Medical Aid in Dying in the United States

Anannya Dey, Arianne Diaz, Fredrique Green, Emily Lancia, and Ian Wert

MAiD

“The practice where a clinician provides a terminally ill patient, at their explicit request, with a prescription for a lethal medication that they can take on their own.” (Battin & Pope, 2022)

Content

- Legal status
- Ethical stances
- Clinician perspectives, particularly PAs
- Patient perspectives
- Topics of consideration

Legal Status

- Legal in **10** jurisdictions: **California, Colorado, Hawaii, Maine, New Jersey, New Mexico, Oregon, Vermont, Washington,** and the **District of Columbia.**
- Qualifying conditions:
  - Mentally competent adult ≥18 years
  - ≤6 months to live because of terminal illness
  - 2 clinicians must confirm patient's residency, diagnosis, prognosis, mental competence, and voluntariness of request
  - Requisite waiting period between requests is fulfilled (varies between states)

(World Population Review, 2023)

Arguments for MAiD

- **Justified by respect for patient autonomy and relief of patient suffering**
  - Patients have the right to make their own decisions, even about their death.
  - By agreeing we show respect for their self- determination
  - Denying this decision would be paternalistic

- **Primary duty of medicine is to relieve suffering and that MAiD is a humane and compassionate medical means of doing so, especially for those whose suffering is refractory or intolerable.**

Argument Against MAiD

1. **Respect for autonomy is not ultimate and must be weighed against other ethical principles**
    - Such as: beneficence, non-maleficence, the internal rationality of medicine, justice, and respect for the common good.

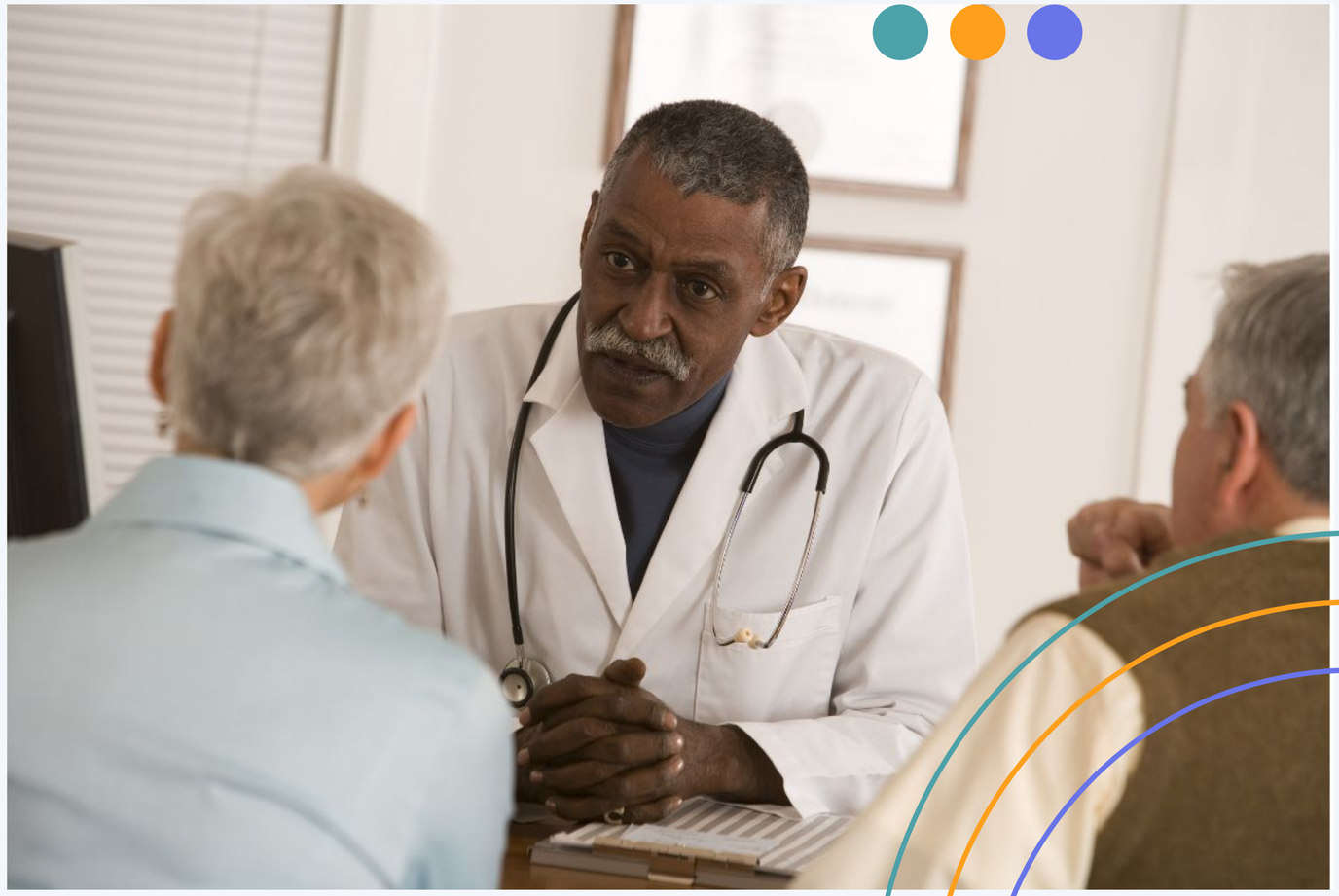
2. **Debate that medicine's central task is to heal and if assisting in ending life is the same thing as "healed"**

