



Death with Dignity Movement in the United States: Where We Are and Where We Are Going

George Eighmey, President, Death with Dignity National Center, Portland, Oregon, USA

Legal Developments Worldwide
May 12, 2016 - 11:00 am – 12:30 pm

“I have no conflicts of interest relevant for
Euthanasia 2016 and have nothing to disclose.”

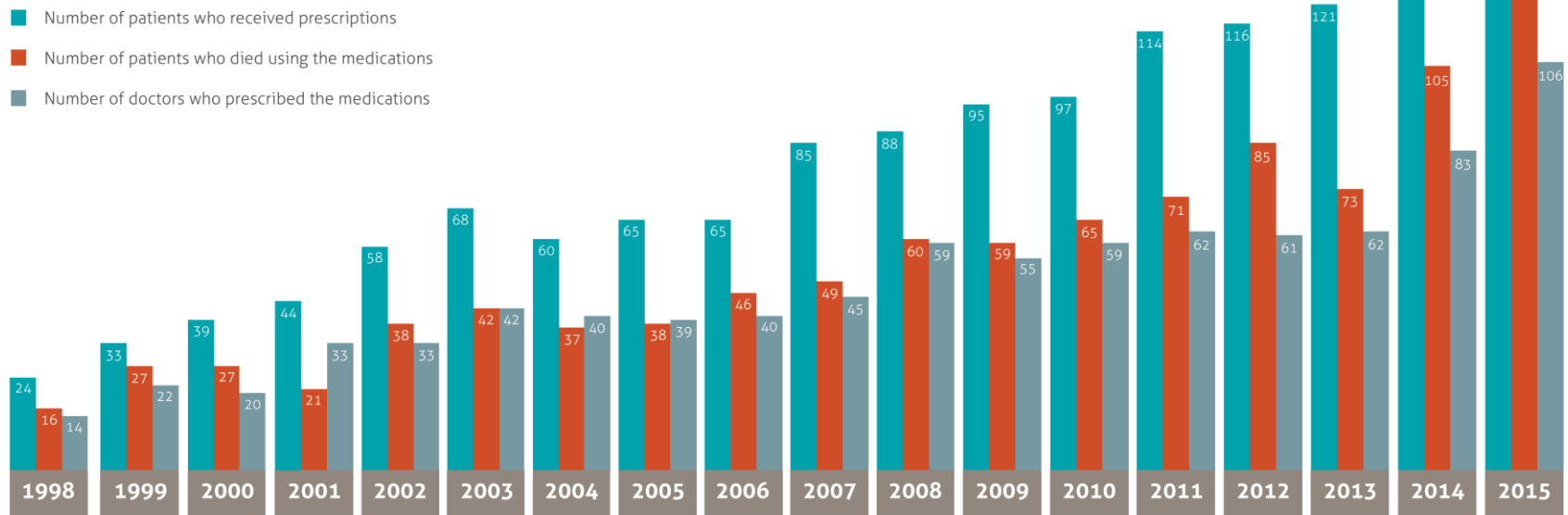
George Eighmey

States with Death with Dignity Laws

1. Oregon: Passed in 1994 & 1997 (ballot)
2. Washington: 2008 (ballot)
3. Montana: 2009 (judicial order)
4. Vermont: 2013 (legislature)
5. California: 2015 (legislature)

Implementation in Oregon: 1998-2015

- Patients who received prescriptions and died using the medications
- Doctors who prescribed the medications
- Source: Oregon Health Authority



Oregon Experience: Participation Overview

- From 1998 through 2015
 - 1,545 prescriptions were written
 - 991 Oregonians ingested a legally prescribed lethal dose of medication and died
 - This corresponds to 38.6 Death with Dignity Act deaths per 10,000 total deaths (2015).

