

New and Emerging  
Right to Die Options  
Twelve Ways to Avoid  
Late-Stage Dementia

1

Thaddeus Pope  
January 17, 2026

2



3



4

Preparing for Dementia and Avoiding Medically Futile Care  
Hemlock Society of San Diego 953 subscribers  
145 views 1 year ago November 17, 2018 **2018**

What's Good and Evil About Conservatorships - And How to Avoid the Bad Parts  
Hemlock Society of San Diego 953 subscribers  
166 views Oct 19, 2021 SAN DIEGO **2021**

5

Using Medical Aid in Dying (MAID) to Avoid Late-Stage Dementia  
Hemlock Society of San Diego 953 subscribers  
1.9K views 1 year ago **2024**  
Lecture by Professor Thaddeus Pope, JD, PhD given live to Hemlock Society of San Diego on December 8, 2024.

6

Using Medical Aid in Dying (MAID) to Avoid Late-Stage Dementia  
Hemlock Society of San Diego 953 subscribers  
**2K views** year ago  
Lecture by Professor Thaddeus Pope, JD, PhD given live to Hemlock Society of San Diego on December 8, 2024.

7

RANKED  
IN THE  
TOP 10%

8



9



10



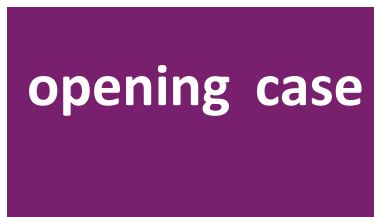
11



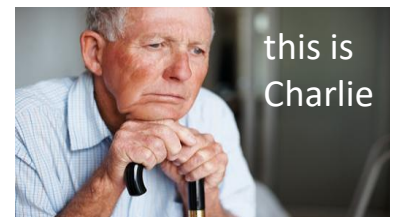
12



13



14



15

Charlie is told  
he has **Alzheimer's**

16

Charlie's doctor sits down  
to **discuss** his health care  
options . . . and what his  
future could look like

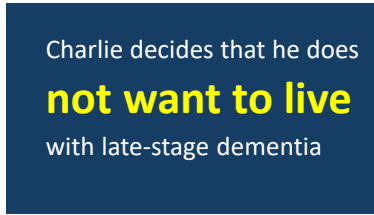
17

Charlie learns he will  
likely **lose** his ability to  
make decisions about his  
health care in the future

