HASTENING DEATH:

DRAWING THE LINE

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Founding Chair, Board of Directors, Compassion and Choices

Objectives

- Present a framework for thinking about the decisions clinicians make with patients (or their surrogates) at the end of life.
- Discuss “safeguards” meant to protect vulnerable individuals under “Death with Dignity” laws
- Present an alternative to the current US model for these laws
- Demonstrate how what we name something influences how we think about it.

Principles of Medical Ethics

- Beneficence
- Non-maleficence
- Autonomy
- Distributive justice

Beauchamp and Childress, 1977

- Integrity of the profession

The Goals of Medicine

"The physician's central responsibility is to use medical expertise to respond to the patient's need for help…The physician…recommends a course of action. That course of action will have some or all of the following goals:

a. Promotion of health
b. Relief of symptoms, pain and suffering
c. Cure of disease
d. Preventing untimely death
e. Improvement of functional status or maintenance of compromised status
f. Education and counseling of patients regarding their condition and prognosis
g. Avoiding harm to the patient in the course of care."

Jonsen, Siegler, Winslade

Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine

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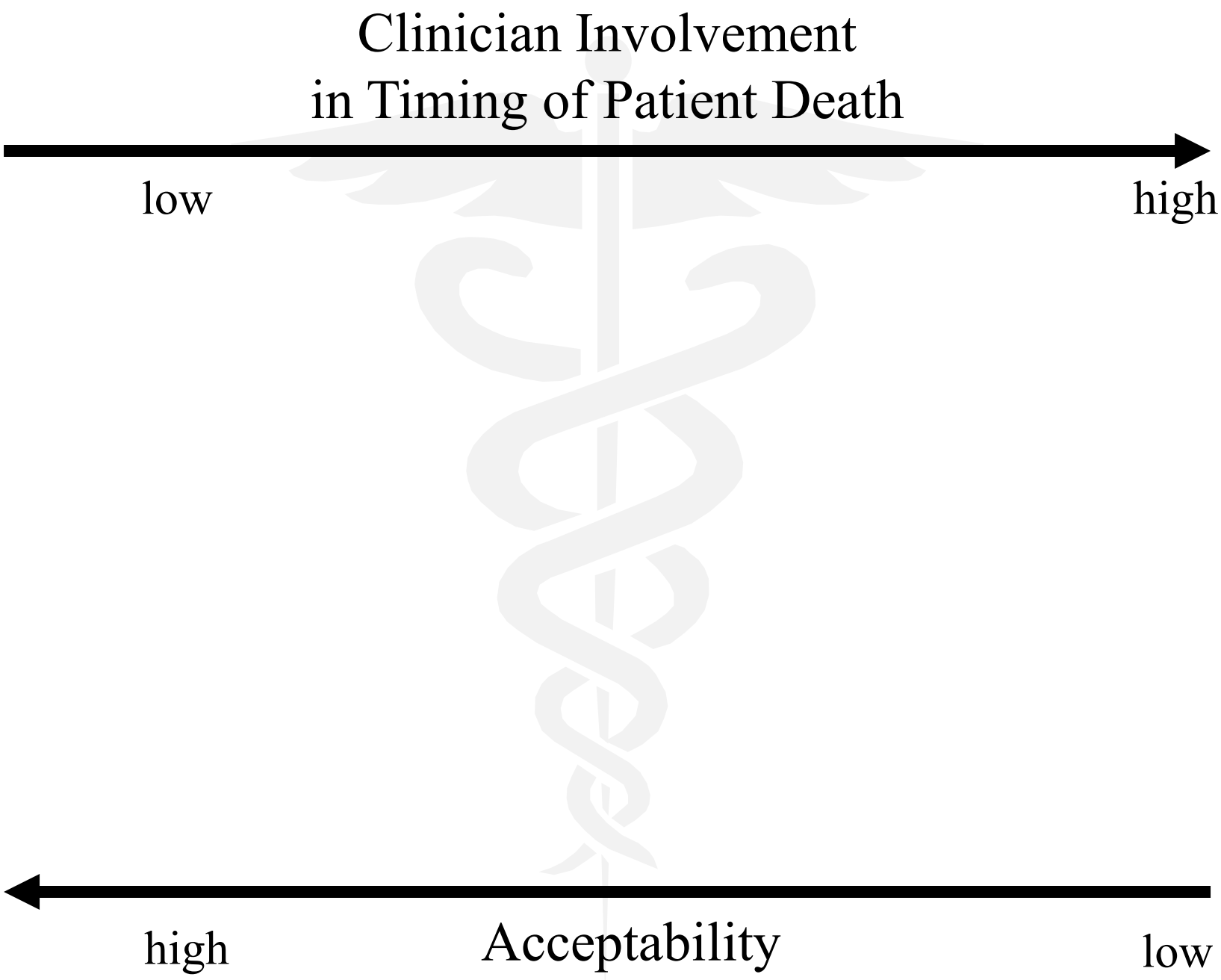
Case

“Help me. I want to die” Tim Quill

- Tired of treatment
- Unrecognized or inadequately treated symptoms
- Psychosocial problems
- Spiritual crisis
- Clinical depression
- Suffering