3. **Although the medical aspect of MAiD laws falls well within a clinician's expertise (diagnosis, prognosis), the most important criteria to qualify are subjective, personal, or interpersonal; all of which go beyond a provider's scope of practice.**

clinicians' perceptions

- Studies regarding physician attitudes on MAiD revealed:
  - 60% physicians agreed that MAiD should be legal in their home state
    - 13% of these physicians depressed willingness to participate if practice were legalized
  - Those who stated they would not participate in MAiD cited reasons such as:
    - inadequate training
    - legal obstacles
    - moral dilemmas
    - religious attitudes
    - beliefs that it would contradict their Hippocratic Oath

Hetzler et al., 2019



PA's Perceptions of MAiD

- **Advanced Practice Providers (NPs & PAs) continue to grow**
  → Their opinions are fundamental to MAiD's success as they play a large role in palliative care.

- **Survey of Advanced Practice Providers (Seattle) regarding their participation in MAiD**
  → 50.6% were willing to participate in some capacity, 40.3% were unsure, and 9.1% were unwilling.

- **Education**
  → Willingness to participate was highly influenced by education surrounding MAiD.
  → 40.3 % of unsure APPs, show a need for education and open dialogue regarding MAiD to allow clinicians to formulate professional and personal opinions regarding participation.

- **AAPA**
  → As of 2022, the American Academy of Physician Assistants did not advocate for PA participation in MAiD. However, it acknowledges the importance of PAs as front-line caregivers for the dying and discussions with terminally ill patients regarding voluntary self termination of life should not be subject to prosecution.

Why Do Patients Choose MAiD?

Most commonly chosen by cancer patients or patients with degenerative neurologic disorders (such as ALS and dementia) (Kozlov, 2022)

We might assume that patients choose MAid because they are in severe pain, which is not always the case.

- A study in Oregon found that the vast majority of patients who elect MAiD are concerned about “losing autonomy” (90.6%) or being “less able to engage in activities making life enjoyable” (89.1%). ((Dugdale, 2019))

Family burden and loss of dignity are other reasons

Depression might be a motivating factor and not terminal illness

- Moving forward, medicine must consider what role depression, as opposed to terminal illness, plays in patients' decisions to die.

Patient Demographics

Between 1998 and 2020, 13,780 people died by MAiD.

