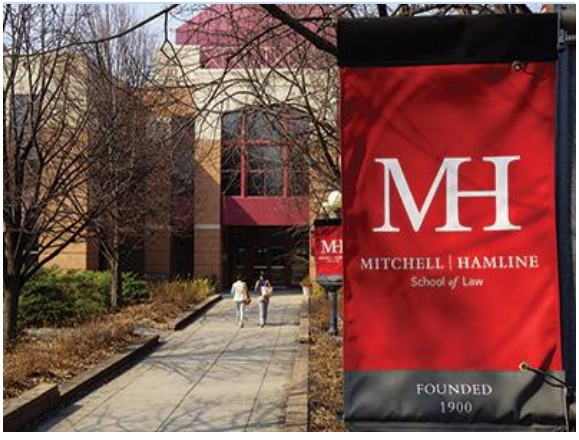
Medical Aid in Dying: Law & Ethics for Minnesota

Minnesota Coalition for Death Education and Support (September 29, 2017)

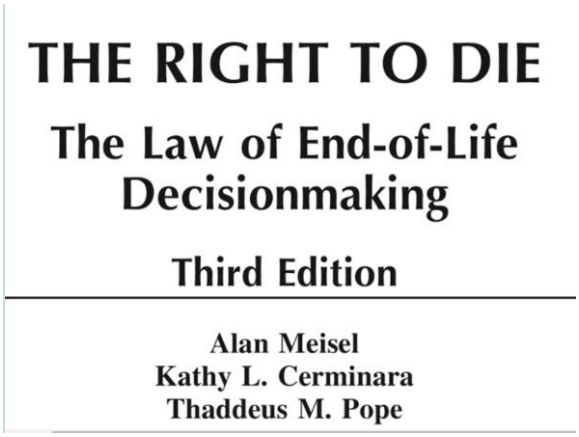
Thaddeus M. Pope, JD, PhD
Mitchell Hamline School of Law

Medical Aid in Dying (MAiD)—Lessons Learned in **Oregon and Colorado**

Biography



- Advance Directives & POLST
- Hastening Death – VSED
- Hastening Death - MAID
- Medical Futility
- Surrogate Decision Making
- Right to Die & UMT
- Brain Death & Organ Donation
- Conscience Based Objections
- Healthcare Ethics Committees



Disclosures

The New York Times

The Opinion Pages
ROOM for DEBATE

Oregon Shows That Assisted Suicide Can Work Sensibly and Fairly

Thaddeus Mason Pope is the director of the Health Law Institute at Hamline University, and a frequent legal commentator and blogger on end-of-life medical issues.

UPDATED OCTOBER 7, 2014, 12:39 PM

Opinion

VIEWPOINT

The Changing Legal Climate for Physician Aid in Dying

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While once widely rejected as a health care option, physician aid in dying is receiving increased recognition as a response to the suffering of patients at the end of life. With aid in dying, a physician writes a prescription for life-ending medication for an eligible patient. Following the recommendation of the American Public Health Association, the term *aid in dying* rather than "assisted suicide" is used to describe the practice.[1] In this Viewpoint, we describe the changing legal climate for physician aid in dying occurring in several states (Table).

Voters in Oregon and Washington have legalized aid in dying by public referendum, legislators in Vermont have done so by statutory enactment, and courts in Montana and New Mexico have done so by judicial rulings. Support for aid in dying is increasing, and it would not be surprising to see voters, legislators, or courts in other states approve the practice. Indeed, in their 2014 an advance directive statute in California,[5] courts and legislatures concluded that patients may reject their physicians' treatment recommendations even when treatment is necessary to prolong life.

Recognition of the right to refuse life-sustaining care reflected a societal consensus that people should be able to decline treatment when they are suffering greatly from irreversible and severe illness. In such cases, the burdens of continued treatment may easily outweigh the benefits, and people should not be forced to endure a prolonged and undignified dying process.[6] What is critical about the right is the desire to protect seriously ill people from intolerable suffering.

How is it possible to decide when someone's illness is serious enough that treatment can be refused? The *Quinlan* case concluded that the right to refuse life-sustaining treatment should exist when the patient's prognosis becomes very grim.[4]

Roadmap

3

MAID in Minnesota

Dying in MN

Recent MN bills

Legalizing MAID

Why, what need

Paths elsewhere

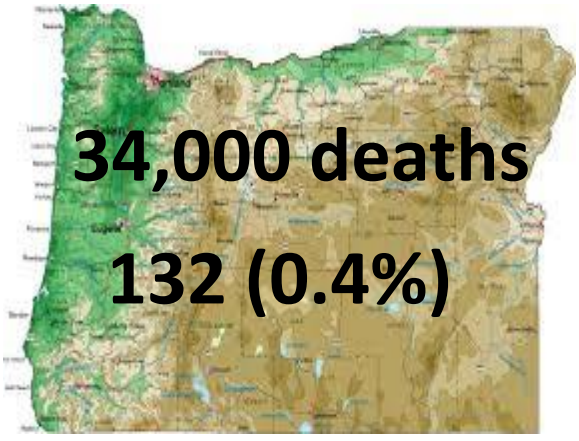
2018 & beyond in MN

Safeguards to add

Safeguards to remove

2:45 - 4:00

Dying in Minnesota



34,000 deaths

132 (0.4%)

5.5m v. 4m

41,000 / year

Total MN deaths

CDC National Center for Health Statistics, *Deaths: Final Data for 2013*, 64(2) NATIONAL VITAL STATISTICS REPORTS (Feb. 16, 2016), http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

182 / year

MN MAID deaths

99.6%

MN deaths unaffected

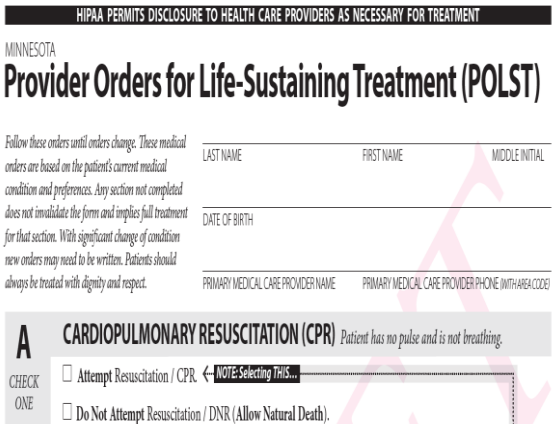
41,000

182

40,818

Most **also** make a deliberate decision to hasten death

Those dependent on dialysis, vents, CANH can hasten their deaths



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

MINNESOTA

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH

PRIMARY MEDICAL CARE PROVIDER NAME PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

A CHECK ONE

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

☐ Attempt Resuscitation / CPR. ← NOTE: Selecting THIS...

☐ Do Not Attempt Resuscitation / DNR (Allow Natural Death).

Not only withholding & withdrawing LSMT

Palliative sedation to unconsciousness

Equal protection

Persons similarly situated should be treated alike

Every day, terminally ill patients in Minnesota hasten their deaths by withholding or withdrawing treatment

Every 30 minutes

But some patients have no treatment to turn off or refuse

MAID gives these terminally ill, competent, adult patients the freedom to accelerate their imminent death.

Legalization in MN

2017

02/09/17 REVISOR SGS/CC 17-1700 as introduced

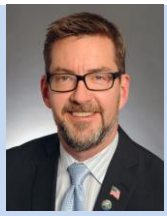
SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 1572

(SENATE AUTHORS: EATON, Klein, Marty, Dibble and Latz)

DATE	D-PG	OFFICIAL STATUS
02/27/2017	806	Introduction and first reading Referred to Health and Human Services Finance and Policy

Matt Klein



Scott Dibble

John Marty

Ron Latz

02/09/17 REVISOR SGS/CC 17-1700

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1885

03/01/2017 Authored by Freiberg, Liebling, Lesch, Schultz, Sundin and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

Rep. Mike Freiberg

Liebling	Hornstein	Hansen
Lesch	Dehn, R.	Lee
Schultz	Kunesh-Podein	Loeffler
Sundin	Thissen	Ward
Considine	Clark	Bly
Slocum	Nelson	Moran
Allen		

2016

02/17/15 REVISOR SG5/NB 15-2790 as introduced

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1880

(SENATE AUTHORS: EATON, Pappas, Dibble, Marty and Goodwin)

DATE	D-PG	OFFICIAL STATUS
03/18/2015	972	Introduction and first reading Referred to Health, Human Services and Housing
03/25/2015	1338	Author added Goodwin

StarTribune

Doctor-assisted suicide proposal tabled after emotional hearing

Sen. Chris Eaton abruptly withdrew the measure in a hearing that drew hundreds of people and hours of wrenching testimony.