18



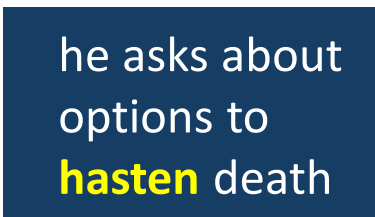
19



20



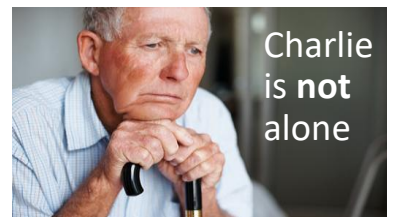
21



22



23



24



25



26



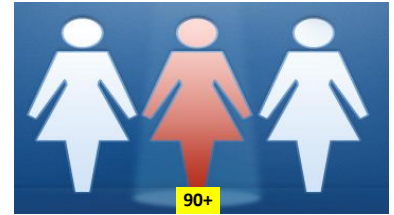
27



28



29



30



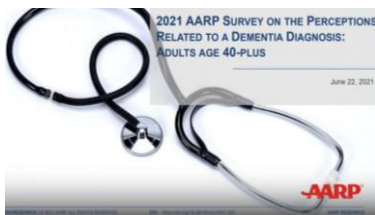
31



32



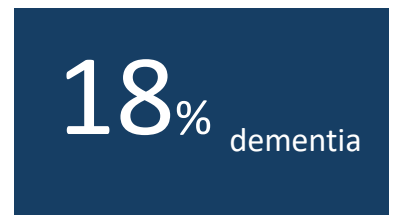
33



34



35



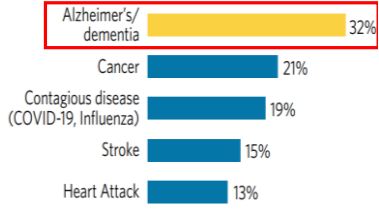
36



37

retirees' **most** feared condition of later life

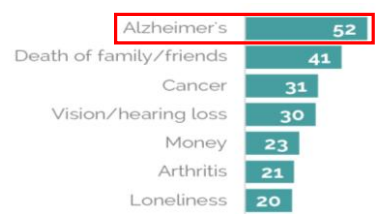
38



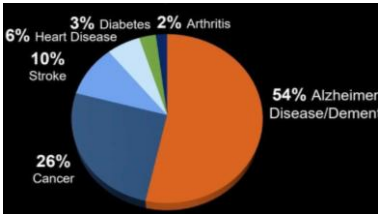
39

other studies have dementia even **more** in the lead

40



41



42

dementia scares people the **most**

43



44



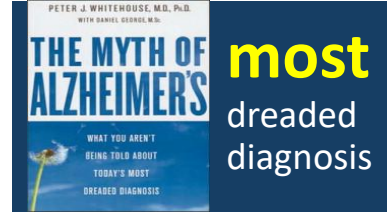
45



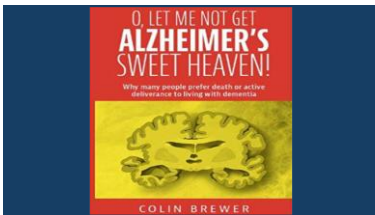
46



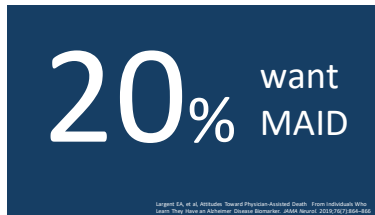
47



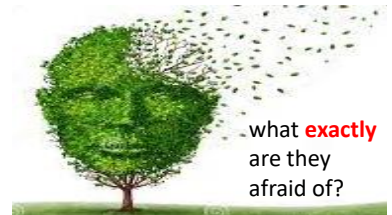
48



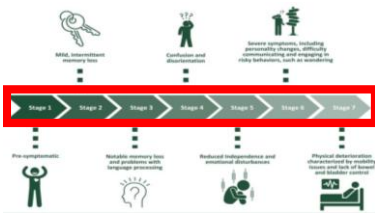
49



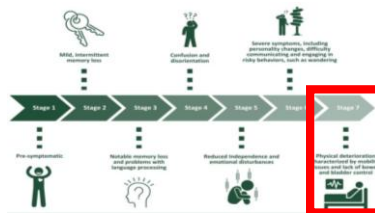
50



51



52



53



54

need **help**  
almost **all** ADLs

55

bowel & bladder  
**incontinent**

56

no intelligible vocabulary  
non-ambulatory  
unable to smile  
unable to hold head up

57

**SO** ...

58



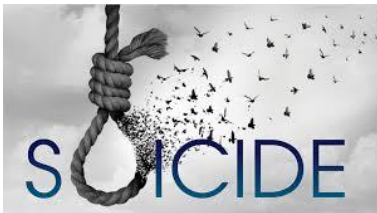
59

**hasten** death  
to **avoid** late-  
stage dementia

60

but **how?**

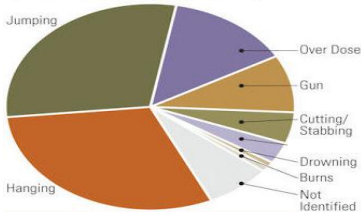
61



62



63



64

but

65

not 100% effective  
stigma

66

so ...

67



68

12 options

69

3 categories

70

settled  
emerging  
future

71



72

$\frac{12}{60} = 5 \text{ min}$

73

settled  
options

74

solid legal  
foundation

75

but

76

have material  
limitations

77

option 1

78

traditional  
advance  
directive

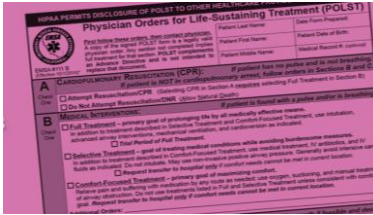
79



80



81



82

patient can  
**refuse** LST

83

dialysis  
antibiotics  
ANH  
mech vent

84

CPR  
defibrillation  
blood products

85

**but**

86

PWD may **not**  
be on LST

87

**no** plug  
to pull

88

**so** ...

89

**even** with AD, Pt  
may **still** live into  
advanced dementia

90



91



92



93

PRO	CON
legal & available	irrelevant & unusable

94



95

**UCLA** School of Law  
Hugh & Hazel Darling  
Law Library

Law Library / LibGuides / Reference Guides / California Medical Decision Making / Advance Directives

California Medical Decision Making Forms: Advance Directives, DNR and POLST

URL: <https://libguides.law.ucla.edu/advancedirectives>

96

that's the **1<sup>st</sup> way** to avoid late-stage dementia

97

traditional advance directive

98

option **2**

99

VSED

100

Voluntarily  
Stopping  
Eating &  
Drinking

101

patient with  
capacity

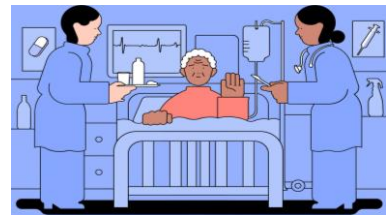
102

able to take  
food & fluid  
by mouth

103

voluntary  
decision  
to stop

104



105

≠ ANH

106

≠ natural loss  
appetite

107

≠ involuntary  
cachexia

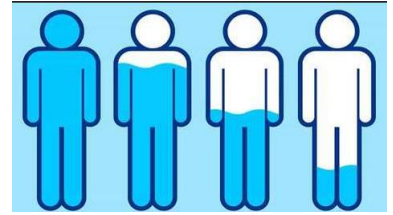
108

**deliberate** choice  
stop fluids  
by **mouth**

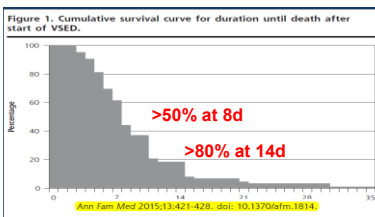
109

**goal** = death  
from dehydration

110



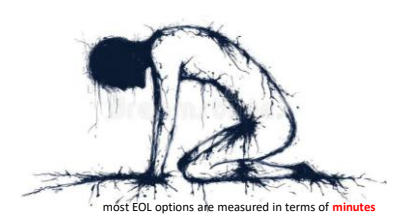
111



112

**10 days !**

113



114

**prefer** MAID  
over VSED

115



116

“If assisted dying was available ... I would have chosen it in a heartbeat”

117

SO ...

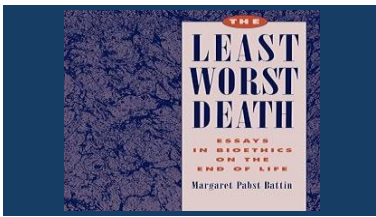
118

why on Earth  
is VSED so  
popular?