“Help me. I want to die” Tim Quill

- Ascertain what the patient wants
- Listen and learn before responding
- Be compassionate, caring, creative
- Promise to be there, if you can
- Be honest
- Support yourself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high
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Acceptability
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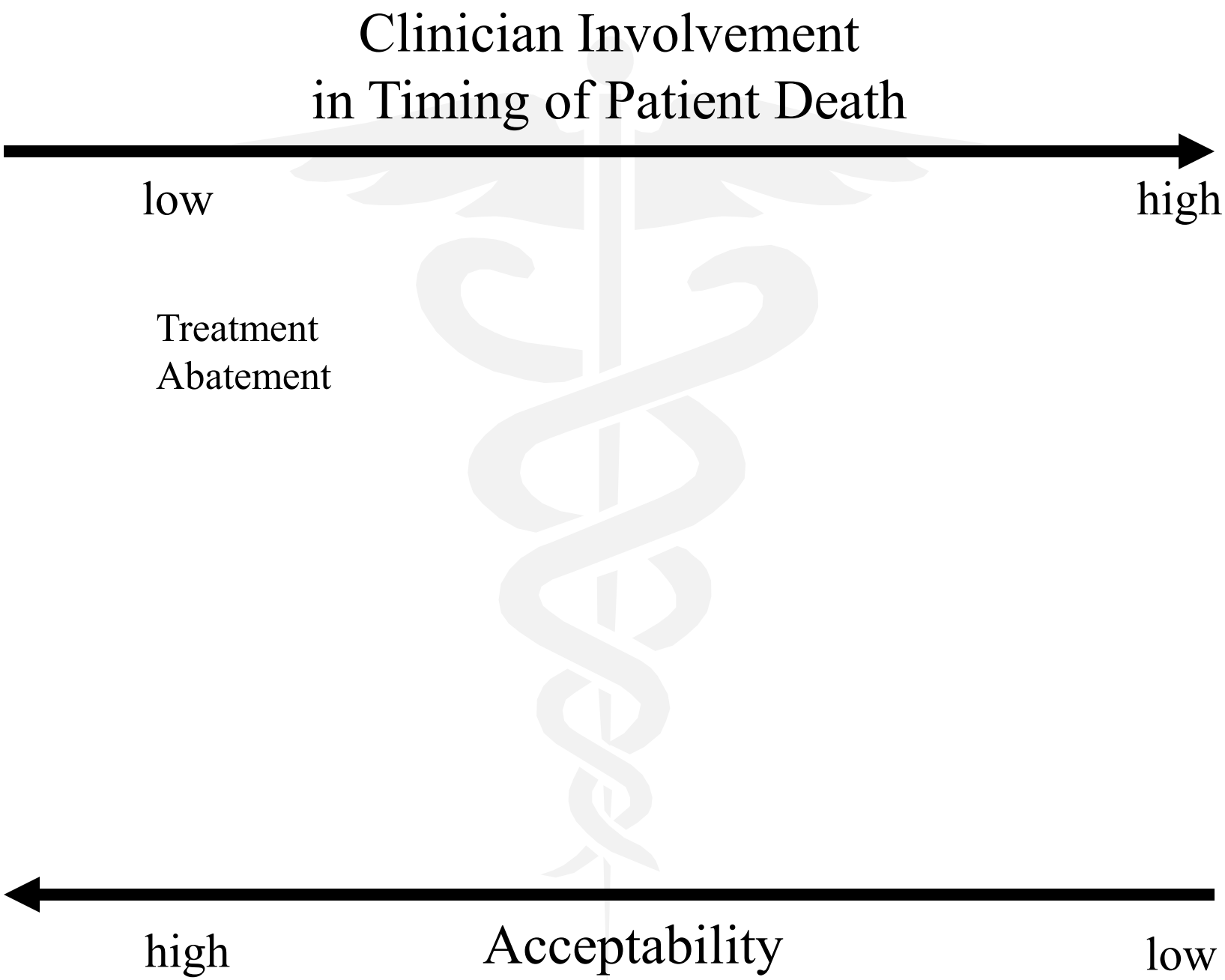
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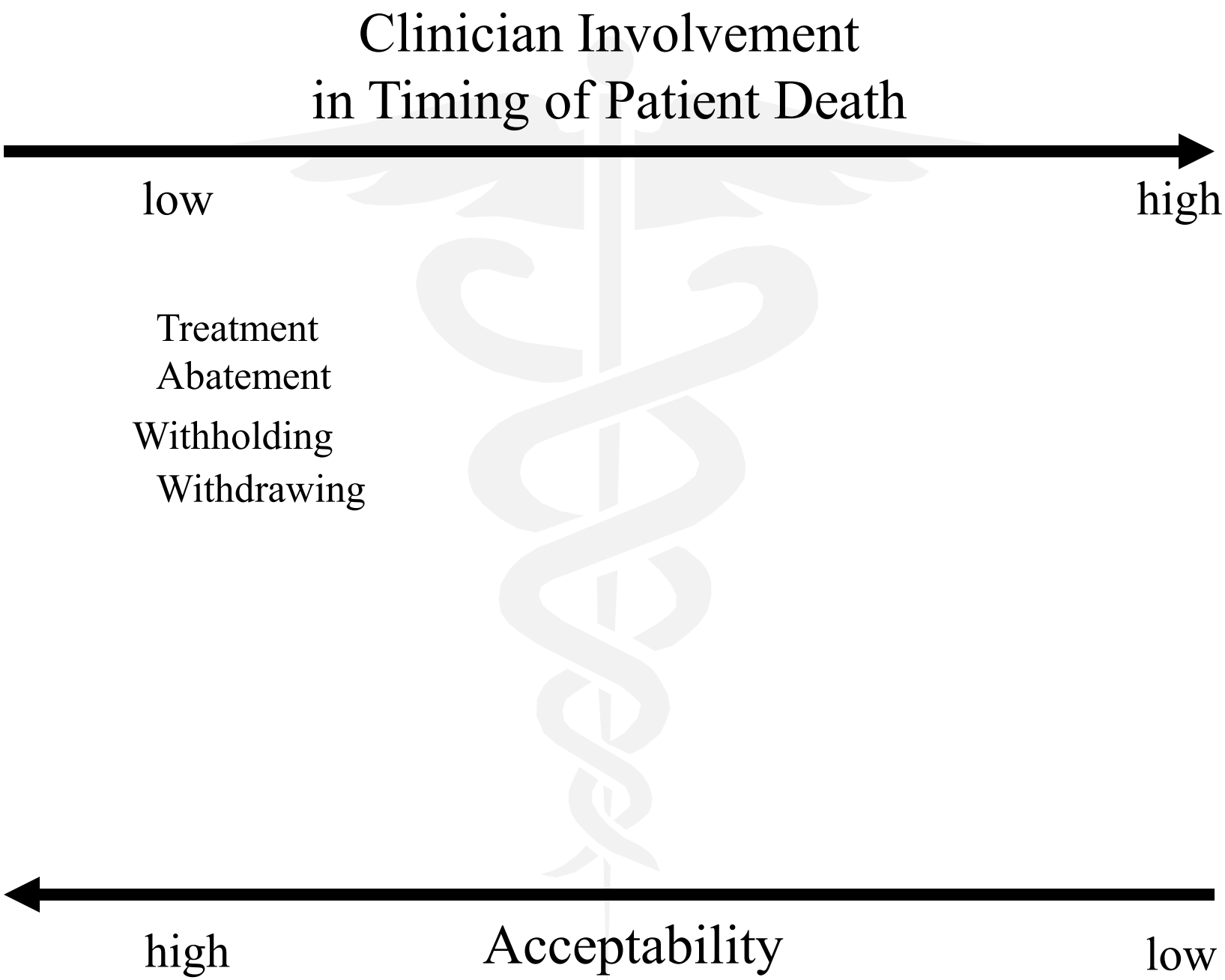
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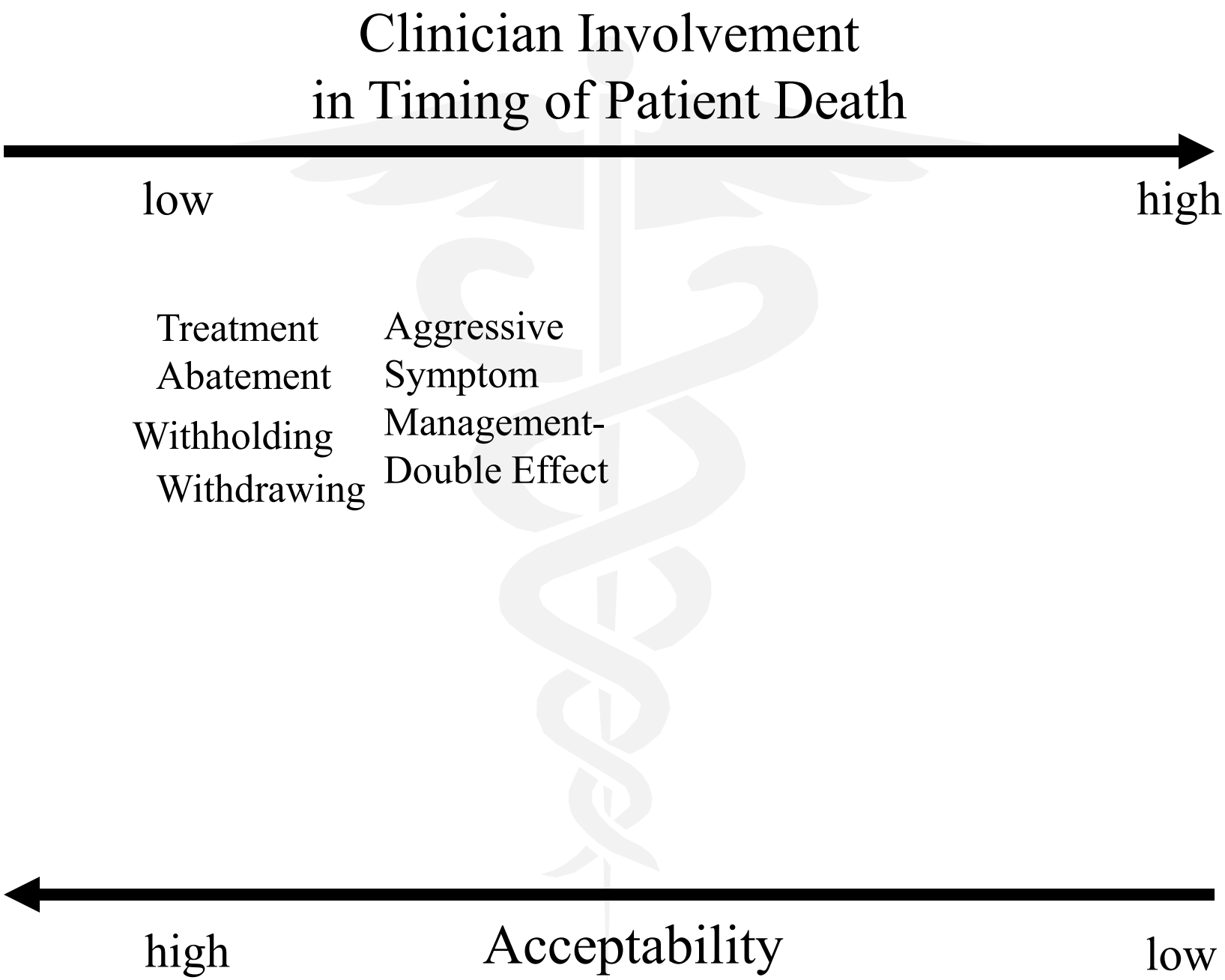
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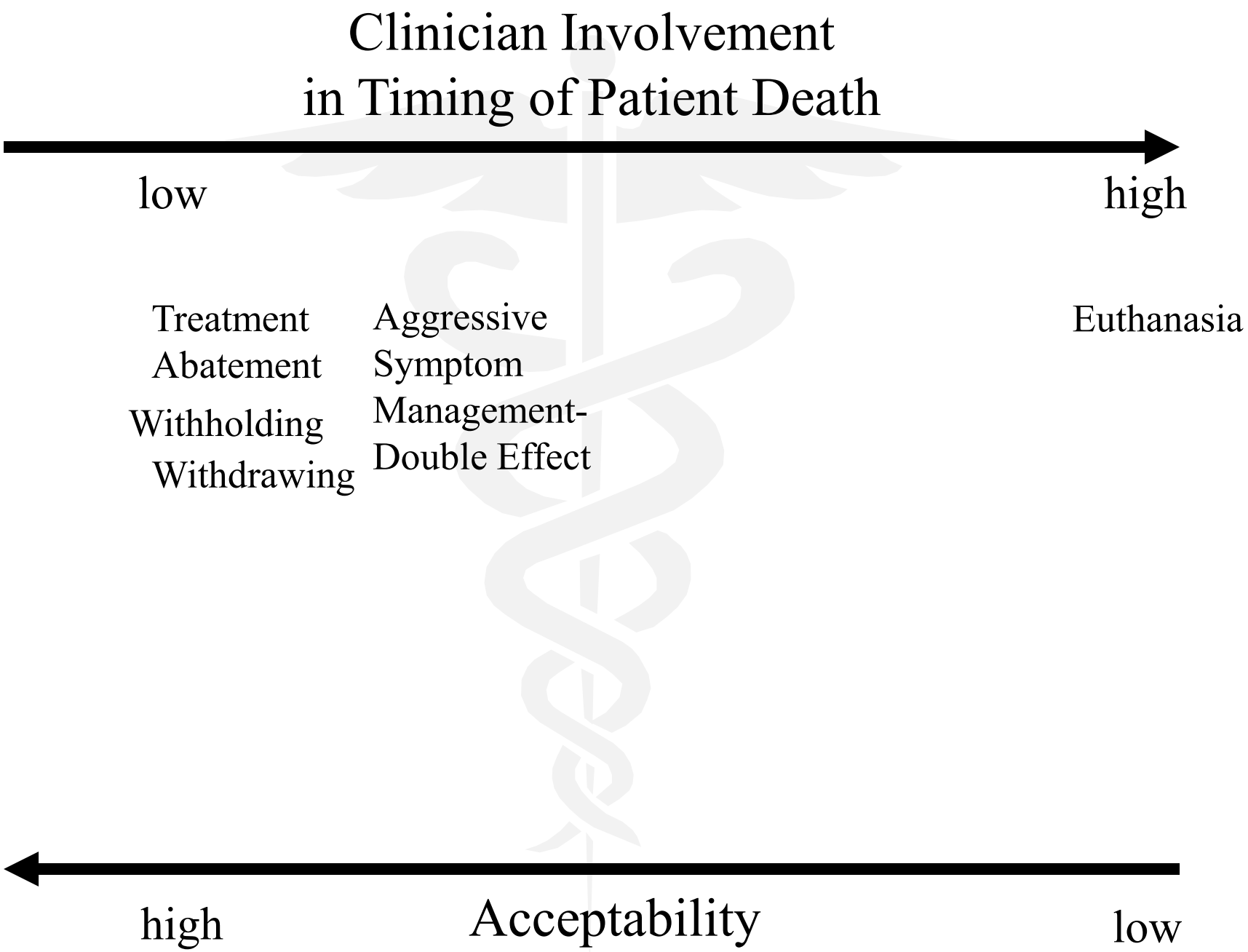
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Management-
Double Effect
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Acceptability
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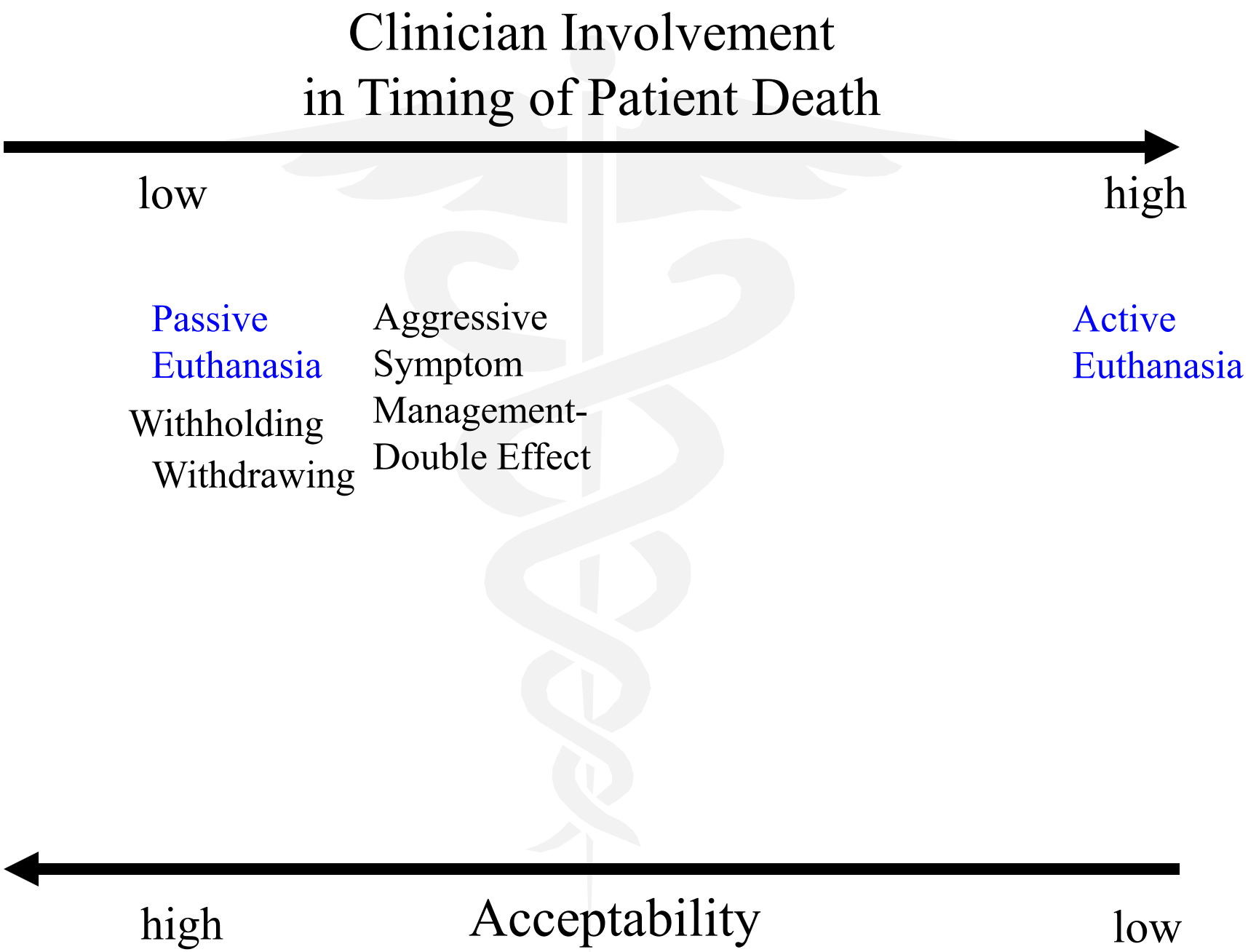
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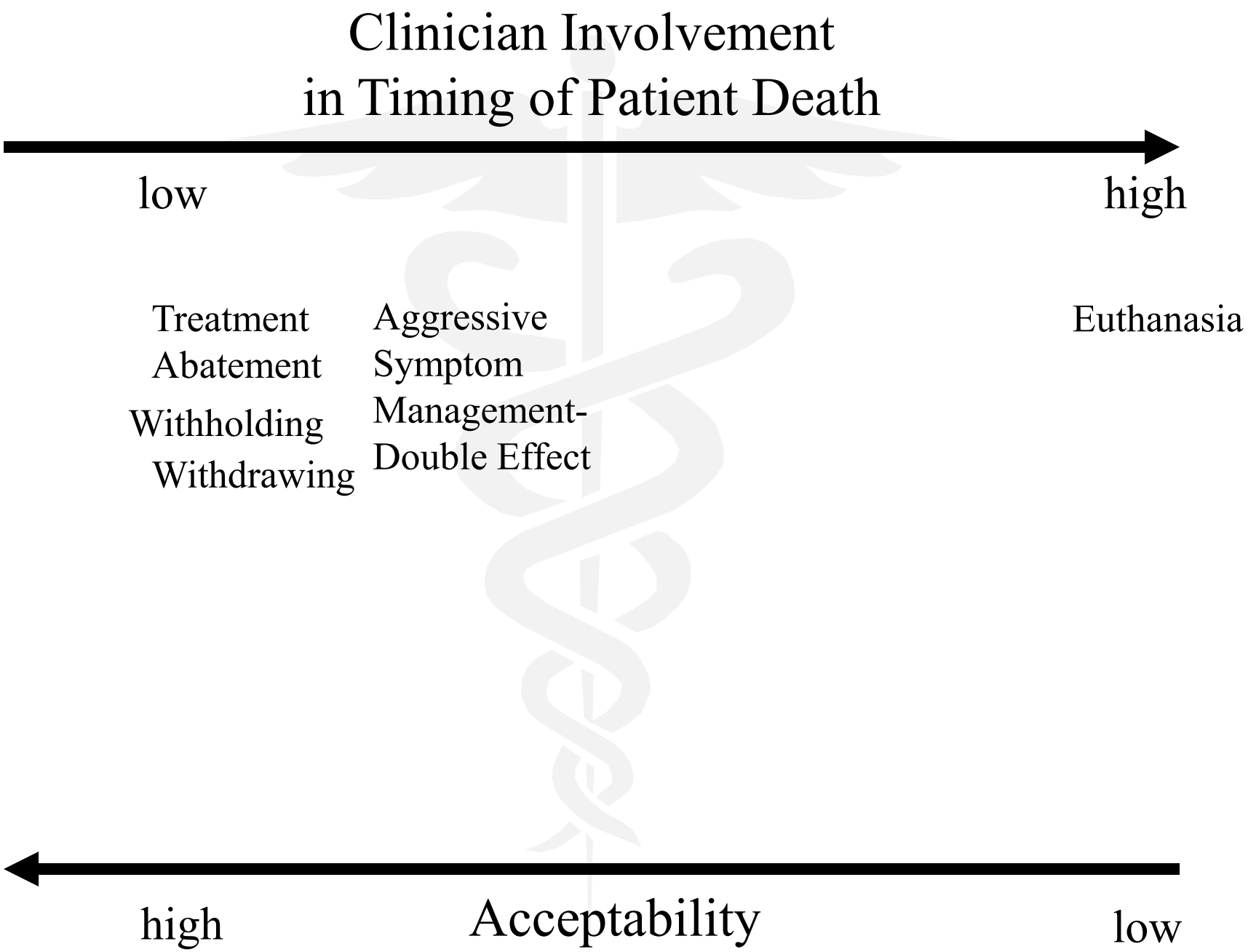
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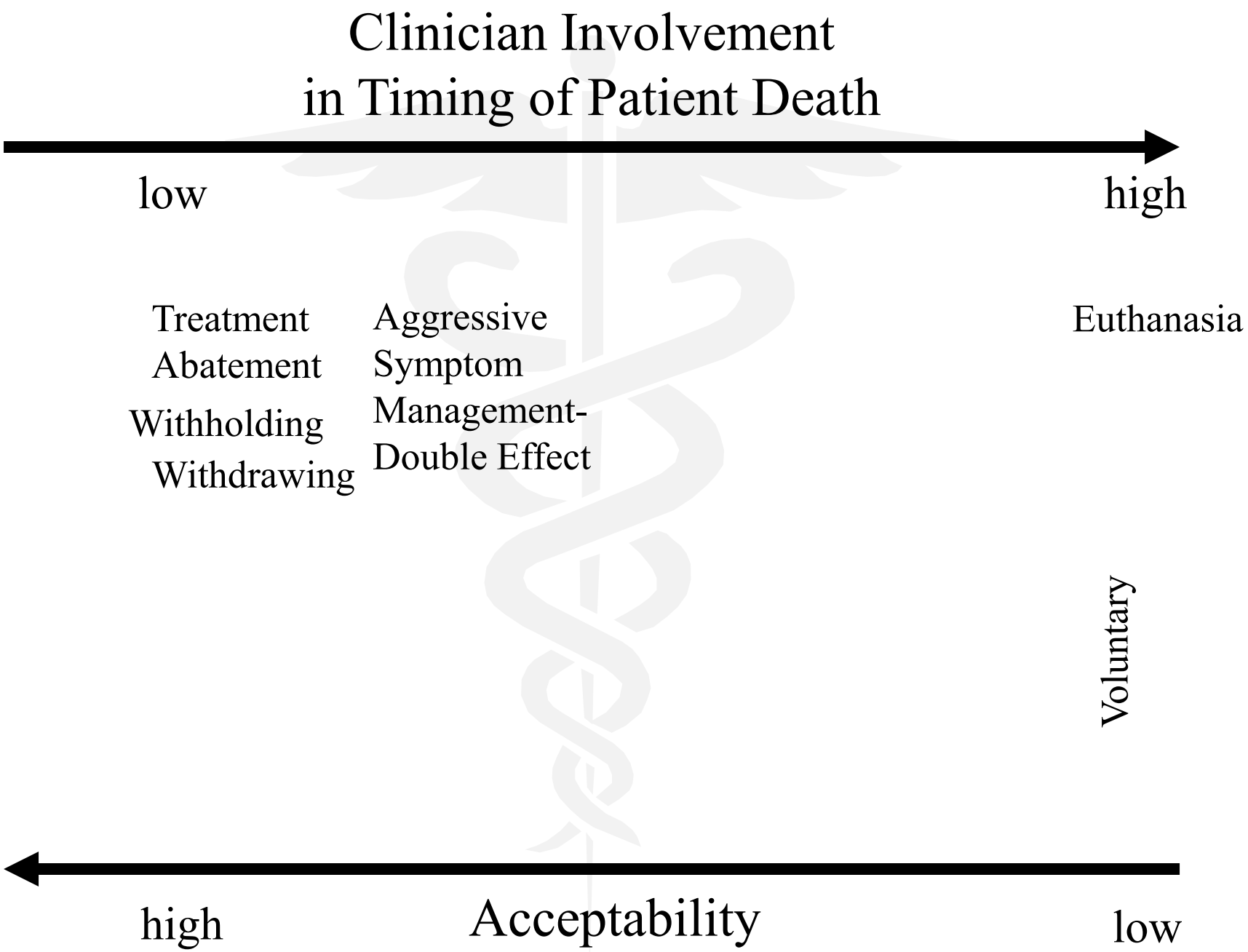
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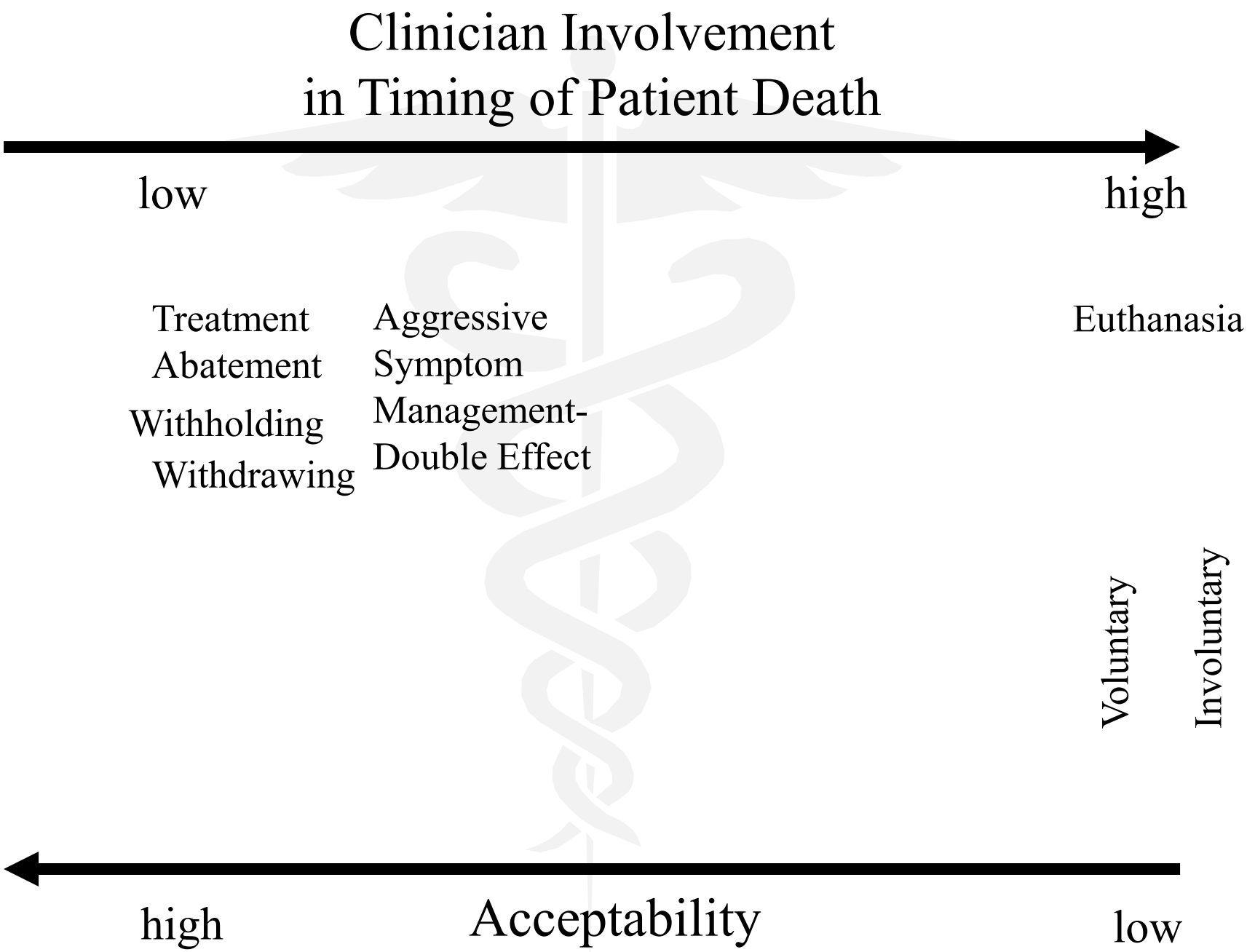
