

The District of Columbia Death with Dignity Act

Frequently Asked Questions

Who Is Eligible for Medical Aid in Dying?

To be eligible for medical aid in dying under the D.C. 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 the District of Columbia
- » Acting voluntarily
- » Making an informed decision that includes being given information about all other end-of-life options
- » Informed that he or she may choose to obtain the aid-in-dying medication but not take it
- » Capable of self-administering and ingesting the aid-in-dying medication

Two physicians must consult with the individual and agree that they are eligible to use the D.C. Death with Dignity Act. One physician prescribes the medication, and the other gives a consulting opinion. If either physician is unable to determine whether 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 District of Columbia Death with Dignity Act?

D.C. became the seventh jurisdiction in the U.S. where medical aid in dying is authorized following an 11-2 vote by the D.C. Council on November 15, 2016 and signing of the bill by Mayor Muriel Bowser on December 20, 2016.¹

The law allows a mentally capable, terminally ill adult with six months or less to live to request aid-in-dying medication from their doctor for self-administration, if his or her suffering becomes unbearable, to bring about a peaceful death. The law went into effect on February 18, 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' *District of Columbia's Death with Dignity Act- Information for District Residents*.

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

Yes, 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 D.C., 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, as shown in independent national and state surveys. Polling outlets such as Lifeway (67% support in December 2016)², Gallup (69% support in May 2016)³ and Harris (74% support in November 2014)⁴ each report strong support for medical aid in dying.

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

A 2016 Medscape survey⁵ of more than 7500 physicians from more than 25 specialties demonstrated a significant increase in support for medical aid in dying from 2010. Today well over half (57%) of the physicians surveyed endorse the idea of medical aid in dying, agreeing that "Physician assisted death should be allowed for terminally ill patients."

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 them to listen to your priorities and become prepared to provide you with the treatment you may want in the future. If they 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 aid-in-dying experience.

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

The process 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 and you can also access the patient request form at: <https://www.compassionandchoices.org/district-of-columbia>

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

You can visit <https://www.compassionandchoices.org/district-of-columbia/> for more information, including videos, forms and other resources.

How do I talk to my doctor or hospice about medical aid in dying?

Compassion & Choices has handouts on its website with tips on how to talk to your doctor about medical aid in dying, and how to interview a hospice to make sure that your medical team will support you in your choices.

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

No. Doctors and medical providers may choose whether 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 -- 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

¹ District of Columbia, Death with Dignity Act, Available from: https://custom.statenet.com/public/resources.cgi?id=ID:bill:DC-2015000B38&cuiq=24bec244-9665-58c1-94ba-c4c04c13963a&client_md=a68309e3dfe31df465ec5a24ba617a4b&mode=current_text

² American Views on Assisted Suicide, Lifeway Research, September, 2016. Available from: <http://lifewayresearch.com/wp-content/uploads/2016/12/Sept-2016-American-Views-Assisted-Suicide.pdf>

³ Swift, a. Euthanasia Still Acceptable to Solid Majority in U.S. Gallup, May 2016. Available from <http://www.gallup.com/poll/193082/euthanasia-acceptable-solid-majority.aspx>

⁴ 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>.

⁵ Medscape Ethics Report 2016: Life, Death, and Pain, December 23, 2016. Available from: <http://www.medscape.com/features/slideshow/ethics2016-part2#page=2>