By Maya Rao Star Tribune | MARCH 17, 2016 — 10:26AM

MN 2018 -

MINNPOST

HOME POLITICS & POLICY HEALTH EDUCATION ENVIRONMENT ARTS & CULTURE BUSIN

POLITICS & POLICY

Historic election puts Republicans in control of Minnesota House and Senate

By Briana Bierschbach and Greta Kaul | 11/09/16 Email Share Tweet Print

Better prospects

1

1991

Follow AMA

"Physicians **must not** . . . . participate in assisted suicide. The societal risks . . . is too great to condone . . . ."

June 2016
to
April 2017

MMA Board of Trustees
Physician-aid-in-dying
Task Force
Report and Recommendations

May 2017

"MMA will oppose any aid-in-dying legislation . . . ."

"MMA will oppose any aid-in-dying legislation **that fails** to adequately safeguard the interests of patients or physicians."

Such **safeguards** include but are not limited to the following:

- Must not compel physicians or patients to participate . . . against their will
- Must require patient self-administration
- Must not permit patients lacking decisional capacity to utilize . . .
- Must require mental health referral of patients with a suspected psychological or psychiatric condition
- Must provide sufficient legal protection for physicians who choose to participate.

2

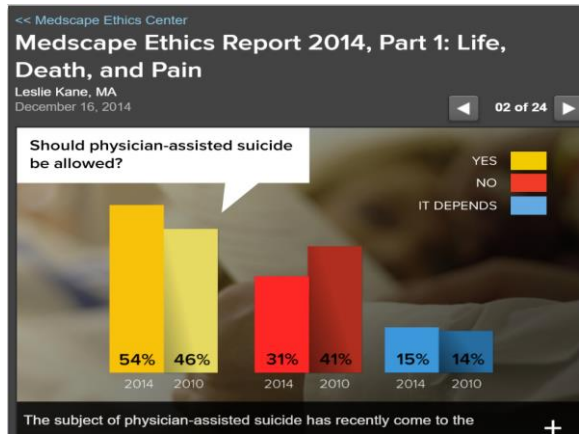
Track record even longer

1998 → (20)
2008 → (10)
2013 → (5)
2015 → (3)

3

68% public support AID

Gallup 2015



Like almost all US bills, closely modeled on ODWDA

Politically safe

But ethically questionable

Return at end

Why do we **need** a statute like these bills

76

Need to legalize

77

"Assisted Suicide" Laws

78

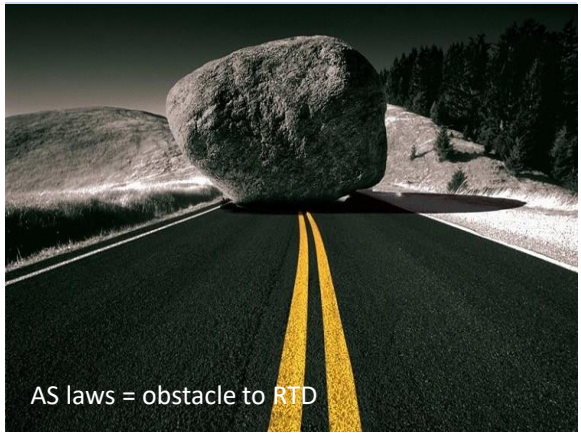
Across USA, since 1800s, helping someone commit suicide is a **crime**

"assisted suicide prohibitions are **deeply rooted** in our nation's legal history"

Minnesota Statutes Chapter 609 **Criminal Code**

Minn. Stat. **609.215**

"Whoever . . . **assists** another in taking the other's life may be **sentenced** to . . . 15 years . . . $30,000"



Right to die

1950s & 1960s

Mechanical ventilators

Dialysis

Feeding tubes

>100

appellate cases

Right to refuse treatment

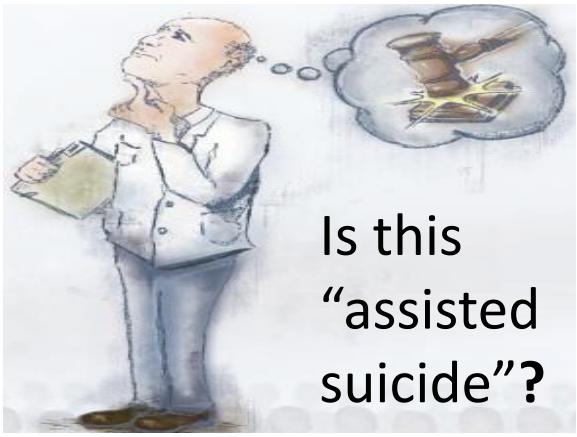
even if life-sustaining

1993

MINNESOTA STATUTES 2012 145C.01

CHAPTER 145C

HEALTH CARE DIRECTIVES



Chill from

609.215

609.215(3)

"provider . . . who withholds or withdraws a life-sustaining procedure . . . does **not violate** this section"

No such clarity re MAID

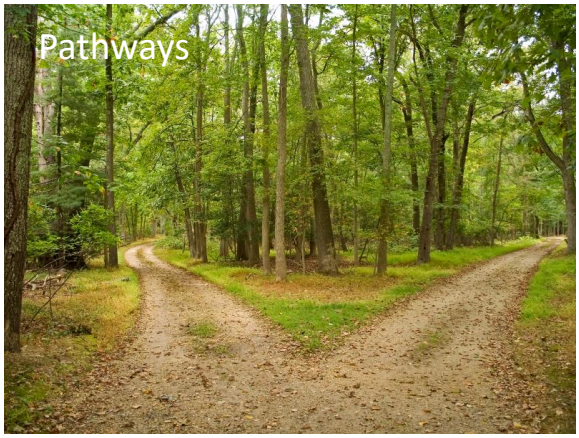
MAID = AS

AS = felony

MAID = felony

Need to legalize

103



Other attempts to legalize

Who **else**?

Where?

How?

Paths to MAID legalization

7

Statutory Approaches

Ballot initiatives

Legislation

Litigation Approaches

Federal constitution

State constitution

Statutory interp.

Other Approaches

Limit prosecutorial discretion

Jury nullification

Not covering "all" law re MAID

Only **affirmative** efforts to permit

Pathway 1

Litigation

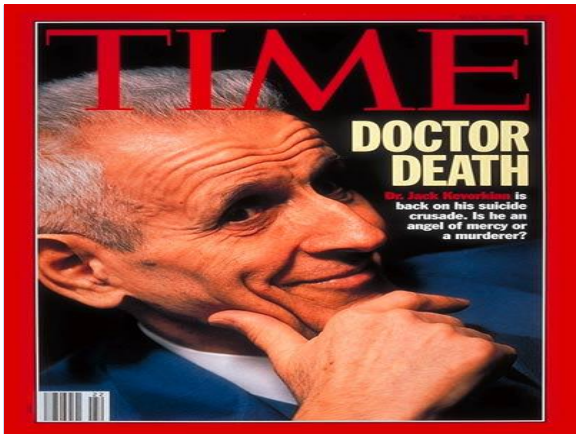
US Constitution

113

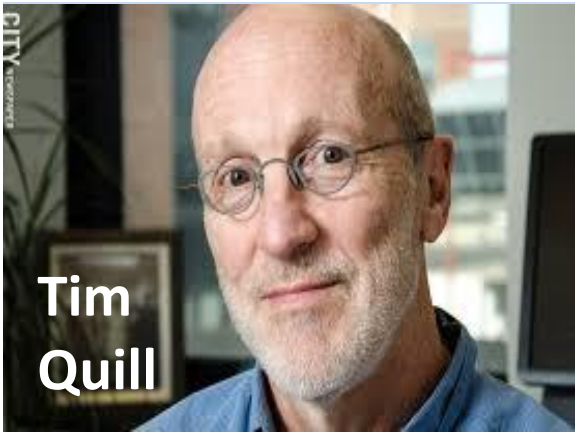
Due process

Equal protection

1st Amendment



D. Ore. (1994)	**Y**
9th Cir. (1995)	**N**
9th Cir. EB (1996)	**Y**
SCOTUS (1997)	**N**



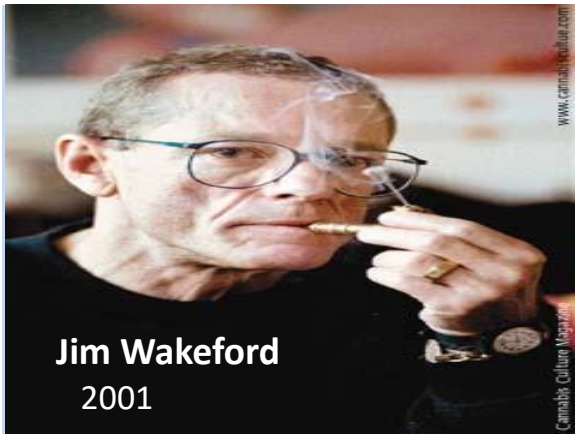
NDNY (1994)	**N**
2d Cir. (1996)	**Y**
SCOTUS (1997)	**N**

