

## **Current Policy Making Death with Dignity Illegal Poses a Risk to Physicians and Denies Quality Care to Patients**

*Keeping an archaic law on the books  
damages the integrity of the medical profession and the authority of law.*

### **Nationwide, doctors provide aid in dying in about 1 in 250 deaths.**

*This is four times the rate of assisted deaths that take place in Oregon, where such practices are legal and under strict guidelines.*

Current policy supports this covert practice by ignoring its existence, thus preventing physicians from using all resources that should be available to them, such as in-depth conversations, second opinions, psychological evaluations and patient care conferences.

Opposition to Death with Dignity stands in the way of legal change, which reduces the possibility for physician education on the issue and prevents development of guidelines physicians could use to work with patients.

### **Current policy promotes both secrecy and patient abandonment.**

Secrecy increases the risk of felony prosecution and loss of medical licensure for doctors who don't know what else to do but act without support, providing prescriptions to patients who claim to be suffering intolerably and who want to end their own lives. Current policy precludes the use of safeguards similar to those used in Oregon putting other physicians in the uncomfortable position of refusing a patient's request to save their own career.

*To many doctors and patients alike, this seems like abandonment.*

### **Suffering of patients.**

Palliative care studies estimate that from 5% to 30% of dying patients have symptoms like dyspnea, pain or vomiting that cannot be controlled absent sedation to unconsciousness. Many patients worry about acute and uncontrollable suffering and experience great emotional distress. Others resist being "doped up" or unconscious. Although many would prefer other choices, they may be too timid to ask for a lethal prescription that would give them peace of mind because they don't want to ask their doctor to break the law. Other patients receive inadequate pain control because doctors fear that if they appropriately medicate their patients' extreme pain it may produce unconsciousness or result in a death that others might consider violative of existing law. The result is that many patients continue to suffer needlessly.

### **Risk to physicians. Secrecy exacts a terrible toll on physicians.**

They cannot consult their colleagues or follow other safe practices without putting others and themselves at risk. In San Francisco, 53% of AIDS doctors reported writing lethal prescriptions at a patient's request.

*Doctors who would honor their patients' request for life-ending medication risk a felony conviction and imprisonment. Without a law that clearly prescribes a protocol for patients to choose a peaceful death, physicians will continue to fear that their medical judgment could be second-guessed by others.*

### **Violent, premature deaths.**

Some people facing terminal conditions fear the prospect of disintegration of mind and body, resorting to a violent, premature death to avoid it. They use the means at hand, usually guns, and act prematurely, while they can still act alone without implicating loved ones. If these patients could talk openly with physicians about their concerns, they could receive earlier referrals for palliative care or hospice. Further, if the law on aid in dying were changed they could allow themselves to grow weaker and live longer. Their families would be spared the trauma and guilt of having a loved one die violently.

*Violent deaths among hospice patients are a thing of the past in Oregon.*

### **Surviving family traumatized.**

Some patients turn to loved ones to obtain drugs illicitly or carry out a desperate plan. In 2001, the *New York Times Magazine* described a woman who enlisted the help of a long-time friend to drive her to a hotel with high balconies so she could jump to her death. News stories frequently describe family members directly helping loved ones die when the drugs they took failed. To family members who would prefer to just be present when a loved one died, this feels like murder.

### **Respect for law and medicine.**

The overwhelming majority of people see that dying has changed dramatically in the last 50 years. They want patients to be able to ask doctors for the means to humane, peaceful dying. Many people of good will and strong moral fiber see no purposeful ethical difference between common, lawful practices and unlawful aid in dying. It seems unsupportable that patients are allowed to ask their doctors to (1) provide palliative support as they voluntarily stop nutrition and hydration (2) provide palliative sedation and withhold fluid support, or (3) withdraw a ventilator or other life-sustaining treatment, but terminal patients are not allowed to ask their doctors for medications to self-administer for a peaceful and certain death if suffering became unbearable.

