

# Colorado End of Life Options Act Frequently Asked Questions

## Who is Eligible for Medical Aid in Dying?

To be eligible for medical aid in dying under Colorado's law, an individual must be:

- > An adult
- > Terminally ill
- > Given a prognosis of six months or less to live
- > Mentally capable of making their own healthcare decisions

An individual must also be:

- > A resident of Colorado
- > Acting voluntarily
- > Making an informed decision which includes being given information about all other end-of-life options
- > Informed that s/he may choose to obtain the aid-in-dying drug, but not take it
- > Capable of self-administering and ingesting the aid-in-dying drug

Two Colorado physicians must consult with the individual and agree that he or she is eligible to use the Colorado End of Life Options Act. One physician prescribes the medication, and the other physician gives a consulting opinion. If either physician is unable to determine if the individual has mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must evaluate the individual and ensure that they are capable of making their own healthcare decisions.

## What is the Colorado End of Life Options Act?

The Colorado End of Life Options Act<sup>1</sup> authorizes medical aid in dying. Medical aid in dying is a safe and trusted medical practice in which a terminally ill, mentally capable adult with a prognosis of six months or less to live may request from his or her doctor a prescription for medication which they can choose to self-ingest to bring about a peaceful death. The law will go into effect early January 2017.

In addition to the requirements listed above, steps must be followed in order for a person to qualify for a prescription for aid-in-dying medication. Please see Compassion & Choices' *Colorado End of Life Options Act - Information for State Residents*.

## Is the practice of medical aid in dying safe and trusted?

Yes. Medical aid in dying is a safe and trusted medical practice because the eligibility requirements ensure that only mentally capable, terminally ill adults with a prognosis of six months or less who want the choice of a peaceful death are able to request and obtain aid-in-dying medication. In Colorado, the law specifically states that no person can qualify for aid-in-dying medication based on their disability or age.

In the more than 30 combined years of medical aid in dying in authorized states, there has not been a single instance of documented abuse. In Oregon, end-of-life care has improved overall since the law's implementation, in large part due to the dialogue that medical aid in dying encourages between

people and their doctors. Hospice referrals are up, as is the use of palliative care. Oregon now has one of the lowest rates of in-hospital deaths and the highest rates of at-home deaths in the nation, and violent suicide among hospice patients has virtually disappeared. Almost two decades of rigorously observed and documented experience in Oregon shows us the law has worked as intended, with none of the problems opponents had predicted.

### **How does the public feel about medical aid in dying?**

The American public consistently supports medical aid in dying by large majorities in independent national and state surveys. Polling outlets such as Gallup (69% support in May 2016)<sup>2</sup> and Harris (74% support in November 2014)<sup>3</sup> both report strong support for medical aid in dying.

### **How does the medical profession feel about medical aid in dying?**

A 2014 Medscape survey of 17,000 doctors representing 28 medical specialties demonstrated that a majority of physicians (54% vs. 31%) support a terminally ill patient's decision to end their life.<sup>4</sup>

### **What can I do to make sure my doctor will support me if I ever want to access medical aid in dying?**

Ask your doctor and medical providers now whether they will support your end-of-life choices, including medical aid in dying. This will encourage your medical providers to listen to your priorities and become prepared to provide you with the treatment you may want in the future. If your medical providers are unable or unwilling to support your end-of-life choices, you have the option to change your care to a healthcare team that puts your wishes first.

### **My doctors want to better understand medical aid in dying; where can they learn more?**

Doctors can call Compassion & Choices' **Doc2Doc consultation line** at **800-247-7421** for a free, confidential consultation and information on end-of-life care with our medical directors who have extensive medical aid-in-dying experience.

### **How long does the process take to request and obtain the aid-in-dying medication?**

The process to request and obtain aid-in-dying medication can be a lengthy one (and may not be successful) if you do not have a supportive healthcare team. The average length of time is between 15 days to three months and requires at least two doctor visits. Therefore, it is very important for individuals who may want to access the law to talk to their doctors early.

### **Where can I find the necessary forms?**

The State Department of Health will be uploading information and forms to its website as soon as the law becomes effective in January 2017.

### **Are there other resources available to learn more about medical aid in dying?**

You can visit [www.compassionandchoices.org/colorado](http://www.compassionandchoices.org/colorado) for more information and resources.

## **Do all doctors have to participate in medical aid in dying?**

No. Doctors and medical providers are not required to participate, so it is important to ask your healthcare team whether they will support your end-of-life choices. And some healthcare systems may actually prohibit their employees from participating in medical aid in dying if a terminally ill person plans on self-administering the medication on the healthcare facility's premises. However, no healthcare system can prohibit their employees from providing information about medical aid in dying to patients or referring patients to supportive healthcare systems.

## **What cause of death is listed on the death certificates of individuals who have accessed medical aid in dying?**

The underlying illness must be listed as the cause of death. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

## **Does accessing medical aid in dying affect a person's will or insurance?**

Accessing medical aid in dying does not adversely affect a person's will or insurance. The law specifically mandates that wills, insurance, contracts and annuities are not affected if a qualified individual shortens their dying process by ingesting aid-in-dying medication.

## **Resources**

<sup>1</sup> Colorado End of Life Options Act. Proposition 106. October 2016. Available from

<http://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2015-2016/145Final.pdf>

<sup>2</sup>Dugan, A. In U.S., Support Up for Doctor-Assisted Suicide. Gallup. May 2015. Available from

[http://www.gallup.com/poll/183425/support-doctor-assisted-suicide.aspx?utm\\_source=Politics&utm\\_medium=newsfeed&utm\\_campaign=tiles](http://www.gallup.com/poll/183425/support-doctor-assisted-suicide.aspx?utm_source=Politics&utm_medium=newsfeed&utm_campaign=tiles)

<sup>3</sup>Thompson, D. Most Americans Agree With Right-to-Die Movement. The Harris Poll. December 2014. Available from

[http://www.theharrispoll.com/health-and-life/Most\\_Americans\\_Agree\\_With\\_Right-to-Die\\_Movement.html](http://www.theharrispoll.com/health-and-life/Most_Americans_Agree_With_Right-to-Die_Movement.html)

<sup>4</sup>Kane, L. Medscape Ethics Report 2014, Part 1: Life, Death, and Pain. Medscape Ethics Center. December 2014. Available from

<http://www.medscape.com/features/slideshow/public/ethics2014-part1#2>