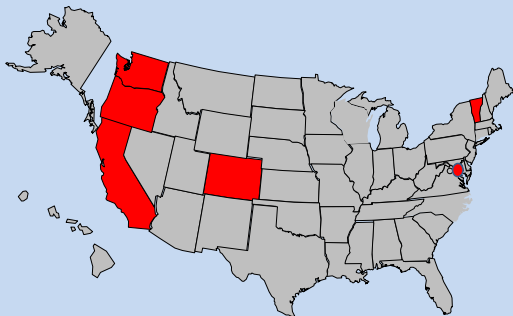


Current Landscape Implementation & Practice

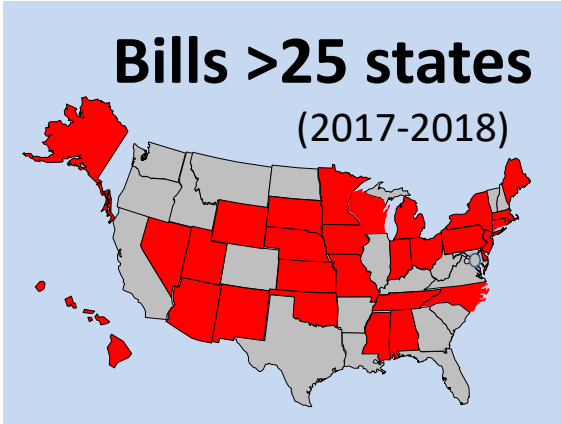
Thaddeus Mason Pope
February 12, 2018

Physician-Assisted Death:
Scanning the Landscape
and Potential Approaches:
A National Academies of
Sciences, Engineering, and
Medicine Workshop

6 MAID statutes



Eligibility & safeguards

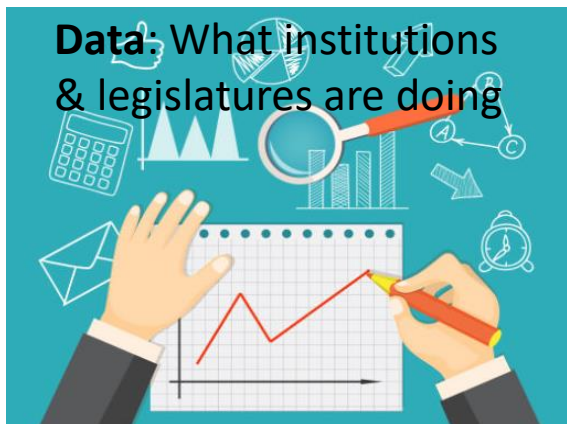


Next **12**
minutes

Too
weak?

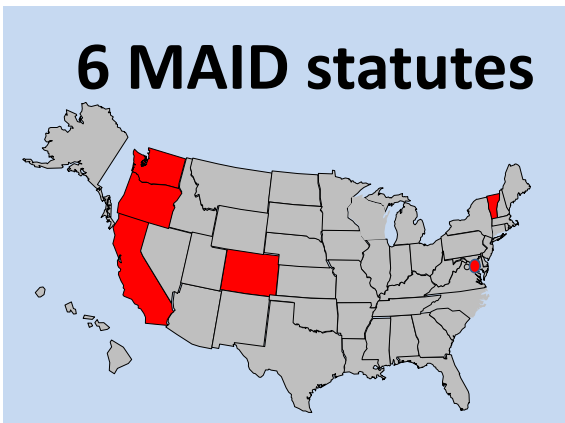
Too
strong?

Not my
arguments



**Too
weak**

Only **1**
example



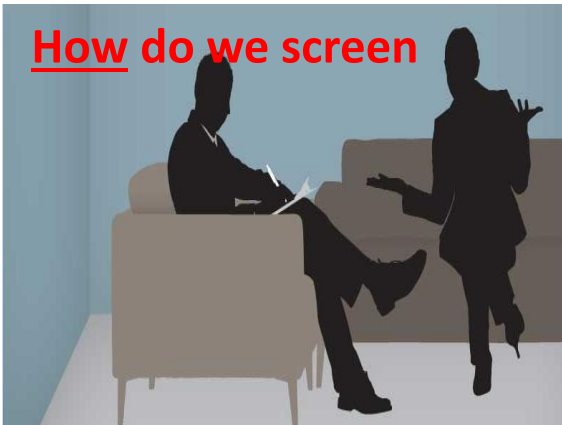
Ineligible
for MAID

“impaired
judgment . . .
mental disorder”

Voluntary

BUT

How do we screen



Mental health specialist **only if** attending or consulting physician **refers**

Rare

» Oregon Death with Dignity Act

2017 Data Summary

<5%

(and dropping)

Washington State

2016 Death With Dignity Act Report

September 2017

same



For more information contact:
Center for Health Statistics
deathwithdignity@doh.wa.gov
360-236-4324

