

Physician Assisted Death and Voluntary Active Euthanasia

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Definitions

- Physician-Assisted Death- deliberate ending of a life by the patient by taking a lethal drug provided or prescribed by a doctor
 - Death With Dignity Acts
 - Physician Aid-in-Dying
 - Physician Assisted Suicide
- Euthanasia - the deliberate ending of a life by someone other than the patient by introducing a lethal drug

Different Words & Concepts

- Withholding treatment
 - Objective standard – “futility”
 - Subjective standard – treatment can not meet the patient’s goals
- Withdrawing treatment
 - Same standards - but feels different
- Palliative (Terminal) sedation
 - Treating the patient to the point of unconsciousness to relieve suffering

Palliative Sedation

- Goal – reduce consciousness to relieve suffering
- May be continuous, intermittent or respite
- 2% to 50% of hospice patients
- Mostly used in cancer patients for difficult-to-control symptoms
 - Pain, shortness of breath, delirium
- Does not appear to hasten time to death

Palliative Sedation

- Supported by two Supreme Court decisions
 - *Vacco v Quill* 521 US 793 (1997) and *Washington v Glucksberg* 521 US 702 (1997)
- Recommended only in “extreme” cases
 - Failure of traditional hospice treatments
 - Fully informed consent
 - Not intended to cause death
 - Reversible

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My right to death with dignity at 29

By **Brittany Maynard**

updated 10:44 PM EST, Sun November 2, 2014



COURTESY BRITANNY MAYNARD 1038

Brittany Maynard with her dog Charley in San Francisco. Maynard, a 29-year-old with terminal brain cancer, has died, advocacy group Compassion and Choices said in a Facebook post on Sunday. Click through to see more photos of Maynard's life.

Brittany Maynard's journey

HIDE CAPTION



Brittany Maynard

I considered passing away in hospice care at my San Francisco Bay-area home. But even with palliative medication, I could develop potentially morphine-resistant pain and suffer personality changes and verbal, cognitive and motor loss of virtually any kind.

Because the rest of my body is young and healthy, I am likely to physically hang on for a long time even though cancer is eating my mind. I probably would have suffered in hospice care for weeks or even months. And my family would have had to watch that.

Physician Aid-in-Dying

- ❑ States that have passed laws allowing aid-in-dying: Oregon (1997), Washington (2008), Vermont (2013), California (2015)
- ❑ States where courts have ruled it is not illegal: Montana (2009)
- ❑ 25 states + DC have or have considered DWD acts
- ❑ www.deathwithdignity.org

