



1

Considering Medical Aid in Dying

2

Thaddeus Mason Pope
 JD, PhD, HEC-C

3

2024

4

3,500,000
 total deaths

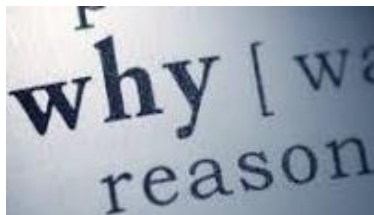
5

55,000
 MN

6

control
 timing & manner
 of their death

7



8

physical
 suffering

9

pain
nausea
dyspnea
paralysis

10

existential
suffering

11

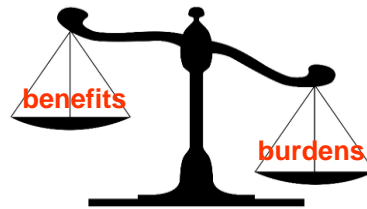
psychic pain
loss of control
anxiety
delirium
hopelessness

12

control

timing & manner
of their death

13



14

lost ability to
enjoy activities

15

fear illness
related suffering

16

fear losing
control &
independence

17

May

1

18

control

timing & manner
of their death

19

how?

20

5 end-of-life
options

21

1

22



23

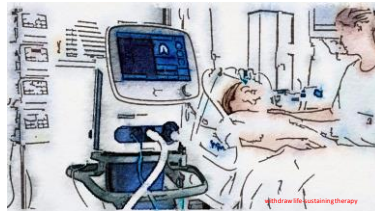
decline

life-sustaining
treatment

24

2

25



26

3

27



28



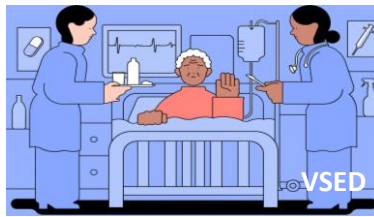
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30



31



32



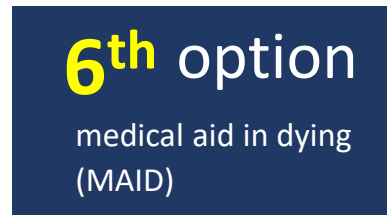
33



34



35



36

roadmap

37

4 parts

38

what is
MAID?

39

where is it
authorized

40

how is it
working

41

what's
new

42



43

what
is MAID

44

end-of-life
option

45

for **small**
number of
patients

46

who

47

1

48

adults

49

> 18 years

50

2

51

decisional
capacity

52

competent

53

mentally
capable

54

understand nature
and consequences

55

nobody can
request MAID
for another

56

~~guardian
healthcare agent
surrogate~~

57

patient
themselves

58

3

59

terminally ill

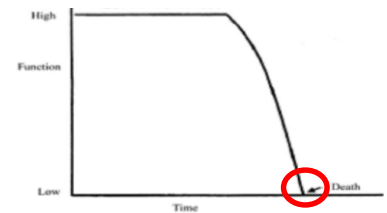
60

final stage of an
**incurable &
irreversible** physical
medical condition

61

will produce death
< 6 months

62



63

recap

64

adult
competent
terminally ill

65

what

66

ask & receive
prescription
drug

67

self-administer
to hasten death

68



69

D-DMAPh



70

sleep | death
3-8m | 45m

71

3 ways
to take

72



73



74



75

only those
3 routes

76



77

others may help
prepare meds

78



79

may not help
administer meds

80

patient alone
takes final overt act

81



82



83

nobody administers
drugs to the patient

84

patient does it
herself

85

now we know
what is MAID

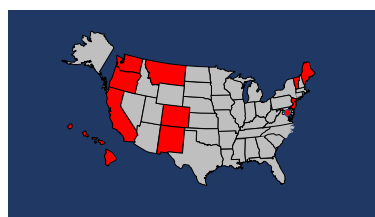
86

**where is MAID
authorized**

87

11 jurisdictions

88



89

1994

90



91



92



93



94



95



96



97



98



99



100



101



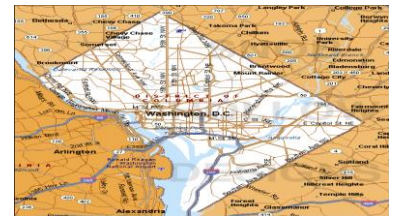
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103



104



105



106



107



108



109



110



111



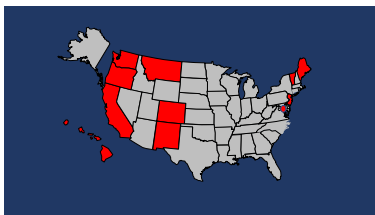
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113



114



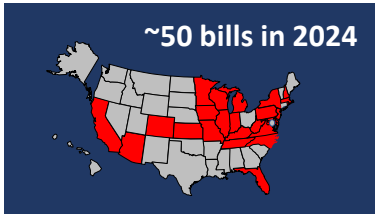
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116



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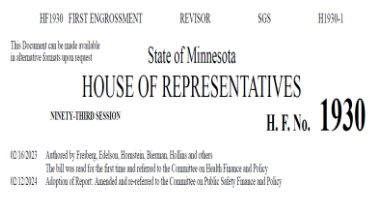
118



