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 -

- Assisted suicide
  - Aid in Dying
“aid in dying” so distinct, so do not refer as “PAS”
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

10.1056

NEJM
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)
97% white

98% health insurance

90% enrolled in hospice

72% gone to college
2008
Washington

Ballot initiative
Based on >10 year OREGON track record
Montana
Court decision
2013
Vermont

Legislation
New Mexico Court decision
2015
Ovidio González
(Colombia Ministerio de Salud)
Bills in >25 state legislatures
Happening Now

Part 3 of 5
September 11
A TERMINAL CANCER PATIENT'S CONTROVERSIAL CHOICE

My
68% public support AID

Gallup 2015
October
11
October 26
November & beyond
Proponent Arguments

Part 4 of 5
Autonomy
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


Safer when regulated than when black market, back-alley
Opponent

Arguments

Part 4 of 5
Integrity
medical
profession
Death is not always bad.
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
Remove safeguards
- Adult
- Terminal illness
- Voluntariness
- Self ingestion
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”
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