The question of euthanasia has often been asked of hospice. Since the question may some day be valid, will your hospice be ready?
Terminologies of Death With Dignity

*euthanasia*
: the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy.

(Active, Passive, Voluntary, Non-voluntary or Involuntary)*

My note, RRR

*suicide*
the act or an instance of taking one's own life voluntarily and intentionally especially by a person of years of discretion and of sound mind.

PAD: Physician Assisted Death
PAS: Physician Assisted Suicide
DWD: Death with Dignity
DWDA: Death with Dignity Act

www.merriam-webster.com/
How it is Described

• **Euthanasia**, also known as assisted suicide, physician-assisted suicide (dying), doctor-assisted dying (suicide), and more loosely termed mercy killing, means to take a deliberate action with the express intention of ending a life to relieve intractable (persistent, unstoppable) suffering.

• Some interpret euthanasia as the practice of ending a life in a painless manner. Many disagree with this interpretation, because it needs to include a reference to intractable suffering.

• by Christian Nordqvist
  • Last updated: Fri 30 October 2015
Physician Assisted Death

- **physician–assisted suicide**
  suicide by a patient facilitated by means (as a drug prescription) or by information (as an indication of a lethal dosage) provided by a physician aware of the patient's intent.

- In **physician assisted death** the physician does not directly kill the patient but prescribes medication to be self-administered by the patient for the purpose. Or, at the patient’s directions, withholds or withdraws life sustaining treatment.
Early Successfully Enacted Death with Dignity Acts in America

US Supreme Court

• In 1997, the U.S. Supreme Court rejected the constitutional argument that liberty extends to a person’s right to die with the help of a physician.

• However, used of state courts to legitimatize PAD is another matter. ... in 2009 the Montana Supreme Court concluded that the state Constitution did not prohibit PAD.
  * H. Ball, Liberty to Die, p 131

Oregon & Washington State Legislation

• “... two successful efforts to legitimatize PAD: Oregon’s successful efforts, in 1994 and in 1997, to pass the nation’s first end-of-life PAD legislation, the Oregon Death with Dignity Act (DWDA) and the success in Washington State of an Oregon mirror-image Death with Dignity Act in 2008.”
  * H. Ball, Liberty to Die, p 131
States Allowing PAS/PAD

- 5 States Have Legalized Physician-Assisted Suicide
  4 states (CA, OR, VT, and WA) legalized physician-assisted suicide via legislation

- 1 state (MT) has legal physician-assisted suicide via court ruling

- 45 States and DC Consider Assisted Suicide Illegal,
  38 states have laws prohibiting assisted suicide, 3 states (AL, MA, and WV) and the District of Columbia prohibit assisted suicide by common law and 4 states (NV, NC, UT, and WY) have no specific laws regarding assisted suicide, may not recognize common law, or are otherwise unclear on the legality of assisted suicide.
MISSOURI 2016

• Bill Description  
  HB1919
  Gardner (077)

DEATH WITH DIGNITY ACT (4285H.01I)

• Establishes the Death with Dignity Act to allow patients with terminal illnesses to end their life in a humane and dignified manner.

• 1/07/2016 - Read Second Time (H)

• Last Action: - 5/13/2016 Referred: Health and Mental Health Policy(H)

MY OBSERVATIONS about MO HB1919:

• The bill has been crafted carefully in the pattern of successful legislation in other states.
  • The bill also carefully avoided wording and conditions which were thought to cause failure in states that did not pass a DWDA.

• HB1919 (2016) is designed with safe-guards defining:
  • qualifications of a candidate,
  • what counseling must be done by the physician,
  • how much time must pass between steps,
  • when the patient should be referred to a Licensed Counselor,
  • what form is used to make the request, etc.
Will The Law Be Enacted?

“Seven in 10 Americans Back Euthanasia”

• WASHINGTON, D.C. -- Most Americans continue to support euthanasia when asked whether they believe physicians should be able to legally "end [a] patient's life by some painless means." Strong majorities have supported this for more than 20 years.
    • by Justin McCarthy – Gallup Polls

• With 70% of Americans backing it, likely yes. *RRR
Pros and Cons

• **Proponents** of euthanasia and physician-assisted suicide (PAS) contend that terminally ill people should have the right to end their suffering with a quick, dignified, and compassionate death.

• They argue that the right to die is protected by the same constitutional safeguards that guarantee such rights as marriage, procreation, and the refusal or termination of life-saving medical treatment.

• [http://euthanasia.procon.org/](http://euthanasia.procon.org/)
Pros and Cons continued

• **Opponents** of euthanasia and physician-assisted suicide contend that doctors have a moral responsibility to keep their patients alive as reflected by the Hippocratic Oath.

• They argue there may be a "slippery slope" from euthanasia to murder, and that legalizing euthanasia will unfairly target the poor and disabled and create incentives for insurance companies to terminate lives in order to save money.

  • [http://euthanasia.procon.org/](http://euthanasia.procon.org/)
The “Slippery Slope”

slippery slope

a course of action that seems to lead inevitably from one action or result to another with unintended consequences

http://www.merriam-webster.com/dictionary/slippery%20slope
The Netherlands is normalising euthanasia, says Dutch ethicist - by Michael Cook | 2 Apr 2016 |

• A former member of a euthanasia review board in the Netherlands has written a stinging attack on the policy he once formed part of.
  – Dr Theo de Boer, professor of health care ethics at the Theological University in Kampen.
  – Dr de Boer says that from 2005 to 2014, he reviewed nearly 4,000 cases of assisted dying as a member of one of the five Dutch regional committees.

