

Medical Aid In Dying
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Disclosures

- ▶ No relevant financial relationships to disclose
- ▶ Salaried faculty member at the University of Colorado
- ▶ I drink too much coffee

Objectives

- ▶ 1) Understand the law and the protocol for participation
- ▶ 2) Understand the history, ethics, and data behind the intervention
- ▶ 3) Be able to counsel patients who ask about Medical Aid in Dying
- ▶ 4) Know your responsibilities if you decide to participate

Definitions

- ▶ 1) Euthanasia: A person (provider) takes action to end another's life for the purpose of alleviating suffering
- ▶ 2) Medical Aid In Dying: A terminally ill patient takes a prescribed lethal dose of medication to end their own suffering.
- ▶ 3) Physician assisted suicide: A patient takes a prescribed lethal dose of medication to end their own suffering.

A (very) abridged chronologic history

- ▶ 1980 - Hemlock Society founded by Derek Humphry to advocate for right-to-die legislation in the US.
- ▶ 1984 - Voluntary Euthanasia becomes legal in the Netherlands (legal convention, not law)
- ▶ 1990 - Cruzan v. Director, Missouri Department of Health - US SC
 - ▶ No one may refuse treatment for another person absent "a clear and convincing" directive to the contrary. Establishes Advance Care Planning.
- ▶ 1994 - Measure 16 or "Death With Dignity Act"(DWDA) passes in Oregon as a direct ballot initiative. It takes effect in 1997.
- ▶ 1997 - Washington v. Glucksberg
 - ▶ Access to MAID is not a liberty protected by the constitution.
 - ▶ States are free to prohibit or legalize MAID
 - ▶ "Hastened death" is allowed as long as the goal is relief of suffering
- ▶ 2006 - Gonzalez vs. Oregon- USSC upholds Oregon's DWDA
 - ▶ A prescription for DWD does not violate the federal Controlled Substances Act
- ▶ 2009 - Washington State passes Initiative I-1000, Washington DWDA
- ▶ 2013-15 - Vermont, California pass the same.
- ▶ 2016 - Colorado - Proposition 106 - End of Life Options Act

Annals of Internal Medicine®

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

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Appendix Table. U.S. Jurisdictions Where Physician-Assisted Suicide Is Legal

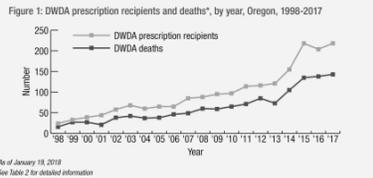
Where	When	How
Oregon	1997	Voter-approved ballot initiative
Washington	2008	Voter-approved ballot initiative
Montana	2009	Court decision*
Vermont	2013	Legislation
California	2015	Legislation
Colorado	2016	Voter-approved ballot initiative
District of Columbia	2016	Legislation

* A patient's request for physician-assisted suicide can be an affirmative defense for a physician who participates.

Patient Characteristics (from Oregon)

- ▶ In 2016 in Oregon
 - ▶ Mean and median age: 73
 - ▶ 96.2% white, 54% male
 - ▶ 50% with a baccalaureate degree or greater, 64% married
 - ▶ 79% with cancer, 7% with ALS, 7% with heart disease
 - ▶ Most frequently cited concerns:
 - ▶ Loss of autonomy (89%)
 - ▶ Loss of enjoyment in life (89%)
 - ▶ Loss of dignity (65%)
 - ▶ Burden on family (48.9%)
 - ▶ 102 physicians wrote for the 204 total prescriptions

A numerical history



Oregon Death with Dignity Act 2017 Data Summary
Oregon Public Health Division, Center for Health Statistics
February 9, 2018

Year one in Colorado (2017)

- ▶ 69 people received prescriptions, written by 37 physicians
- ▶ 56 deaths (unknown # of ingestions)
- ▶ Median age 75 (40-93)
- ▶ Cancer - 63.8%, ALS 10%, Cardiac disease (10%), Lung Disease (9%)
- ▶ Meds - 42% Secobarbital, 56% DDMP, 2% pure opioid
- ▶ 53% Male, 96% white, 45% married, 39% BA or higher

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Oregon Public Health Division, Center for Health Statistics
February, 2017

Colorado End of Life Options Act - The high yield

Patient	Provider	Institutions
<ul style="list-style-type: none">• >18yo• Resident of Colorado• Terminally ill• Prognosis < 6 months• Has capacity• Able to self-administer medication• Acting voluntarily• Making an "informed decision"	<ul style="list-style-type: none">• No obligation to participate• ARE obligated to transfer records to another provider if requested• Must be MD/DO• Capacity: Psychology/Psychiatry	<ul style="list-style-type: none">• MAY prohibit employees from 'writing a prescription.'• May NOT compel an employee to participate.• Must notify patients of its policy with regard to MAID

Colorado End of Life Options Act - finer detail

- ▶ Colorado resident (any 1 of the following):
 - ▶ Has a valid CO drivers license or voter registration
 - ▶ Owns/leases property in Colorado
 - ▶ Pays taxes in Colorado (most recent year)
- ▶ Attending Physician
 - ▶ "Has primary responsibility for the care (and treatment) of a terminally ill individual"
- ▶ Self-Administer
 - ▶ - "Affirmative, conscious and physical act of administering the medication to him or herself"
- ▶ Rescinding the request
 - ▶ Can happen at any time.
 - ▶ Does NOT require an evaluation of capacity