Oregon Experience: Participants, '98-'15

- Between 25 and 96 years of age
- Median age: 71
- Caucasian (96.6%)
- Well-educated (45.5% had at least a baccalaureate degree)
- Had cancer (77.1%)
- Had ALS (8%)

Oregon Experience: Participants, '98-'15

- 0.8% were 18-34 years old / 14.6% were 85+
- Women: 48.6% / Men: 51.4%
- 98.6% had health insurance
- Only 2.5% had financial concerns
- 90.5% were enrolled in hospice

Oregon Experience: End-of-Life Concerns

- Most important reasons why people use the law:
 1. Losing autonomy
 2. Less able to engage in activities that make life enjoyable
 3. Loss of dignity

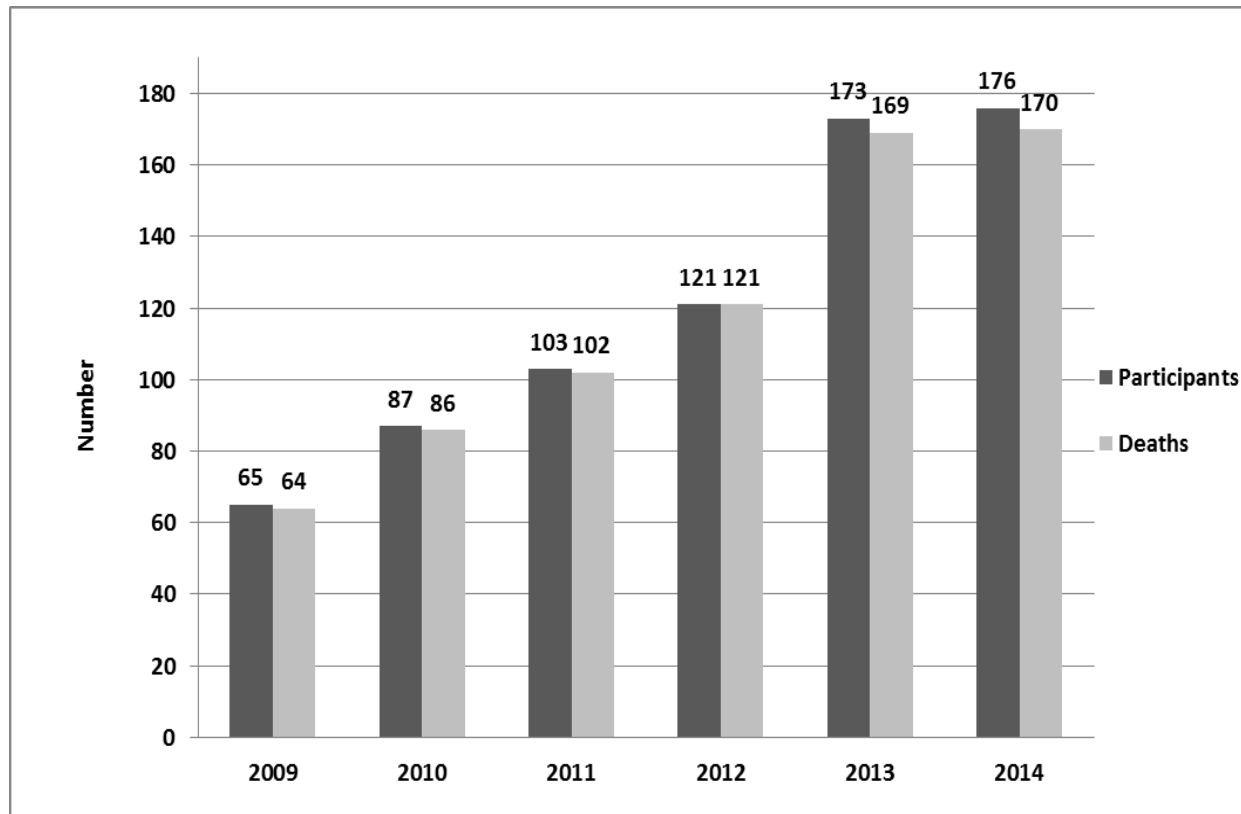
- Least important reasons:
 1. Depression
 2. Lack of social support
 3. Fear of being a financial burden

*“Oregon has proven that
good things happen when
the law and compassion
come together.”*

—BARBARA ROBERTS, OREGON GOVERNOR 1991-1995

Implementation in Washington: 2009-2014

- Source: Washington Department of Health



Washington Experience: Participation Overview

- From 2009 to 2014:
 - 724 prescriptions were written.
 - 772 Washingtonians ingested a legally prescribed lethal dose of medication and died.