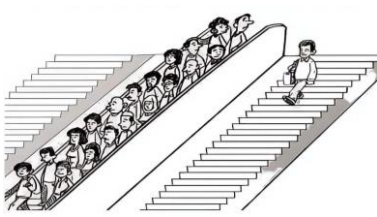
119

2 reasons

120



121



122



123

time to say  
goodbye

124

more  
natural  
(no lethal meds)

125

consistent  
with morals

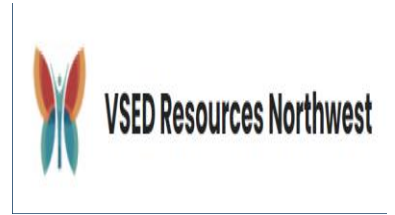
126

many  
VSED  
cases

127



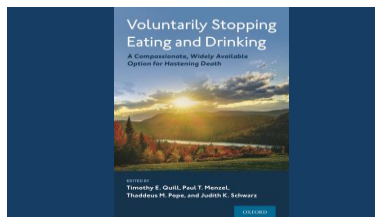
128



129



130



131

not only  
1<sup>st</sup> person  
narratives

132

objective  
evidence  
patient experience

133

peaceful  
comfortable

134



135

100 Oregon  
**nurses** cared for  
VSED patients

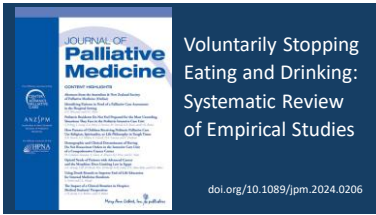
136

most deaths  
“**peaceful** with  
little suffering”

137



138



139

**17** empirical  
publications

140

**who**

141

**80+**

142

dementia  
conditions  
ineligible MAID

143

VSED  
experience

144

mean time to death = **10** days

145

caregivers found preparation & emotional toll **challenging**

146

**but**

147

most experiences **satisfactory**

148

professional society endorsements

149



150



151



152



153

# clinical practice guidelines

154

Guide - Caring for People Who Stop Eating and Drinking to Hasten the End of Life

Jan. 2024

155

Clinical Guidelines for Voluntarily Stopping Eating and Drinking (VSED)

Nov. 2023

156



157

validated & comfortable EOL option

158

many have used VSED to avoid late-stage dementia

159

In the late 80s and early 90s Joan sat beside both of her parents as they died. Her mother deteriorated over the years due to Alzheimer's disease. Later her father voluntarily chose to stop eating and drinking (VSED) to end his suffering. The contrast between the two approaches couldn't have been greater. After her father died, Joan said out loud, "what's been waiting to die?"

Joan drew on his courage when diagnosed at age 71 with Lewy Body and Alzheimer's Dementia. Knowing what the future would hold, she knew she would follow in her father's footsteps.

At 73 her dementia was increasing. It was time to act or the window where she could VSED would close. Having had 2 years to build a plan and prepare emotionally, she was ready. She drafted a letter documenting her choice, told her physician and hospice team it was time, gathered her family and friends.

Without suffering, with comfort measures in place, and loved ones present, Joan died just as her father had, on her own terms, before the disease stole her consciousness.

160

Don dealt for years with high blood pressure, diabetes, muscular degeneration and several other health concerns. All of these were conditions he could live with and manage while enjoying his favorite beaches in Hawaii and holidays at home. What he couldn't live with was his 2019 diagnosis of dementia and the eventual cognitive degeneration he would endure. He was crystal clear that he would choose to end his life before that happened.

Worshipping a Death Café he learned about **Voluntarily Stopping Eating and Drinking (VSED) and Don knew right away this would be the choice for him.**

He worked with A Sacred Passing and End of Life, Washington to put all of the necessary documents in place and identify the markers that would indicate when he was still capable of making the choice for himself.

In April of 2019 he recorded a video sharing his clear and autonomous decision to VSED, and with the love and care from his family started the process. Within days, he achieved his goal and ended his life on his terms, just the way he wanted it.

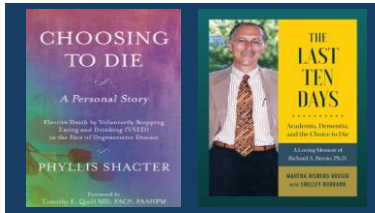
161

**Herself to the End**  
Facing an Alzheimer's Diagnosis  
How to Prepare for the End of Life  
Voluntarily Stopping Eating and Drinking

**WINTER'S END**  
Dementia and Dying Well

**LEWIS COHEN, MD**  
Dementia and Dying Well

162



163



164



165

but

166



167

VSED while  
still have  
capacity

168



169

too soon

170

life still  
worthwhile

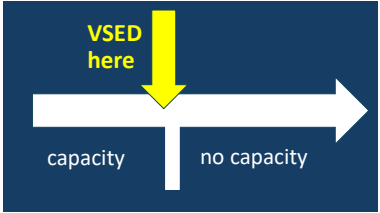
171

earliness  
problem

172



173



174



175

but

176



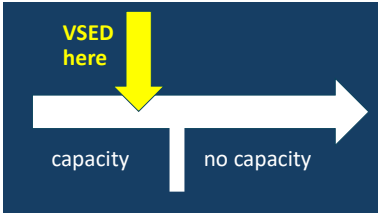
177



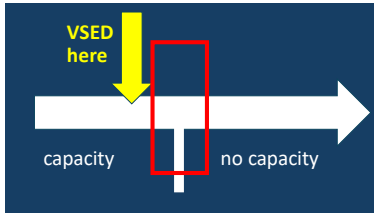
178



179



180



181



182

premature  
dying

183

**current** situation  
still acceptable

184

VSED **not**  
good option

185

at **this** time

186

**not** ready  
to die

187

concerned  
about **future**  
circumstances

188

**lack** capacity  
at future time

189



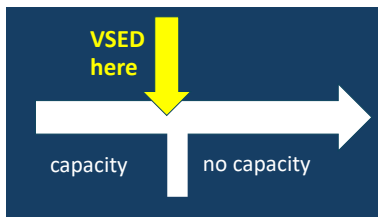
190



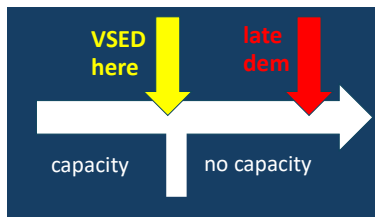
191

earliness  
problem

192



193



194

“give up good  
**days** to avoid  
bad **years**”