>15

appellate judges

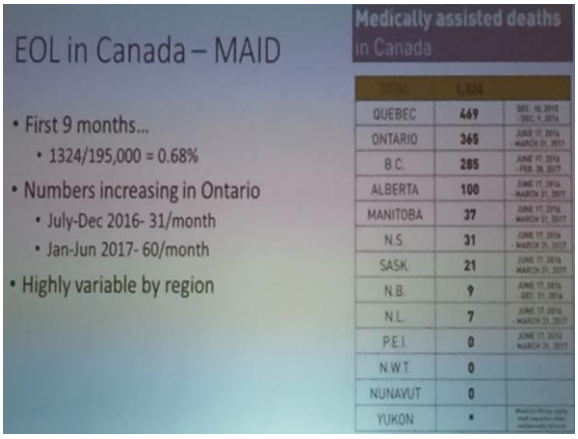
2d Cir + 9th en banc + 9th panel dissent + SCOTUS dissents + other

Federal constitutional rights in **other** countries


Jim Wakeford
2001

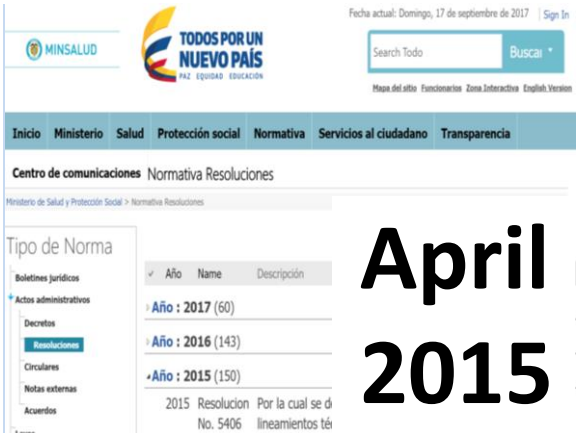

Kay
Carter
Feb.
2015


June
2016


EOL in Canada – MAID
• First 9 months...
• 1324/195,000 = 0.68%
• Numbers increasing in Ontario
• July-Dec 2016- 31/month
• Jan-Jun 2017- 60/month
• Highly variable by region
Medically assisted deaths in Canada
QUEBEC 469
ONTARIO 365
B.C. 285
ALBERTA 100
MANITOBA 37
N.S. 31
SASK. 21
N.B. 9
N.L. 7
P.E.I 0
N.W.T. 0
NUNAVUT 0
YUKON

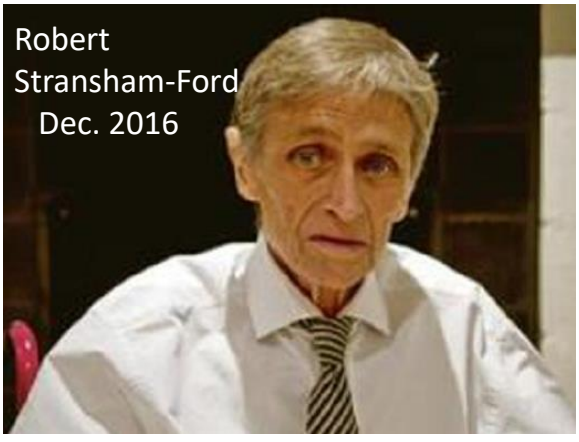

Julia
Lamb

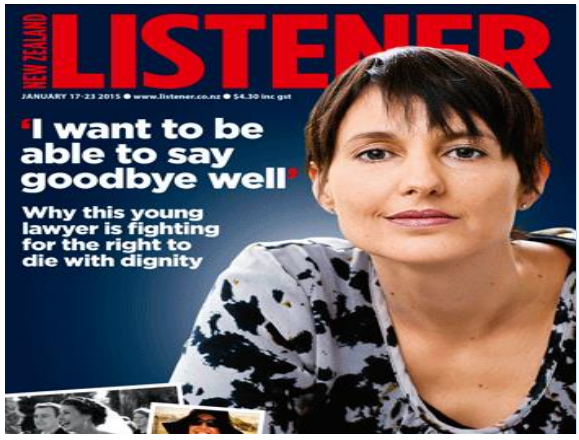

NORTH AMERICA
CARIBBEAN
North Atlantic Ocean
North Pacific Ocean
CENTRAL AMERICA
Colombia
EQUATOR
SOUTH AMERICA
TROPIC OF CAPRICORN
South Atlantic Ocean
worldatlas
1997

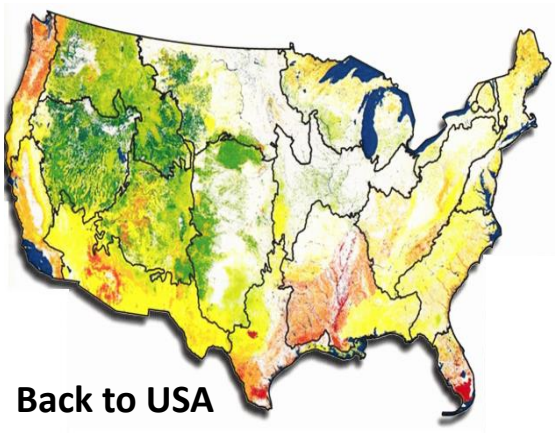


April 2015

BUT







No federal constitutional right

Focus to **states**

"[T]he . . . challenging task of crafting appropriate procedures for safeguarding . . . liberty interests is entrusted to the **laboratory of the States** . . ."

"States are . . . undertaking extensive and serious evaluation . . . ."

