

Last year, the U.S. House of Representatives passed an appropriations bill, H.R. 3354, with an amendment by U.S. Rep. Andy Harris (Md.) to repeal D.C.'s Death with Dignity Act. Rep. Norton led the fight to keep the amendment out of the final spending bill Congress passed and President Trump signed in March to fund the government through the close of fiscal year 2018 that ends September 30.

"Members of Congress who oppose medical aid in dying like Reps. Wenstrup and Harris should stop treating the District of Columbia as their personal petri dish and respect the autonomy of D.C. residents and their elected officials," said Compassion & Choices CEO Kim Callinan. "We will continue working with Rep. Norton to defeat these cruel, relentless attacks on D.C.'s medical aid-in-dying law that cause terminally ill D.C. residents to worry they will lose this option to peacefully end their suffering."

"Reps. Wenstrup and Harris are doctors, so they should know better than to intervene between other physicians and their patients who recognize medical aid in dying as a legitimate palliative care option to relief intolerable suffering," said Dr. Omega Silva, an 81-year-old retired physician living in Washington, D.C. with three cancer diagnoses. "They are wrong ethically to impose their personal values on other doctors and patients and to impede terminally ill D.C. residents from even considering this option."

A fall 2016 Medscape online survey of 7,500 doctors nationwide representing 25 medical specialties showed they supported medical aid in dying by a 2-1 margin (57% to 29%).

## 2. The Battle over My Husband's End-of-Life Care during His Impending Death

April 23, 2018 5:12 pm Leave a Comment

# Medical Aid in Dying and Palliative Care

According to the Institute of Medicine Report, palliative care provides relief from pain and other symptoms, supports quality of life, and is focused on patients with serious advanced illness and their families. It may be delivered in a number of ways across the continuum of healthcare settings, including in the home, nursing homes, long-term acute care facilities, acute care hospitals, and outpatient clinics.

## Medical aid in dying is one option in the palliative care continuum.

About 90% of people who use medical aid in dying in Oregon are enrolled in hospice, a form of palliative care for patients with fewer than six months to live.

## Knowing medical aid in dying is an option is in itself palliative care.

A New England Journal of Medicine study of hospice nurses and social workers in Oregon reported that symptoms like pain, depression, anxiety, extreme air hunger, and fear of dying were less pronounced among hospice patients who requested aid-in-dying medication, indicating a strong palliative care benefit for having an aid-in-dying prescription on hand regardless of whether it ever gets filled.

## Requests for medical aid in dying do not reflect a failure in hospice or palliative care.

To the contrary, truly holistic hospice services and palliative care include, where authorized, medical aid in dying as an end-of-life care option—because only the dying person can decide whether their pain and suffering is too great to withstand.

## For some people, traditional end-of-life options are not enough.

Sedation to unconsciousness—called palliative sedation—doesn't always relieve extreme pain and suffering. And the prolonged dying process that typically results from Voluntarily Stopping Eating and Drinking (VSED) may not be how one chooses to live their last days.

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## Guest Columns

### NM should put a dignified death ahead of politics

By Diane Gibson / Albuquerque City Councilor, District 7

Sunday, August 26th, 2018 at 12:02am



Diane Gibson

The recent death of Judge Elizabeth Whitefield drives home the urgency of an issue that impacts all of New Mexicans: the ability to decide how we wish to spend our remaining final days in the face of a terminal illness.

In addition to her stellar 30-year career as a District Court judge and family law attorney, Judge Whitefield was a fierce advocate for passing the End of Life Options Act in New Mexico, also known as medical aid in dying. Medical aid in dying is a medical practice that gives mentally capable, terminally ill individuals with a prognosis of six months or less to live the option to request, obtain and self-ingest medication to die peacefully in their sleep if their suffering becomes unbearable. It is a well-established, palliative end-of-life care option with clinical criteria and guidelines that meet the highest standard of care.



serious illness and improving the quality of life for both patient and family. As the leading resource for palliative care development and growth, the Center to Advance Palliative Care notes that, “Palliative care sees the person beyond the disease. It represents a paradigm shift in health care delivery.”

Compassion & Choices is the nation’s oldest, largest, and most active nonprofit organization committed to improving care and expanding choice at the end of life. We have long recognized that adult, terminally ill individuals have a fundamental right to determine their own medical treatment options as they near the end of life. We routinely hear from people who praise their palliative care team for the support either they or a loved one received during a serious illness.

However, we also quite regularly hear from consumers who do not understand why their palliative care team does not disclose or discuss medical aid in dying as a palliative care option for mentally sound, terminally ill adults in the states where it is authorized. After all, many palliative care teams pride themselves on helping patients and families understand the nature of their illness, making timely, informed decisions about their care and feel in control of their lives. Medical aid in dying—one option on the palliative care spectrum—represents these values to patients and their families, so they do not understand why some palliative care specialists refuse to acknowledge or recognize it.

Medical aid in dying refers to a practice in which mentally capable, terminally ill adults with a prognosis of six months or less may request medication from their doctor for self-administration to bring about a peaceful death if suffering becomes unbearable. The practice is currently authorized either through statute or court decision in six states: Oregon, Washington, Montana, Vermont, California, and

Suicide is a tragic result of untreated, reversible diseases such as depression or addiction. Suicidal patients want to end their lives as a result of impaired cognition and deficiencies of impulse control. They are most often alone and may use violent means.

By contrast, patients seeking medical aid in dying do not want to die, but they are dying of an irreversible and untreatable disease or condition. Their goal is to end, rather than prolong, their suffering. They are rational and their cognition is intact. They are connected to family and hospice.

Medical aid in dying is a medical practice that gives mentally capable, terminally ill individuals with a prognosis of six months or less to live the option to request, obtain and self-ingest medication to die peacefully in their sleep if their suffering becomes unbearable. It is a well-established, palliative end-of-life care option with clinical criteria and guidelines that meet the highest standard of care.

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Article by  
David Cruise,  
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Choices

I am a retired family physician in Oregon with more than 35 years of experience caring for patients in all stages of life through death, including those who have requested and utilized medical aid in dying. When patients are dying from terminal illness and there is no alternative but suffering in their final days, it is crucial that they are presented with options that will enable them the freedom to face their passage from this life in a manner of their own choosing.

There is absolutely no evidence that in states where medical aid in dying is authorized suicide rates have gone up. National and state level data from the Centers for Disease Control and Prevention's National Vital Statistics System suggest that suicide rates have varied slightly, but overall have gone down in Oregon since its Death with Dignity Act went into effect in 1997. And in the year and a half since California's End of Life Option Act has been in effect, the state's suicide rates have also gone down.

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