



Route 66 to medical literature



## DFGSM3 Free Ride - Saloon

### Redefining Physicians' Role in Assisted Dying

<http://www.nejm.org/doi/full/10.1056/NEJMp1205283>

- ✓ Should patients have the option of acquiring a lethal dose of medication with the explicit intention of ending their own life?
- ✓ Movement toward greater social and legal acceptance (The Netherlands, some Western European countries, Oregon Death with Dignity Act, Washington State, Montana,...)
- ✓ Many medical professionals are uncomfortable with idea of physicians playing active role in ending patients' lives → we propose a system that would remove physician from direct involvement in process
- ✓ Some terminally ill patients wish to exercise their autonomy and control the timing of their death rather than waiting for it to happen to them
- ✓ Surveys of relatives of terminally ill patients in Oregon show patients who chose assisted dying had greater control of their symptoms and that they and their families were more prepared for and accepting of their death
- ✓ Careful, rigorous process for determining eligibility for assisted dying
  - 2 separate requests
  - 2 physicians must independently certify a prognosis of death occurring within 6 months
  - must refer the patient for a psychiatric evaluation
  - patient must be informed of palliative options and can withdraw the request at any time
  - physicians may not administer the medication; patients must ingest it independently.
- ✓ 6 primary objections to legalizing assisted dying
  - permitting patients to take their own life will worsen quality of palliative care
  - discrimination
  - fear that practice will be expanded to include patients with nonterminal illness or even nonvoluntary euthanasia
  - abuse
    - these fears have not been borne out in Oregon: number of patients who die from lethal medication stabilized at 30- 50 / year, no cases of coerced requests for lethal medication
  - allowing assisted dying undermines sanctity of life: no clear, objective answer, but legalization would benefit those who want the option, without affecting care for those who object to the practice
  - objections from the medical community: some physicians believe inappropriate or wrong for physician to play active role in ending patient's life → assisted dying need not be physician-assisted. If a physician certifies information in writing, patients could go to independent authority to obtain prescription

Usual care for terminally ill patients should include a discussion of life-preserving and palliative options so that all patients receive care consistent with their own vision of a good death

<http://medicalenglish.univ-nantes.fr>