Many think that rate is

too low

Some

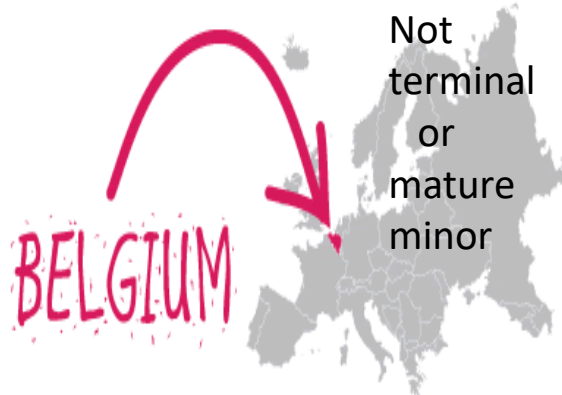


institutions:

MHS for all



The Scottish Parliament
Pàrlamaid na h-Alba



Are we **failing**
to screen out
impaired
judgment?

No proof
but needs
study

No good
evidence
safeguards
too weak

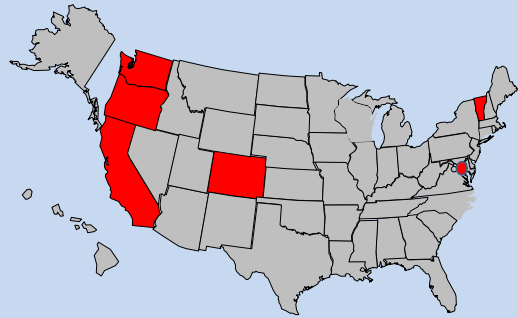
**Too
strong**

6 examples

1

Terminal
illness

6 MAID statutes



“incurable and
irreversible . . .
condition . . .
death within
six months.”

BUT

Temporally
strict

unbearable
suffering
but not “terminal”



American College of Physicians
Leading Internal Medicine, Improving Lives

POSITION PAPER

Annals of Internal Medicine

Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper

Opposed to MAID

Arbitrary
discrimination



 Daniel Andrews 
@DanielAndrewsMP

11/21/17

Let's remember what we are debating here **the most conservative** voluntary assisted dying model that has ever been proposed – let alone implemented – anywhere **in the world.**

12 months
neurodegenerative
illness (ALS)



Drop time
altogether

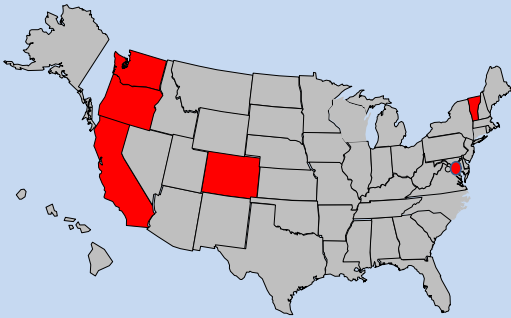
“reasonably
predictable”



2

Self
ingest

6 MAID statutes



Physician
only prescribes

Patient
administers

Helps
assure
voluntary

BUT

Some lose
ability

Some have
complications

» Oregon Death with Dignity Act

2017 Data Summary

Complications ^a	(N=143)	(N=1,121)	(N=1,264)
Difficulty ingesting/regurgitated	1	24	25
Seizures	2	0	2
Other	1	6	7
None	38	554	592
Unknown	101	537	638

3-6%

Complications
may **rise**



Avoid with
clinician
administration





Normally,
self-administered
(like USA)

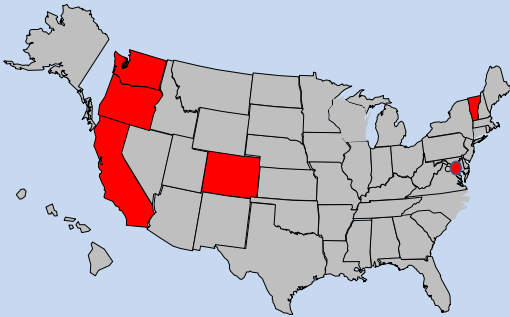
Physician
administration
allowed

“physically
incapable of the
self-administration
or digestion”

