Reporting Assisted Suicide: Guidelines for Hospice Staff
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Context for this project

This talk: only loosely related to forthcoming articles.

Roadmap

The Greenwall Foundation
“Making a Difference in Real-World Bioethics Dilemmas”

David J. Casarett
University of Pennsylvania

Barbara Mancini

Reported to police for assisted suicide

Sunday, Oct 19
Reported by her father’s hospice

Core ethical issue: when to report

Unnecessary intrusion

Patient Protection

Status quo

Goal: strike better balance

Guidelines for when hospice staff should report

Mancini Case

The patient: Joseph Yourshaw

Pottsville, PA
93 yo
Retired contractor.

Terminally ill
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

AID not legal in PA
Wife at lunch
Barbara home w/ Joe

Joe has morphine from hospice

Joe asks Barbara for that bottle of morphine

She hands it to him

Joe finishes bottle
Falls asleep

Joe had fallen day before
Hospice comes to check on him

Barbara tells nurse about morphine
Nurse calls her supervisor

911
Ambulance comes

Schuylkill Medical Center

Administer Narcan

Police arrive

Wakes up
Agitated
Restrained
Worried re Barbara

Police

Joe dies
4 days later

Police

911

2d consequence

Barbara is arrested

Charged with assisted suicide
“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

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

Barbara Family
Hospice patients

Pain undertreated
Families afraid to give adequate medication
Fear misinterpreted

Pain management compromised by drug addiction & diversion laws (IOM 1997)

Terminally ill patients
Do not use hospice at all -- in 1st place
Chilled because of perceived risk

Hospice Underutilized

Weak grounds to report
1. Would death have occurred \textbf{without} Barbara’s help?
2. Did Joe \textbf{intend} to end his life by drinking a bottle, or relieve pain?

3. If Joe intended to end his life, did Barbara \textbf{know} that plan?
4. How \textbf{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

Mancini case illustrates \textbf{need} for model guidelines

Not same as giving for \textbf{purpose} of hastening death

\textbf{Mandatory Reporting}
No guidelines
tell hospice staff when to report AS

Revert to default report rules

When in doubt Report
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

Evidentiary trigger
“Reasonable suspicion”

New Guidelines

Scrubtny
Climate of fear
Chills legitimate prescribing
Pain undertreated
References

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