Pathways 2 & 3

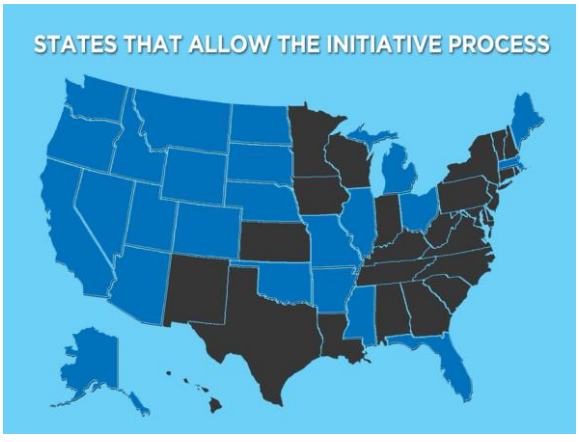
State statutes

146

Ballot initiatives

Legislation

Ballot initiatives



Early failures

1988 California

1991 Washington

1992 California

1994 Michigan

Problem

Legalize **both** euthanasia **and** medical aid in dying

MAID

Self ingestion

Patient takes the final overt act

U.S. DISTRICT COURT
DISTRICT OF OREGON

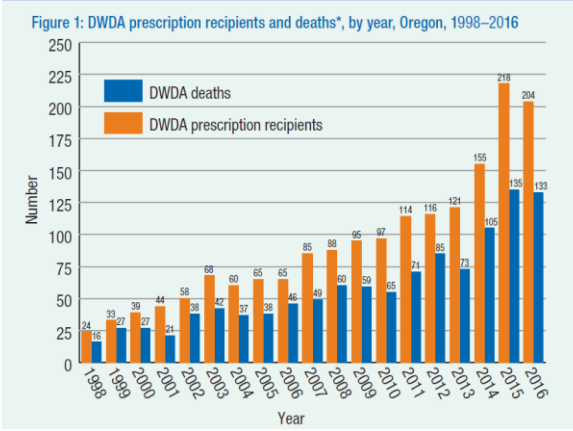
Injunction 1994 to 1997

2016

Oregon Death with Dignity Act

Data summary 2016

Oregon Health Authority
PUBLIC HEALTH DIVISION

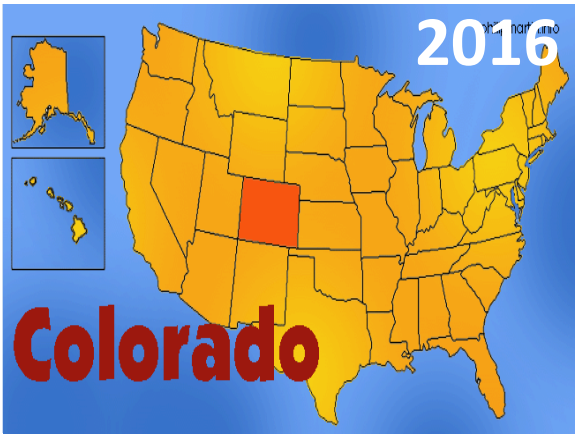


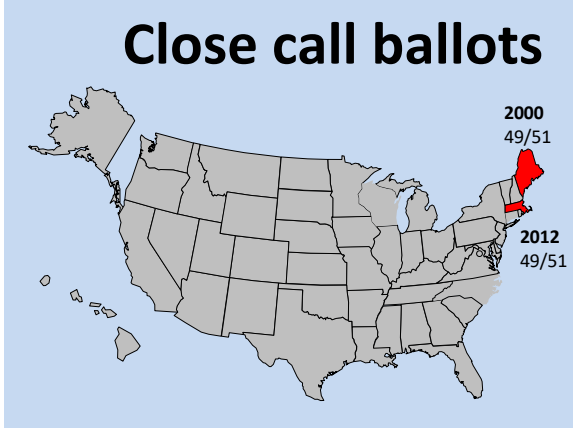
Characteristics	2016 (N=133)	1998–2015 (N=994)	Total (N=1,127)
Lethal medication			
Secobarbital (%)	86 (64.7)	582 (58.6)	668 (59.3)
Pentobarbital (%)	0 (0.0)	386 (38.8)	386 (34.3)
Phenobarbital (%)	39 (29.3)	17 (1.7)	56 (5.0)
Other (combination of above and/or morphine) (%)	8 (6.0)	9 (0.9)	17 (1.5)
End of life concerns[4]	**(N=133)**	**(N=994)**	**(N=991)**
Losing autonomy (%)	119 (89.5)	906 (91.6)	1,025 (91.4)
Less able to engage in activities making life enjoyable (%)	119 (89.5)	888 (89.7)	1,007 (89.7)
Loss of dignity (%)[5]	87 (65.4)	680 (78.8)	767 (77.0)
Losing control of bodily functions (%)	49 (36.8)	475 (48.1)	524 (46.8)
Burden on family, friends/caregivers (%)	65 (48.9)	408 (41.3)	473 (42.2)
Inadequate pain control or concern about it (%)	47 (35.3)	249 (25.2)	296 (26.4)

Track record

Documented

Solid

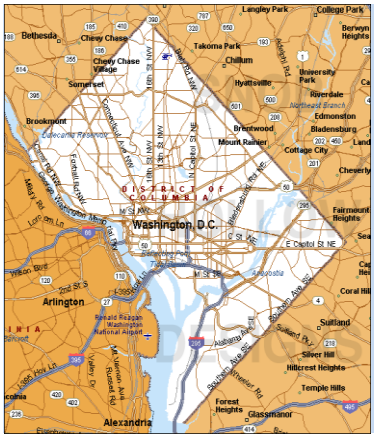




Legislation

May 2013

Oct. 2015



Feb. 2017

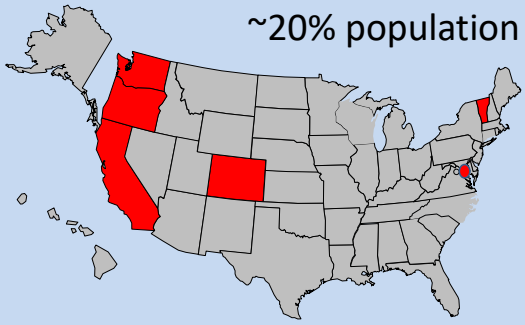
Enacted

3 initiatives

3 bills

6 statutes

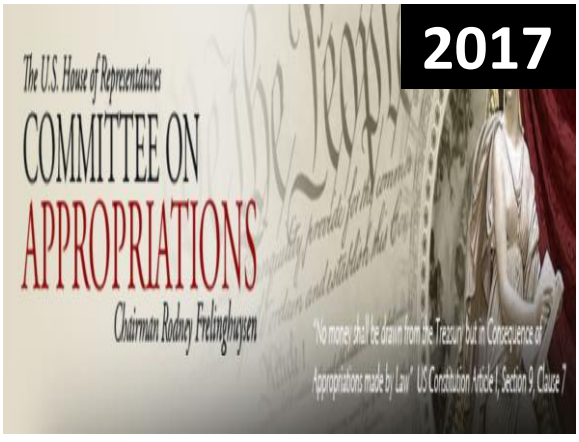
~20% population



Statutes in **other** countries

1997

Australian Government



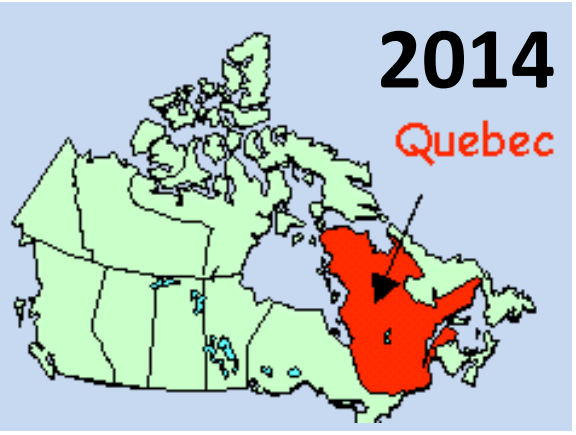
115TH CONGRESS
1ST SESSION

H. CON. RES. 80

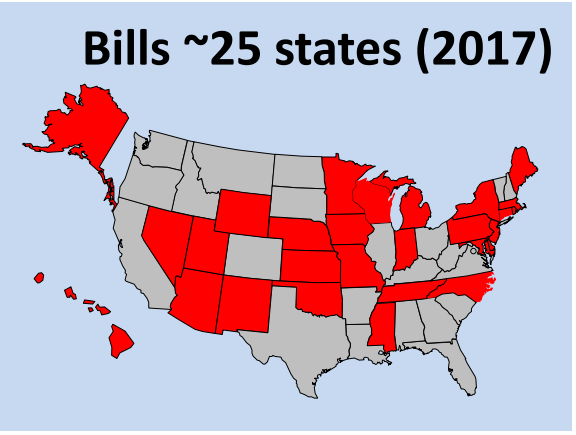
Expressing the sense of the Congress that assisted suicide (sometimes referred to as death with dignity, end-of-life options, aid-in-dying, or similar phrases) puts everyone, including those most vulnerable, at risk of deadly harm and undermines the integrity of the health care system.

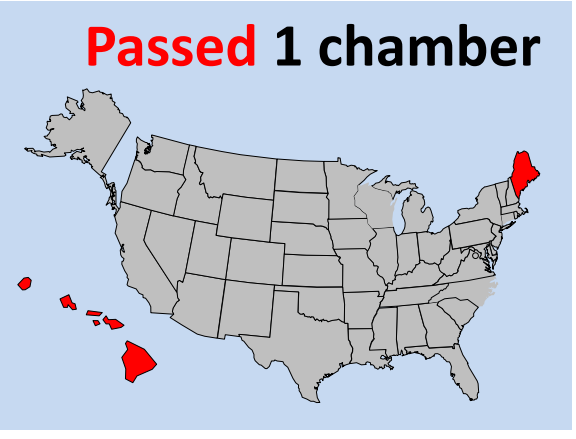
IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2017



