

Understanding Death with Dignity Legislation: A Necessity for the Palliative Care Provider (FR404)

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Objectives

- Recognize the legal option of physician-assisted death and be able to describe the steps in the process and how it differs from assisted suicide and euthanasia, for which it is often confused by the public and healthcare providers.
- Recognize and describe the use of the Death with Dignity Act in Oregon and Washington, including number and demographics of participants, where death occurred, use of hospice and the most common patient-given reasons for use of the law.
- Describe the impact the legal option of physician-assisted death has had on the field of palliative care.

Oregon enacted the Death with Dignity Act in 1997; Washington passed an equivalent law in 2008 that went into effect in March 2009. Strict guidelines are published in both states to ensure compliance with the laws. Eligible patients must be adults, residents of the state, able to make and communicate informed healthcare decisions, and have a terminal illness that—in the judgment of two physicians—will result in death within 6 months. Patients must make voluntary oral and then written requests. Extensive documentation is required and collected by state agencies and compiled into annual reports. The collective 21 years' experience in these two states confirms that, while rarely used, the laws function as intended, providing autonomy and comfort at the end of life to those with a terminal illness who seek this option. There has been no evidence of the "slippery slope" of abuse. To the contrary, there are data that legalizing physician-assisted death has resulted in improvements in end-of-life care. Similar legislation was enacted in Vermont in 2013, and in Montana the state Supreme Court ruled in favor of physician-assisted death. In early 2014, a court decision confirmed that New Mexico doctors can help terminal patients die. Given these developments and that Death with Dignity legislation is presently under consideration in at least seven other states, this is an increasingly important topic for palliative care providers who need to be prepared to answer questions from their patients.