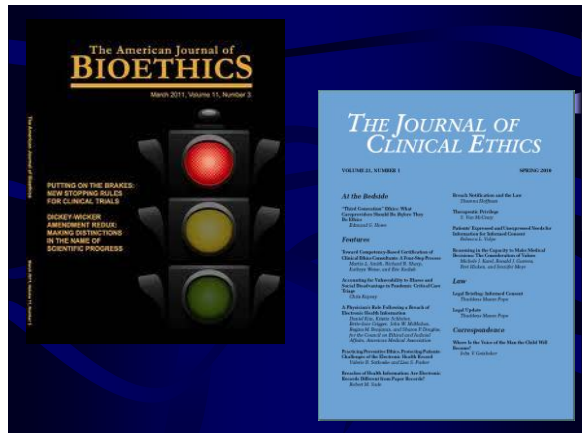
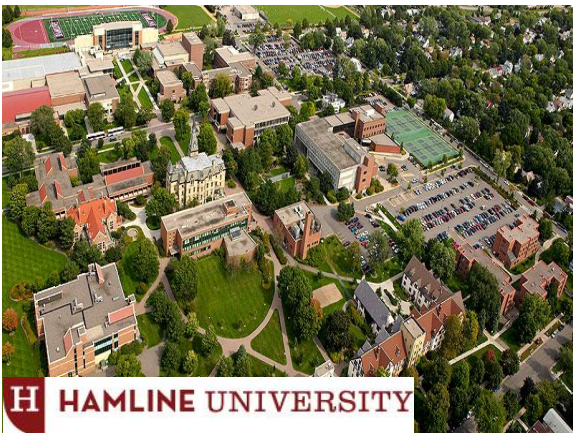
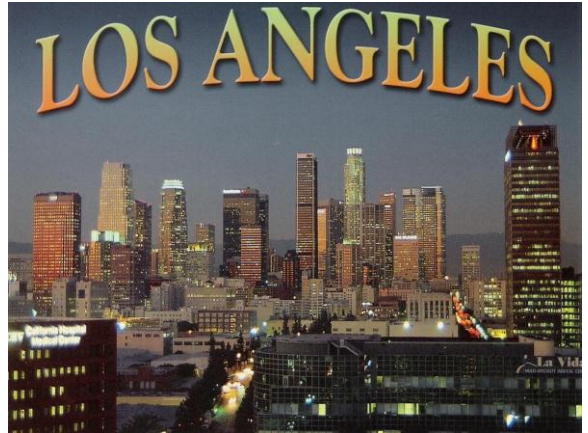
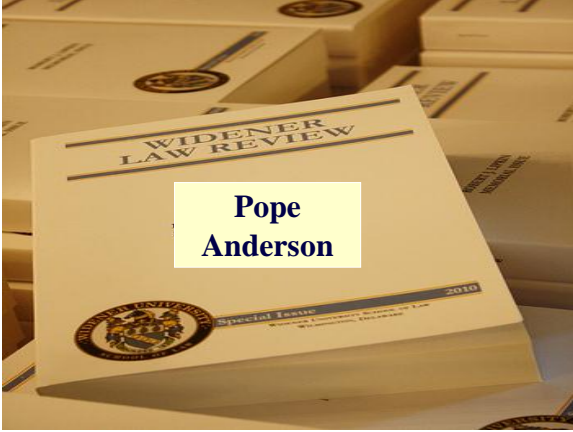