• He thought it was a “robust and humane system” and defended it at ecumenical gatherings.

• However, in 2007, he says that the pace of euthanasia began to accelerate, rising by 15 percent each year.

• - See more at: [http://www.bioedge.org/bioethics/the-netherlands-is-normalising-euthanasia-says-dutch-ethicist/11810#sthash.mLwzRWGQ.dpuf](http://www.bioedge.org/bioethics/the-netherlands-is-normalising-euthanasia-says-dutch-ethicist/11810#sthash.mLwzRWGQ.dpuf)
Dutch ethicist (con.)

- The biggest change was the **reason for requesting death**.
- Originally ... tormented patients who just wanted to die peacefully.
- But this changed. Nowadays, many people simply want to take an early exit from loneliness or bereavement or meaninglessness.
- Some patients still request assisted dying out of fear of ineffective palliative care, an increasing number see euthanasia as the form of a good death after a trajectory of good palliative care.
- The **unbearable suffering** that they refer to increasingly consists of meaningless waiting rather than physical suffering.
- The issue now is autonomy—the patient’s right to a swift death, brought about by a doctor.

- See more at: [http://www.bioedge.org/bioethics/the-netherlands-is-normalising-euthanasia-says-dutch-ethicist/11810#sthash.mLwzRWGQ.dpuf](http://www.bioedge.org/bioethics/the-netherlands-is-normalising-euthanasia-says-dutch-ethicist/11810#sthash.mLwzRWGQ.dpuf)
Is There a Moral Difference between Passive Euthanasia and Physician-Assisted Suicide?

YES

• “In June 1997 the U.S. Supreme Court made quite clear that these actions are legally distinct.
• There is a constitutional right to refuse medical treatments and even have a proxy exercise that refusal, while, by a vote of 9 to 0, the Court clearly stated that there is no constitutional right for either euthanasia or PAS.
  • 2000 - Ezekiel Emanuel, MD, PhD

NO

• “Withdrawing feeding tubes and starving the patient to death is permissible, supplying the patient with a pill that produces death is not.
• Notice that both sorts of assistance are compatible with being rendered with the intention of relieving the patient's suffering.
• How can there be a moral difference between them, with these things the case?”
  • 1998 - R.G. Frey, D.Phil
Most U.S. Doctors Now Support Aid in Dying: Survey

• For the first time, most U.S. doctors — 54 percent — favor aid in dying, backing the rights of patients with an incurable illness to seek "a dignified death," according to a survey of more than 21,000 doctors released Tuesday night by Medscape. In 2010, a Medscape survey asked the same question, finding that 46 percent of doctors agreed with the notion of assisted suicide. Medscape, owned by WebMD, is an online resource for physicians.

(Dec. 10, 2014)

The goal today is not to give you solutions, but to allow you to face the Ethics question.

• What are your own values?
  • Theology – vs - Experience
  • Experiences – vs - Philosophy & World view

• What about the values of your staff?
  • Will they see merit and advocate?
  • Will they oppose and comply?
  • Will they change careers?

• What about community values?

• What about your patients?
  • Personal values?
  • Family values?
  • Patient/staff relationship?
Have you settled your personal and professional values on this issue?
So Much is Involved

• Personal Liberty for self-determination
  – The same love we Americans have for “individualism” and “freedom” and “rights” – all good things --- contribute to the moral struggle regarding Physician Assisted Suicide (Active Euthanasia). Dr. Charles W. Christian, Ph. D., Theology & Ethics.

• Physical Suffering
  – Emotional Suffering
  – Financial/family hardship

• Personal and Professional values of....
  – Patient and family
  – Physician
  – Hospice staff
  – Community

• Slippery Slope?
  – Acceptable diagnosis
  – Economic considerations
So... How will you handle it?

• Your patient may be confused about their own desires. How do you guide them?
• Family may be in conflict. How do you intervene?
• Nurses and/or doctors may be in conflict. How do you counsel and comfort?
• Community may view you as an escape, instead of palliative EOL caregivers.
Case Scenario

• A grandmother died two days before her 60th birthday after a long battle with lung cancer. She had been a heavy smoker from the age of 15. The first warning came when the doctor discovered major blockage in the arteries of her heart. A stint was put in place. A few years later she began experiencing pain in her chest and back. It became so severe she had to be rushed to the emergency room. After the x-rays and lab results, the physician broke the bad news that she had lung cancer. It was a downhill battle after that. No longer could she work in the yard. Breathing became difficult. Slowly she deteriorated until she could no longer even eat and weighed 90 pounds.

• The night of her passing she had internal bleeding. She vomited blood for hours and received several blood transfusions. The doctor’s could not figure out where the bleeding was coming from. She was taken into surgery and never came out.

• Would this grandmother have been a good candidate for PAD?
  – At what point?
  – Who would have needed to bring up the subject?
Steps to Begin...

• Recognize that it is really not “if” it becomes law, but “when”.

• Develop a personal philosophy concerning Death with Dignity... with reasons.

• Talk openly about it from time to time with your staff.

• Realize that there will be many new developments with an enacted law.

• With all parties considered writing a policy that will fit with your organization and your community.