MINNPOST

COMMUNITY VOICES

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It's time for Minnesota to approve medical aid in dying

By Kim Callinan | 06/07/2019

The American public has been clear for decades on one end-of-life care issue: People who are mentally capable and dying should have the option to request prescription medication from their doctor to peacefully end their suffering if it becomes unbearable.

The majority of Americans have supported this option, known as medical aid in dying, since the 1970s. However, until recent years it was considered too controversial for legislatures to tackle. Fortunately, recent events show this concern is no longer valid.

This past April, New Jersey became the fifth jurisdiction to pass medical aid in dying through the legislature in the last six years, after Hawaii (2018); Washington, D.C. (2017); California (2016); and Vermont (2013). In addition, citizen-led ballot initiatives authorized medical aid in dying in Colorado (2016), Washington state (2008) and Oregon (1994), and the courts in Montana (2009). In fact, Colorado voters approved medical aid in dying by a 30-point margin (65 percent to 35 percent), the largest number of "yes" votes of any ballot initiative in Colorado's history. And this week, the Maine legislature approved the Maine Death with Dignity Act; the bill awaits Gov. Janet Mills' signature.

Strong support among Minnesotans

Like people in other states, Minnesotans want their lawmakers to authorize this compassionate end-of-life option. A 2016 statewide survey demonstrated that two-thirds of Minnesota residents support the authorization of medical aid in dying. That same year, 68 percent of Minnesota State Fair-goers indicated support on the annual Minnesota State Fair Survey sponsored by the Minnesota House and Senate.

Growing public demand for medical aid in dying is also causing greater acceptance within medicine. Since 2015, 20 national and state medical societies, including the American Academy of Family Physicians and the American Academy of Neurology, have dropped their opposition and adopted either a supportive or neutral policy. After completing a two-year Task Force study, the Minnesota Medical Association withdrew its opposition to medical aid-in-dying legislation that included appropriate protections for physicians and patients.

Despite these facts and the strong leadership of state Sen. Chris Eaton and state Rep. Mike Freiberg in introducing the Minnesota End of Life Option Act, which would have authorized medical aid in dying, the 2019 legislative session ended last month without making progress on the bill.


Kim Callinan

Fortunately, House leadership has indicated a willingness to advance the conversation by holding an informational hearing during the interim. I encourage Minnesota lawmakers to use this opportunity to listen to constituents and evaluate the evidence and data from a combined 40 years of experience across 8 jurisdictions, rather than allowing misinformation and implausible "what if" scenarios to stall progress.

Important trends

The data will reveal three important trends:

1) Medical aid in dying laws protect patients: There has not been a single incidence of abuse or coercion in a combined 40 years.

2) Relatively few people (fewer than 1,500 in more than 20 years in Oregon, or less than 1 percent of annual deaths) will decide to use the law; however, large numbers of terminally ill people gain peace of mind simply knowing the option exists.

3) The implementation of medical aid-in-dying laws contribute to improved conversations between doctors and patients, better palliative care training and more effective use of hospice care.

Given the profound demographic shift in Minnesota with the number of adults in Minnesota doubling between 2010 and 2030, public demand for this compassionate option will continue to grow. No doubt, as more constituents and lawmakers watch their loved ones unnecessarily suffer at the end of life, Minnesota will eventually join other states and authorize it. Unfortunately, that is cold comfort for those terminally ill Minnesotans who want this option now.

While medical aid-in-dying legislation garners opposition from a vocal minority, the reality is that it offers lawmakers a rare trifecta: widespread public support, conclusive data that the option will protect patients and improve end-of-life care, and it costs next to nothing to implement. Minnesota can continue its legacy of leadership by becoming the first state in the Midwest to authorize medical aid in dying, because everyone should have the autonomy to make end-of-life decisions that are best for themselves and their families, no matter where they live.

Kim Callinan is the CEO of Compassion & Choices. She holds a master's degree in public policy from Georgetown University.

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SUBMITTED BY JIM BALLENTHIN ON 06/08/2019 - 05:56 AM.

During my 34 years of practicing law, I regularly worked with many clients on their Wills and end of life plans. These discussions included a health care directive specifying what care was wanted in the event that the client, typically both a husband and wife, no longer could make a decision for him or her self and the client's medical condition was terminal, or the client was permanently unconscious, or the client was completely dependent on others for care. In nearly ever case the client wanted no medical care to prolong life, the client wanted medication to be comfortable and free of pain, even if that hastened death, and the client wanted no artificial feeding or sustenance, especially no tube or intravenous feeding of food or fluids. This means that the client clearly wanted to be left free to die, and in fact free to die quickly.

My 34 years of experience clearly shows that people do not want life artificially extended and want to be free to die quickly and free from discomfort or pain. Medical aid to allow a painless and comfortable death is what my clients wanted.

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