195



196



197

PRO	CON
legal & available	slow expensive premature

198



199



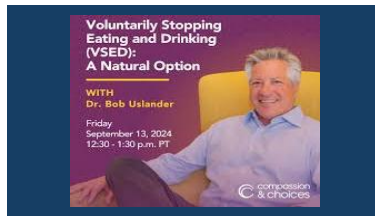
200



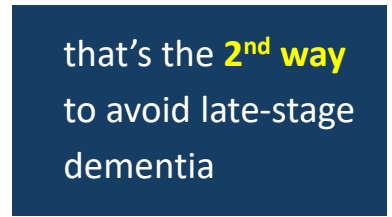
201



202



203



204



205



206



207



208

**DIGNITAS**  
To live with dignity  
To die with dignity

209



210



211



212



213



214

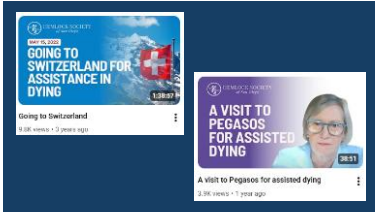
BE clinicians **help** foreigners  
but **reticent** and want Tx relationship

215

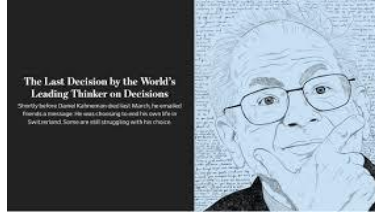


216

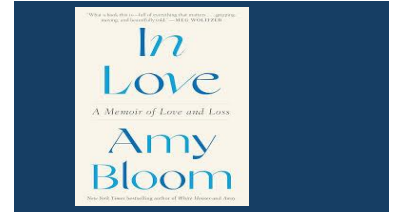
many Americans have gone to Swiss clinics to avoid late-stage dementia



217



218



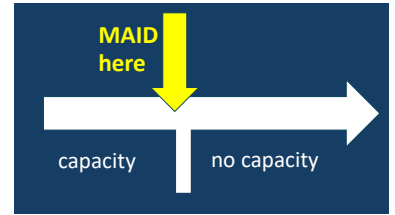
219



220



221



222



223



224

PRO	CON
legal & available	expensive premature

225



226



227

that's the **3<sup>rd</sup>** way  
to avoid late-stage  
dementia

228

Swiss  
MAID

229

option **4**

230

inert gas  
asphyxiation

231



232



233



Article

**Helium Suicide, a Rapid and Painless Asphyxia:**  
**Toxicological Findings**

Anna Carfora <sup>1,\*</sup>, Raffaella Petrella <sup>1</sup>, Giusy Ambrosio <sup>1</sup>, Pasquale Mascolo <sup>1</sup>, Bruno Li

234



235



236



237



238



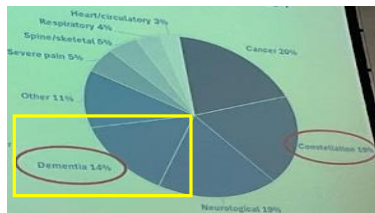
239



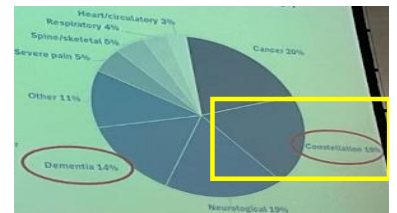
240



241



242



243



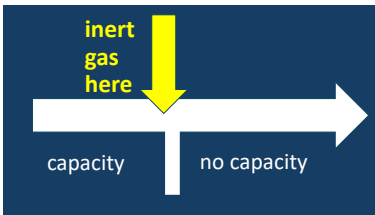
244



245



246



247



248



249

PRO	CON
legal & available	must DIY premature

250



251



252



253

that's the **4<sup>th</sup>** way  
to avoid late-stage  
dementia

254

inert gas  
asphyxiation

255



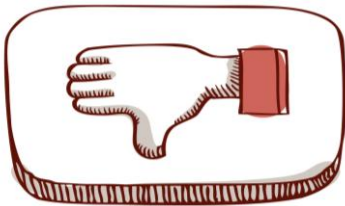
256

4 **settled**  
options

257

traditional AD  
VSED  
Swiss MAID  
inert gas

258



259

trad AD

260

may not  
work **at all**

261

Swiss MAID  
VSED  
inert gas

262

**work** to  
hasten death

263

**but**  
too **early**

264

Swiss MAID  
VSED

265



266



267

**settled**  
options

268

**emerging**  
options

269

already being  
used **now**

270

but

271

still maturing  
support in law  
& guidelines

272

option 5

273

VSED by AD

274

2032

275



276



277

you never  
wanted to  
live like this

278

but ... you  
cannot now  
direct VSED

279

2032

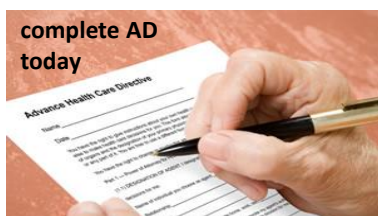
280

SO...

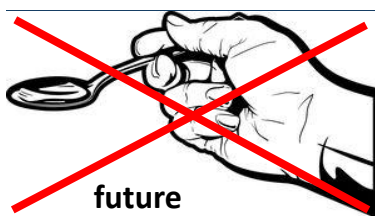
281



282



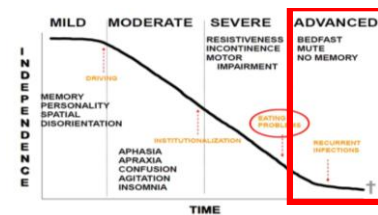
283



284

clinical triggers

285



286

FUNCTIONAL ASSESSMENT STAGING TEST (FAST) SCALE		
Stage	Stage Name	Characteristics
1	Normal Ageing	No deficits whatsoever
2	Possible Mild Cognitive Impairment	Subjective functional deficit
	Mild Cognitive Impairment	Objective functional deficit interferes with a person's most complex tasks
4	Mild Dementia	Instrumental activities of daily living (IADL) become affected, such as paying bills, cooking, cleaning, traveling
	Moderate Dementia	Needs help selecting proper attire
	Severe Dementia	Needs help putting on clothes
5	Very Severe Dementia	Needs help bathing
	Severe Dementia	Needs help toileting
	Severe Dementia	Urinary incontinence
	Severe Dementia	Facial incontinence