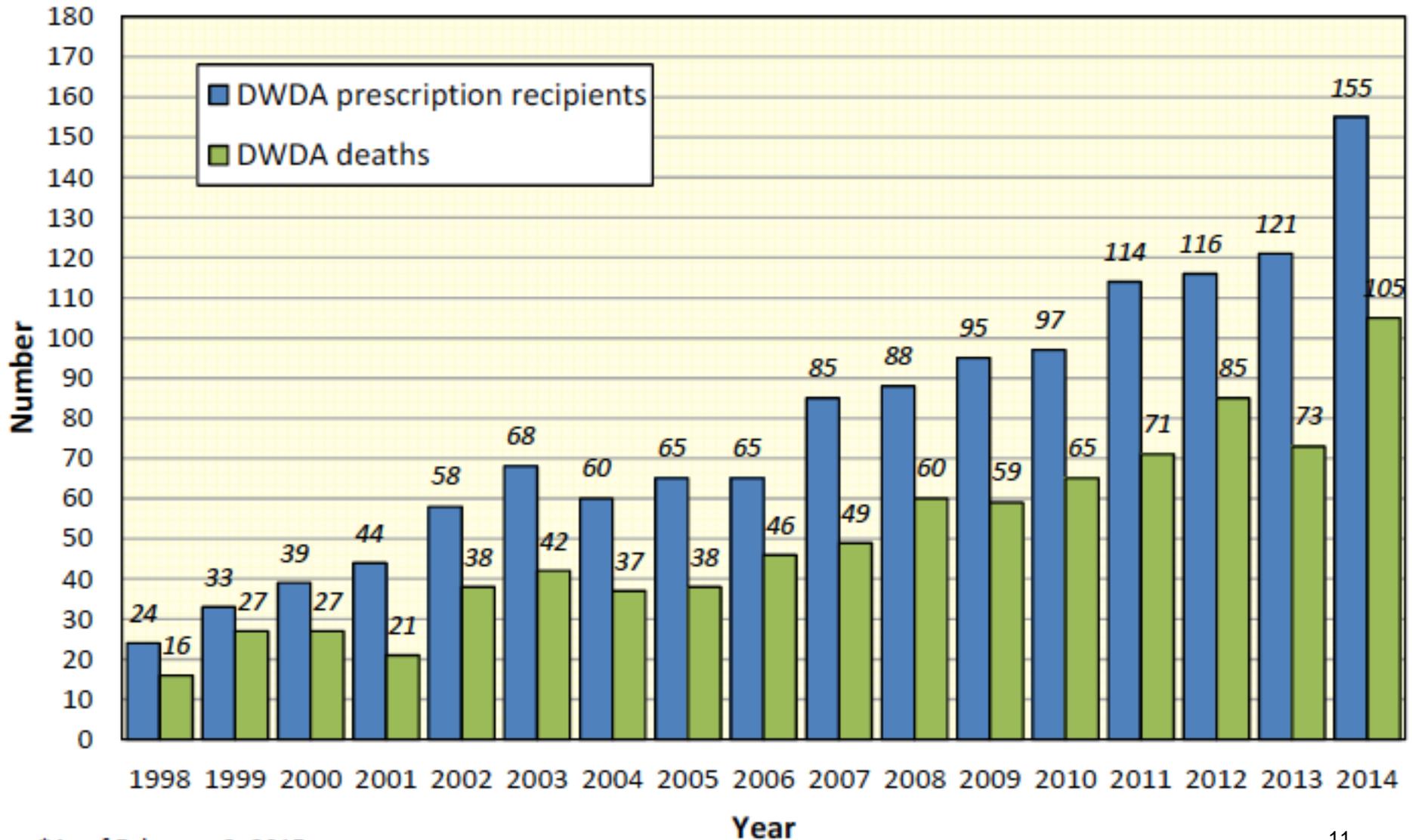
Oregon Death with Dignity Act *

- ❑ Legalized in 1997 (passed twice)
- ❑ Patient must have decision-making capacity
- ❑ 6 month prognosis with diagnosis confirmed by a second doctor
- ❑ Waiting period of two weeks before prescription written
- ❑ <http://www.healthoregon.org/dwd>

History of the Oregon Law

- Measure 16, an initiative was passed in 1994
51% to 49%
- The OR legislature attempted to repeal the law with Measure 51 in 1997
 - It failed 40% to 60%
- The Bush administration (AG John Ashcroft) tried numerous attempts to stop it
- Supreme Court (2005) in Gonzalez vs. OR ruled 6-3 in favor of the law

**Figure 1: DWDA prescription recipients and deaths*,
by year, Oregon, 1998-2014**



*As of February 2, 2015

2014 - 31.0 DWDA deaths per 10,000 total deaths

Arguments Against the DWDA

- Patients would choose it because of:
 - Poor care or lack of access to care
 - Untreated pain
 - Financial concerns
 - Being in poverty
 - Being coerced by others
 - Pressure from insurance companies
- Patients would be harmed by the drugs

17 Year Experience

- 1327 people have had prescriptions written
 - 859 patients have died from the medications (65%)
- Patient Characteristics
 - Median age 71, 97% white
 - 72% some college or BA or higher
 - 90% were in hospice
 - 98.5% had insurance (2/3 public, 1/3 private)
 - 95% died at home

