

A Look At The Oregon Numbers (18yrs)

- 1.2% of choice deaths • 1,545 patients received prescriptions
- 991 patients took the medication
- 9.4% of deaths • 554 patients did not
- 90% died in their own home

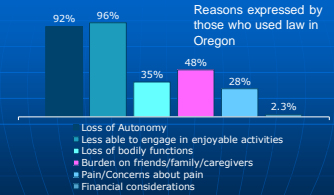
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Who Used The Oregon Law?

- 52.7% were male
- 46.1% were married
- 72.1% had attended college
- 90.3% were enrolled in hospice and had access to pain relief
- Median patient age 71 (25-96)

OR Dept. of Human Services Feb 2015 20

End-of-Life Concerns (1998-2015) - Oregon



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 & 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.
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Most Physicians Support Aid in Dying

	Survey Question	Respondents	Support	Oppose	Neutral/Other
Medscape National Survey (Fall 2014)	Allow physician-assisted suicide?	>17,000 physicians nationwide	54%	31%	15%
Maryland Physicians (June 2016)	Feelings about aid in dying	Maryland Physicians (n=455)	54%	42%	4%
	Change MedChi position to “neutral” or “support.”		60%	40%	
	Change MedChi position to “neutral” or “support.”	MedChi Members (n=261)	65%	35%	
Colorado Physicians (Feb 2016)	Personal feelings on physician assisted death	Colorado Med Society (n=618)	56%	35%	9%

Public Opinion about Aid in Dying?

		Respondents	Support	Oppose	Neutral/Other
Maryland Residents	Momentum Analysis Poll Feb 2016	Maryland Voters (n=1,100)	65%	26%	9%
	Washington Post - Use of Maryland Poll October 2015	Maryland Adults (n=1,000)	60%	33%	7%
	Goucher Poll Feb 2015	Maryland Residents (n=794)	60%	35%	5%
National Polls	Ballotpoll May 2016	Adults Nationwide (n=2,025)	69%	27%	4%

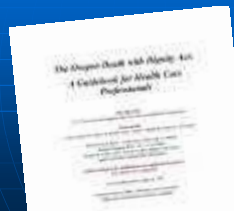
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Oregon Physicians made certain that aid in dying is offered in a highly professional manner with a focus on quality of care by developing a 127-page guidebook.



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- Dr. Kevorkian's device required substantial assistance that many viewed as being euthanasia (defined as one person causing the death of another).



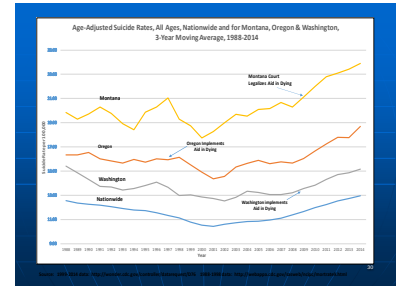
- Under aid-in-dying laws, patients must completely **self-administer**.

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Jones & Paton used regression analysis modeling to study how physician-assisted suicide affected suicide rates:

No statistically significant association between authorizing aid in dying and changes in the non-assisted suicide rate

Jones DA, Paton D. How does legalization of physician-assisted suicide affect rates of suicide? *South Med J*. 2015;108:599-604

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"Suicide" is an imprecise, emotionally laden term that can describe:

- 16-year-old depressed individual who overdoses.
- Occupant of World Trade center who leaps to death during 9-11 attack.
- 90-year-old rationally thinking individual with end-stage cancer who chooses
 - withdrawal of fluids and nutrition
 - or
 - aid in dying



I avoid combining these cases together with the term "suicide." You can use whatever term you want, but understand the differences for policy.

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The original Hippocratic Oath of 2400 years ago had some parts that are relevant today, and some that are not.

A reasonable modern interpretation:

"Do what is right for the patient."

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Nobody required to participate. Anybody can opt out at any time.

- Patient
- Attending or Consulting Physician
- Psychiatrist or psychologist
- Nurse
- Pharmacist
- Hospital
- Nursing home

➡ Do what you think is right, but do not force others to your opinion.

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California Medical Association changed to a neutral position in 2015. MedChi should do the same.

"The decision to participate in the End of Life Option Act is a very personal one between a doctor and their patient, which is why CMA has removed policy that outright objects to physicians aiding terminally ill patients in end of life options."

Luther F. Cobb, M.D.,
CMA president.

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Summary: Maryland Aid in Dying

Support Aid in Dying

- Relieves suffering
- Protects patients & physicians
- No evidence of abuse or slippery slope

Support "neutral" MedChi position

- Controversial law, although most physicians and most residents support it
- Allows individual physicians to decide what is best for their patients

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