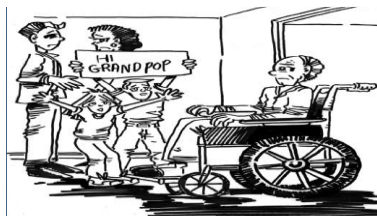
287

functional triggers

288



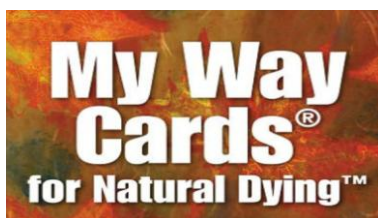
289



290



291



292



293

**A Piece of My Mind**

**My Living Will**

588 JAMA, February 28, 1996—Vol 275, No. 8

*I, William Arthur Elwood, being of sound mind, desire that my life not be prolonged by extraordinary means if my condition is determined to be terminal and incurable. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means basic of comfort and nutritional care. Even a detailed living will that includes the refusal of all active treatments such as cardiopulmonary resuscitation, antibiotics, artificial nutrition, and hydration may be inadequate in such a situation. I do not want to have a resuscitative tube inserted into my trachea and*

294

295

296

**ABOUT THE ADVANCE DIRECTIVE FOR RECEIVING ORAL FOOD AND FLUIDS IN DEMENTIA**

297



298

SUPPLEMENTAL ADVANCE DIRECTIVE FOR DEMENTIA CARE

This Supplemental Advance Directive for Dementia Care form includes a header with the 'End of Life OPTIONS NEW MEXICO' logo. It contains fields for 'Name' and 'Address'. Below these fields is a paragraph of text: 'I make this Supplemental Advance Directive for Dementia Care to inform my health care providers, loved ones, and health care agent of my treatment instructions in the event I lack capacity to give instructions myself. I am fully competent at this time. I have a separate, general advance directive in place. I ask that my general advance directive be maintained in my patient chart and applied according to its terms and that it be supplemented by this Advance Directive for Dementia Care.'

299

**Dementia Provision  
Advance Directive Addendum**



The following document can be added to any advance directive to provide guidance regarding consent to or refusal of certain therapies. Once completed, signed and witnessed, it should be kept with the advance directive.

300



301

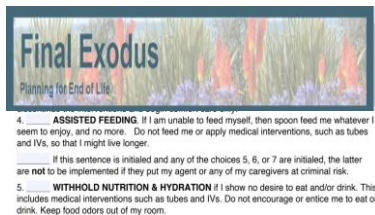


302

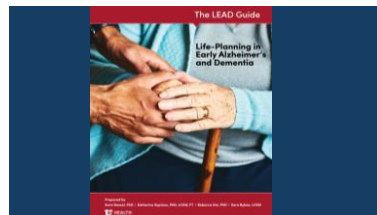


**Introduction to our Supplemental  
Advance Directive  
For Dementia**

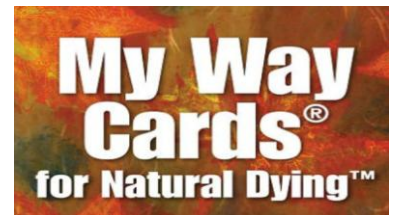
303



304



305



306

**Power of Attorney for Adult with Dementia**



New. Rev. Stat. 162A.870

307

NEVADA ADVANCE DIRECTIVE FOR ADULTS WITH DEMENTIA  
PAGE 7 OF 10

---

**PART 2. END-OF-LIFE DECISIONS ADDENDUM STATEMENT OF DESIRES.**

4. I want to get food and water even if I do not want to take medicine or receive treatment. YES  NO

308

APPEL GATE & DILLMAN  
ESTATE PLANNING

# Making the Case for a Dementia Directive

November 14, 2022

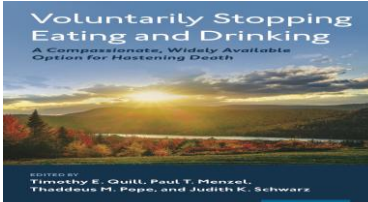
309



**Estate Planning**

310

**Voluntarily Stopping Eating and Drinking**  
A Compassionate, Widely Available Option for Hastening Death



EDITED BY  
TIMOTHY E. GUILT, PAUL T. MENZEL,  
THADDEUS M. POPE, AND JUDITH K. SCHWARTZ

311

WashingtonLawHelp.org

Legal Topics • Legal Directory • Self-Help Forms • Get Legal Help • Backlist Help • About Us

Home • All Issues • Planning Ahead / Seniors

Search for Your Issue

Planning Ahead / Seniors

312

Quicken **WillMaker & Trust**

## Estate Planning You Can Trust

Simple. Easy. Trusted.

Quicken WillMaker & Trust by Nolo is America's #1 estate planning software. Get immediate access to easy-to-use software and create your customized will today. Make a living trust, healthcare directive, power of attorney and so much more. There's never been an easier, more affordable way to protect your family, home and assets.

