

# Frequently Asked Questions: Our Care, Our Choice Act

## What is the Our Care, Our Choice Act?

Governor David Ige signed the Our Care, Our Choice Act on April 5, 2018, which authorizes medical aid in dying, 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 their doctor a prescription for medication that they can choose to self-administer to bring about a peaceful death. The law goes into effect on January 1, 2019.

## Who is Eligible for Medical Aid in Dying?

To be eligible for medical aid in dying under the Our Care, Our Choice Act, a person must be:

- An adult
- Terminally ill
- Given a prognosis of six months or less to live
- Mentally capable of making their own healthcare decisions.

In addition, a person must meet the following requirements:

- A resident of Hawai'i
- Acting voluntarily
- Capable of self-administering the medical aid-in-dying drug.

Two Hawai'i physicians must confirm eligibility to use the the Our Care, Our Choice Act, as well as confirm that you are making an informed decision and voluntarily requesting

the medical aid-in-dying medication. The attending physician prescribes the medication, and the consulting physician provides a second opinion. A patient's mental capacity must also be confirmed by a psychiatrist, psychologist or licensed clinical social worker. This evaluation may be provided through telehealth (by phone or video).

In addition to the requirements listed above, steps must be followed in order for a person to qualify for a prescription for aid-in-dying medication. Please see Compassion & Choices' Our Care, Our Choice Act — Information for State Residents.

## Is the Practice of Medical Aid in Dying Trusted?

Yes, because the eligibility requirements ensure that only mentally capable, terminally ill adults with a prognosis of six months or less who want the choice of a peaceful death are able to request and obtain aid-in-dying medication. In Hawai'i, the law specifically states that no person can qualify for aid-in-dying medication based on their disability or age.

In the more than 30 combined years of medical aid in dying in authorized states, there has not been a single instance of documented abuse. In Oregon, end-of-life care has improved overall since the law's implementation, in large part due to the dialogue the Oregon Death With Dignity Act encourages between people and their doctors. Hospice referrals are up, as is the use of palliative care. Oregon now has one of the lowest rates of in-hospital deaths and the highest rates of at-home deaths in the nation,

and violent suicide among hospice patients has virtually disappeared. Two decades of rigorously observed and documented experience in Oregon shows us the law has worked as intended, with none of the problems opponents had predicted.

## **How Does the Public Feel About Medical Aid in Dying?**

The American public consistently supports medical aid in dying by large majorities in independent national and state surveys. Polling outlets such as Gallup (73% support in June 2017)<sup>1</sup> and Harris (74% support in November 2014)<sup>2</sup> both report strong support for medical aid in dying.

According to an Anthology Marketing Group Survey, eight out of 10 Hawai'i voters (80%) agreed that "a mentally capable adult [who] is dying of a terminal disease that cannot be cured...definitely (55%) or probably (25%) should have the legal option to request prescription medicine from their doctor, and use that medication to end their suffering in their final stages of dying."<sup>3</sup>

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<sup>1</sup> Majority of Americans Remain Supportive of Euthanasia, Gallup Poll, June 2017, Available from: <http://news.gallup.com/poll/211928/majority-americans-remain-supportive-euthanasia.aspx>

<sup>2</sup> Thompson, D. Most Americans Agree With Right-to-Die Movement. The Harris Poll. December 2014. Available from: [http://www.theharrispoll.com/health-and-life/Most\\_Americans\\_Agree\\_With\\_Right-to-Die\\_Movement.html](http://www.theharrispoll.com/health-and-life/Most_Americans_Agree_With_Right-to-Die_Movement.html).

<sup>3</sup> Compassion & Choices Tracking Study. Anthology Marketing Group Survey. December 2016. Available from: <https://www.compassionandchoices.org/wp-content/uploads/2016/02/Compassion-and-Choices-HI-Press-Conference3-1.pptx>

## **How Does the Medical Profession Feel About Medical Aid in Dying?**

A 2016 Medscape survey of 7,500 doctors representing 25 medical specialties demonstrated a significant increase in support for medical aid in dying from 2010. Today well over half (57%) of the physicians surveyed endorse the idea of medical aid in dying, agreeing that "Physician assisted death should be allowed for terminally ill patients."<sup>4</sup>

## **What Can I Do to Make Sure My Doctor Will Support Me if I Ever Want to Access Medical Aid in Dying?**

Ask your doctor and medical providers now whether they will support your end-of-life choices, including medical aid in dying. This will encourage your medical providers to listen to your priorities and become prepared to provide you with the treatment you may want in the future. If your medical providers are unable or unwilling to support your end-of-life choices, you have the option to change your care to a healthcare team that puts your wishes first.

## **My Doctors Want to Better Understand Medical Aid in Dying; Where Can They Learn More?**

Doctors can call Compassion & Choices' Doc2Doc consultation line at 800.247.7421 for a free, confidential consultation and

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<sup>4</sup> Medscape Ethics Report 2016: Life, Death, and Pain, December 23, 2016. Available from: <http://www.medscape.com/features/slideshow/ethics2016-part2#page=2>

information on end-of-life care with our medical directors who have extensive medical aid-in-dying experience.

## **How Long Does the Process Take to Request and Obtain the Aid-in-Dying Medication?**

The process to request and obtain aid-in-dying medication can be a lengthy one (and may not be successful) if you do not have a supportive healthcare team. The average length of time is between 20 days to three months and requires at least two doctor visits. Therefore, it is very important for individuals who may want to access the law to talk to their doctors early.

## **Where Can I Find the Necessary Forms?**

You will be able to find the forms on the Hawai'i State Department of Health website and you can also access the patient request form at [CompassionAndChoices.org/Hawaii](https://CompassionAndChoices.org/Hawaii).

## **Are There Other Resources Available to Learn More About Medical Aid in Dying?**

You can visit [CompassionAndChoices.org/Hawaii](https://CompassionAndChoices.org/Hawaii) for more information, including videos, forms and other resources.

## **How Do I Talk to My Doctor or Hospice About Medical Aid in Dying?**

Compassion & Choices has handouts on its website ([CompassionAndChoices.org/Hawaii](https://CompassionAndChoices.org/Hawaii)) with tips on how to talk to your doctor about medical aid in dying, and how to interview a

hospice to make sure that your medical team will support you in your choices.

## **Do All Doctors Have to Participate in Medical Aid in Dying?**

No. Doctors and medical providers may choose whether to participate, so it is important to ask your healthcare team whether they will support your end-of-life choices. Some healthcare systems may actually prohibit their employees from participating in medical aid in dying — however, no healthcare system can prohibit their employees from providing information about medical aid in dying to patients or referring patients to supportive healthcare systems.

## **What Cause of Death is Listed on the Death Certificates of Individuals Who Have Accessed Medical Aid in Dying?**

The underlying illness should be listed as the cause of death. The law specifies that a death resulting from self-administering medical aid-in-dying medication is not suicide.

## **Does Accessing Medical Aid in Dying Affect a Person's Will or Insurance?**

Accessing medical aid in dying does not adversely affect a person's will or insurance. The law specifically mandates that wills, insurance, contracts and annuities are not affected if a qualified individual shortens their dying process by ingesting medical aid-in-dying medication.