Ongoing



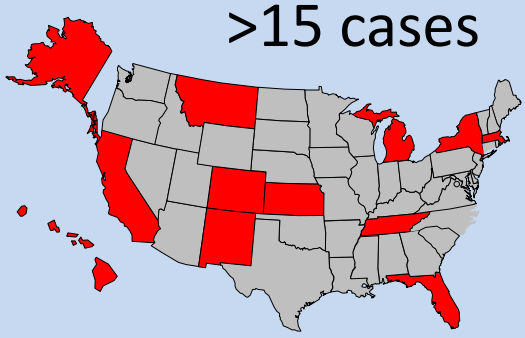


Pathway 4

Litigation

state constitution

182



No "lasting" success

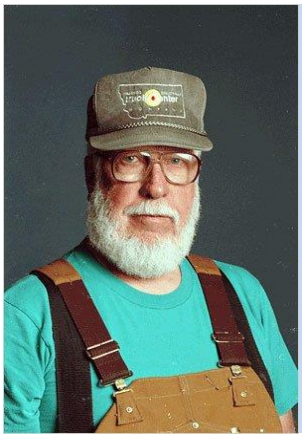
Trial court win

Appellate loss

3

McIver wins FL DCT

Reversed FL SCT



Baxter wins MT DCT

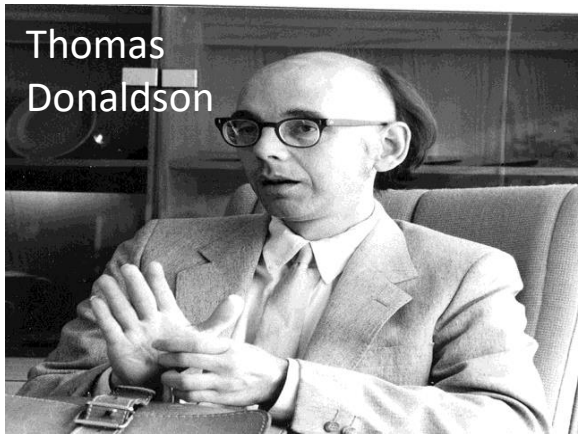
Not reached MT SCT

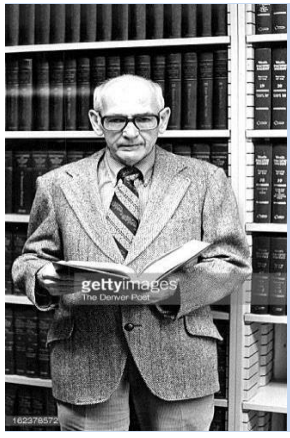
Trial court loss

Appellate loss

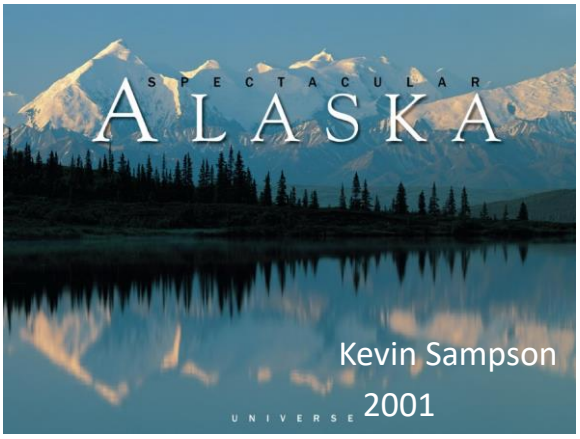
>10

1992

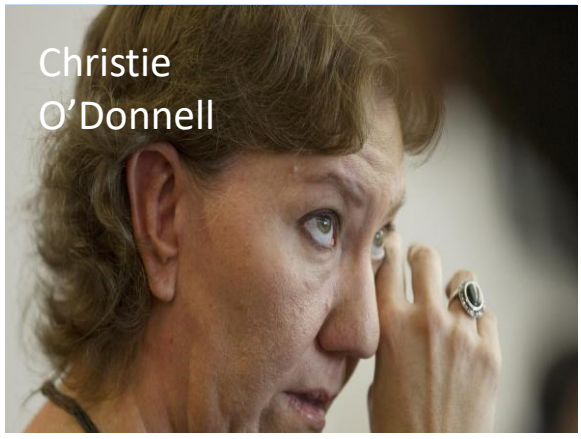


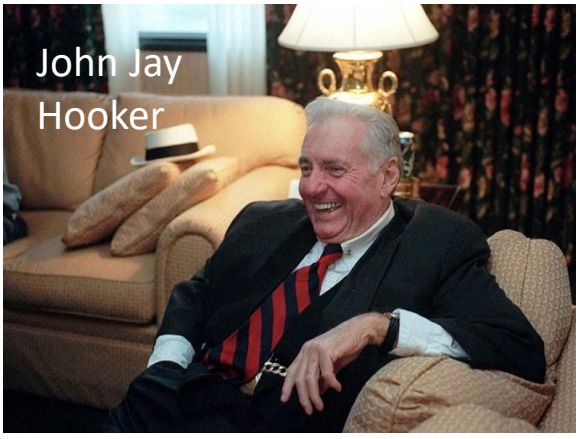


Robert Sanderson
Colo. 2000



Most recently





State constitutional right

App. courts	**0**
Trial courts	3

App J's = 1 FL + 1NMApp + 2 MI + others

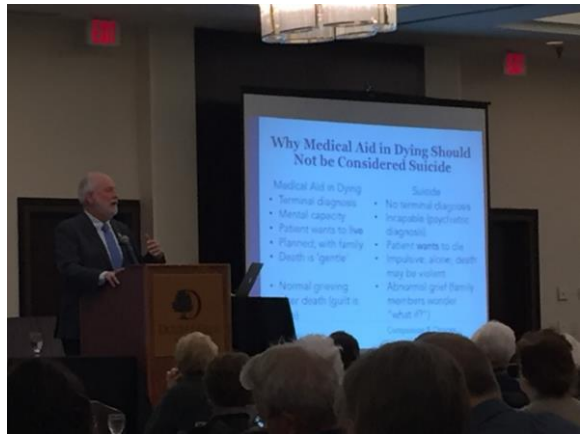
Active cases

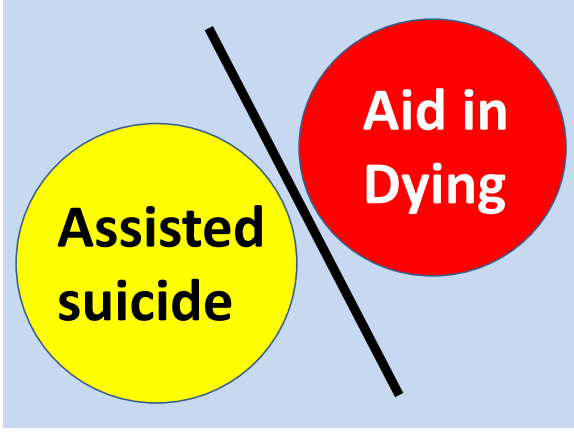
John Radcliffe
HI

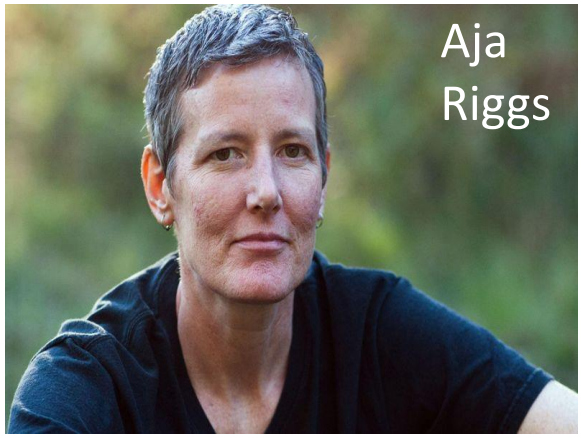
Pathway 5

Litigation

State statute







MAID is **different**

But **still** legally "assisted suicide"

Often included with state con. law claims (e.g. NM, NY)

But **never** accepted

BUT

~~MAID = AS~~

Mont. Code Ann. 45-2-211

"**consent** of the victim to conduct charged . . . is a **defense**"

AS statute not apply

Trial court	0
Appellate	1

Pathway 6

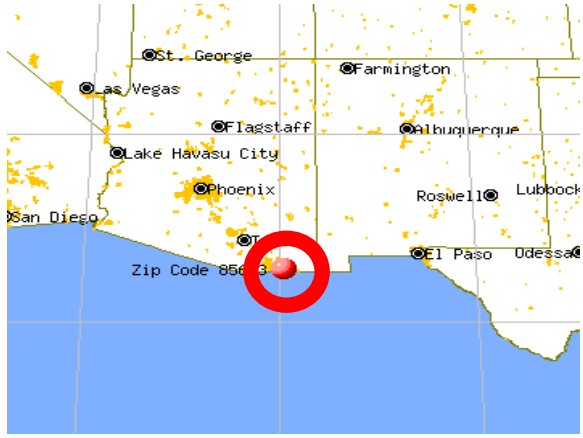
Limit prosecutorial discretion

Not decriminalized

But **guidance** on MAID without penalty

CPS

factors that will influence whether or not someone is prosecuted for assisting suicide



"urges **prosecutorial discretion** by the Cochise County Attorney in **de-prioritizing** cases . . . imminent death . . . intolerable suffering."