Across all jurisdictions where MAiD is legal, the typical MAiD patient was overwhelmingly:

- Older
- White
- Educated
- Publicly Insured
- Diagnosed with cancer
- Hospice or Palliative

Characteristics	Category	% deaths*	%Rx**
Sex	Male	53.10%	49.40%
Race/ethnicity	Non-Hispanic white	95.60%	88.60%
Age	65–74	30.70%	10.80%
	75–84	27.60%	43.30%
	85+	16.20%	
Underlying medical condition	Cancer	74.00%	69.30%
	Neurological disease	10.90%	10.90%
Insurance status	Public insurance	88.90%	62.20%
Medication	Sedative	67.30%	33.20%
	Cardiotonic, opioid, sedative	29.30%	32.00%
Hospice enrollment	Hospice/ Palliative care	87.20%	63.10%
Educational attainment	No HS	26.20%	23.60%
	Some college	72.2	71.60%

***as recorded in OR, DC, HI**

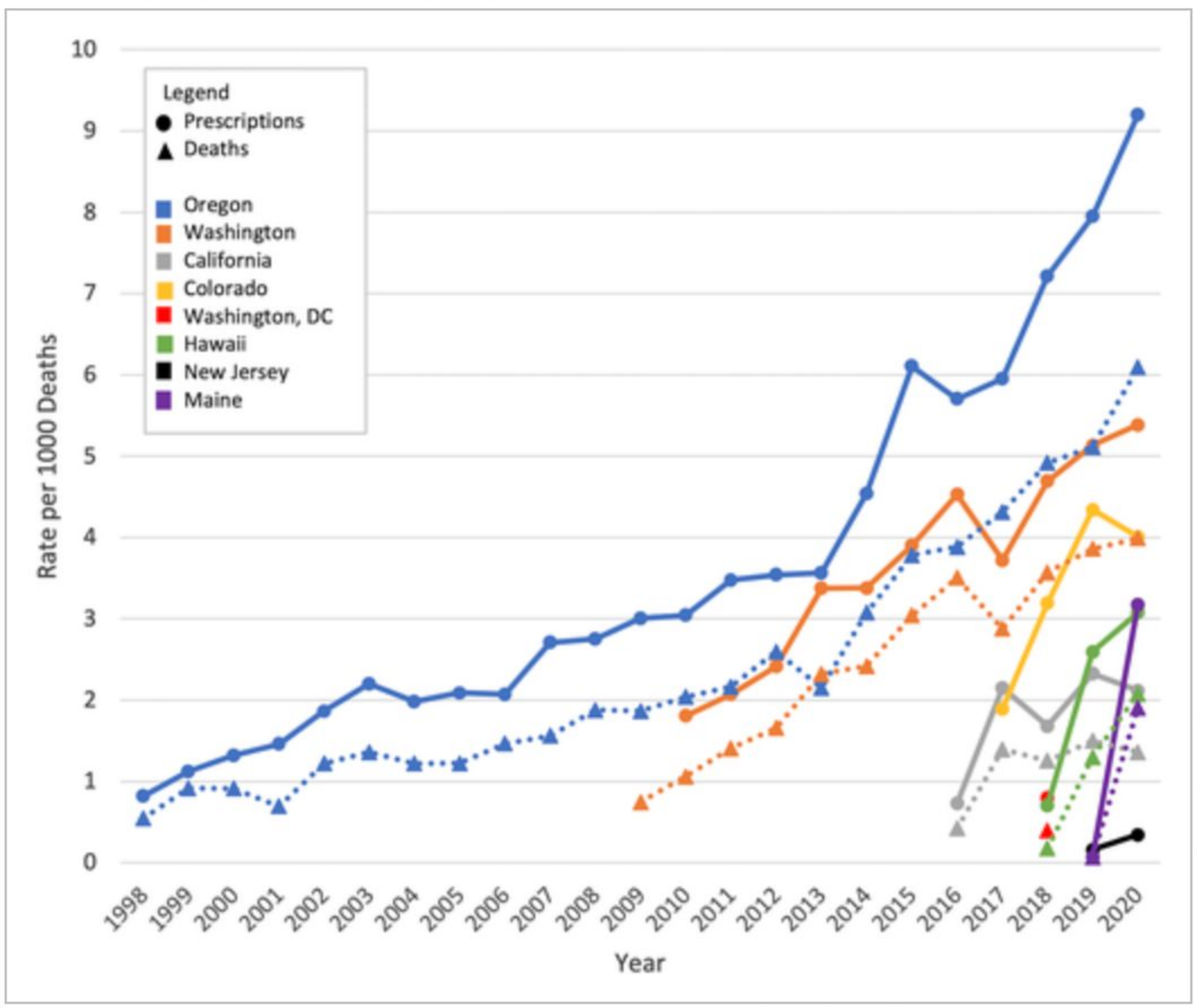
****as recorded in WA, CA, CO, VT, NJ, MA**