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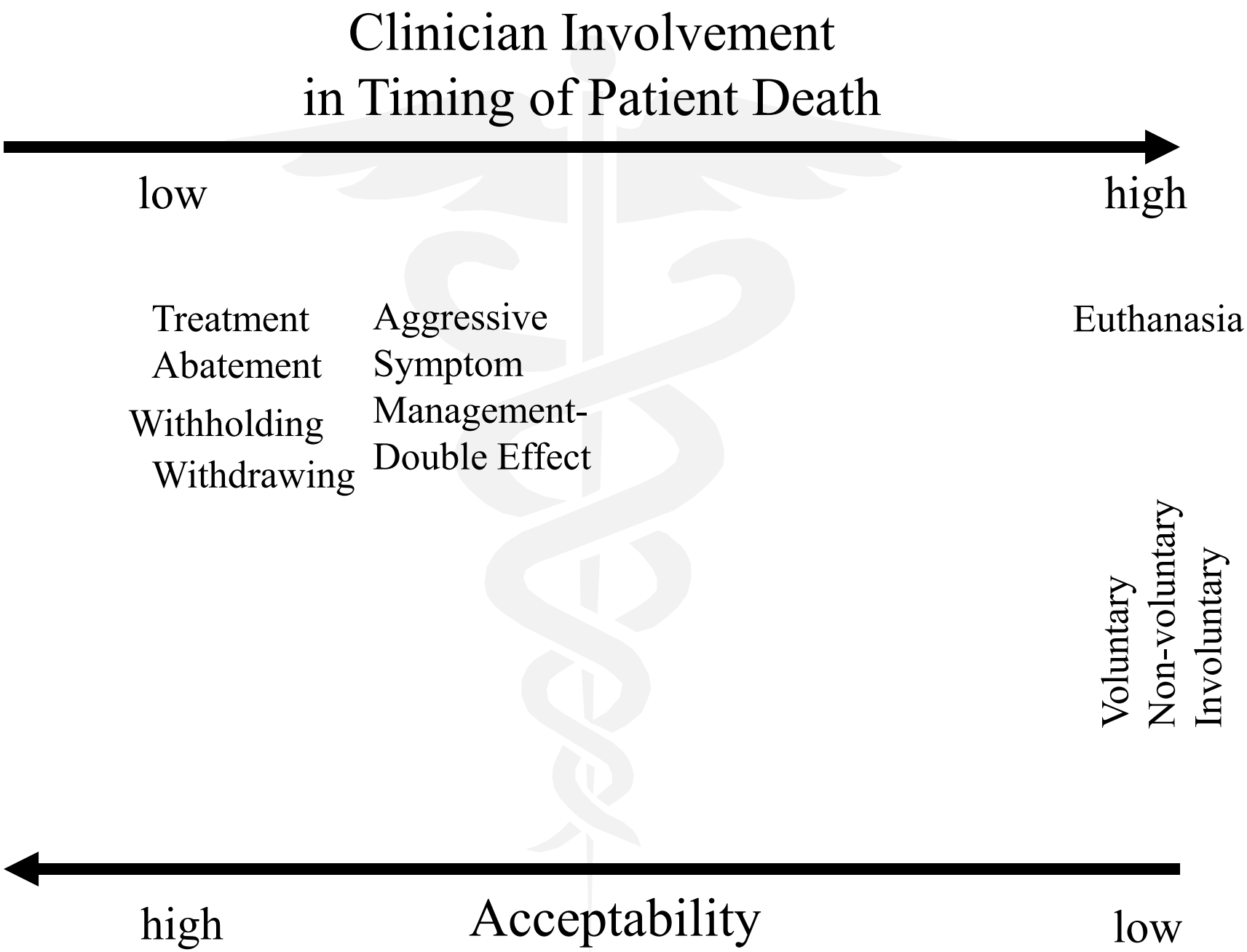
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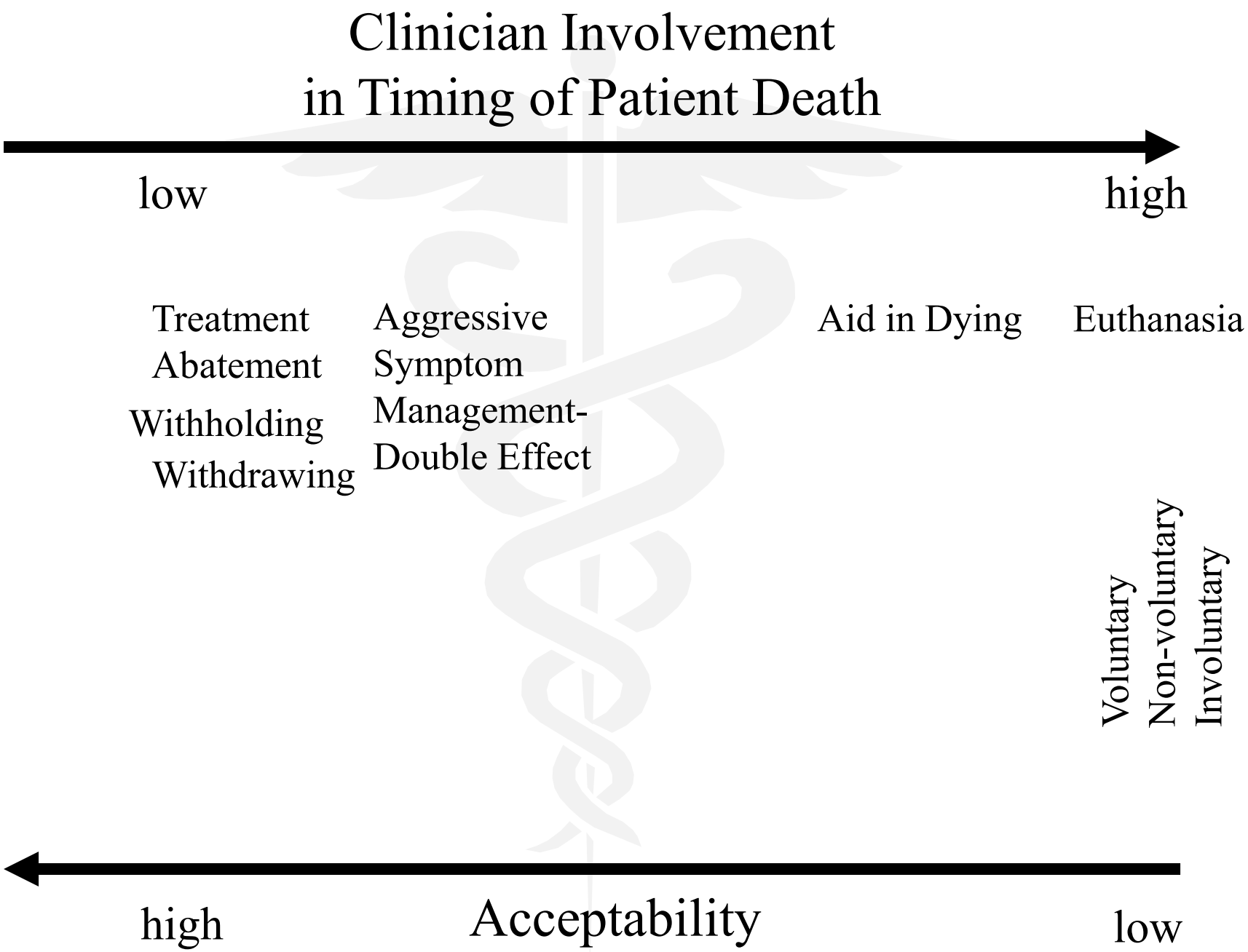
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Symptom
Management-
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Aid in Dying
Euthanasia
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Non-voluntary
Involuntary
high
Acceptability
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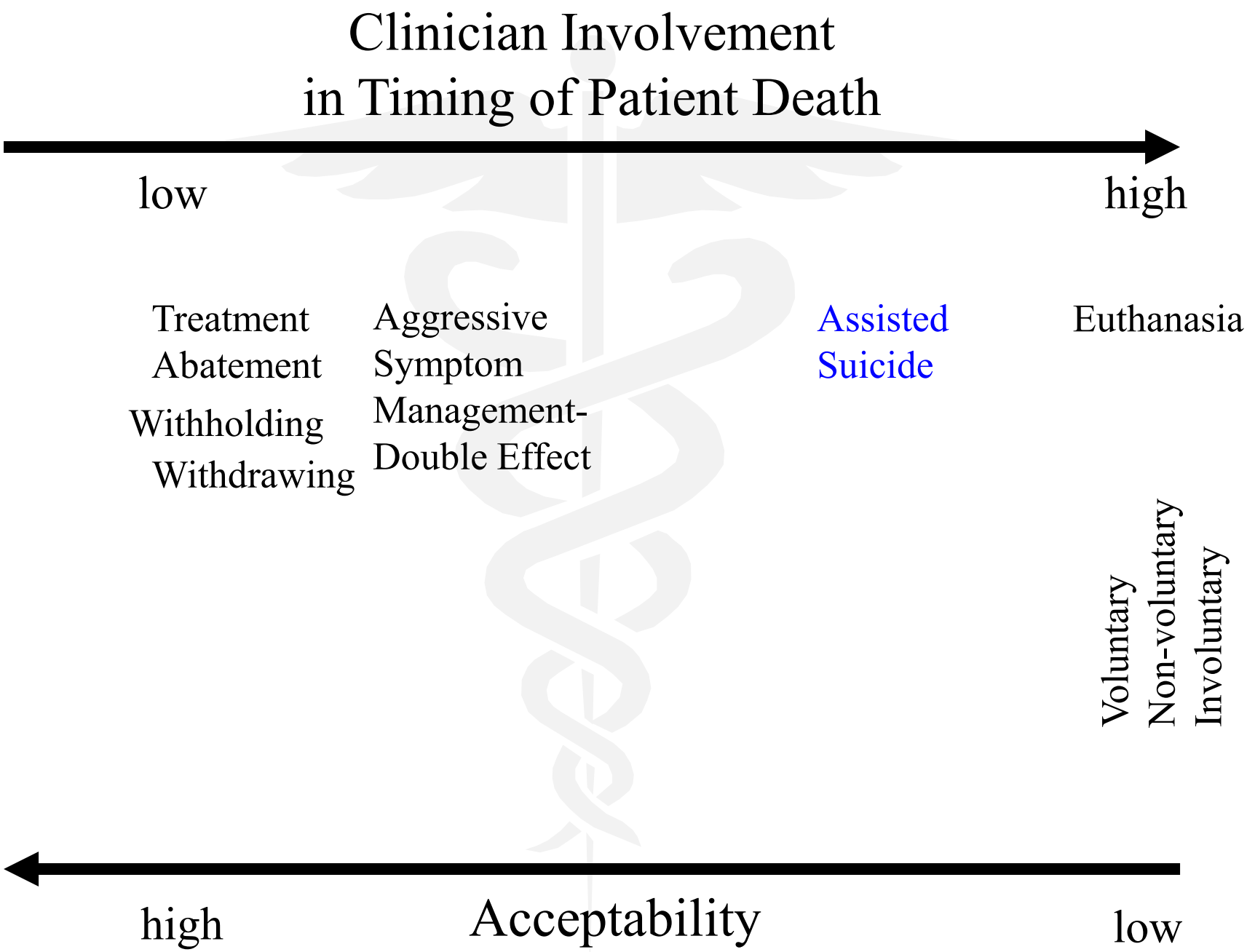
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Suicide
Euthanasia
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Acceptability
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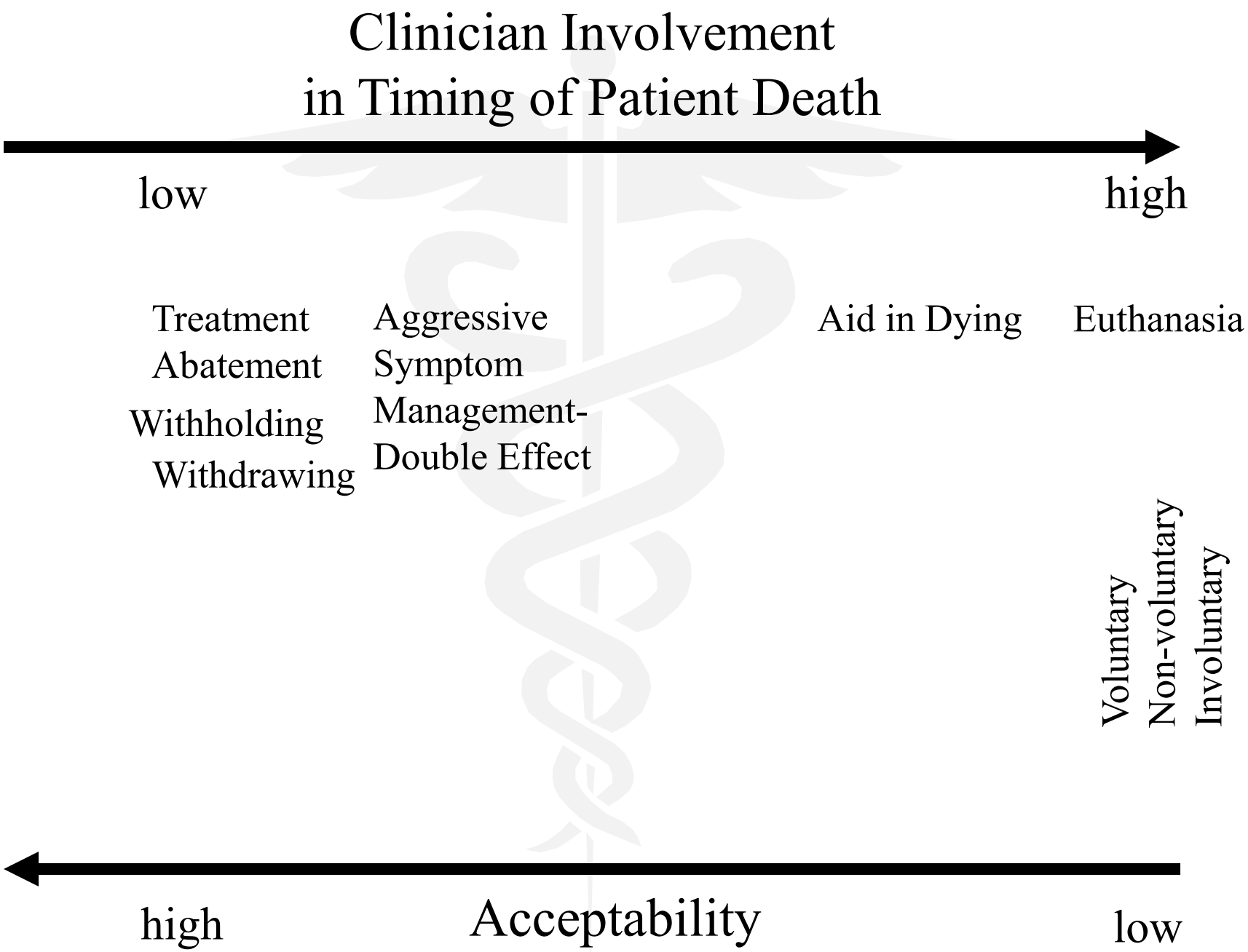
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Euthanasia
Voluntary
Non-voluntary
Involuntary
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Acceptability
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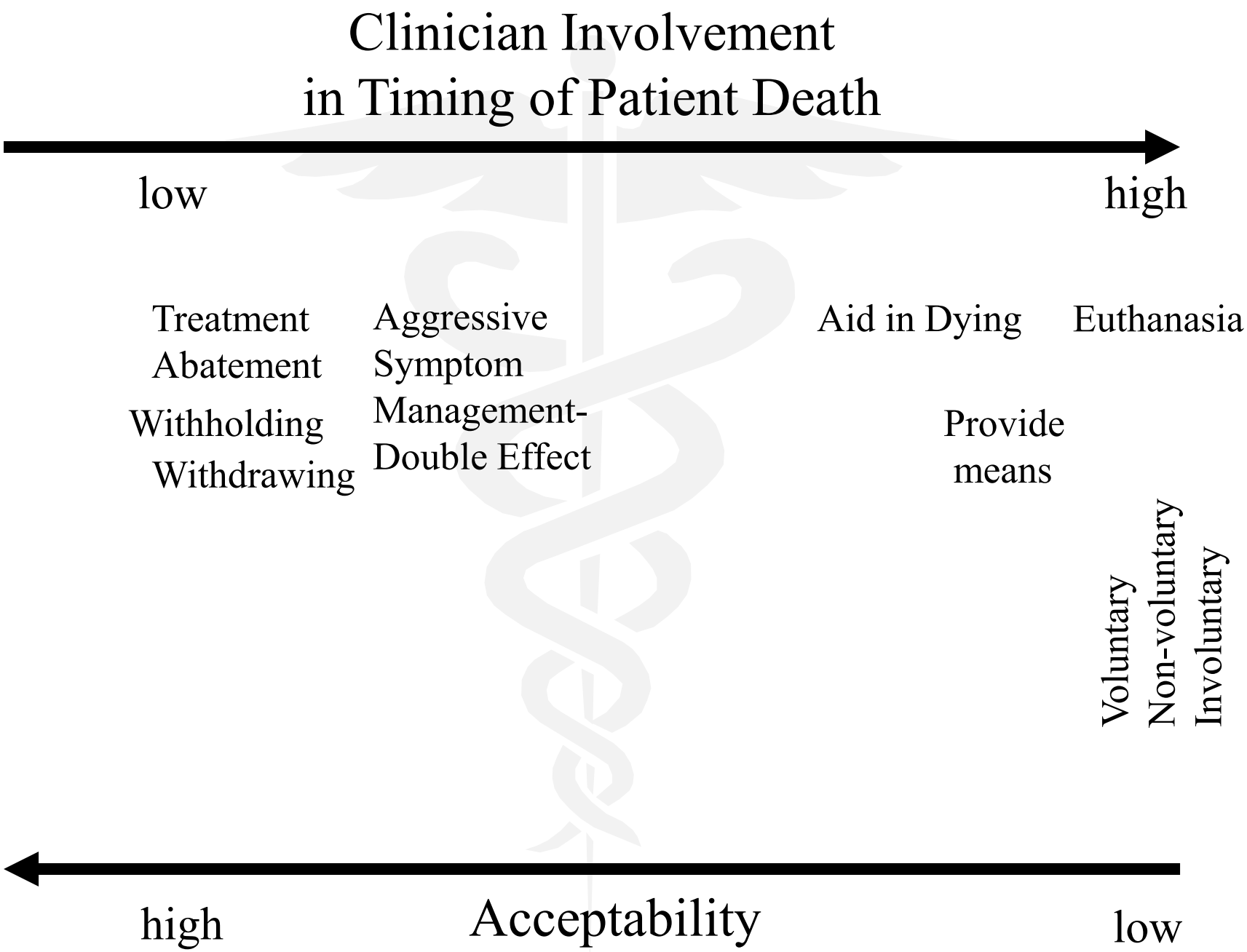
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Treatment
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Withholding
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Symptom