Pathway 7

Jury nullification

Not decriminalized

But *de facto* immunity


The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Death and Dignity — A Case of Individualized Decision Making

Timothy E. Quill, M.D.

N Engl J Med 1991; 324:691-694 | March 7, 1991 | DOI: 10.1056/NEJM199103073241010

7 **pathways**

237

Set aside

3 pathways

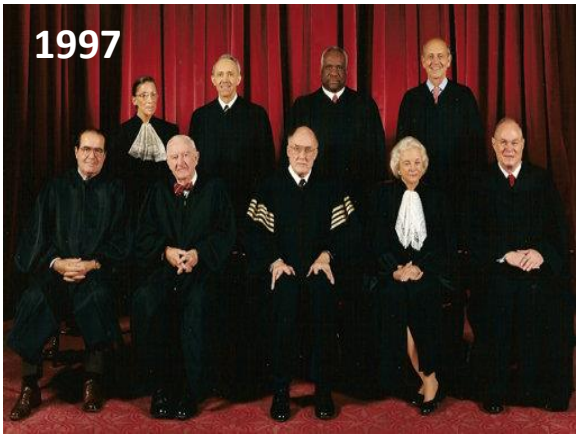
238

No *ex ante* guidance

Prosecutorial discretion

Jury nullification

239



	Succeed	Fail
Ballot	3	>7
Bill	3	>200
AS not apply	1	>5
State const.	0	15

Oregon model

Death is **not** always bad

Life is **not** always good

For many, the alternative to death is **worse**

Avoid **unwanted** life

Even more obviously

Avoid **unwanted** death

2 risks to avoid

Dying **too** fast

Dying **too** slow

Preference sensitive

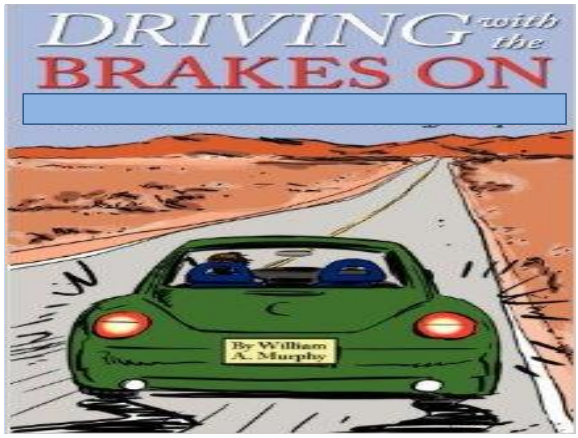
Value laden

But …

Safeguards to **reduce** one risk **increase** the other risk

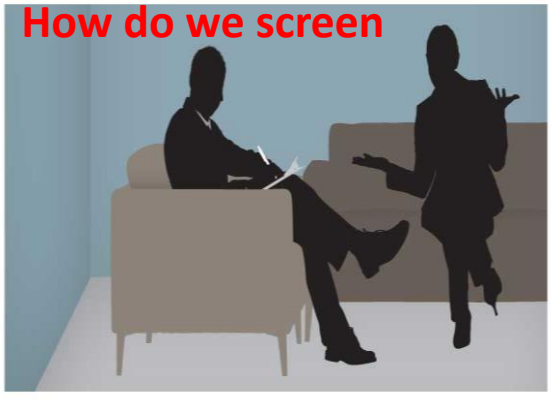
Too Fast

Smaller risk



1

"impaired judgment … mental disorder"



Mental health specialist assessment **only if** attending or consulting physician determines "indications of a mental disorder"

Subd. 9. **Medical determination on competency.** (a) If, in the medical opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological condition that is causing impaired judgment, either the attending or consulting physician shall refer the patient for counseling to determine whether the patient is capable of making and communicating an informed medical decision.

Rare

OREGON DEATH WITH DIGNITY ACT:
2015 DATA SUMMARY

Oregon Health Authority

5/132
< 4%

QUT Law Review
Volume 16, Issue 1, pp 76-83.
ISSN: (Print) 2205-0507 (Online) 2201-7275
DOI: 10.5204/qutlr.v16i1.623

OHSU psychiatrist

LEGALISED PHYSICIAN-ASSISTED DEATH IN OREGON

LINDA GANZINI*

VIEWPOINT

The Challenge of New Legislation on Physician-Assisted Death

Linda Ganzini, MD, MPH
Department of Psychiatry, Oregon Health & Science University & VA Portland Health Care System, Portland.

Anthony L. Back, MD
Department of Medicine, University of Washington, Seattle.

By the end of 2016, more than 80 million people in the United States will live [illegible] ing physician-assisted death. As such, this practice can no longer be considered a quirky experiment in a few states. [illegible] experience with physician-assisted death began in 1994, when voters in Oregon approved a ballot measure, the Death With Dignity Act, allowing [illegible] cation that a patient voluntarily self-administers. Oregon stood alone for 14 years until Washington (2008), Vermont (2013), and now California (2015) approved assisted death are rarely used. Data from Oregon show [illegible] assisted death, from 0.6 in 1000 deaths in 1998 to 3 in 1000 deaths in 2014.[1] Concerns that legalization of physician-assisted death would [illegible] programs and target vulnerable groups, such as the elderly population, the uninsured, and the poor, have not [illegible] realized. In fact, in Oregon and Washington the availability of hospice and palliative care has expanded substantially, though the increased availability cannot necessarily be attributed to legalization of physician-

Not screening
lots of impaired Judgment

VIEWPOINT

The Challenge of New Legislation on Physician-Assisted Death

Linda Ganzini, MD, MPH
Department of Psychiatry, Oregon Health & Science University & VA Portland Health Care System, Portland.

Anthony L. Back, MD
Department of Medicine, University of Washington, Seattle.

Non-specialist not good at detecting when to refer

United States and Canada will live in a jurisdiction allowing physician-assisted death. As such, this practice can

states. The North American experience with physician-assisted death began in 1994, when voters in Oregon ap-

allowing a physician to prescribe a lethal dose of a medication that a patient voluntarily self-administers. Or-

Vermont (2013), and now California (2015) approved

assisted death are examined. Data from Oregon show a modest increase in physician-assisted death, from 0.6 in 1000 deaths in 1998 to 3 in 1000 deaths in 2014.[1] Concerns that legalization of physician-assisted death would undermine efforts to develop and improve palliative care programs and target vulnerable groups, such as the elderly poor, the uninsured, and the poor, have not been realized. In fact, in Oregon and Washington the availability of hospice and palliative care has expanded substantially, though the increased availability cannot necessarily be attributed to legalization of physician-

EOLO as enacted

↓

too **FAST** for some

272

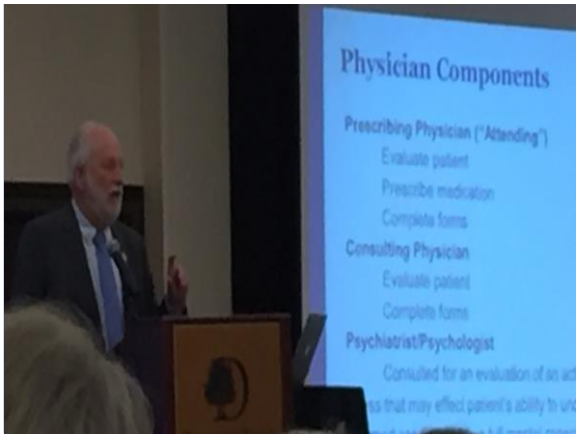
But …

MHA always required

↓

too **SLOW** for others

274



Attending physician determine

1. Adult
2. Terminal illness
3. Capable
4. Making informed decision

Consulting physician determine

1. Adult
2. Terminal illness
3. Capable
4. Making informed decision

MH physician determine

1. Capable
2. Making informed decision

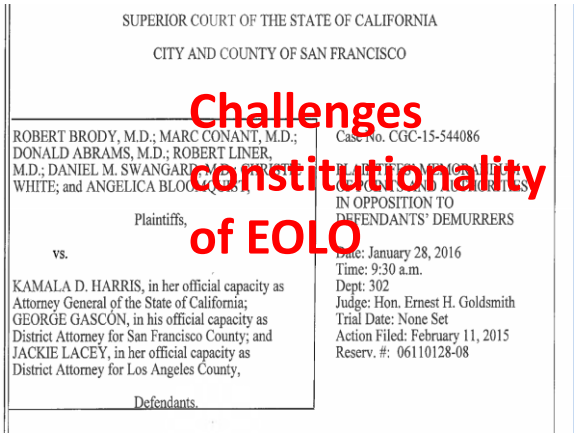
2

Capacity assessed only at **time** prescription not ingestion

Contrast Canada

Adding **more** safeguards?

