

Medical Aid in Dying

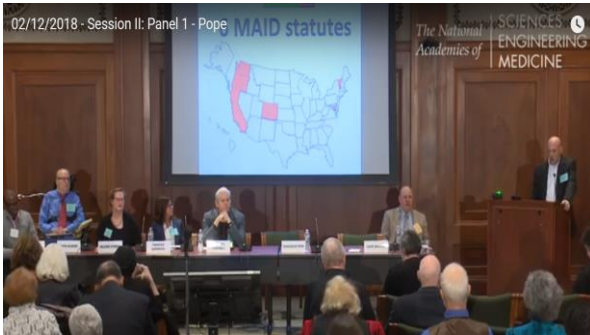
Should It Be an Option in Minnesota?

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September 30, 2020

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Thank you

2



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Introduction

4

600

US deaths

5

2,800,000

total deaths

6

41,000

Minnesota deaths this year

7

Control timing &
manner of death

8

Lost ability to
enjoy activities

9

Fear illness
related suffering

10

Fear losing
control &
independence

11

Many **hasten** death
every day

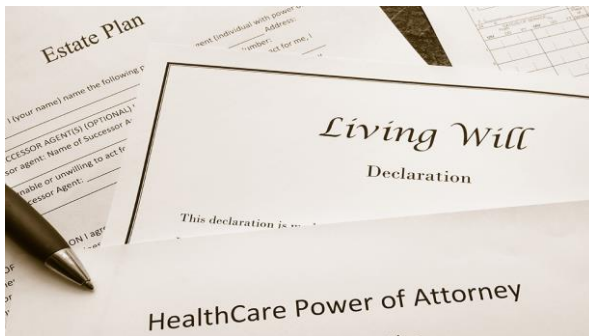
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Stop dialysis
 Withdraw ventilator
 Deactivate ICD

13

Long-accepted
 law & practice

14



15

We may judge
for ourselves
 what quality of life
 is acceptable

16

MAID is just **one**
 more option

17

**What is
 MAID?**

18

End-of-life
option

19

For **small**
number of
patients

20

Who

21

Adults
> 18 years old

22

Decisional
capacity

23

Nobody can
request for
another

24

Terminally ill

25

Incurable &
irreversible disease

< **6-month** prognosis

26

Counseled on
options &
alternatives

27

What

28

Ask & receive
prescription
drug

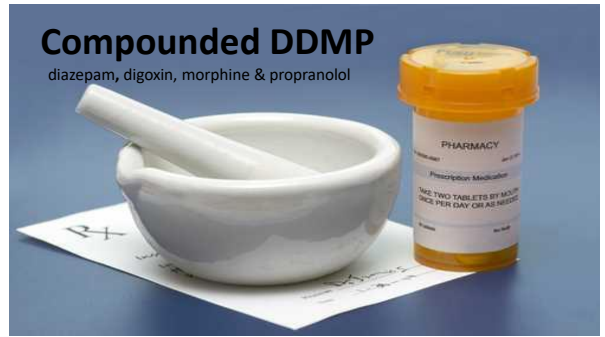
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Self-administer
to hasten death

30



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Patient alone
takes final overt act

36

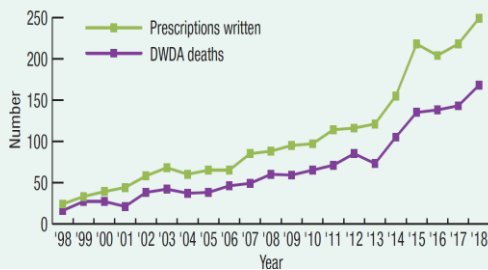
BUT

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1/3 those with MAID prescriptions **do not** take them

38

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998-2018



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different populations benefit

40

Use
Have
Know

41

How do you **get** the prescription

42

Numerous
safeguards

43

Multiple requests
Multiple screenings

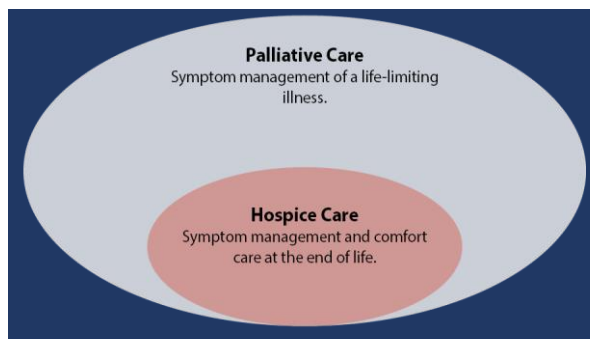
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Prescribing MD
Consulting MD
Mental health MD

