A Look At The Oregon Numbers (18yrs)
- 1,545 patients received prescriptions
- 991 patients took the medication
- 554 patients did not
- 60% of patients were male
- 90% died in their own home

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)


Reasons to Support Aid in Dying Laws
- Physicians & most adults support aid in dying.
- Most physicians & most adults support aid in dying.
- Maryland bill
- Oppose
- 9%
- This is neither euthanasia nor Dr. Kevorkian.
- No evidence of abuse or a "slippery slope."
- Laws address needs of the few but comfort countless others.
- Neutral, California Medical Association changed its position.

Most Physicians Support Aid in Dying

Public Opinion about Aid in Dying?

Reasons to Support Aid in Dying Laws
- Physicians & most adults support aid in dying.
- Strong protections for patients and providers.
- A focus on quality of care and professionalism.
- California Medical Association changed its position.
- More protections than current laws.
- 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.

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.
- 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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### Reasons to Support Aid in Dying Laws

1. **Strong protections for patients and providers.**
2. **Laws address needs of the few but comfort countless others.**
3. **Guidelines & best practices focus on quality of care & professionalism.**
4. **Aid-in-dying laws do not lead to an increase in suicide rates.**
5. **Aid in dying is not a violation of the Hippocratic oath.**
6. **Aid in dying: a matter of personal choice.**

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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.
- 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.”*
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.

Reasons to Support Aid in Dying Laws

1. Strong protections for patients and providers.
2. Maryland bill -- more protections than current laws.
3. No evidence of abuse or a "slippery slope.
4. Laws address needs of the few but comfort countless others.
5. Most physicians and most adults support aid in dying.
7. This is neither euthanasia nor Dr. Kevorkian.
8. Aid in dying does not lead to an increase in suicide rates.
9. Aid in dying is not the same as suicide, but the terminology is less important than the concept.
10. Aid in dying is a matter of personal choice.

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.

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