Too Slow



SUPERIOR COURT OF THE STATE OF CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO

Challenges constitutionality of EOLO

ROBERT BRODY, M.D.; MARC CONANT, M.D.; DONALD ABRAMS, M.D.; ROBERT LINER, M.D.; DANIEL M. SWANGARD, M.D.; [illegible] WHITE; and ANGELICA BLOCH, Ph.D.,

Plaintiffs,

vs.

KAMALA D. HARRIS, in her official capacity as Attorney General of the State of California; GEORGE GASCÓN, in his official capacity as District Attorney for San Francisco County; and JACKIE LACEY, in her official capacity as District Attorney for Los Angeles County,

Defendants.

Case No. CGC-15-544086

[illegible]

IN OPPOSITION TO DEFENDANTS' DEMURRERS

Date: January 28, 2016
Time: 9:30 a.m.
Dept: 302
Judge: Hon. Ernest H. Goldsmith
Trial Date: None Set
Action Filed: February 11, 2015
Reserv. #: 06110128-08

MAID = constitutional right

EOLO requirements are **obstacles**

1

15 day waiting period

Undue burden

2

"Terminal illness"

final stage of an incurable and irreversible medical condition . . . death within **six months**."

unbearable suffering

(not necessarily "terminal")

3

Mature minors

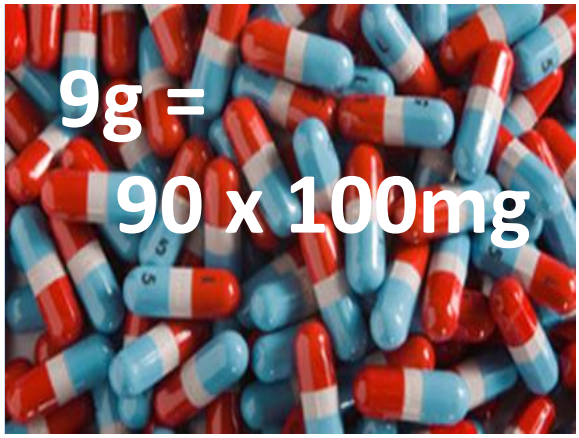
4

MAID = **self**-ingestion

» Oregon Death with Dignity Act

Data summary 2016

Complications[6]	(N=133)	(N=994)	(N=1,127)
Difficulty ingesting/regurgitated	3	27	30
None	24	530	554
Unknown	*106*	*437*	*543*
Other outcomes			
Regained consciousness after ingesting DWDA medications[7]	0	6	6



EOLO as enacted

↓

too **SLOW** for some

304

But …

Remove safeguards

↓

too **FAST** for others

306

5

Minnesota Compassionate Care Act

Learn about the bill
Ask Questions
Show your support
Wear YELLOW

LISTENING SESSION
with Senator Chris Eaton

SATURDAY, JANUARY 30, 2016
1:00 - 3:00 P.M.

MINNESOTA SENATE BUILDING
(ROOM 1200)
95 UNIVERSITY AVE. W., ST. PAUL

MPRnews Sections Members More

Forums set on Minnesota bill to give terminally ill right to die

Jon Collins · Jan 29, 2016 Politic

Most **common** question – by far?

Subd. 3. **Request for medical aid in dying.** (a) A request for medical aid in dying is made when a person who:

(1) is an adult;

(2) is capable;

(3) has been determined by the person's attending physician to have a terminal illness;

VSED

Voluntarily
Stopping
Eating &
Drinking

Define VSED

3

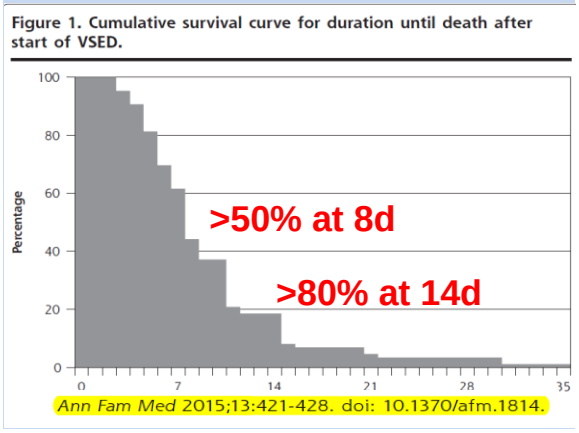
Physiologically **able** to take food & fluid by mouth

Voluntary,

deliberate

decision to stop

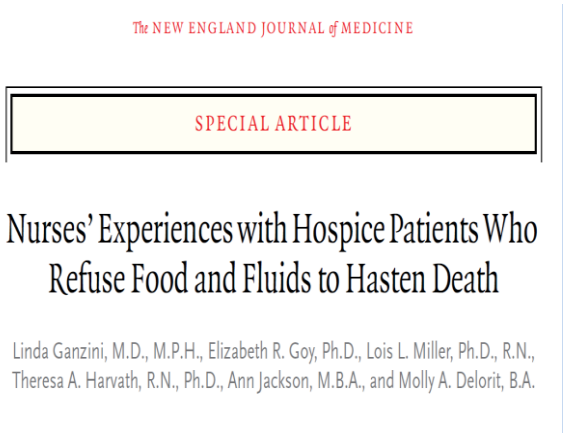
Intent: death from dehydration



Bad rap

Peaceful

Comfortable


The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Nurses' Experiences with Hospice Patients Who Refuse Food and Fluids to Hasten Death

Linda Ganzini, M.D., M.P.H., Elizabeth R. Goy, Ph.D., Lois L. Miller, Ph.D., R.N., Theresa A. Harvath, R.N., Ph.D., Ann Jackson, M.B.A., and Molly A. Delorit, B.A.

>100 Oregon nurses cared for VSED patient

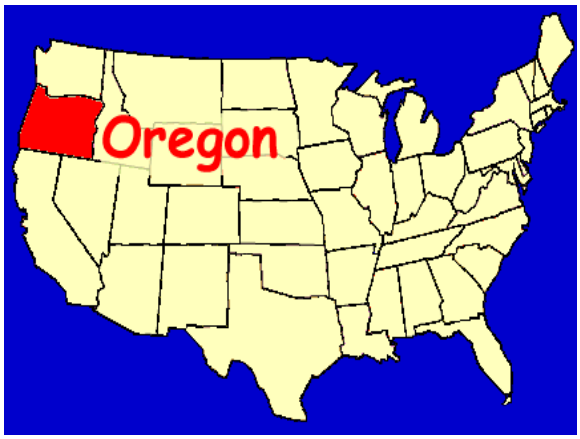
Most deaths:

"peaceful, with little suffering"

"opportunity for reflection, family interaction, and mourning"

Not for everyone

Preferred by many

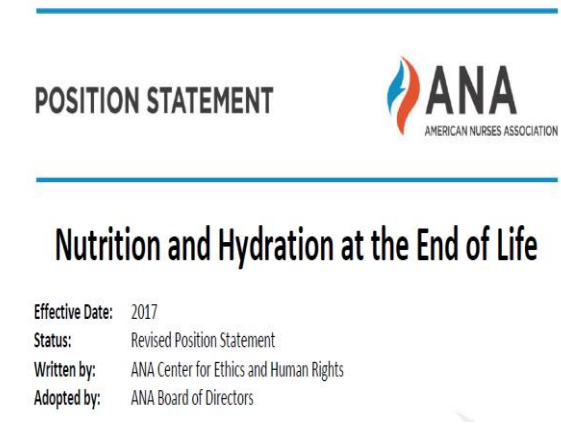


Even though MAID available, **"almost twice"** chose VSED

Good option

Recognized as healthcare by medical profession

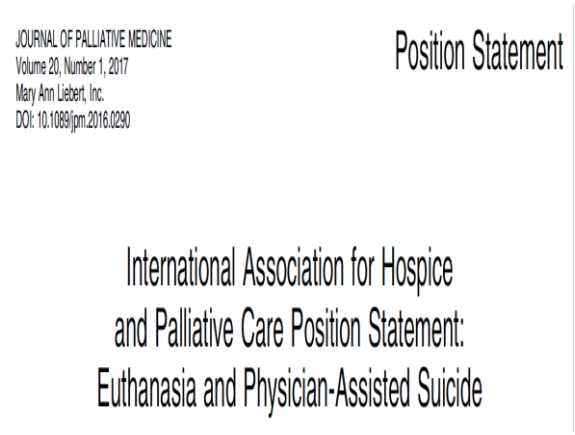
More position statements (e.g. ANA, IAHPC)