Washington Experience: Participants, 2014

- Between 21 and 101 years of age
- Caucasian (92%)
- Well-educated (50% had at least a baccalaureate degree)
- Had cancer (76%)
- Had ALS (13%)

Washington Experience: Participants, 2014

- 3% were 18-44 years old / 17% were 85+
- Women: 57% / Men: 43%
- 93% had health insurance
- 69% were enrolled in hospice
- 92% died at home

Washington Experience: End-of-Life Concerns

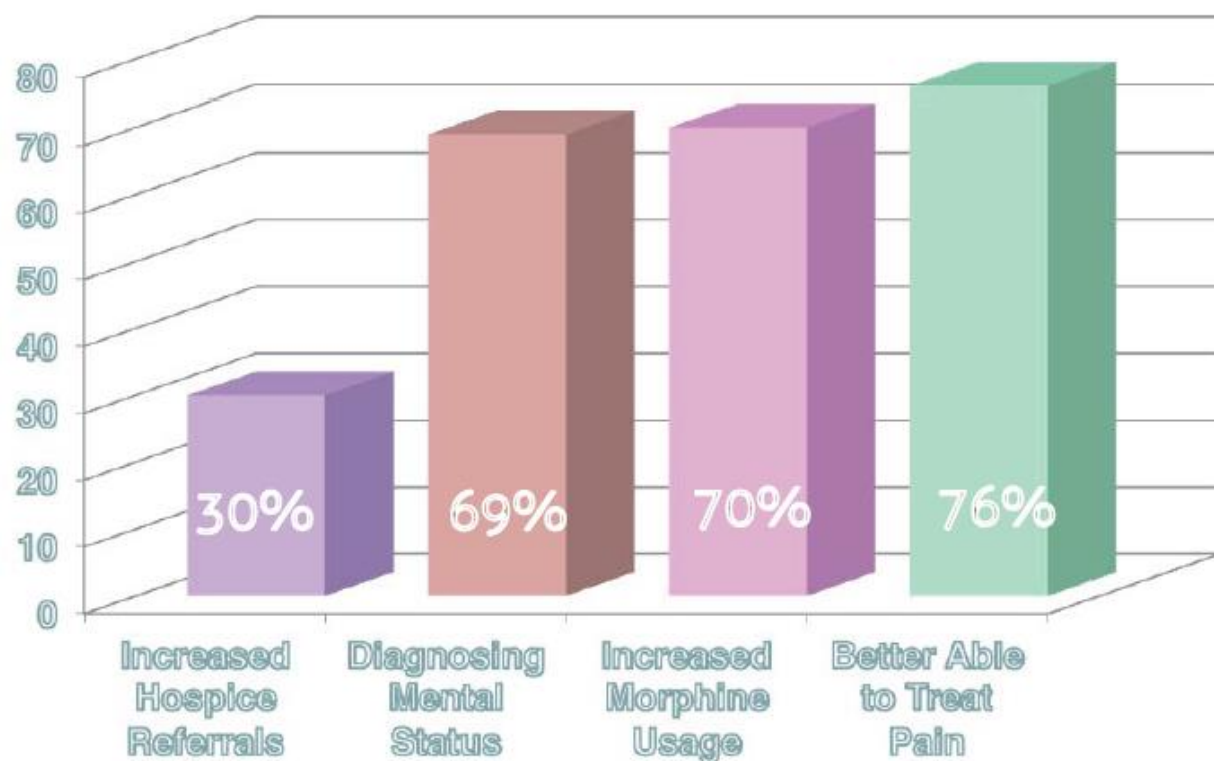
- Most important reasons why people use the law:
 1. Losing autonomy
 2. Less able to engage in activities making life enjoyable
 3. Loss of dignity
- Least important reasons:
 1. Financial implications of treatment
 2. Inadequate pain control
 3. Losing control of bodily functions

End-of-Life Care in Ore. & Wash.

