

## Aid-in-Dying Legislation in Maryland

Issues and Options Facing the Medical Community, the Legislature, and the General Public.

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## Goals: Attendees to understand

<b>CME Goals</b> <ul style="list-style-type: none"> <li>What is aid in dying? What is it not?</li> <li>What do the data show from states that authorize aid in dying?                     <ul style="list-style-type: none"> <li>- For patients?</li> <li>- For physicians?</li> </ul> </li> <li>How would the law work in Maryland?</li> </ul>	<b>Advocacy Goals</b> <ul style="list-style-type: none"> <li>Why you should support aid in dying in Maryland</li> <li>Even if you do not support aid in dying, why you should support a "neutral" position for MedChi</li> </ul>
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## What is Aid in Dying?

Aid in Dying is a process allowing competent adults with a terminal illness and less than six months to live to receive and self-administer a life-ending medication, provided the patients and their physicians go through a series of cautionary steps.

## Who has aid in dying?

Passed by Referendum	→	Oregon (1997) Washington (2008)
Passed by Legislature	→	Vermont (2013) California (2015)
Decision by the Courts	→	Montana (2010)

## Reasons to Support Aid in Dying Laws

- Strong protections for patients and providers.
- Maryland bill – more protections than current laws.
- No evidence of abuse or a "slippery slope."
- Laws address needs of the few but comfort countless others.
- Most physicians and most adults support aid in dying.
- Guidelines & best practices focus on quality of care & professionalism.
- This is neither euthanasia nor Dr. Kevorkian.
- Aid-in-dying laws do not lead to an increase in suicide rates.
- Aid in dying is not the same as suicide, but the terminology is less important than the concept.
- Aid in dying is not a violation of the Hippocratic oath.
- A matter of personal choice.
- California Medical Association changed its position.

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## The Patient

- 18 years of age & legal resident
- "Terminal illness" – medical condition that, within reasonable medical judgment, involves a prognosis likely to result in death within 6 months
- Can self-administer medication
- Must have capacity
- Requests aid-in-dying 3 times over 15 days (once in writing)

## Attending Physician

- Inform patient of
  - Medical diagnosis and prognosis
  - Any feasible alternatives and options, including palliative care and hospice
- Determine patient has capacity
- If not, refer for mental health assessment.
- Meet with patient privately and confirm patient is not being coerced
- Refer to a Consulting Physician

## Consulting Physician

- Corroborate Attending Physician's findings:
  - Terminal illness with less than 6 months to live
  - Patient has capacity

## Psychiatrist or Psychologist

- Determine patient has capacity

### Other Provisions

- Nobody is required to participate
  - Attending Physician
  - Consulting Physician
  - Psychiatrist or Psychologist
  - Pharmacist
  - Nursing home, hospital, etc.
- Patient can rescind request at any time

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### Comparing Laws that Address the Hastening of Death

	Withdrawal of Fluids & Nutrition (Health Care Decisions Act of 1993)	Palliative Sedation 1999	Aid in Dying (End-of-Life Option Act of 2016)
Physician Meets with Patient Alone	No	No	Yes
"Cooling Off" period	No	No	15 days
Consultation With a Second Physician	No	No	Yes
Two Witnesses, One of Whom Cannot Be An Heir A Relative	Yes	No	Yes
Obtain Mental Health Evaluation if Concern about Patient's Capacity	No	No	Yes
Interpreter	No	No	Yes

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### There is simply no evidence of a "slippery slope" in Oregon or other states


- No coercion of patients into the program (based on 30+ combined years of experience)
  - No evidence in
    - newspapers
    - TV reports
    - state databases
    - lawsuits
    - online articles
    - police reports
- No expansion of the types of patients who qualify
- No reason to assume we will copy European programs

### U.S. Law Does Not Follow Belgian Law

	Belgium	U.S.
Age to purchase/use tobacco	16	18-21
Age to purchase alcohol		
Beer or wine	16	21
Spirits	18	21
Restrictions on ownership of firearms?	Many	Few
Capital punishment legal?	No	Majority of States
Allow aid in dying for non-terminal patients?	Yes	No

### No evidence of a "slippery slope"

Washington Post, August 2015



George Will

"Life . . . is inevitably lived on multiple slippery slopes: Taxation could become confiscation, police could become instruments of oppression, public education could become indoctrination, etc. . . . Everywhere and always, civilization depends on the drawing of intelligent distinction."

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