. Hospice patients
- 5. Terminally ill patients

#### Joe

Bad death

Not death he wanted

Not death he planned

#### Barbara

> \$100,000 legal costs Suspended job Stress, anxiety

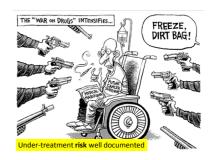


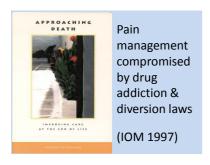


#### **Hospice patients**

Pain undertreated
Families afraid to give adequate medication

Fear misinterpreted



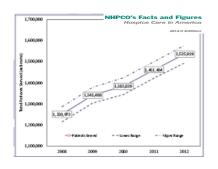


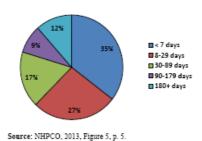
#### **Terminally ill patients**

Do not use hospice at all -- in 1st place

Chilled because of perceived risk

Hospice Underutilized





Weak grounds to report



"speculation"

"double hearsay"

"conjecture"

- Would death have occurred without Barbara's help?
- 2. Did Joe intend to end his life by drinking bottle, or relieve pain?

- 3. If Joe intended to end his life, did Barbara know that plan?
- 4. How much morphine was in the bottle at the time?

"Give" vague

Hand over

vs.

administer

- 1. Gave morphine
- 2. To Joe, who wants to die

Not same as giving for **purpose** of hastening death

Mandatory Reporting

Mancini case illustrates **need** for model guidelines

### No guidelines

tell hospice staff when to report AS

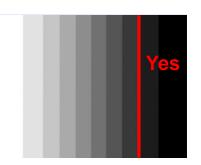
Revert to

default
report rules

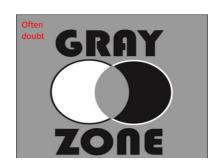


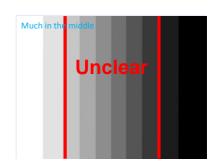












**Immunity** for reporting

Sanctions for not reporting



Default rules harmful

Avoid false negative Create false positives

Harm > benefit

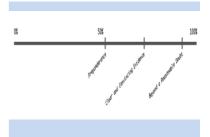
AIDS

Pregnant drug use
Intimate partner
violence



New Guidelines

"Reasonable suspicion"



### References

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### References

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Emily Guendelsberger, "A Bitter End," *Philadelphia City Paper*, June 25 & July 3, 2014. Michael Vitez, "Guidelines Will Help End-of-Life Oversight," Philadelphia Inquirer, March 5, 2014.