- Oregon and Washington are national leaders in end-of-life care
 - Consistently rank in the top “Best Places to Retire”
 - One of the highest utilization rates of hospice
 - Highest rate of in-home deaths
 - 37.9% in-home deaths in Oregon/Washington vs US average of 23.2%
 - More than 90% of Oregonians/Washingtonians using the Death with Dignity Act die at home.

End-of-Life Care Improvements

- Source: Dr. Linda Ganzini et al., *JAMA*, May, 2001



Vermont Experience: 2013-2015

- History:
 - 10-year collaborative campaign of Death with Dignity National Center and Patient Choices Vermont.
 - Vermont state legislature passed Act 39 in 2013.
 - Governor Peter Shumlin signed the Act on May 20, 2013.
 - The law went into effect immediately.
- Third state to enact a Death with Dignity statute
- First statute to be passed through legislation

Vermont Experience: Current Status

- The Vermont Patient Choice and Control at the End of Life Act in effect since May 2013.
- The sunset provision on certain patient safeguards was removed in May 2015.
- No data is collected in Vermont.

Montana Experience

- On Dec. 31, 2009, the Montana Supreme Court ruled in favor of Robert Baxter.
- It stated that, while the state's Constitution did not guarantee a right to physician-assisted suicide, there was “nothing in Montana Supreme Court precedent or Montana statutes indicating that physician aid in dying is against public policy.”

Montana Experience

- Despite widespread public and media perception, the Montana Supreme Court verdict did not establish a law.
- Oregon, Washington, and Vermont remain the only three states in the U.S. to have Death with Dignity statutes.

The New California Law

- In 2015 California became the second state to pass a Death with Dignity Act legislatively.
- Signed by Governor Jerry Brown on October 5, 2015.
- The name of the law: End of Life Option Act.
- It goes into effect on June 9, 2016.
- Participation in the law is voluntary.

“In the end, I was left to reflect on what I would want in the face of my own death. I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn’t deny that right to others.”

—JERRY BROWN, CALIFORNIA GOVERNOR

About the End of Life Option Act

- Closely modeled on the Oregon Death with Dignity Act, which has been working flawlessly since 1998.
- Like the Oregon law, California's allows mentally competent adult residents of the state who have been diagnosed with a terminal illness with a 6 months or less prognosis to voluntarily request and obtain from a prescription medication to hasten their inevitable, imminent death.

About the End of Life Option Act

- The patient must also be able to self-administer and ingest the prescribed medication.
- Two physicians must confirm all the eligibility criteria are met before writing the prescription.
- Two waiting periods:
 - #1: between oral requests
 - #2: between completing the Final Attestation Form and ingestion

About the End of Life Option Act

- The law will work just like Oregon's or Washington's with the following exceptions:
 1. People who do not speak English can use a language interpreter.
 2. The attending physician must discuss the request for medications with the patient (and their interpreter, if applicable) alone. (Patients in Oregon are free to bring anyone along).
 3. There is no waiting period between the written request and the writing of the prescription.

About the End of Life Option Act

4. The attending physician must provide a separate form for the patient to complete within 48 hours prior to taking the medications.
5. Unused medications must be delivered for disposal to the nearest qualified facility that properly disposes of controlled substances, or, if none is available, disposed of by lawful means in accordance with the Board of Pharmacy or Drug Enforcement Administration guidelines.

About the End of Life Option Act

6. Forms for physicians are codified in the statute. (Oregon's forms are created by the Oregon Health Authority through separate administrative rules.)
7. The End of Life Option Act expires on January 1, 2026, if not renewed. (Oregon's law is permanent unless repealed by the legislature or voters.)

Next States

- Death with Dignity National Center is presently working in several states where we have determined the chances of passing an Oregon-style law in the next few years are high, including
 - New York: legislature by 2018
 - Maryland: legislature by 2018
 - Hawai`i: legislature or ballot by 2018
 - Maine: legislature by 2017



QUESTIONS & ANSWERS



Thank you for your invitation.

CONTACT FOR QUESTIONS/COMMENTS:

Email: geighmey@gmail.com

Mail: 520 SW 6th Avenue #1220 / Portland, OR 97204 / USA

Phone: +1-503-314-8378

www.DeathwithDignity.org