313

DARTMOUTH **The Dartmouth Dementia Directive**

exit **VERENKUNG FÜR HUMANES STERBEN DEUTSCHE SCHWEIZ**

end of life **WASHINGTON**

314

**avoids earliness problem**

315

VSED **only** when Pt reaches intolerable conditions

316

but

317



318

even trad ADs **not** followed

319



320



321



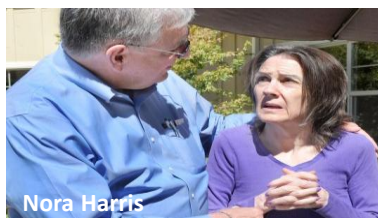
322

VSED ADs even **less** likely to be followed

323



324



325



326



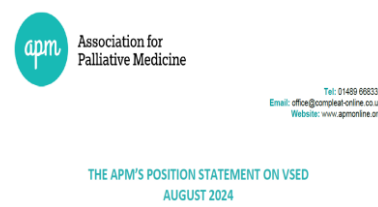
327



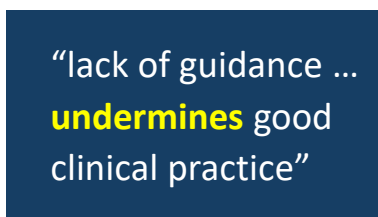
328



329



330



331



332



333

## Voluntary stopping of eating and drinking in the age of medical assistance in dying; ethical considerations for physicians

Peter Allart, Daniel O.M. Kim and Philip Hebert

Palliative Care & Social  
Practice  
2022, Vol. 16, 1-10  
DOI: 10.1177/  
2472292121101078  
© The Author(s) 2022.  
Article reuse guidelines:  
sagepub.com/journals-  
permissions

334



335



336



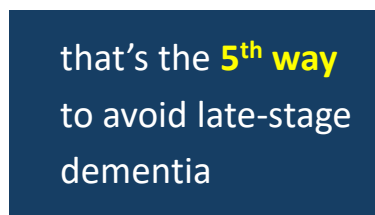
337



338



339



340



341



342

VSED by  
surrogate

343

most Pts  
**lack** ADs  
including VSED ADs

344

**not** patient  
asking VSED

345

~~1st person  
authorization~~

346

substitute  
decision  
maker

347

**avoids** earliness  
problem

348

**but**

349

**same** 2 problems  
with VSED ADs

350



351

lack  
guidelines



352



353



354

don't just **hope**  
your surrogate  
will direct VSED  
for you

355

**give** them  
guidance &  
direction

356



357

PRO	CON
avoids prematurity	LTC reticence variable legality

358

that's the **6<sup>th</sup>** way  
to avoid late-stage  
dementia

359

VSED by  
surrogate

360

option **7**

361

MCF by  
AD or surrogate

362

clinicians are  
**reluctant** to follow  
VSED ADs **even if**  
legally permitted

363

if Pt is thirsty &  
uncomfortable,  
**give** them water

364



365

**2019**

366

duties to  
**current self**  
are primary

367

**despite**  
VSED directive

368

**2023**

369



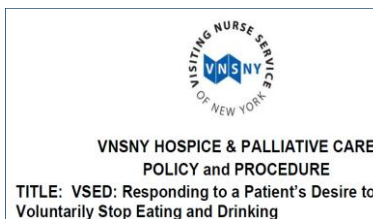
370

**follow** AD despite current best interest assessment

371

but reticence persists

372



373

“where the patient **lacks** decision making capacity VSED **cannot** be initiated”

374



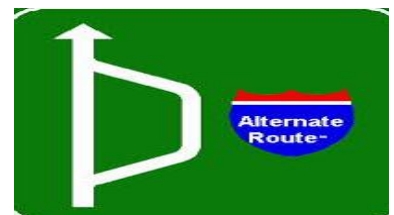
375



376

SO...

377



378

minimal  
comfort  
feeding

379

address **both**  
goals of **then** Pt  
*and*  
needs of **now** Pt

380

what  
is MCF

381

**con**trast

382

VSED

383

VSED / **zero**  
N&H

384

MCF / **some**  
N&H

385

minimal  
comfort  
feeding

386

**no** scheduled  
mealtimes  
**only** responsive  
to Pt discomfort

387

**not** as much  
as Pt will take

**only** amount  
needed for comfort

388



389

<b>VSED</b>	<b>MCF</b>
10 days	2-3 <b>weeks</b>

390

**example**

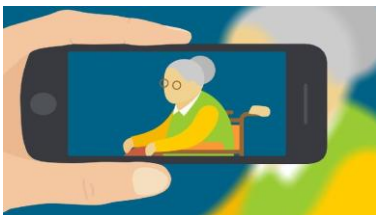
391



392



393



394

c. Additional Specific Instructions Regarding Care That I DO or DO NOT Want:

***do not feed me by  
mouth when I reach  
advanced dementia***

395

**Jan. 17, 2026**

396



397

2032

398

late-stage dementia  
AD triggered  
N&H stopped

399



400

~~VSED~~

401

MCF

402

give **only** enough  
N&H - to not be  
uncomfortable

403

die in 20D  
rather than 10D

404

**achieve** Pt goal to  
avoid living into  
late-stage dementia  
though - not as fast as VSED

405

*and*

406

**avoid** staff moral distress – from unmet suffering

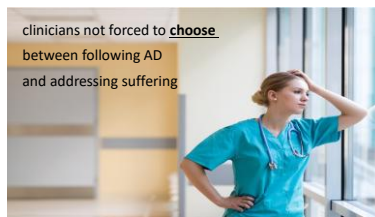
407

MCF

408



409



410



411

HPM clinicians

>**80%** support for MCF

412



413

PRO	CON
avoids prematurity	super new
more clinician acceptable	variable legality

414



415

216 *Journal of Pain and Symptom Management* Vol. 49 No. 2 February 2025

*Special Article*

"Mr. Smith Has No Mealtimes": Minimal Comfort Feeding for Patients with Advanced Dementia

Hope A. Wecklin, MD, Paul T. Menzel, PhD, Elizabeth T. Loggers, MD, PhD, Robert C. Macauley, MD, Thaddeus M. Pope, JD, PhD, Peter L. Reagan, MD, and Timothy E. Quill, MD



