



THE UCLA CENTER FOR HEALTH POLICY RESEARCH



# Implementing Physician Aid-in-Dying: What Can California Learn from Other States?



# Implementing Physician Aid-in-Dying: What Can California Learn from Other States?

# Agenda

- Describe the End of Life Option Act
- National and local context
- Analytical approach
- Concerns about practice of AID
- What we know from other states
- Recommendations for improving implementation
- Next steps

# End of Life Option Act

- Procedures for patients
  - Must be an adult California resident
  - Terminal illness
  - Two oral requests, separated by 15 days
  - Written request, two witnesses
  - No surrogate decision-makers
  - Must self-administer medications

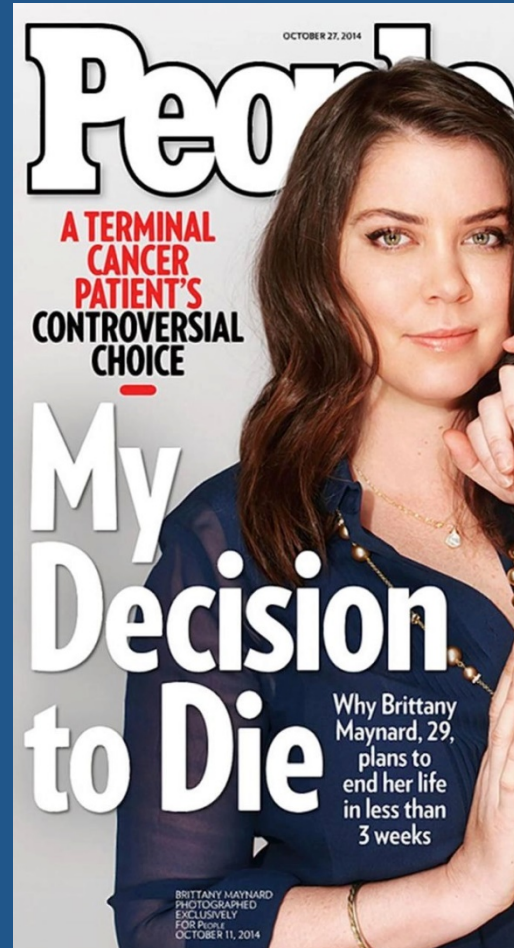
# End of Life Option Act

- Responsibilities of physicians
  - Assess patient capacity
  - Provide alternative options
  - Refer patient to consulting physician
  - May request mental health evaluation
  - Complete and return documentation

# National Context

- Five states in the U.S. now permit aid-in-dying
  - Oregon, Washington, Vermont, Montana, California
  - Under consideration in several other states
- California's law is modeled after Oregon's Death with Dignity Act
- National interest in improving quality of life and empowerment