Legal “Exit Options” outside Oregon

Compassion & Choices Conference
Chicago, IL - June 29, 2012

Thaddeus Mason Pope, J.D., Ph.D.
Hamline University Health Law Institute





**Pope
Anderson**



**Why
hasten
death**

Dyspnea
Pain
Paralysis
Nausea

Loss of control

Anxiety

Delirium

Hopelessness

13

Benefit

Burden



14

self-defined

QOL

15

Pt **own** assessment

Pt **own** values

Pt **own** preferences

16

Palliative

Care

17

Prevent and relieve
suffering

physical

psychosocial

spiritual

18

Exit options
least to most
controversial

19

Accelerate opioids
Stop LSMT
VSED / VRFF
PSU
PAD
Euthanasia



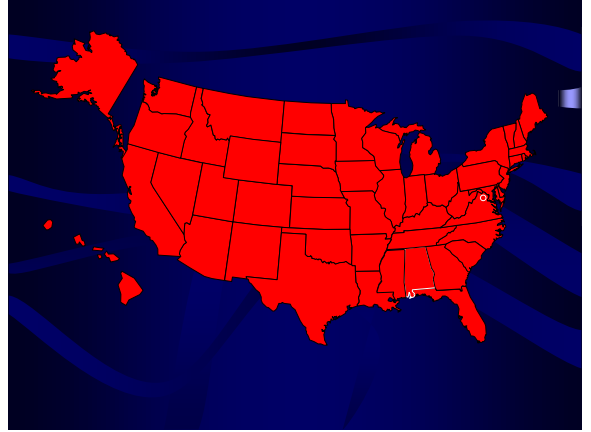
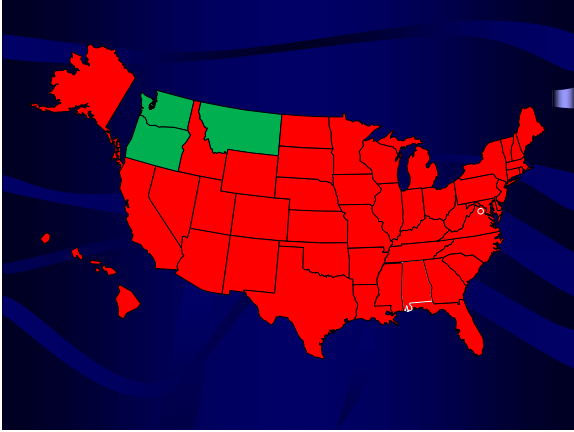
PAD
v
VAE

21



Final
overt
act

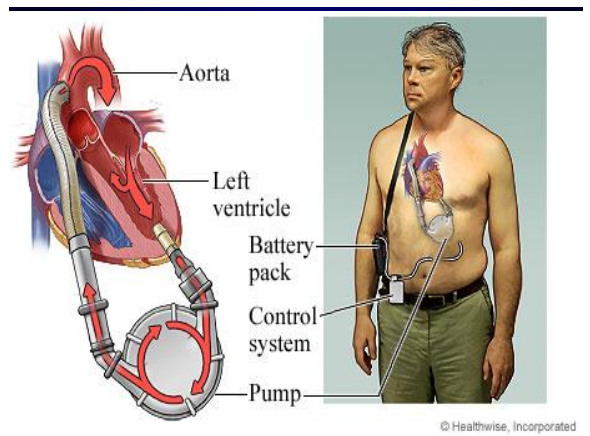
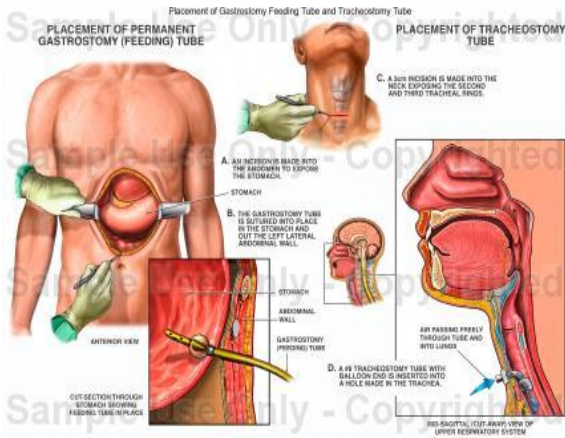