Management-
Double Effect
Aid in Dying
Euthanasia
Provide
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Voluntary
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Acceptability
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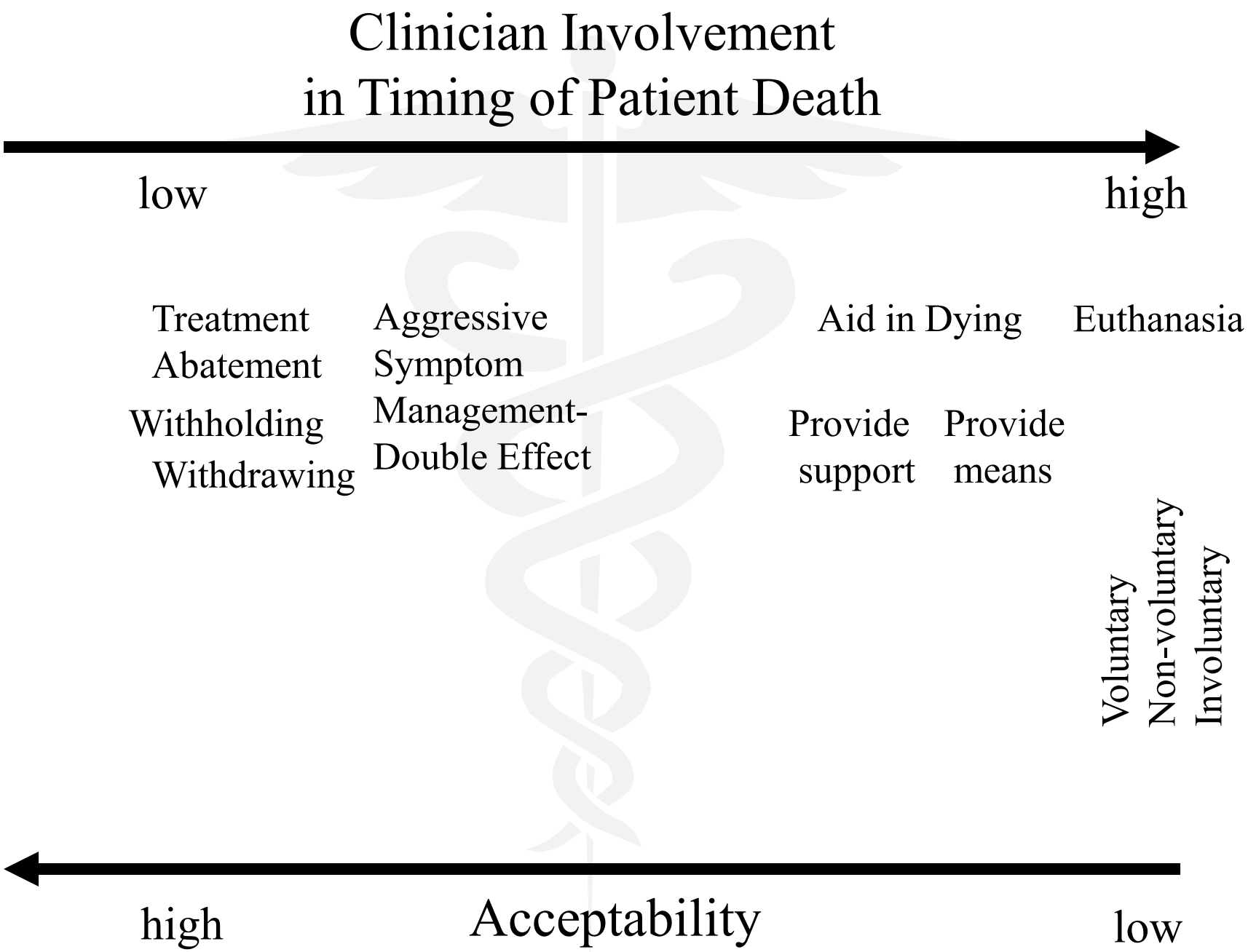
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Treatment
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Withholding
Withdrawing
Aggressive
Symptom
Management-
Double Effect
Aid in Dying
Euthanasia
Provide
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Provide
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Voluntary
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Acceptability
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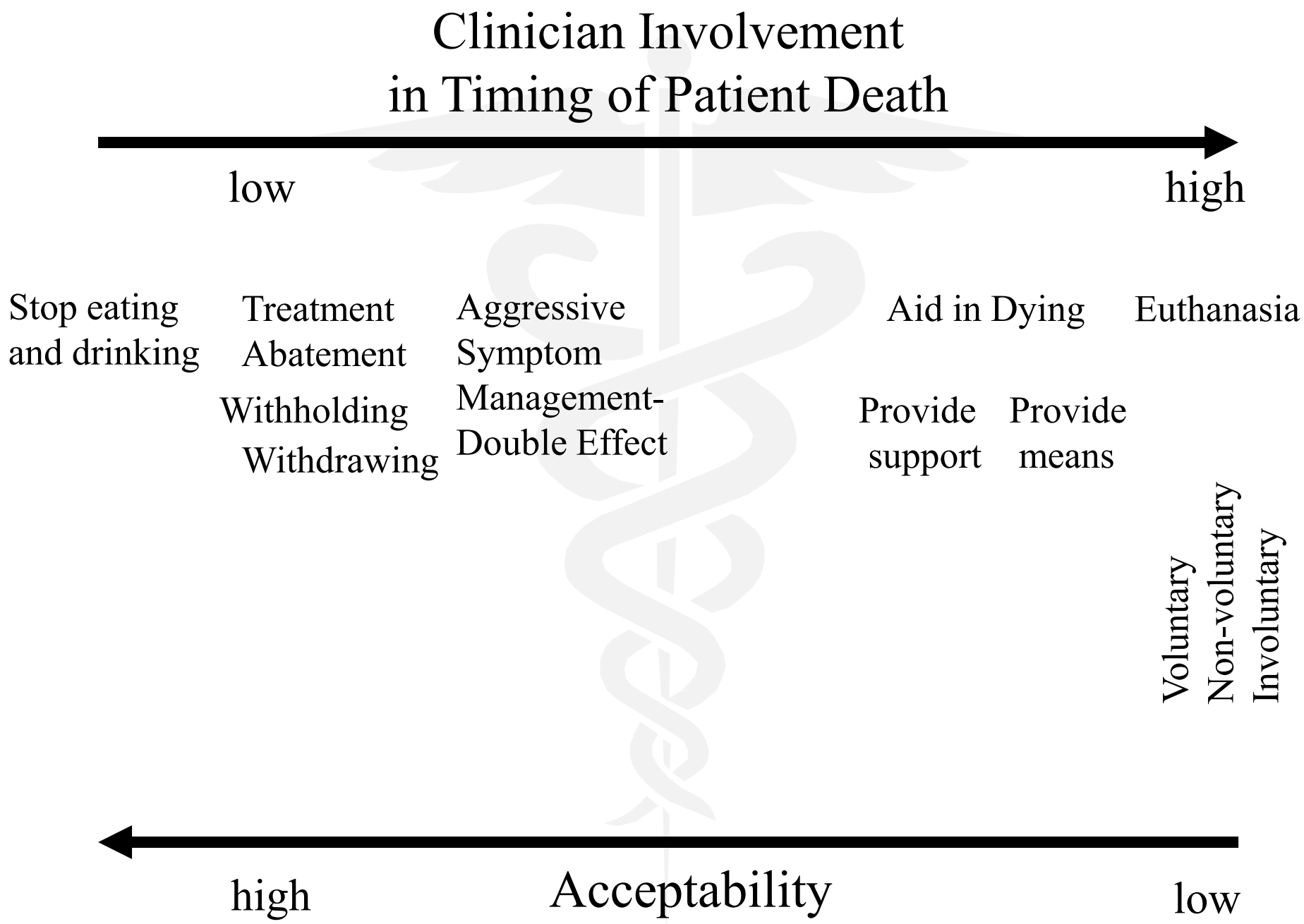
Clinician Involvement
in Timing of Patient Death
low
high
Stop eating
and drinking
Treatment
Abatement
Withholding
Withdrawing
Aggressive
Symptom
Management-
Double Effect
Aid in Dying
Euthanasia
Provide
support
Provide
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Voluntary
Non-voluntary
Involuntary
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Acceptability