119



120



121



122



123



124



125



126

but

127



128

May 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

129

experience in
MAID states

130

OR	26	CO	7
WA	15	DC	7
MT	14	HI	5
VT	11	ME	4
CA	8	NJ	4
		NM	3

131

104 years
combined experience

132



133

» Oregon Death
with Dignity Act
2021 Data Summary

134

~100
DOH reports

135



136

what the
data show

137

15,000 Rx
10,000 Ing

138

who

139

terminal
illness

140

76%
cancer

141

14%
neuro / ALS

142

10%
cardiovascular

143

demographics

144

95%

insured

145

72%

some college

146

95%

white

147

50/50

male / female

148

age

149

76%

> 65

150

16%

55 - 64

151

8%

< 54

152

finally

153

90% hospice

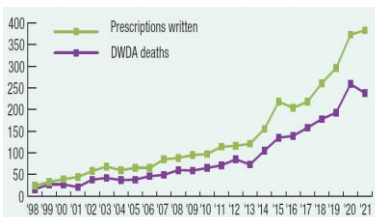
154



155

1/3 who get MAID prescriptions never take them

156



157



158

what else does the data show

159



160

numerous safeguards

161



162

multiple requests
multiple screenings

163

prescribing MD
consulting MD
mental health MD

164

terminally ill
capacity
consider alternatives

165



166

voluntary
informed
enduring

167

no abuse

168

>100 years
combined experience
in 11 states

169

no patient got MAID
who did not want it

170

no clinician had to
participate - who
did not want to

171

no entity had to participate - that did not want to

172

voluntary & optional

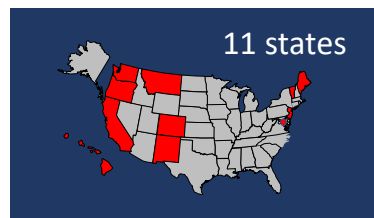
173

opt-in only

174

innovation in MAID states

175



176



177



178

WHY REINVENT THE WHEEL

RATHER FOLLOW THE PROVEN PATH

179

but

180

more focus on
access

181

can patients
get it?

182



183



184

4 variations

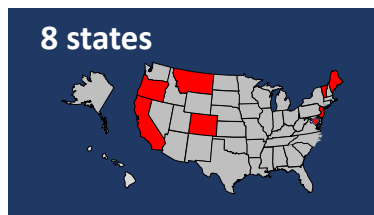
185

variation **1**

186

who can
prescribe

187



188

physicians
only

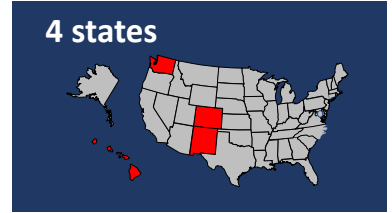
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MD *or* DO

190

but

191



192

also
APRN *or* PA

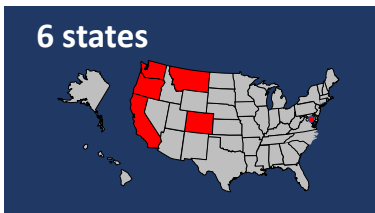
193

variation 2

194

who can do mental health assessments

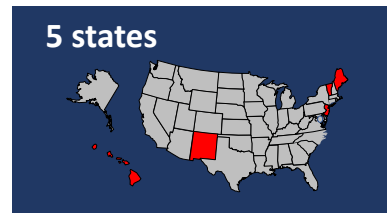
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196

psychologist
or
psychiatrist

197



198

LCSW
clinical mental
health counselor

psychiatric
nurse
practitioner

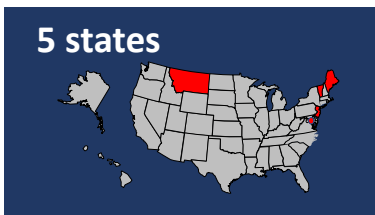
199

variation **3**

200

how **long** is
the waiting
period

201



202

2 oral requests
separated by
15+ days

203

undue
burden

204

many patients
cannot wait
that long

205

SO...

206

6 states
shortened
wait period

207

or

208

EXEMPT

209

variation **4**

210

residency
requirement

211

“resident
of ____”

212

CA permits
MAID for **only**
CA patients

213

but

214

~~“resident
of ____”~~

215



216



217



218



219



220



221

Minnesota	S.F. 1813 H.F. 1930	MD/DO/ APRN/PA	No	No	No
Missouri	H.B. 1903	MD/DO	15 days	Yes	No
New Hampshire	H.B. 1283 S.B. 558	MD/DO/ APRN/PA	48 hours waivable	No	No
New Jersey	A.B. 1880	MD/DO (in existing statute)	make 15 days waivable	Yes, but being litigated	No

222



223



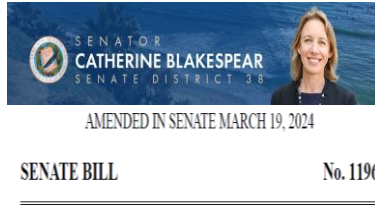
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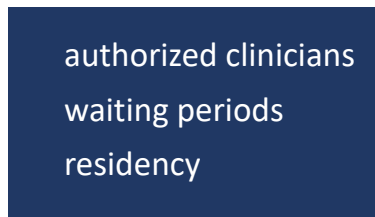
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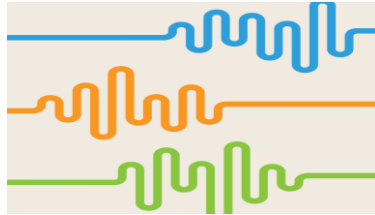
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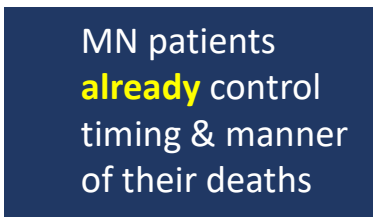
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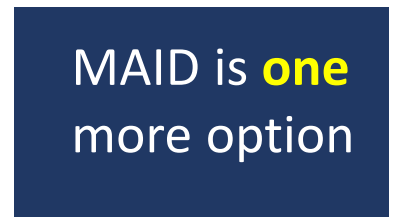
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241



242