# Local Context

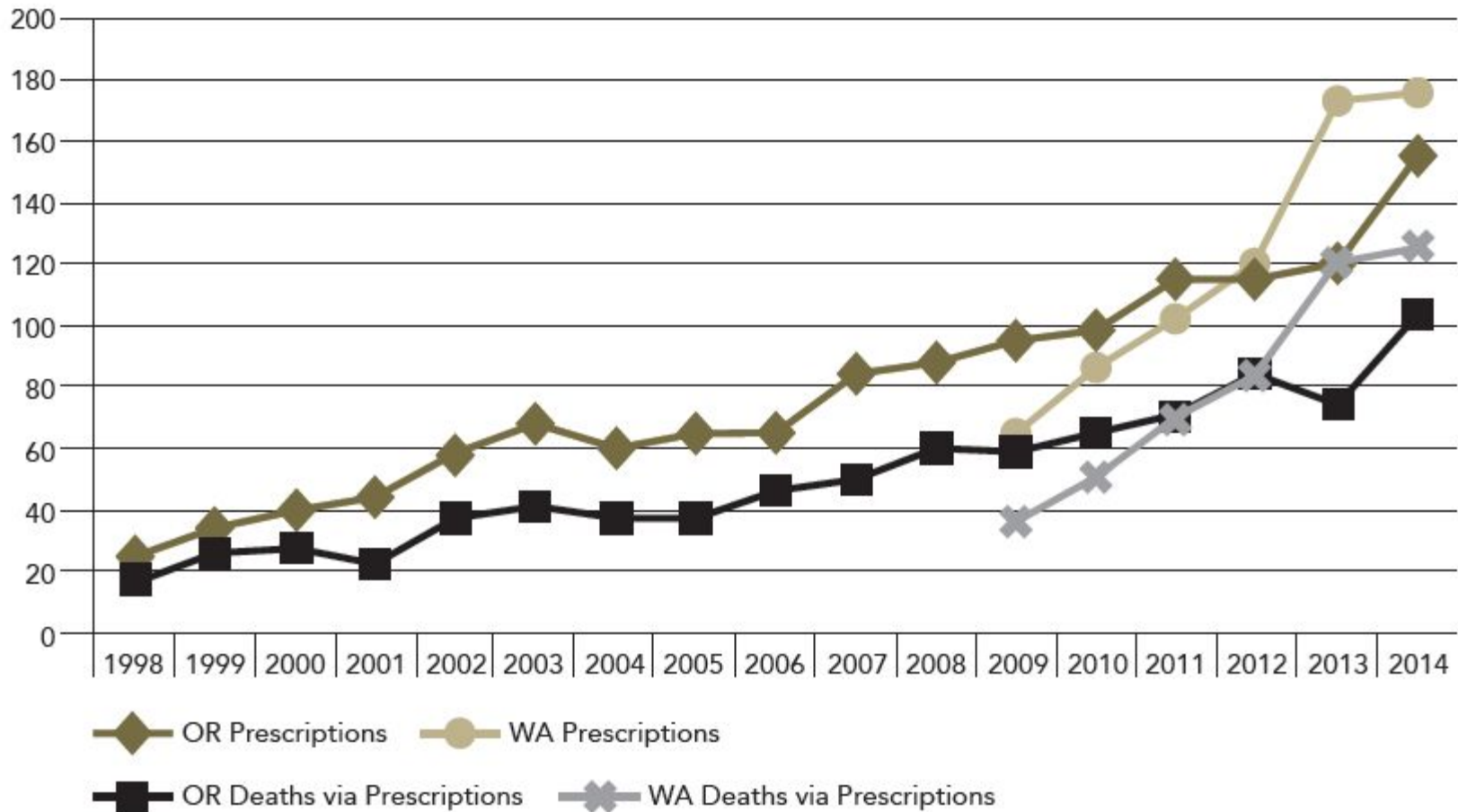


# Analytical Approach

- Reviewed literature on AID
- Reviewed reports
  - Oregon Public Health Division
  - Washington State Department of Health
- Analyzed concerns about AID
- Synthesized questions
- Formed recommendations



### Prescriptions and Deaths via Prescriptions in Oregon and Washington, 1998-2014



Sources: “Oregon’s Death with Dignity Act– 2014” and “Washington State Department of Health Death with Dignity Reports”

# Concern: Vulnerable Persons

## Demographic Characteristics Among People Who Died After Receiving AID Drugs in Oregon, 1998-2013 (N=754)

Race	
White	97.1%
Non-White	3%
Education	
Less than High School	6%
High School Graduate	21.9%
Some College	26.2%
Baccalaureate or Higher	45.9%
Insurance	
Private	60.2%
Medicare, Medicaid, Other	38.3%
No Insurance	1.5%

Source: "Oregon's Death with Dignity Act– 2014"

# Concern: Reduced Palliative Care

- Palliative care spending and patient satisfaction increased in Oregon after DWDA
  - Physicians learn how to discuss options
  - Physicians spend more time discussing options
- Palliative care referrals altered ultimate decision
- Over 90% enrolled in hospice

Sources: “Oregon’s Death with Dignity Act– 2015,” Ganzini et al. 2000 “Physicians’ Experiences with the Oregon Death with Dignity Act,” and Lindsay 2009 “Oregon’s Experience: Evaluating the Record”

# Concern: Medical Practice

- For physicians who will participate in AID, concerns still exist
  - Lack necessary knowledge
  - Protecting privacy
  - Legal consequences
  - Professional consequences
  - Problems in the process

Sources: Dobscha et al . 2004 “Oregon Physicians’ Responses to Requests for Assisted Suicide: A Qualitative Study,” Ganzini et al. 2000 “Physicians’ Experiences with the Oregon Death with Dignity Act,” and Lee et al. 1996 “Legalizing Assisted Suicide– Views of Physicians in Oregon”

# Recommendation: Data Collection

- Adjust required surveillance data
  - Change timing of questions about reason for request
  - Document each step in the process
  - Add patient disability status
- Invest in additional data collection
  - Separate scientific inquiry from surveillance

# Recommendation: Improve Care

- Document other end-of-life practices
  - AID is under special scrutiny
  - Know little about other practices
  - Can improve care overall by investigating how and why patients make end-of-life decisions
- Use AID requests as opportunity to discuss range of options
- Provide continuous support through process

# Recommendation: Education

- Public educational campaign
  - Public has little knowledge of end-of-life options
  - Burden is on patients to bring up AID
- Sensitivity of AID data may require training for state officials
- Providers benefit from continued education
  - Communicating about end-of-life
  - Improving care processes

# Next Steps

- Data collection and analysis
  - Survey of physicians' knowledge and concerns
  - Group interviews with community members



# Thank You!

- End of Life Option Act Research Group:  
Alexander Capron, Stuart Finder, Patricia Ganz,  
Gerald Kominski, Irving Lebovics, Les  
Rothenberg, Thomas Strouse, Thomas  
Weinberger, and Neil Wenger
- Support from Thomas Weinberger