416

that's the **7<sup>th</sup>** way  
to avoid late-stage  
dementia

417

MCF <sub>by</sub> AD

418

option **8**

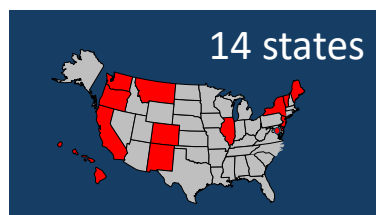
419

VSED **bridge**  
to MAID

420

let's start with  
**traditional** MAID

421



422

**but**

423

**2** eligibility requirements

424

capacity

425

terminally ill

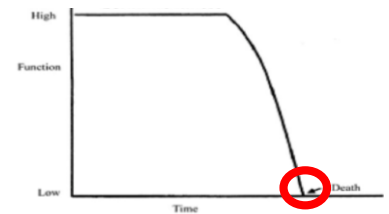
426

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

427

will cause death  
**< 6 months**

428



429

can patients with dementia **qualify** for MAID

430

yes

431

patients with dementia **can** (and **already do**) qualify for MAID

432

stage 1 Alzheimer's  
+  
metastatic cancer

433

capacity (only stage 1)  
terminal illness (from Ca, not Alz)

434

but

435

dementia  
SUMC

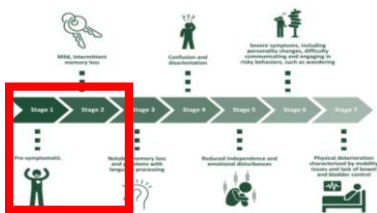
436



437



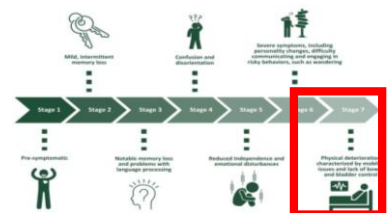
438



439

capacity →  
no terminal illness

440



441

terminal illness →  
no capacity

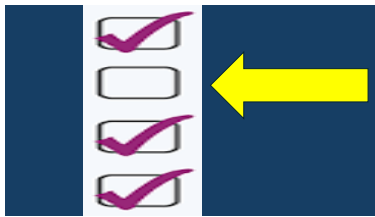
442

terminal illness →  
no ability  
self-ingest

443

dementia  
SUMC

444



445



446

if we assess  
trad MAID

(not 1 of 12 options)

447

**PRO**

faster &  
easier  
than VSED

**CON**

PWD SUMC  
ineligible  
premature

448

SO...

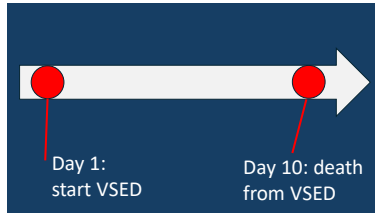
449

VSED **bridge**  
to MAID

450

patient starts  
VSED on **day 1**

451



452

Jan. 17 *start*  
↓  
Jan. 27 *die*

453



454



455

**but**

456



457

**switch** from  
VSED to MAID

458

when Pt **starts** VSED  
clinicians can certify  
Pt as terminally ill

459

SO...

460

Pt **qualifies**  
for MAID

461

**day 3** of VSED  
Pt gets MAID

462

~~Jan. 17  
↓  
Jan. 27~~

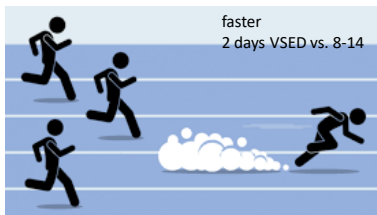
463

Jan. 17 **VSED**

464

Jan. 17 **VSED**  
Jan. 19 **MAID**

465



466

helps patient  
helps family  
less expensive

467



468

available **only**  
in MAID states  
with **short**  
waiting periods

469

**few** MAID  
clinicians certify  
TI based on VSED

470

**but**

471

VSED bridge to  
MAID possible  
for **some**

472



Cody  
Sontag

473



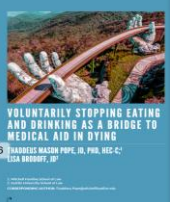
474

PRO	CON
shortens VSED	only some states clinician reticence premature

475



476

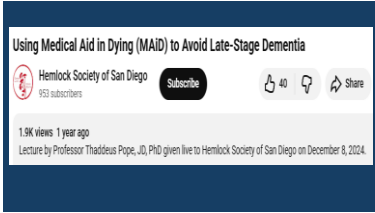


Patients with Dementia Using VSED to Qualify for MAID, 2(1) JOURNAL OF AID IN DYING MEDICINE 76-86 (Dec. 2024) (with Lisa Brodoff).

VSED Bridge to MAID: Spotlighting Better End-of-Life Options, 73(1) JOURNAL OF THE AMERICAN GERIATRICS SOCIETY 314-315 (Jan. 2025) (with Lisa Brodoff).

Medical Aid in Dying to Avoid Late-Stage Dementia, 72(4) JOURNAL OF THE AMERICAN GERIATRICS SOCIETY 1216-1222 (2024) (with Lisa Brodoff).

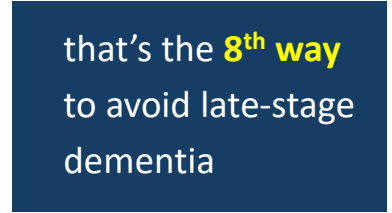
477



478



479



480



481



482



483



484



485



486



487



488



489



490



491



492



493



494



495

that's the **9<sup>th</sup>** way  
to avoid late-stage  
dementia

496

non-medical  
options

497



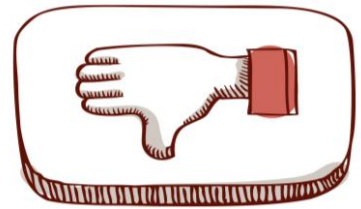
498

those are  
**emerging**  
options

499

VSED by AD  
VSED by SDM  
MCF by AD/SDM  
VSED to MAID  
non-medical

500



501



502

will my VSED  
or MCF AD  
be **followed**

503

can I form a  
**team** for VSED  
bridge to MAID

504



505

emerging  
options

506

future  
options

507



508



509

these exist but are  
**not yet available**  
to Americans

510

option **10**

511

U.S. MAID

512

dementia  
**S**UMC

513



514

but

515



516

2024

517



518

AMENDED IN SENATE MARCH 19, 2024

SENATE BILL No. 1196

---

Introduced by Senator Blakespear

February 14, 2024

519

**amend** Assembly Bill No. 15  
**EOLOA** CHAPTER 1

An act to add and repeal Part 1.85 (commencing with Section 443) Division 1 of the Health and Safety Code, relating to end of life.