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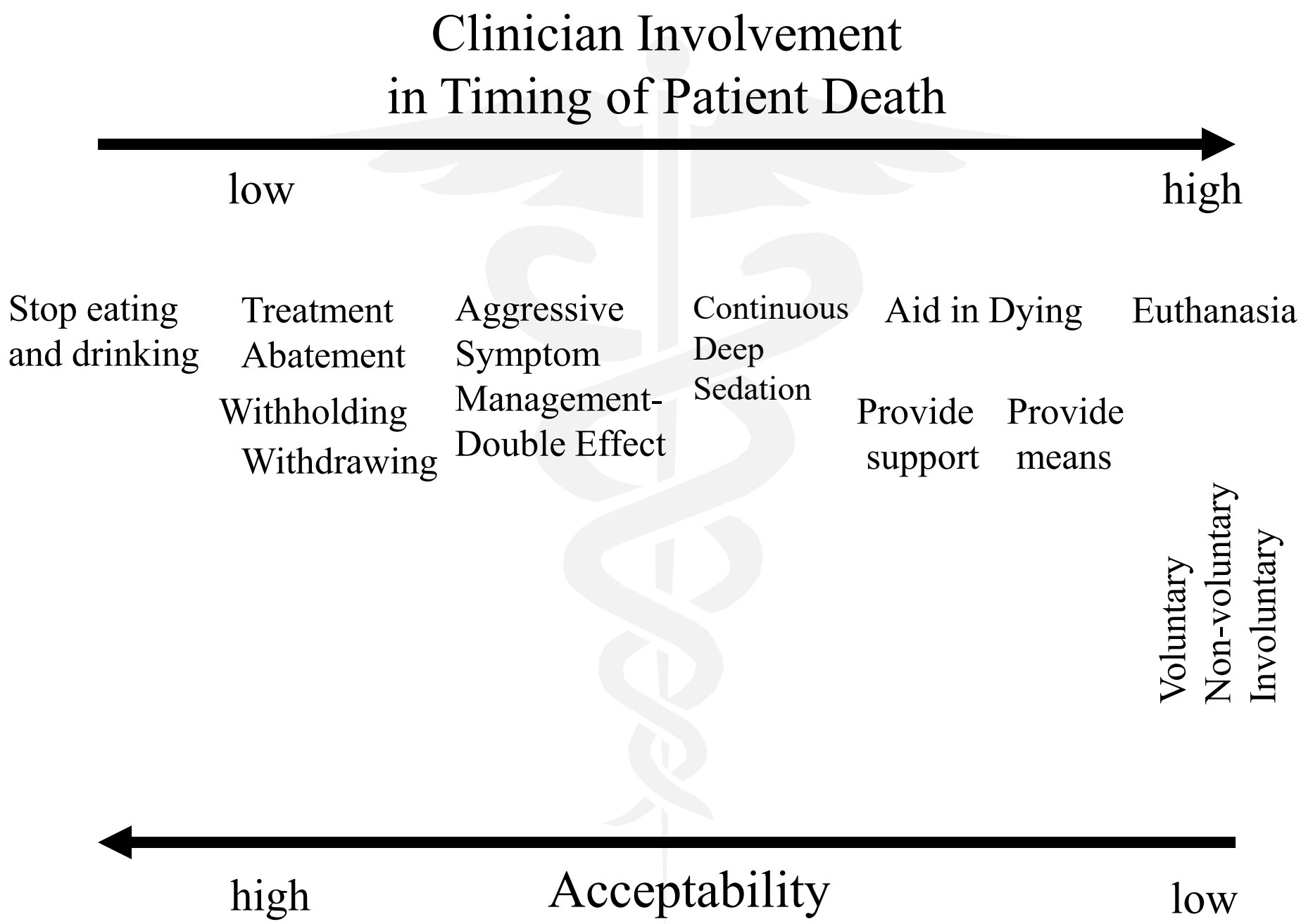
Clinician Involvement
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Stop eating
and drinking
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Abatement
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Aggressive
Symptom
Management-
Double Effect
Continuous
Deep
Sedation
Aid in Dying
Provide
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Provide
means
Euthanasia
Voluntary
Non-voluntary
Involuntary
high
Acceptability
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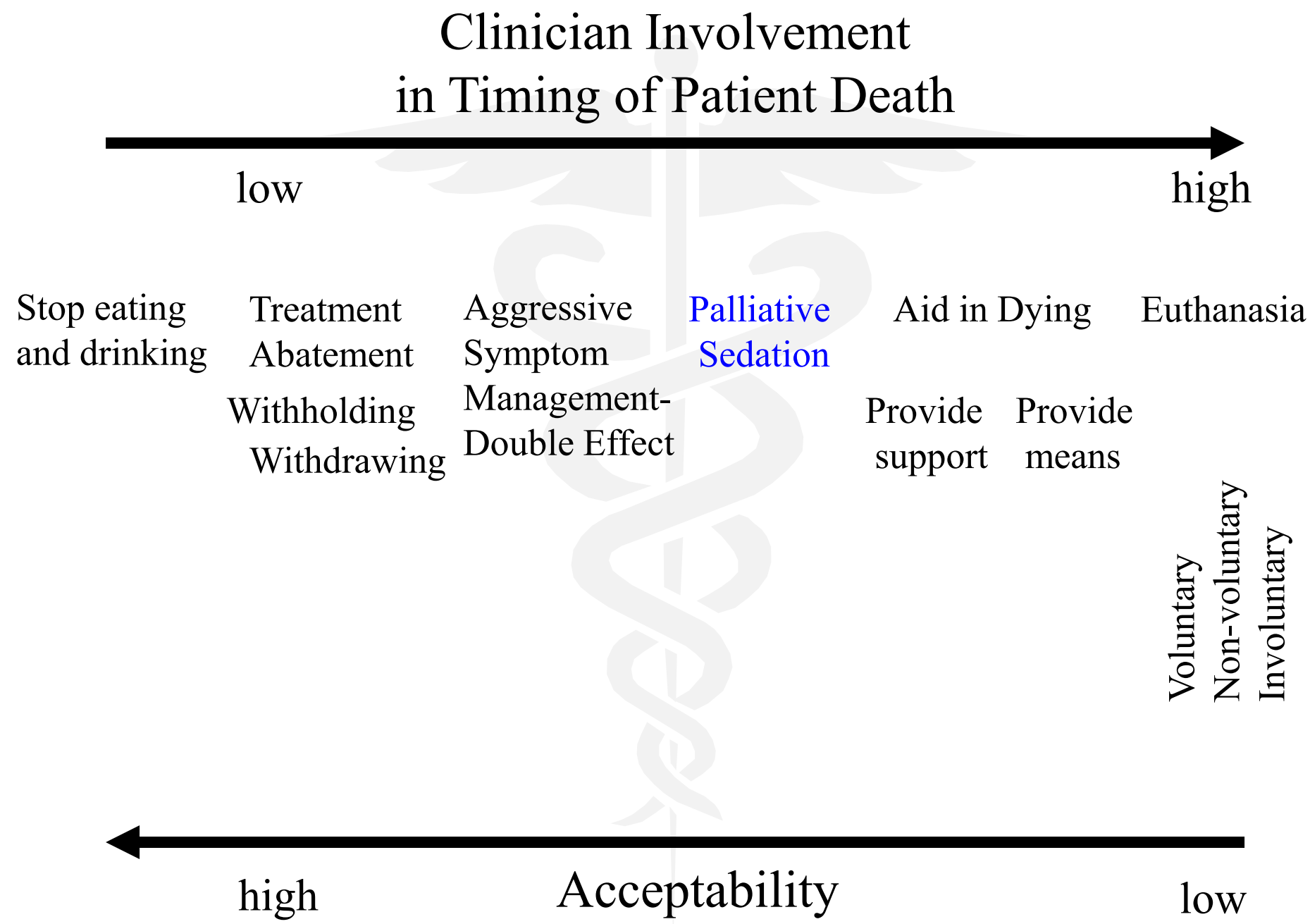
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Stop eating and drinking
Treatment Abatement
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Withdrawing
Aggressive Symptom Management-Double Effect
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Aid in Dying
Provide support
Provide means
Euthanasia
Voluntary
Non-voluntary
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Acceptability
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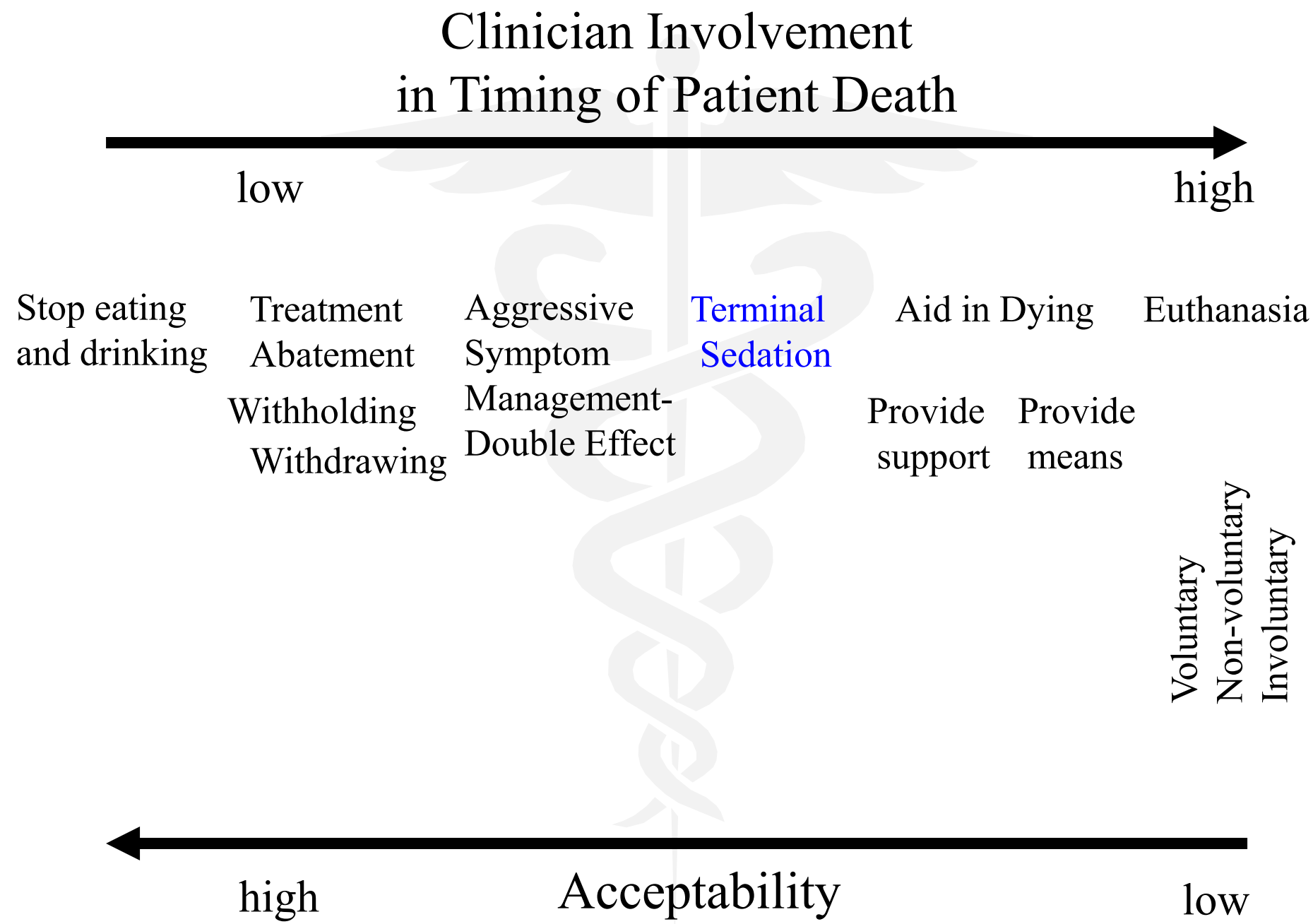
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Stop eating
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Management-
