MEDICAL AID IN DYING

Gaby DiMartino, Sarah Compton, Anna Solty, Alina Geabou
Bioethics Minor Capstone, Loyola University Chicago, IL

ABSTRACT

Medical Aid in Dying (also referred to as “Medical Assistance in Death” or “MAID”) has persisted to be a potent source of moral debate within the context of medicine and bioethics. In this study, we will describe current practices of MAID and provide a summary of relevant arguments supporting and opposing MAID within moral and ethical contexts. Additionally, we will examine the practice of MAID in the state of Oregon, where it has been legally permitted since 1997 with the passage of the Oregon Death with Dignity Act. The purpose of this study is to provide general background information about MAID while acknowledging the controversy surrounding this practice.

INTRODUCTION: WHAT IS MAID?

Medical aid in dying (MAID) is a safe and trusted medical practice in which a terminally ill, mentally capable adult with a prognosis of six months or less to live may request from his or her doctor a prescription for medication which they can choose to self-ingest to bring about a peaceful death (Compassion & Choices).

Outdated & Inaccurate Terminology: MAID is NOT...
- "Physician-assisted suicide" or "suicide"
- "Euthanasia"

Leading medical organizations reject the use of “suicide” in the terminology referring to medical assistance in dying (Compassion & Choices).

Practitioners of MAID do not intentionally end a patient’s life, but rather provide medication that will alleviate the distressing symptoms associated with the patient’s terminal illness (Compassion & Choices).

"Euthanasia"
- Euthanasia is an intentional act by which another person (not the terminally ill or dying person) chooses and acts to cause death (Compassion & Choices).
- In contrast, MAID involves the self-ingestion of a death-causing medication by the patient choosing to receive assistance in their death.
- Medical aid-in-dying laws expressly prohibit euthanasia (Duplaga).

WHERE IS MAID LEGAL IN THE US?

- Oregon
- Washington
- Montana
- Vermont
- California
- New Jersey
- Maine
- New Mexico
- Colorado
- Washington, D.C.
- Hawaii

WHO CHOOSES TO RECEIVE MAID?

- According to a study that examined data from Oregon & Washington, patients most likely to receive medical aid in dying via ingestion of lethal prescription drugs are non-Hispanic white (94.8%), 65 years or older (72.4%), and are most commonly afflicted by terminal conditions including cancer (76.4%), neurologic illness (10.2%), lung disease (5.5%), and heart disease (4.6%) (Luai Al Rabadi, M.D.).
- Loss of autonomy, impaired quality of life, and loss of dignity were the most common reasons reported by clinicians for patients who pursue medical aid-in-dying (Luai Al Rabadi, M.D.).
- Participation was nearly equally split between males and females (Luai Al Rabadi, M.D.).

MAID IN THE NETHERLANDS

- In the Netherlands during the 1990s, physicians were no longer prosecuted for assisting patients in their deaths.
- MAID was legalized here in 2001.
- Patients 16 years and older, as well as patients younger than 16 with parental consent, are eligible for MAID.
- Reasoning from a patient to receive MAID can include both physical and mental suffering, aligned with the idea that MAID is safer than a person taking their own life.
- Criteria that must be met includes:
  - Voluntary request by the patient
  - Long-lasting and unbearable suffering
  - No other reasonable alternative
  - A physician has been consulted
- 5516 cases took place in 2015, with cancer being the leading diagnosis (Sulmasy, et al.).

ARGUMENTS SUPPORTING MAID

1) Patient Autonomy: A patient is able to be involved in their care interventions through decision-making and informed consent. A patient is able to make decisions throughout the diagnosis and with autonomy can make the decision of what happens with their death.

2) Alleviation of suffering: A patient dealing with a painful, long-term illness will be freed from their burden if they are capable of choosing to follow through with MAID.

3) Safer Practice: Having a medical team intervene with end-of-life care and death circumstances is much safer than a patient dealing with it on their own. A medical team is equipped with the proper tools needed to ease a patient into a peaceful and more comfortable death. (Dugdale, et al.)

ARGUMENTS OPPOSING MAID

1) Principle of Non-maleficence: It is a physician’s obligation to not harm the patient. MAID goes against the physicians’ Hippocratic Oath of “doing no harm” by aiding someone to die.

2) Decrease in Trust: Violating the Hippocratic Oath can lead to a decrease in trust in the patient-physician relationship since aiding in ending a human’s life is considered to demean life itself (Ahzhen).

3) Slippery Slope: It may be argued that if MAID is allowed for adults, we cannot stop the practice from expanding to include infants and children. “Once a medical aid in dying laws is passed, eligibility for medical aid in dying inevitably expands, putting more patients at risk.” (Konrad, MD.)

SOURCES

- The Oregon Death with Dignity Act is a law which was first established in the state of Oregon in 1994, known to be the very first legislature in the United States to authorize and regulate aid in dying in the process of dying. The law went into effect in October 1997 after an injunction delayed implementation (Lee, 94).


- It is known to have established what some would consider a civil and safe procedure for terminally ill, mentally capable adult with a prognosis of six months or less to live may request from his or her doctor a prescription for medication which they can choose to self-ingest to bring about a peaceful death (Compassion & Choices).

- Figure 1: DMJA prescription recipients and deaths*, by year, Oregon, 1998–2021

- Source: Oregon Health Authority; Public Health Division – Oregon Death with Dignity Act 2021 Data Summary