**Withhold
Withdraw
LSMT**

27





> 50% die in healthcare institutions

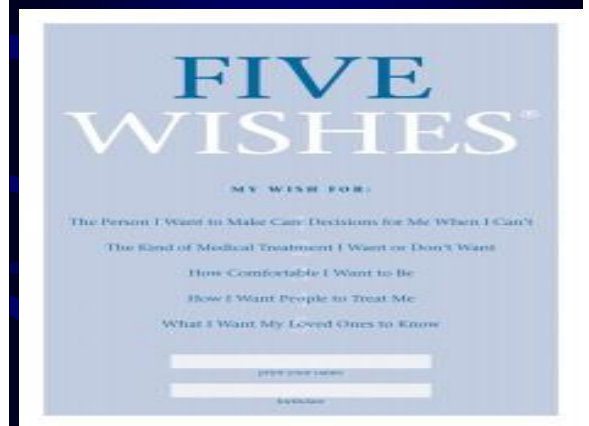
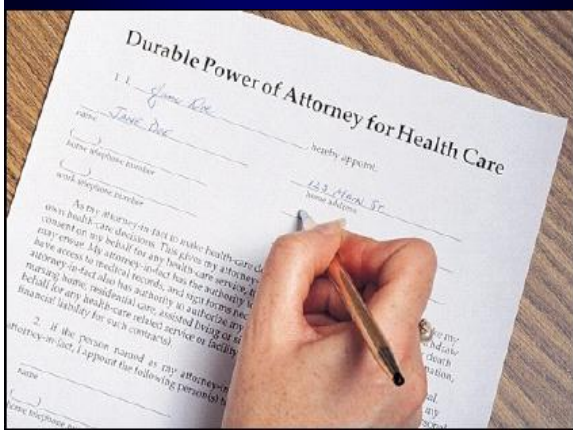
> 70% after decision to forgo

33

My Health Proxy

Patients with capacity

Patients without capacity



Not an option for those not dependent on LSMT

High dose opioids



Double effect doctrine



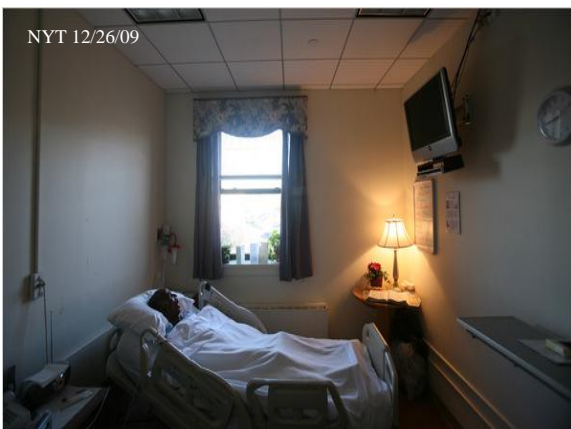
1. Action good in itself (not immoral)
2. Intend the good effect (foresee but not intend bad effect)
3. Bad effect not necessary for good effect
4. Proportionality (sufficiently grave reason to risk bad effect)

PSU

45

Suffering
refractory to
other palliative
interventions

46



Existential suffering

Physical suffering
Terminally ill


48

	Palliative Sedation	Euthanasia
Intent	Sedate	Kill
Process	Administer drug doses, titrated to effect	Administer lethal drug dose
Outcome	Decreased consciousness	Death

PSU makes Pt **dependent** on CANH

Typically Pt **refuses** CANH

$$\begin{array}{r} 1 \\ + 1 \\ \hline = 3 \end{array}$$



HARGETT v. VITAS

This groundbreaking action alleges failure to inform dying cancer patient of end-of-life option of palliative sedation was elder abuse & far outside standard of care.

Michelle Hargett-Deebee

California Right to Know End-of-Life Options Act

AB 2747 (2008)
Cal. H&S 442

VSED

VREF

55

VSED	Voluntarily stopping eating & drinking
VREF	Voluntary refusal of food & fluid
PRNH	Patient refusal of nutrition & hydration
STED	Stopping eating & drinking
VTD	Voluntary terminal dehydration

56

Able to take food & fluid by mouth

Deliberate decision to stop

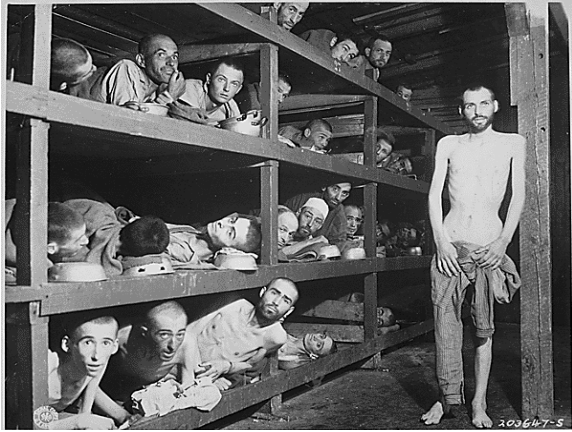
Death from dehydration (7-14 days)