Active Learning Question #1

- ▶ Select the choice that is NOT true
 - ▶ A) A person may rescind their request to MAID in dying at ANY time
 - ▶ B) An institution may prohibit an employee provider from writing a prescription for MAID
 - ▶ C) Writing a prescription for MAID is legal in Colorado but illegal nationally
 - ▶ D) A person who cannot self administer the medication may not participate in MAID

Active Learning Question #1 - Answer

- ▶ Select the choice that is NOT true
 - ▶ D) A person who cannot self administer the medication may not participate in MAID
- ▶ Explanation: There is no federal law making this practice illegal. The right of states to pass legislation legalizing the practice has recently been upheld by the US Supreme Court in Gonzalez vs. Oregon (2006)
- ▶ Reference: www.supremecourt.gov - Gonzalez vs. Oregon, 2006

The process

Colorado End-of-Life Options Act: Process Overview



A patient has the ability to change his or her mind at any point during the process.

chia

Participant requirements

Attending

- Determine patient is qualified
- Collect proof of residency
- Provide full disclosure of risk/benefit/burden/alternatives
- Inform pt that they may rescind at any time
- Write a prescription for medication and supporting medication
- Fill out Attending Reporting Form/Sign death certificate

Consulting

- Examine the individual and their records
- Confirm in writing that the individual meets criteria

Psych

- To be consulted IF there is any question of mental capability of informed decision making
- Communicates, in writing, conclusion about whether the individual has capacity

The Forms

- ▶ Attending Reporting Form: Available on website of Colorado Department of Public Health
 - ▶ Date of first oral request
 - ▶ Date of second Oral Request
 - ▶ Date of written request and copy of written request
 - ▶ Date of prescription and what was prescribed, date of dispensation
- ▶ Patient written request form: Available online at www.Colorado.gov
 - ▶ Must be witnessed by 2 people:
 - ▶ One must not be: A relative, entitled to any part of Individual's estate, or an employee of the healthcare institution issuing the prescription
 - ▶ None may be: The attending physician, or the MDPOA

The Prescription

Secobarbital	DDMP	Opioid Agonist
<ul style="list-style-type: none">• 10 grams• 100x 100mg caps powder mixed w/ water• \$3000-\$5000• Coma: 10-15min• Death: 12-100 hrs• Premed: Zofran/Propranolol	<ul style="list-style-type: none">• Diazepam 500mg, Digoxin 25mg, Propranolol 2gm, Morphine Sulfate 10gm, Buffer Suspension• Mixed with 120ml liquid• \$500-\$600• Coma: 2-30min• Death: 0.5-18 hrs• Premed: Haldol or Zofran or Reglan	<ul style="list-style-type: none">• Roxanol (Morphine sulfate liquid 20:1)• For opioid NAIVE patients only• 1200mg at once (60ml)• \$50• Coma: 2-4 hrs• Death 12-24 hrs• Premed: Zofran/Propranolol

Active Learning Question #2

- ▶ A person with end-stage lung cancer, who is continuously short of breath, has an underlying opioid addiction, and has a history of bipolar I which is well treated, comes to your office to request a prescription for Medical Aid in Dying. Which of the following is TRUE.
 - ▶ A) This person should NOT receive a prescription for Medical Aid in Dying
 - ▶ B) This person's capacity MUST be assessed by a licensed mental health professional
 - ▶ C) You should ensure the patient qualifies under the law, ascertain the rationale behind the patient's decision, ensure that his symptom burden is treated, and the patient is informed of the alternatives before proceeding
 - ▶ D) You should write the prescription at this visit

Active Learning Question #2 - Answer

- ▶ Answer: C
 - ▶ You should ensure the patient qualifies under the law, ascertain the rationale behind the patient's decision, ensure that his symptom burden is treated, and the patient is informed of the alternatives before proceeding.
- ▶ Rationale
 - ▶ Marginalized or stigmatized populations should still be able to access the same medical care available to others. In this case, a thorough conversation regarding risks/benefits/burdens, rationale, alternatives, and influences is imperative.
 - ▶ A history of bipolar and/or drug addiction does not mean a person does not have capacity. They SHOULD be referred to a mental health counselor if a question of their capacity arises.
 - ▶ A prescription should never be written at an initial visit.

Important to know

- ▶ Data is not publicly reportable
- ▶ No list of providers or patients is kept
- ▶ Cause of death on death certificate is the underlying terminal illness, and NOT MAID
 - ▶ as required by the law
- ▶ MAID will NOT affect a life, health or accident insurance or annuity policy
 - ▶ as required by the law
- ▶ Most hospice medical directors will NOT be the attending or consulting for patients enrolled in hospice.

Important Resources

- ▶ Full Text of the Colorado law:
 - ▶ www.leg.co.gov (website of the Colorado General Assembly)
- ▶ Compassion and Choices - compassionandchoices.org
 - ▶ A non-profit dedicated to expansion of end-of-life options.
- ▶ Death with Dignity - deathwithdignity.org
 - ▶ A non-profit dedicated to expansion of end-of-life options.

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