(Kozlov et al., 2022)

the future of MAiD

Projected Growth

- MAiD is on the legislative docket in 14 states, home to 87 million Americans
  - Projected expanded eligibility
- In states where MAiD is already legal, rate of use has increased each year it has been available
  - Projected expanded popularity



(Kozlov et al., 2022)

Considerations

Lack of Research

There is a lack of research surrounding the perceptions and impacts of MAiD in the United States, specifically within and about the PA profession.

Lack of Clinical Education

Both physicians and PAs have indicated uncertainty about their willingness to prescribe MAiD secondary to a lack of education on the topic.

Disparities in Access

Disparities in MAiD patient demographics currently exist, however, it is unclear at this time if they are due to legislative inequities or another confounding variable.

Recommendations

Lack of Research

Expansion of funding of research surrounding MAiD as it gains societal and clinical relevance.

Lack of Clinical Education

Creation of focused initiatives by medical organizations to facilitate discourse and educational material on MAiD for clinicians.

Disparities in Access

Analyze existing and proposed legislation to mitigate potential inequities coupled with close monitoring of MAiD demographic data in the next decade.

Thank you!

Any questions?

References

- Battin, M. P., & Pope, T. M. (2022, March 25). Physician-assisted dying. UpToDate. https://www.uptodate.com/contents/physician-assisted-dying#H1872188661
- Centers for Disease Control and Prevention. (2022, July 21). About Chronic Diseases. Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/about/index.htm
- Dugdale, L. S., Lerner, B. H., & Callahan, D. (2019, December 20). Pros and cons of physician aid in dying. The Yale journal of biology and medicine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913818/
- Kozlov, E., Nowels, M., Gusmano, M., Habib, M., & Duberstein, P. (2022). Aggregating 23years of data on medical aid in dying in the United States. Journal of the American Geriatrics Society, 70(10), 3040–3044. https://doi.org/10.1111/jgs.17925
- Lynn, J. (2018). Conceptual, Legal, and Ethical Considerations in Physician-Assisted Death. In Physician-assisted death: Scanning the landscape: Proceedings of a workshop (pp. 7–44). essay, National Academies Press.
- Picón-Jaimes, Y. A., Lozada-Martinez, I. D., Orozco-Chinome, J. E., Montaña-Gómez, L. M., Bolaño-Romero, M. P., Moscote-Salazar, L. R., Janjua, T., & Rahman, S. (2022). Euthanasia and assisted suicide: An in-depth review of relevant historical aspects. Annals of medicine and surgery (2012), 75, 103380. https://doi.org/10.1016/j.amsu.2022.103380
- Singer J, Daum C, Shen MJ, et al. Assessment of Oncology Advanced Practice Professional Willingness to Participate in Medical Aid in Dying. JAMA Netw Open. 2022;5(10):e2239068. Published 2022 Oct 3. doi:10.1001/jamanetworkopen.2022.39068
- World Population Review. (2023, April). Assisted Suicide States [Updated April 2023]. World Population Review. https://worldpopulationreview.com/state-rankings/assisted-suicide-states