End of Life Discussion Panel
Stanford OpenXChange
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Introduction

Death is not always bad
Life is not always good

For many, the alternative to death is worse
Avoid unwanted life

Even more obviously

Avoid unwanted death
Thesis

2 risks to avoid
Dying too fast

Dying too slow

Too fast, too slow, determined by patient herself
Preference sensitive
Value laden

But ...

Safeguards to reduce one risk increase the other risk
Roadmap

1. Too slow
2. Too fast
Too Fast

Smaller risk
“we err on the side of preserving life”  
Cruzan (Mo. 1988)

One example

MAID
CA EOLO is not an option

“impaired judgment … mental disorder”

How do we screen
Mental health specialist assessment **only if** attending or consulting physician determines “indications of a mental disorder”

**Rare**

**OREGON DEATH WITH DIGNITY ACT: 2015 DATA SUMMARY**
OHSU psychiatrist

LEGALISED PHYSICIAN-ASSISTED DEATH IN OREGON

LINDA GANZINI

Not screening lots of impaired judgment
EOLO as enacted

\[\text{too FAST for some}\]

But ...

MHA always required

\[\text{too SLOW for others}\]
Too Slow

One example
Challenges to the constitutionality of EOLO

MAID

23%
MAID = constitutional right

EOLO requirements are obstacles

15 day waiting period
Undue burden

Abortion clinics open now

EOLO as enacted

too SLOW for some
But ... 

Remove safeguards too FAST for others

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