[Approved by Governor October 5, 2015. Filed with Secretary of State October 5, 2015.]

520

~~terminal illness~~

521

grievous & irremediable medical condition

522

“diagnosis of  
early to mid-  
stage dementia”

523

cancer  
ALS  
dementia

524

\*\*\*\*\*  
**TRUMP**  
**2028**  
\*\*\*\*\*

525



526



527

Vic 2017 TI  
WA 2019 TI  
Tas 2021 TI  
SA 2021 TI  
Qld 2021 TI  
NSW 2022 TI

528

ACT

529

~~terminal  
illness~~

530

advanced &  
progressive  
medical condition

531



532



533



534



535



536



537

PRO	CON
faster than VSED	not yet legal
no need to "bridge"	premature

538



539



540

HEMLOCK SOCIETY OF SAN DIEGO  
Zoom Webinar

**Senate Bill 1196:**  
The Struggle for a More Compassionate  
End of Life Option Act in California

May 19, 2024

Presenters:  
Marcia Hofer, A Better Exit  
Barry Price, A Better Exit

1:25:49

541

option **11**

542

MAID by AD

543

**GOOD  
BETTER  
BEST**

544

Service à la clientèle  
Québec

07626

REQUEST FOR MEDICAL AID IN DYING

First name	Last name	Sex	Age
Street address	City	Province	Postal code
Phone	Mobile		
Health card	Insurance		

I request that Dr. (name of physician) administer me medical aid in dying. I have received the necessary information regarding the conditions required to obtain and have access to this aid.

545

get MAID **only** when  
your triggering  
conditions are met

546

~~premature  
dying~~

547

~~long duration  
of VSED~~

548



549



550



551



552



553



554



555

796 OREGON LEGISLATIVE ASSEMBLY—2017 Regular Session

**Senate Bill 893**

Sponsored by Senators DEMBROW, STEINER, HAYWARD, Representative GREENLICK; Senator MONNES, ANDERSON, Representatives KENT-GUYER, MALSTROM, NOSSE

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Permits expressly identified agent, pursuant to lawfully executed advance directive and in accordance with Oregon Death with Dignity Act, to collect and administer prescribed medication for purpose of ending patient's life in humane and dignified manner if patient ceases to be capable after having received prescription for life-ending medication.

556



557

PRO	CON
avoids prematurity	inaccessible U.S. patients

558



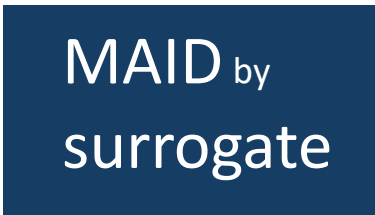
559



560



561



562



563



564



565



566



567

patient's **surrogate**  
judges that MAID  
**fits** Pt goals, values

568



569



CORTE CONSTITUCIONAL  
REPÚBLICA DE COLOMBIA  
RAMA JUDICIAL

Sentencia T-057 (2025)

570



571



**parents can  
choose for  
minors**

Euthanasia Code  
The teaching practice is perfect

572



Dr Marisa Paterson MLA  
Member for Murrumbidgee  
My Work in the Assembly

**Labor** ACT

573

VAD  
attorney  
model

574



575

**already** permit  
surrogates to  
WLST  
VSED

576

SO...

577

logical to also  
permit **MAID**  
by surrogate

578



579

**PRO**    **CON**

avoids  
prematurity

barely yet  
established  
anywhere

580

**MORE  
INFO**

581



582



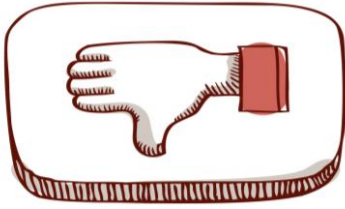
583

those are  
**future**  
options

584

U.S. MAID  
MAID by AD  
MAID by SDM

585



586



587

if PWD were eligible  
for U.S. MAID →  
**faster** than VSED  
but must act too **early**

588

**MAID AD**  
still learning

589

**MAID SDM**  
barely scratched

590

**conclusion**

591

**12** options

592

**3** categories

593

settled  
emerging  
future

594



595

preference  
sensitive  
decision

596



597

certainty  
prematurity  
accessibility  
physical difficulty

598

certainty  
will I **avoid** living with  
late-stage dementia

599

Swiss MAID VSED	AD VSED AD MCF

600

prematurity  
am I dying **too soon** –  
when life still worthwhile

601



602

AD VSED AD MCF	Swiss MAID VSED

603

**accessibility**  
 can I **arrange** to get this  
 EOL option

604

  
**VSED**

  
 Swiss MAID

605

**physical difficulty**  
 can I **effectuate** this  
 EOL option

606



607

  
 Swiss MAID

  
**VSED**

608

**certainty**  
 prematurity  
 accessibility  
 physical difficulty

609



610



611

**Thaddeus Mason Pope, JD, PhD, HEC-C**  
 Mitchell Hamline School of Law  
 875 Summit Avenue  
 Saint Paul, Minnesota 55105  
 T 651-695-7661  
 C 310-270-3618  
 E Thaddeus.Pope@mitchellhamline.edu  
 W www.thaddeuspope.com  
 B medicalfutility.blogspot.com

612