GET THE FACTS

MARYLAND'S DEATH WITH DIGNITY ACT

In the 2015 Legislative Session, Delegate Shane Pendergrass and Senator Ron Young introduced HB1021/SB676, the *'Richard E. Israel and Roger "Pip" Moyer Death With Dignity Act'* to expand a patient's end-of-life treatment options and respect his or her choices. The bill was slated for a Fall study and we expect a revised bill to be introduced in 2016.

Bill Summary: The bill establishes a process for a patient with a terminal illness with less than six months to live to request controlled medication that allows the patient to choose the time, place, and circumstances of his or her own death.

Questions on Death with Dignity (DWD) answered by Oregon's 18 years of experience*

Why do terminally ill patients use DWD?

Last year, the three most frequently mentioned end-of-life concerns were loss of autonomy (91.4%), decreased ability to participate in activities that made life enjoyable (86.7%), and loss of dignity (71.4%). Most (89.5%) patients chose to die at home with family and loved ones.

Is there a typical DWD patient profile?

In 2014, most (67.6%) patients were aged 65 years or older. The majority of patients (93%) were enrolled in hospice care either at the time the DWD prescription was written or at the time of death. Since 1998, 78% have had a diagnosis of cancer.

How involved are families in the patient's decision – have there been reports of coercion or misuse?

While it is not required by law, 94% of patients informed their relatives of their decision. The State of Oregon reports no evidence of coercion since the law's implementation in 1998, and the state of Washington also hasn't found any incidence of coercion since the law took effect in 2009.

"Why should anyone, the state, the medical profession, or anyone else, presume to tell someone else how much suffering they must endure while dying? Doctors should stand with their patients, not against them."

-Dr. Marcia Angell, Senior Lecturer at Harvard Medical School

The Process for Patients:

1. The patient must voluntarily initiate the process.

2. An attending physician must attest to diagnosis of a terminal illness with less than 6 months to live and other qualifying factors.**

3. A second consulting physician must verify the diagnosis and prognosis. Both physicians must determine that the patient ***is not*** being coerced or suffering from a condition impairing judgment or otherwise making the patient not competent (e.g. depression).

4. The patient must make 2 oral requests for the medication. The second request must be made no less than 15 days after the first request. The patient may rescind his or her request at any time.

5. During the 15-day waiting period after the first request, the patient must fill out a written form requesting the medication, witnessed by 2 people.

6. There is an additional 48-hour waiting period between the signing of the request form and the writing of a prescription.

7. After 48 hours, the patient receives the medication but is under no obligation to take it at that time.

* Oregon's Death with Dignity Act—2014. Rep. N.p.: Oregon Public Health Division 2014.

** While physicians are often optimistic in diagnosis, their predictions are highly correlated with actual survival. Glare Paul, Virik Kiran, Jones Mark, Hudson Malcolm, Eychmuller Steffen, Simes John et al. A systemic review of physicians' survival predictions in terminally ill cancer patients. BMI 2003; 327:195