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

CME Goals
- What is aid in dying?
- What is it not?
- What do the data show from states that authorize aid in dying?
  - For patients?
  - For physicians?
  - How would the law work in Maryland?

Advocacy Goals
- Why you should support aid in dying in Maryland
- Even if you do not support aid in dying, why you should support a "neutral" position for MedChi

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 and 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.

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

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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

Reasons to Support Aid in Dying Laws

1. Strong protections for patients and providers.
2. Maryland bill — more protections than current laws.
   - No evidence of abuse or a “slippery slope.”
   - Laws address needs of few but benefit countless others.
   - Laws address needs of few but comfort countless others.
   - Laws do not lead to an increase in suicide rates.
   - No evidence in newspapers — lawsuits — TV reports — online articles — state databases.
   - No coercion of patients into the program (based on 30+ combined years of experience).
   - No expansion of the types of patients who qualify
   - No reason to assume we will copy European programs.
3. No evidence of a “slippery slope” in Oregon or other states
   - No coercion of patients into the program
   - No evidence in newspapers — lawsuits — TV reports — online articles — state databases — police reports
   - No expansion of the types of patients who qualify
   - No reason to assume we will copy European programs.

There is simply no evidence of a “slippery slope” in Oregon or other states

- No coercion of patients into the program
- No evidence in newspapers — lawsuits — TV reports — online articles — state databases — police reports
- No expansion of the types of patients who qualify
- No reason to assume we will copy European programs

Comparing Laws that Address the Hastening of Death

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</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>U.S.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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U.S. Law Does Not Follow Belgian Law

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<thead>
<tr>
<th>Comparison</th>
<th>Belgium</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>Age to purchase tobacco</td>
<td>16</td>
<td>18-21</td>
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<tr>
<td>Age to purchase alcohol</td>
<td>16</td>
<td>21-21</td>
</tr>
<tr>
<td>Restrictions on ownership of firearms</td>
<td>Many</td>
<td>Few</td>
</tr>
<tr>
<td>Capital punishment legal?</td>
<td>No</td>
<td>Majority of States</td>
</tr>
<tr>
<td>Allow aid in dying for non-terminal patients?</td>
<td>Yes</td>
<td>No</td>
</tr>
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Patients Who Used Oregon Law Compared to Patients Who Had Medication but Didn’t Use It

- Took Medication
- Aid in Dying (medication but didn’t use)