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Aid in Dying
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Voluntary
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Acceptability
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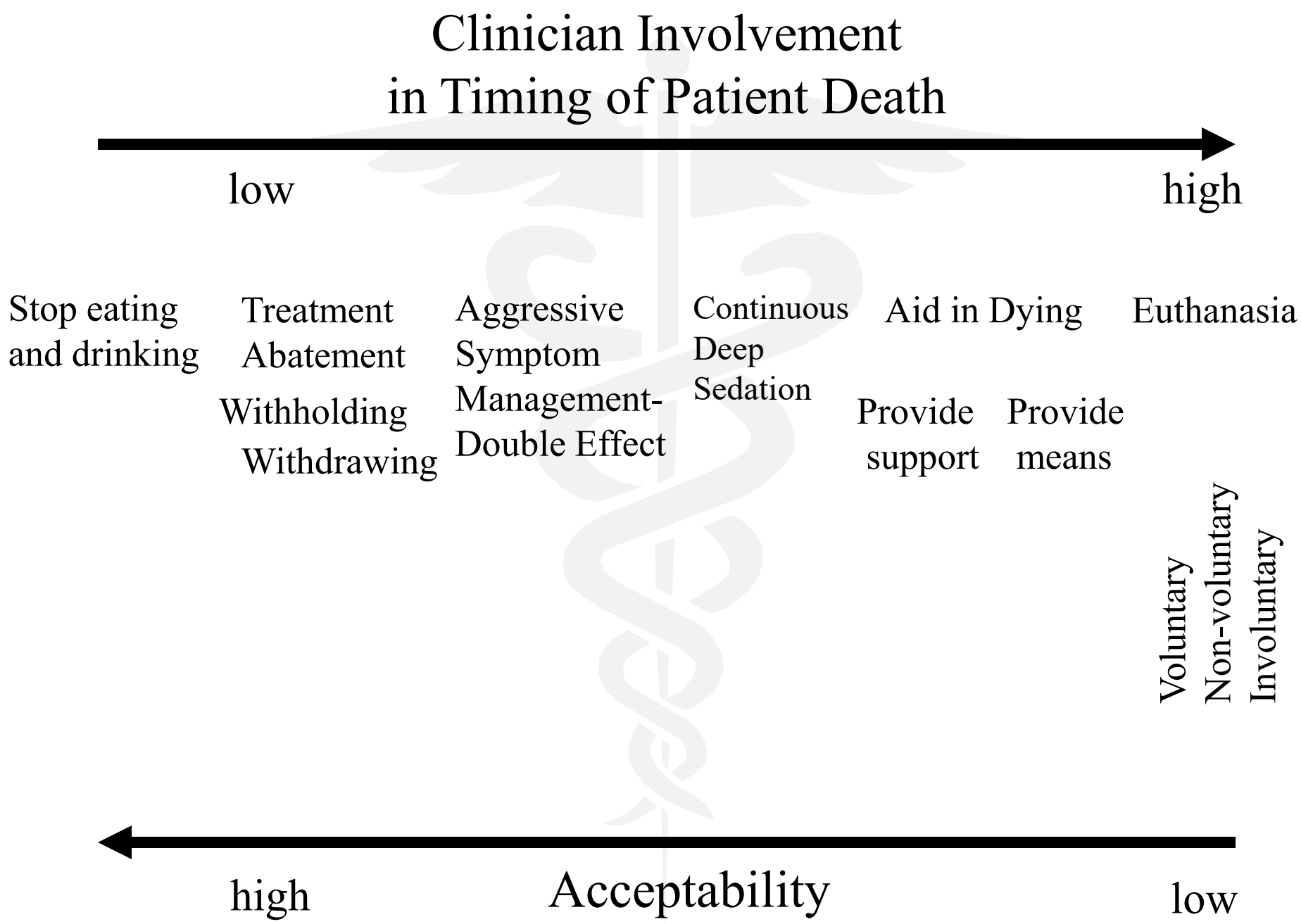
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Symptom
Management-
Double Effect
Continuous
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Sedation
Aid in Dying
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Provide
means
Euthanasia
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Non-voluntary
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Acceptability
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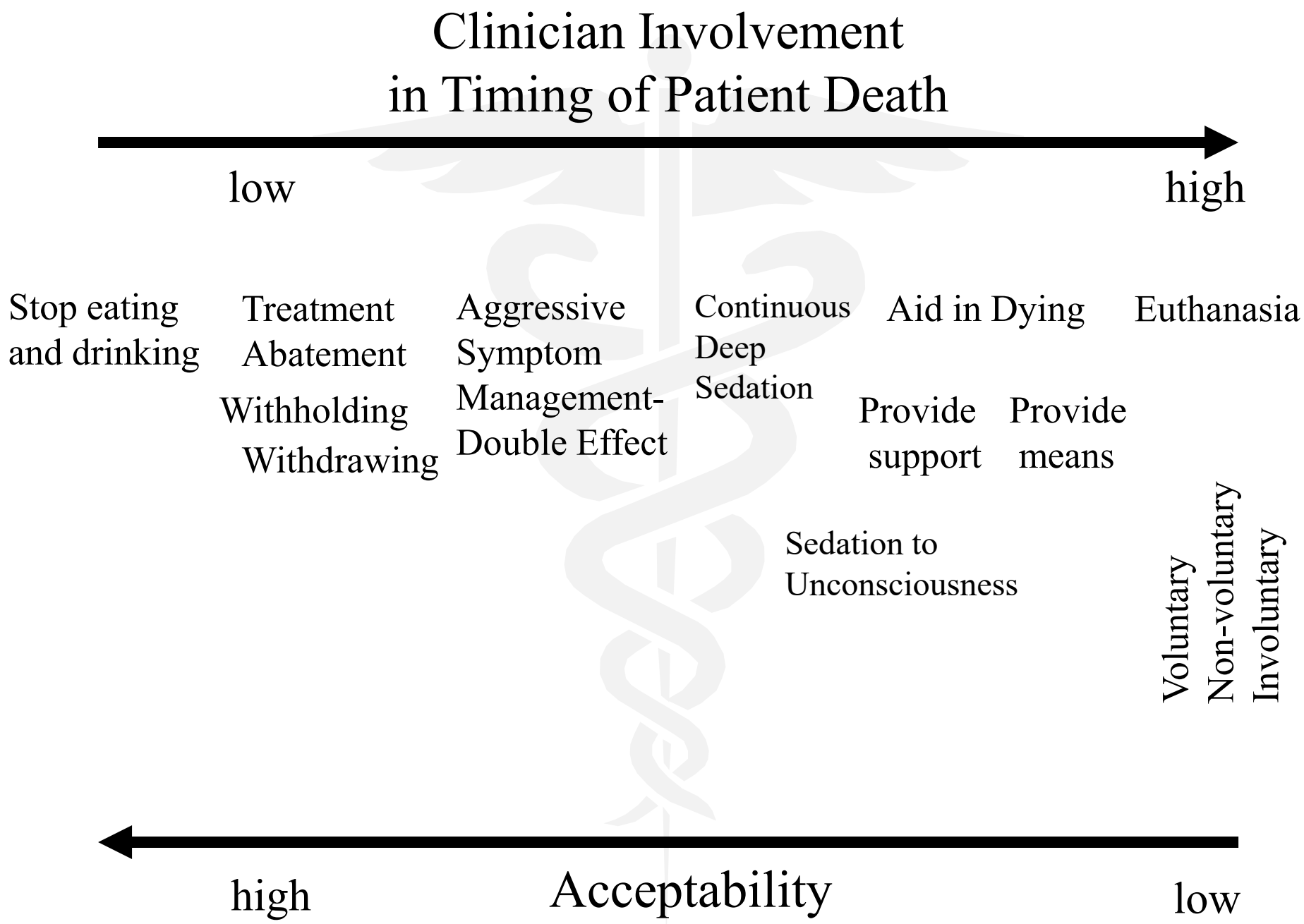
Clinician Involvement
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Stop eating
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Treatment
Abatement
Withholding
Withdrawing
Aggressive
Symptom
Management-
Double Effect
Continuous
Deep
Sedation
Aid in Dying
Euthanasia
Provide
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Provide
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Sedation to
Unconsciousness
Voluntary
Non-voluntary