45

Capacity
Terminally ill
Understand options

46



47

Reevaluate and
redouble efforts to
address unacceptable
condition

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Waiting periods

Assure reflection
deliberation

49



50

Voluntary
Informed
Enduring

51



52



53

1994

54



55



56



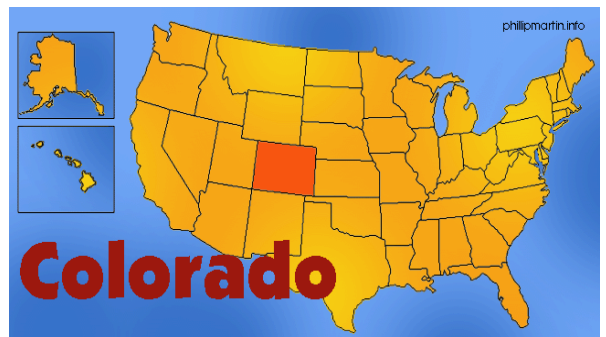
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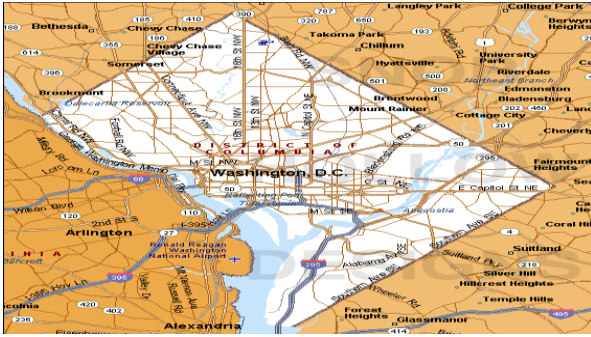
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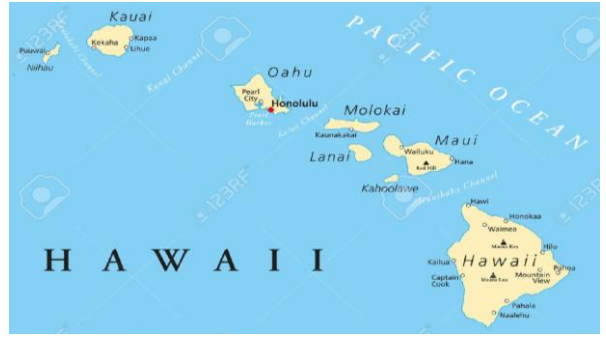
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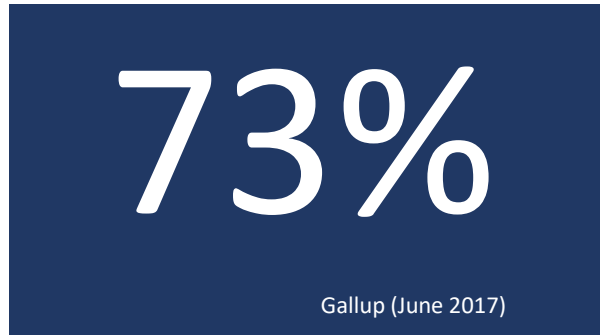
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2020

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OR	23	CA	5
WA	12	CO	4
MT	11	DC	4
VT	7	HI	2

71

~70 years
of combined
experience

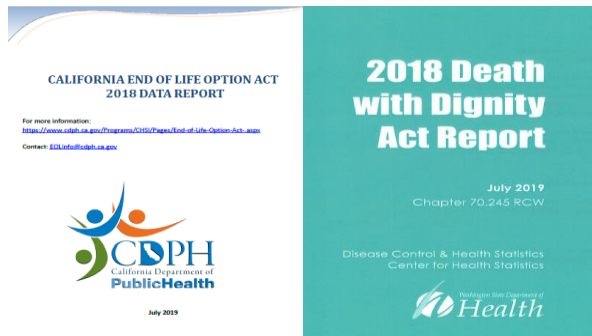
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Usage

73

~70 years

74



75

<0.5%

76

>99%

deaths unaffected

77

Who

78

76%

Cancer = TI

79

90%

hospice

80

74

median age

81

94%

white

82

Educated
Affluent

83

95%

insured

84

73%
college

85

Conclusion

86



87

41,000

Minnesota deaths this year

88

Most make a
deliberate decision
to hasten death

89

Those dependent
on dialysis, vents,
CANH **can & do**
hasten their deaths

90

Persons similarly
situated should
be treated **alike**

91

Every day, terminally ill
patients in Minnesota hasten
their deaths by withholding
or withdrawing treatment

92

**Every 30
minutes**

93

But some patients
have **no treatment**
to turn off or refuse

94

MAID gives these
terminally ill,
competent, adults
the **same freedom**

95

Control timing &
manner of death

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Materials discussed in this
 presentation are available at
<http://thaddeuspope.com>

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Medical Futility Blog

Since 2007, I have been blogging, almost daily, to medicalfutility.blogspot.com. This blog focuses on reporting and discussing legislative, judicial, regulatory, medical, and other developments concerning end-of-life medical treatment conflicts. The blog has received **over 4 million** direct visits. Plus, it is redistributed through WestlawNext, Bioethics.net, and others.

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