57



Michael Miller
80yo retired surgeon
End-stage cancer





Not voluntary

Not complete

Not controlled

62

Peaceful

Comfortable

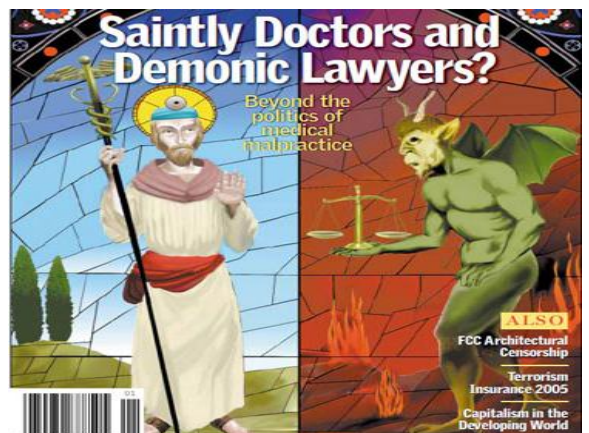
63



Legal

“chill”

65



Disclosure Support

67

Legal fears ungrounded

68

Force feeding is a battery



Undermining
vs.
Confirming
VSED decision

72

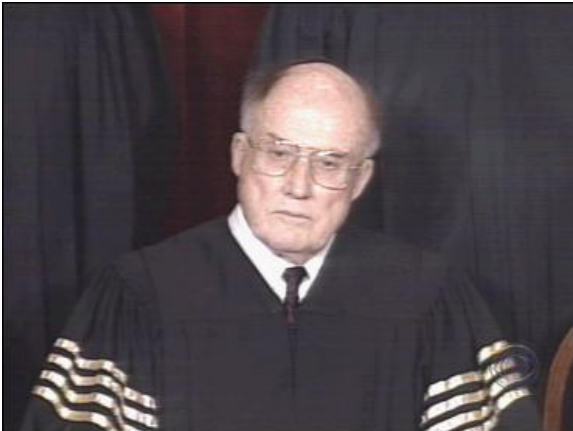
VSED is **not**
assisted suicide

73

Active

Passive

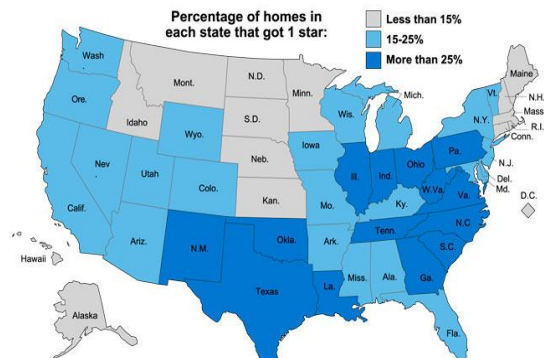
74



VSED is **not**
abuse / neglect

76

A state-by-state look at the concentration of lowest-rated nursing homes, which the government assigned a 1 star (out of 5) for overall quality.



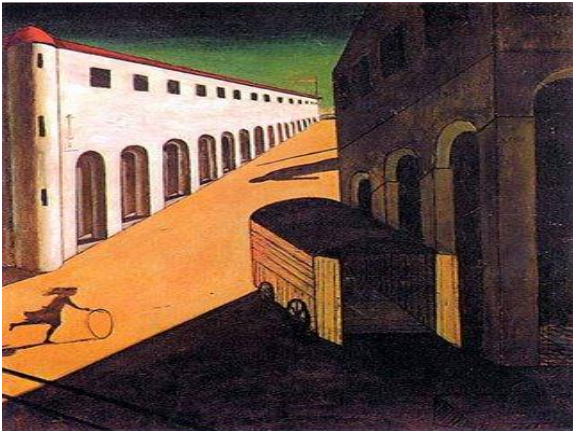
Source: USA TODAY analysis of data from the Centers for Medicare & Medicaid Services





Perceptions matter more (than actual risks)

80



CA Right to Know End-of-Life Options Act

AB 2747 (2008)
Cal. H&S 442

NY Palliative Care Information Act

N.Y. Laws ch. 331 (2010)
N.Y. Pub. Health L. 2997-c

84



Thaddeus Mason Pope
Associate Professor of Law
Hamline University School of Law
1536 Hewitt Avenue
Saint Paul, Minnesota 55104
T 651-523-2519
F 901-202-7549
E tpope01@hamline.edu
W www.thaddeuspope.com
B medicalfutility.blogspot.com

87