Involuntary
high
Acceptability
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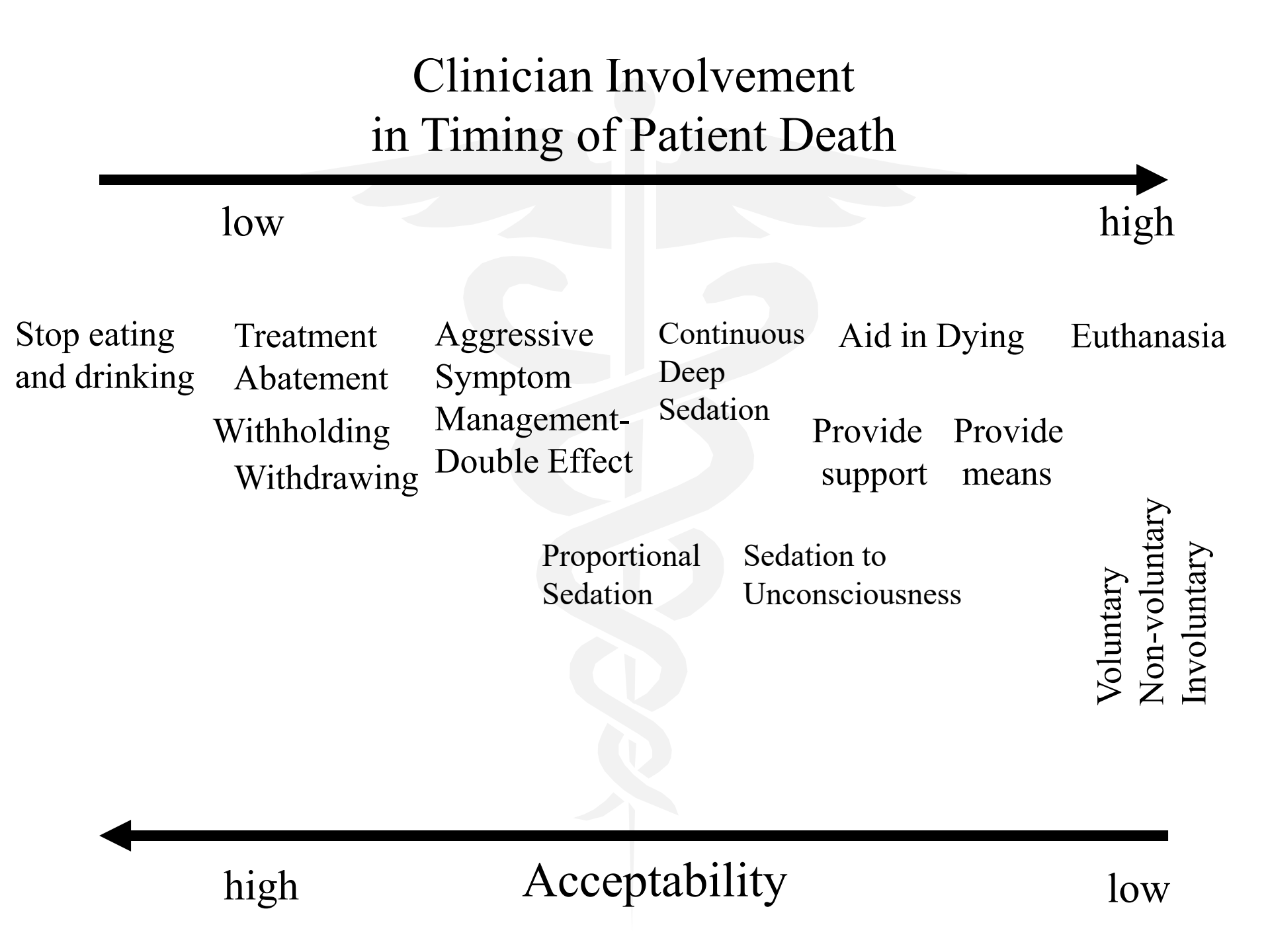
Clinician Involvement
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Stop eating
and drinking
Treatment
Abatement
Withholding
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Aggressive
Symptom
Management-
Double Effect
Continuous
Deep
Sedation
Aid in Dying
Euthanasia
Provide
support
Provide
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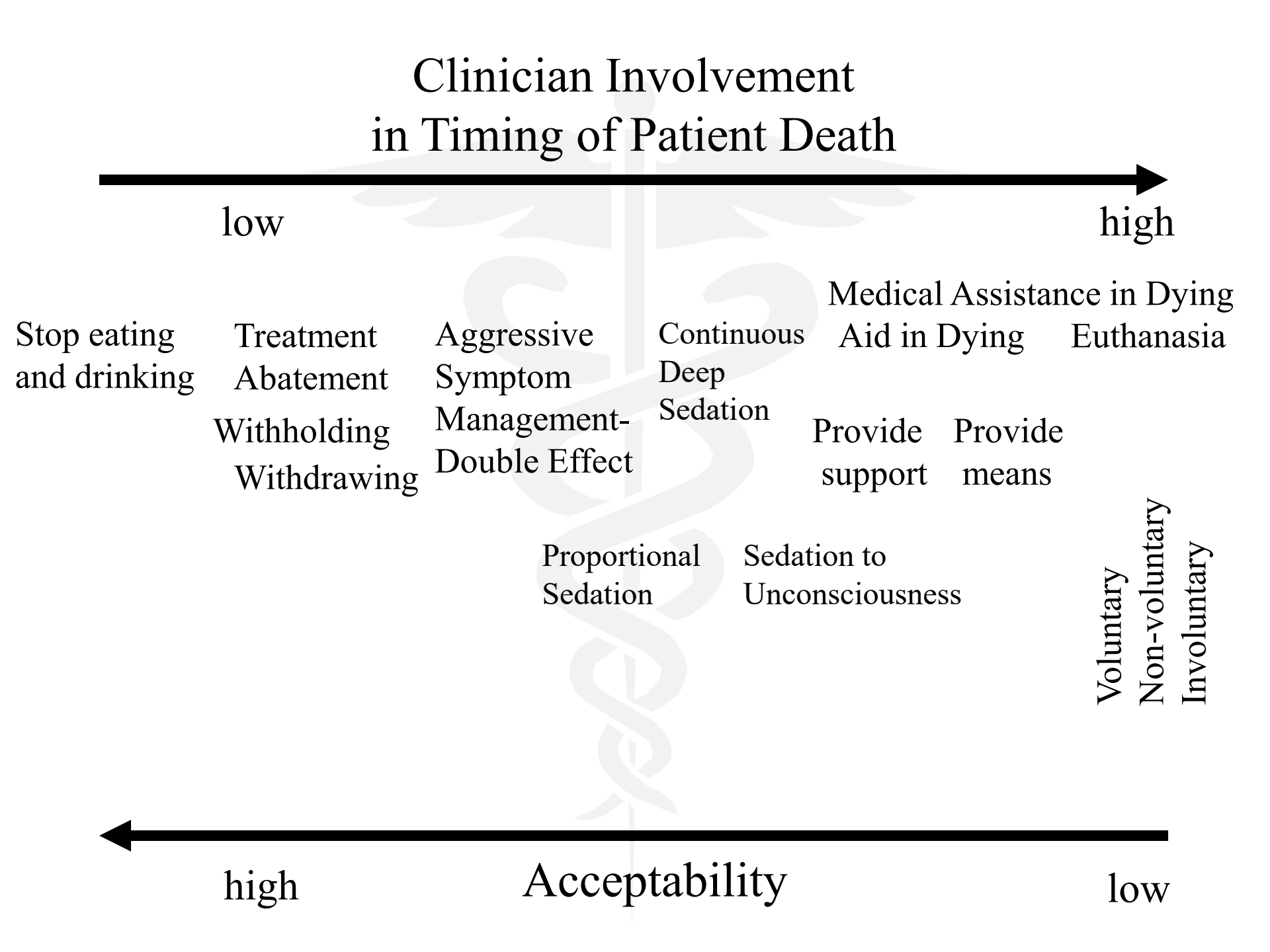
Proportional
Sedation
Sedation to
Unconsciousness
Voluntary
Non-voluntary
Involuntary
high
Acceptability
low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Stop eating
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Treatment
Abatement
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Management-
Double Effect
Continuous
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Medical Assistance in Dying
Aid in Dying
Euthanasia
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Proportional
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Sedation to
Unconsciousness
Voluntary
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Involuntary
high
Acceptability
low

