

Medical Aid in Dying Is an Important Palliative Care Option



Palliative Care According to the Institute of Medicine Report:

Palliative care: Care that 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.

- 1. Palliative care is not about curing illness, but about providing dignity, comfort and quality of life.**
- 2. 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.
- 3. 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 from having an aid-in-dying prescription on hand regardless of whether it ever gets filled.
- 4. 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.
- 5. 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.
- 6. Even the best palliative care cannot completely alleviate pain and suffering for every person.** Multiple studies report that more than half of terminally ill patients experience pain at the end of life, with the prevalence of pain increasing in the last four months of life to as high as 60% in a person's final month. It's also estimated that as many as 8 out of 10 people with cancer experience "breakthrough pain" despite being medicated with a long-acting painkiller.
- 7. Research shows medical aid in dying has improved end-of-life care for everyone.** A 2015 Journal of Palliative Medicine study showed the practice has increased hospice use, contributed to more open conversations between patients, families and physicians about end-of-life training, and resulted in better physician palliative care training.

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People who opposed laws in California, Oregon, Washington, Montana and Vermont authorizing medical aid in dying for terminally ill adults often claim there are better alternatives to relieve suffering. I was one of them ... However, I came to realize that it was arrogant of me to believe that hospice and palliative care professionals could meet all the needs of the dying. Oregon is consistently rated among the best states for providing hospice and palliative care. Yet, even with the best care, some patients still suffer intolerably and want the option to take prescription medication to die painlessly, peacefully and quickly in their sleep. Other medical professionals also are realizing that terminally ill adults should have access to a full range of end-of-life options.

– **Ann Jackson**, former CEO of the Oregon Hospice Association and co-author of the chapter about hospice and palliative care in *The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals*

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HOW THOSE WHO OBTAIN MEDICAL AID-IN-DYING PRESCRIPTIONS DIE

Oregon 2020*



Washington 2019**



*Oregon Public Health Division, Oregon's Death With Dignity Act - 2020

**Washington State Department of Health 2019 Death with Dignity Act Report