POSITION STATEMENT

ANA
AMERICAN NURSES ASSOCIATION

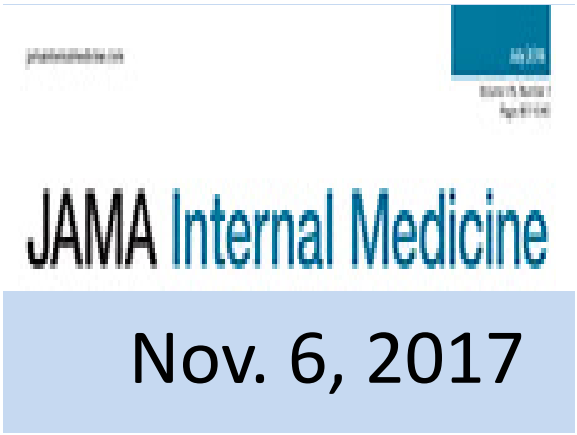
Nutrition and Hydration at the End of Life

Effective Date: 2017
Status: Revised Position Statement
Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors


JOURNAL OF PALLIATIVE MEDICINE
Volume 20, Number 1, 2017
Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2016.0290

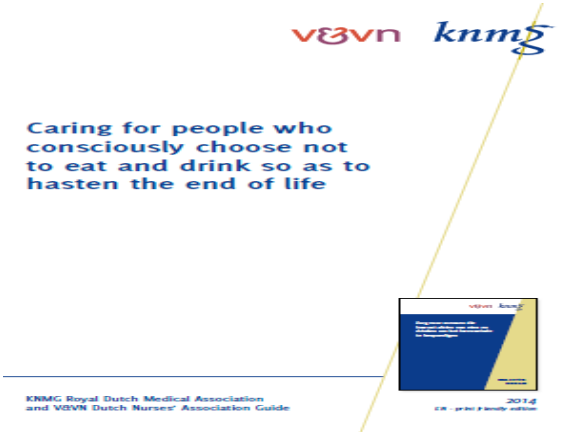
Position Statement

International Association for Hospice and Palliative Care Position Statement: Euthanasia and Physician-Assisted Suicide


JAMA Internal Medicine

Nov. 6, 2017

More clinical practice guidelines


vgvn knmg

Caring for people who consciously choose not to eat and drink so as to hasten the end of life

KNMG Royal Dutch Medical Association and VGVN Dutch Nurses' Association Guide

2014


COLLÈGE DES MÉDECINS DU QUÉBEC

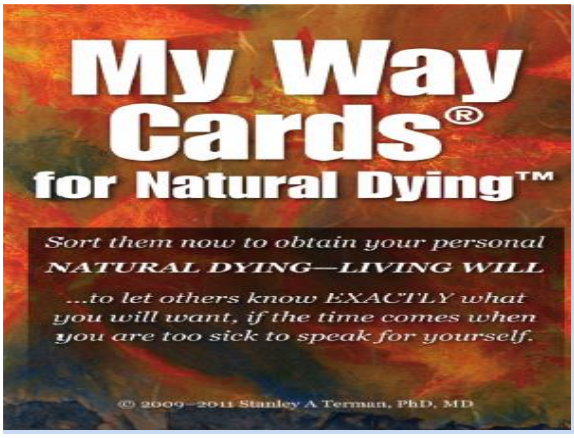
1

2

Direct VSED in **future**

3

When reach point you define as intolerable



I cannot remember the important events of my life.
If reminded, I don't know why they are important. [1.2]

I have severe pain. But I cannot say what bothers me.

Doctors don't see my pain. They do not treat my pain. [2.6]

When I see people in my close family or see my best friends, I do not know who they are. [3.1]

4

You **lack** capacity at that time

Can you leave VSED instructions in an AD?

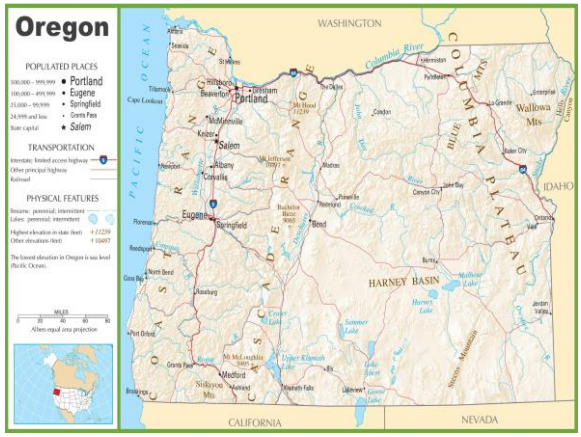
Yes

Wis. Stat. 155.20

"A health care agent **may not consent** to the withholding or withdrawal of **orally** ingested nutrition or hydration . . ."

Minn. Stat. 145C

"Health care" means **any** care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a person's physical or mental condition.



PART I: POWER OF ATTORNEY FOR HEALTH CARE

I revoke all prior advance health care directives and durable powers of attorney for health care signed by me. This document shall not be affected by my subsequent incapacity. I am not a patient in a skilled nursing facility, and I am not a conservatee.

1.1 NAME AND ADDRESS OF PRINCIPAL. My name and address are:

Nora R. Harris, 83 Arnold Drive, Novato, CA 94949

PART 2: INSTRUCTIONS FOR HEALTH CARE

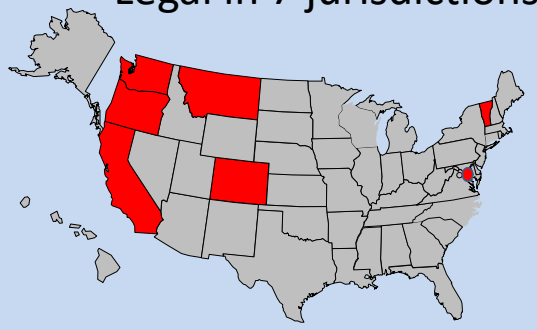
2.1 END-OF-LIFE DECISIONS. I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

NRH **a. I Choose NOT To Prolong Life.** If I initial this line, I do **not** want my life to be prolonged and I do **not** want life-sustaining treatment to be provided or continued if **any** of the following conditions apply:

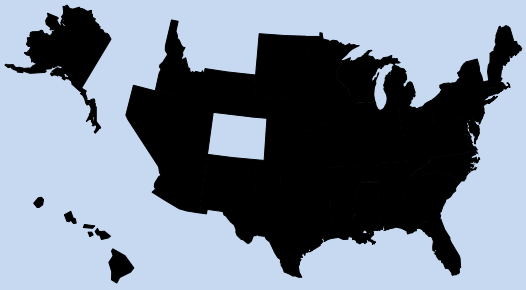
Very detailed and specific

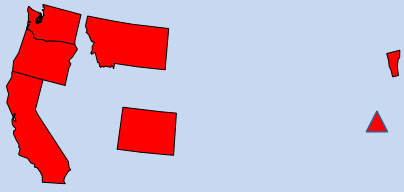
Conclusion

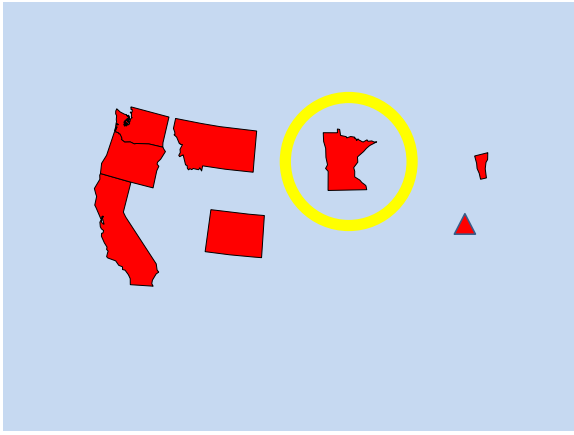
Legal in 7 jurisdictions



MAID illegal in 49







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