3

Adult

6 MAID statutes



18+

Assure
voluntary
& informed

BUT

Allow minors
to make **other**
healthcare
decisions



Stage 1
June 2016
Adults only

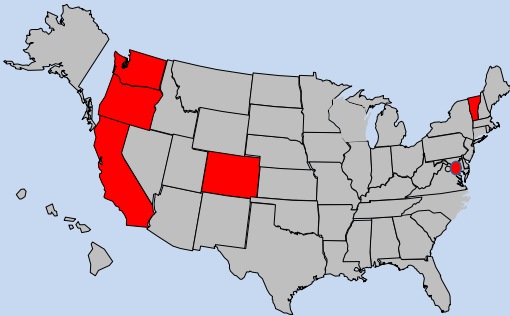
Stage 2
Dec. 2018
Mature minors



4

Capacity

6 MAID statutes



“solely and directly
by the individual . . .
**not . . . advance
directive”**

BUT

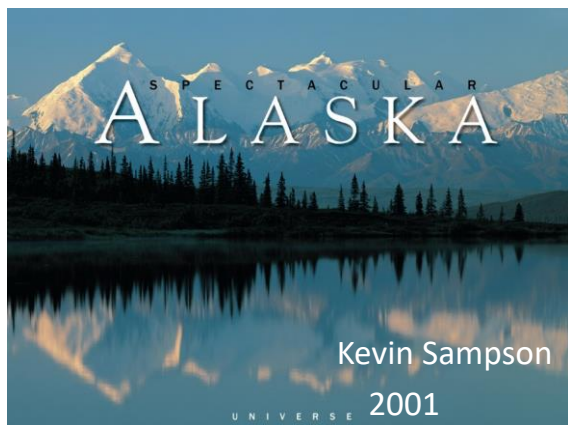


Terminal →
no capacity



American College of Physicians
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Arbitrary discrimination



Stage 2

Dec. 2018

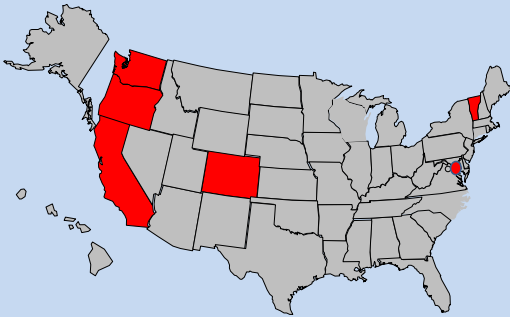
Advance directives



5

Waiting
period

6 MAID statutes



“two oral
requests . . .
15 days apart”

Assure
request
enduring

BUT

Undue
burden



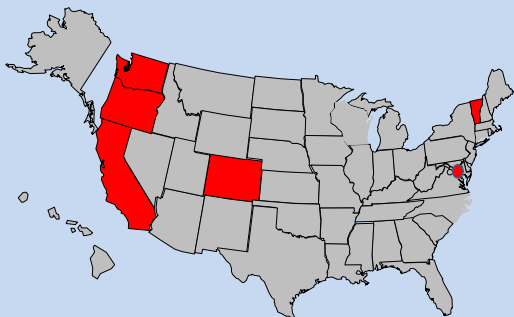
Waive
wait period

“death is likely
to occur **before**
the expiry of the
time period”

6

Physician

6 MAID statutes



Attending + consulting physician

MD or DO

BUT

Access problems

Extend to

NPs

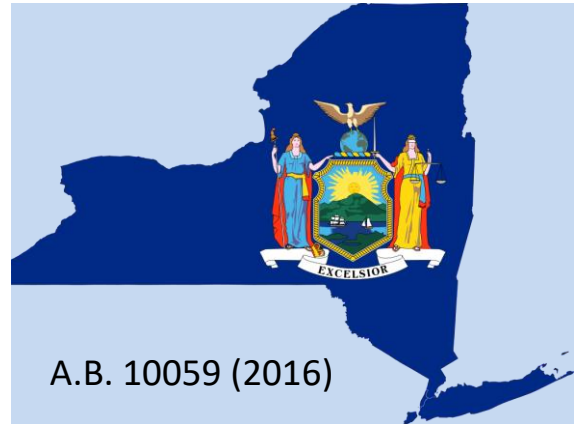
Attempt Resuscitation/CPR **Do Not Attempt Resuscitation/DNR (Allow Natural Death)**
(Section B: Full Treatment required)
 When not in cardiopulmonary arrest, follow orders in **B** and **C**.

B MEDICAL INTERVENTIONS: *Person has pulse and/or is breathing.*
 Comfort Measures Only: Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antidote only to promote comfort. **Transfer** if comfort needs cannot be met in current location.
 Limited Additional Interventions: Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
 Do not transfer or request for medical interventions. **Transfer** if comfort needs cannot be met in current location.
 Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardiopercussion as indicated. **Transfer** to hospital if indicated. Includes intensive care.
 Additional Orders: _____

C ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*
 No artificial nutrition by tube Defined trial period of artificial nutrition by tube.
 Long-term artificial nutrition by tube.
 Additional Orders: _____

D SIGNATURES AND SUMMARY OF MEDICAL CONDITION:
 Disposition with: Patient Health Care Decisionmaker Parent of Minor Court Appointed Conservator Other
 Signature of Physician: _____
 My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.
 Physician Signature (required) Physician Name Physician License # Date
 Signature of Patient, Decisionmaker, Parent of Minor or Conservator: _____
 By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the person's wishes or, and with the best interest of, the individual who is the subject of the form.
 Name (print) Relationship (to be set if patient is legal guardian)
 Summary of Medical Condition: _____ (Please Use Only)

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



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