Patient Characteristics

- Diagnoses
 - Cancers – 78%
 - Amyotrophic lateral sclerosis (ALS) – 8%
 - Lung disease – 4%
 - Heart disease – 2%
 - AIDS – 1%
 - Others – 6%

Patient Experience

- 100% died
- 6 patients (0.6%) have regained consciousness
- 22 patients (2.6%) regurgitated
- No seizures or other complications reported
- Median time from prescription to death – 47 days
- Median time ingestion to unconscious – 5 min
- Median time ingestion to death – 25 min

Why Patients Ask for PAD

- ❑ Losing autonomy (92%)
- ❑ Decreased ability to participate in activities that make life enjoyable (89%)
- ❑ Loss of dignity (79%)
- ❑ Losing control of bodily functions (50%)
- ❑ Burden on family/Caregiver (40%)
- ❑ Pain (25%)
- ❑ Financial concerns (3%)

Possible Questions About PAD

- Reasons – physician entered, limited choices
- Depression – very low number of referrals
 - 2008 study in BMJ - 5% had depression and no referral to a psychologist or psychiatrist
- Reporting complications – up to families
 - Only 28% of deaths attended by MD
- Little research on the patient experience

PAD in Other Countries

- Legal in Belgium, Luxemburg, The Netherlands, and Switzerland
- Broader rules than in Oregon
 - Allow it for people with mental illness
- The Netherlands allows PAD for minors (12-18)
- Usage:
 - NL – 3%, BL – 1-2%, Lux – 0.1%, SW – 0.6%
 - OR – 0.3%



Voluntary Active Euthanasia

- ❑ The deliberate ending of a life by someone other than the patient by introducing a lethal drug
- ❑ Legal in Belgium, Luxemburg, and The Netherlands
- ❑ Not legal in Switzerland
- ❑ Use a combination of narcotics, barbituates, and paralyzing agents

Rules & Patients

- All:
 - Request voluntary and well considered
 - A condition of constant and unbearable physical or psychological suffering
- Belgium – no reasonable options
 - Must have a consultation with a 2nd physician
- Very similar to OR – men, 65-80, cancer, highly educated. (Universal insurance)

Dutch Slippery Slope?

- Stable percentage over the last 5 years
- Less than half of requests are granted
- No apparent misuse in vulnerable populations
- Physicians appear not to substitute euthanasia for palliative care
 - 36% increase in the use of palliative care
 - 0.1% increase in the use of euthanasia

Belgium Rate Increasing

Death by doctor: Controversial physician has made his name delivering euthanasia when no one else will



To some, Wim Distelmans has come to embody the dangers of legalized euthanasia. But while he has his critics, more Belgians see the charismatic doctor as a hero

[Belgium moves to make euthanasia legal for children, dementia patients](#)

[B.C. group hopes to take assisted suicide fight to Supreme Court for first time in 20 years](#)

[Deaf twins killed by legal euthanasia had to search two years before they found someone who would do it](#)

[67% of Canadians support legalizing assisted suicide: poll](#)

[Read the entire Death by Doctor series on euthanasia](#)

Involuntary Euthanasia

- Groningen Protocol
 - Created in 2004 by a pediatric leader in the Netherlands
 - Creates guidance for use of euthanasia for infants and children with severe conditions
- Supported by both pediatric organizations in The Netherlands
- Technically illegal



Groningen Protocol Requirements

- ❑ The presence of hopeless and unbearable suffering
- ❑ The consent of the parents to termination of life
- ❑ Medical consultation having taken place
- ❑ Careful execution of the termination

Use of the Protocol

- 1997-2004 – 22 cases reported
- 2005- present – 2 cases
 - Increase in late term abortions
- All infants with spina bifida and hydrocephalus
- In 4 cases the parents requested it, in all the parents consented
- No cases hve led to prosecution

Resources

- The Way to Die in Oregon (Netflix movie)
 - Multiple clips on YouTube
- The Trouble with Dying (YouTube movie)
- www.compassionandchoices.org
- www.deathwithdignity.org
- www.healthoregon.org/dwd