Hastening Death: “Safeguards”

- which patient?
  - terminal illness - how defined?
  - or incurable condition causing unremitting, unrelievable suffering
- which procedure?
- one physicians’s decision?
- expression of patient’s true values?

Hastening Death: Proposed Safeguards

- patient has decision-making capacity, even at the time of administration?
- assessment for coercion?
- surrogacy?

Clinician Involvement in Timing of Patient Death

Stop eating and drinking

Voluntary
Non-voluntary
Involuntary

Treatment Abatement

Withholding
Withdrawing

Voluntary
Non-voluntary
Involuntary

Aggressive Symptom Management-Double Effect

Voluntary
Non-voluntary
Involuntary

Continuous Deep Sedation

Voluntary
Non-voluntary
Involuntary

Aid in Dying

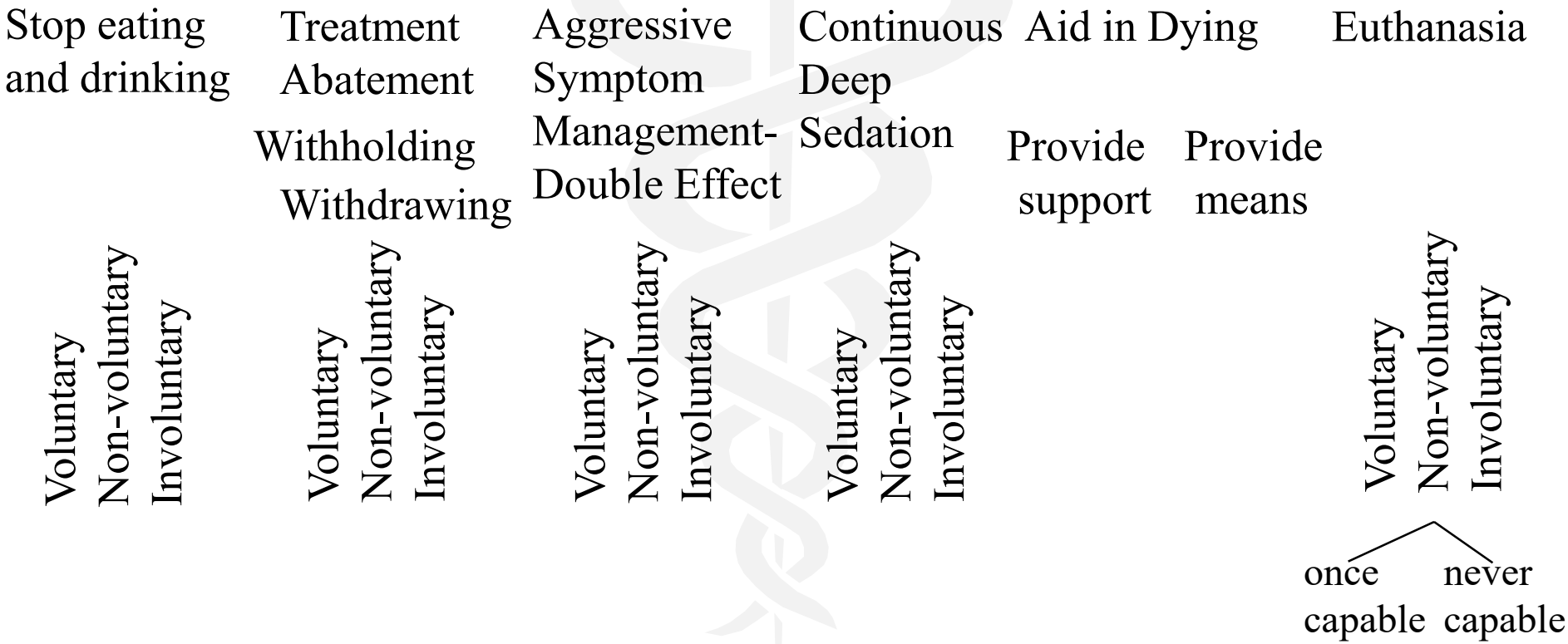
Provide support

Provide means

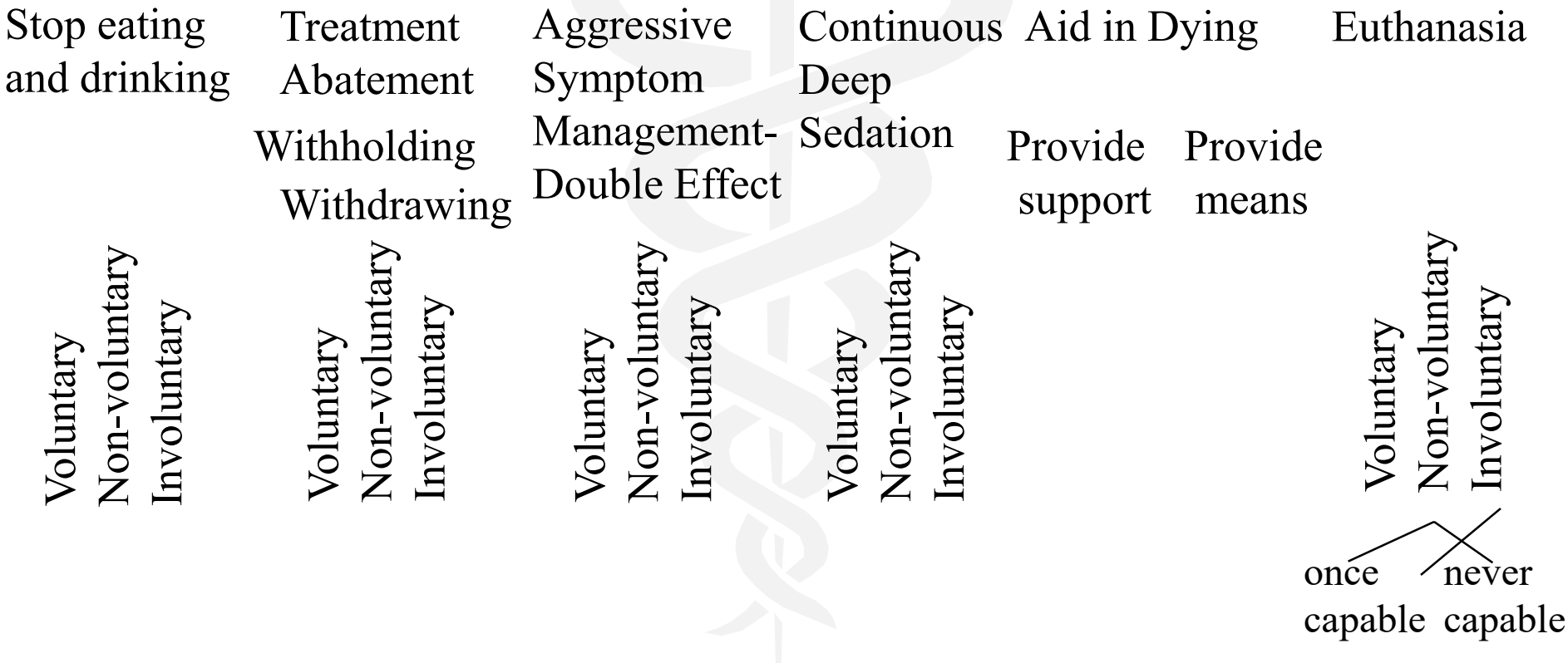
Euthanasia

Voluntary
Non-voluntary
Involuntary

Clinician Involvement in Timing of Patient Death



Clinician Involvement in Timing of Patient Death



Supreme Court of Canada Carter vs Canada 2015 SCC5

…sections of the Criminal Code “are of no force or effect to the extent that they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition”

CA End of Life Option Act

- http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15

CA End of Life Option Act

- REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER I, ..., am an adult of sound mind and a resident of the State of California.

- I am suffering from ....., which my attending physician has determined is in its terminal phase and which has been medically confirmed.
- I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.
- I request that my attending physician prescribe an aid-in-dying drug that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.

- INITIAL ONE:
- ..... I have informed one or more members of my family of my decision and taken their opinions into consideration.
- ..... I have decided not to inform my family of my decision.
- ..... I have no family to inform of my decision.
- I understand that I have the right to withdraw or rescind this request at any time.
- I understand the full import of this request and I expect to die if I take the aid-in-dying drug to be prescribed. My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.
- I make this request voluntarily, without reservation, and without being coerced.

- Signed:.....
- Dated:.....

CA End of Life Option Act

- DECLARATION OF WITNESSES
- We declare that the person signing this request:
- (a) is personally known to us or has provided proof of identity;
- (b) voluntarily signed this request in our presence;
- (c) is an individual whom we believe to be of sound mind and not under duress, fraud, or undue influence; and
- (d) is not an individual for whom either of us is the attending physician, consulting physician, or mental health specialist.
- .....Witness 1/Date
- .....Witness 2/Date
- NOTE: Only one of the two witnesses may be a relative (by blood, marriage, registered domestic partnership, or adoption) of the person signing this request or be entitled to a portion of the person's estate upon death. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident.

CA End of Life Option Act

- I, (INSERT NAME OF INTERPRETER), am fluent in English and (INSERT TARGET LANGUAGE).

- On (insert date) at approximately (insert time), I read the “Request for an Aid-In-Dying Drug to End My Life” to (insert name of individual/patient) in (insert target language).
- Mr./Ms. (insert name of patient/qualified individual) affirmed to me that he/she understood the content of this form and affirmed his/her desire to sign this form under his/her own power and volition and that the request to sign the form followed consultations with an attending and consulting physician.
- I declare that I am fluent in English and (insert target language) and further declare under penalty of perjury that the foregoing is true and correct.
- Executed at (insert city, county, and state) on this (insert day of month) of (insert month), (insert year).

- X_____Interpreter signature
- X_____Interpreter printed name

- X_____Interpreter address

CA End of Life Option Act

- FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER I, ..., am an adult of sound mind and a resident of the State of California.
- I am suffering from ....., which my attending physician has determined is in its terminal phase and which has been medically confirmed.
- I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control.
- I have received the aid-in-dying drug and am fully aware that this aid-in-dying drug will end my life in a humane and dignified manner.
- INITIAL ONE:
- ..... I have informed one or more members of my family of my decision and taken their opinions into consideration.
- ..... I have decided not to inform my family of my decision.
- ..... I have no family to inform of my decision.
- My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.
- I make this decision to ingest the aid-in-dying drug to end my life in a humane and dignified manner. I understand I still may choose not to ingest the drug and by signing this form I am under no obligation to ingest the drug. I understand I may rescind this request at any time.
-
- Signed:.....
- Dated:.....

Active and Passive Euthanasia

James Rachels

N Engl J Med 292:78–80, **1975**

Abstract

The traditional distinction between active and passive euthanasia requires critical analysis. The conventional doctrine is that there is such an important moral difference between the two that, although the latter is sometimes permissible, the former is always forbidden. This doctrine may be challenged for several reasons. First of all, active euthanasia is in many cases more humane than passive euthanasia. Secondly, the conventional doctrine leads to decisions concerning life and death on irrelevant grounds. Thirdly, the doctrine rests on a distinction between killing and letting die that itself has no moral importance. Fourthly, the most common arguments in favor of the doctrine are invalid. I therefore suggest that the American Medical Association policy statement that endorses this doctrine is unsound.