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Death With Dignity

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Death with Dignity (DWD) in a Nutshell

DWD

- “A movement to provide options for the dying to control their own end-of-life care” (Barber, 2013).

DWD Acts

- Acts which “allow mentally competent, terminally-ill adult state residents to voluntarily request and receive a prescription medication to hasten their death” (Death with Dignity Acts, 2015).

Importance of DWD Acts

- “Oregon’s [DWD] law gives comfort and peace of mind to terminally ill patients at life’s end--regardless of whether or not they choose to use it” (ProCon.org, 2008).
- DWD Acts provide models for “how to offer dying people a real choice about how they should bid farewell to the world” (ProCon.org, 2008).

DWD’s Impact on Health

- Allows for patients to leave a terminal life of pain and suffering by enabling them the autonomy to choose when to end their life.

Overview of DWD’s Impact

Where have DWD Acts been implemented?

- America (Oregon, Washington, Vermont, and California), Netherlands, Belgium, Luxembourg, and Switzerland (Assisted Dying Overseas, 2013)

Costs Associated with DWD

- Health care professionals are all “potentially subject to a variety of criminal, civil, and administrative penalties” (Meisel, 1999).
- In Oregon, DWD Act is funded by state (Oregon Health Authority, n.d.).
- 18 out of 30 American religions strongly oppose DWD (Death with Dignity National Center, 2015).

Direct Impact

Death

First and foremost, the main direct impact of this Act is death. When an individual is choosing to die to eliminate the effects of a terminally ill disease, an important decision lies ahead of him or her. There are many steps that a terminally ill individual has to take before he or she is qualified to choose to die. For example, the patient has to be capable of “making and communicating health care decisions for himself/herself” and “diagnosed with a terminal illness that will lead to death within six months” (*Laws & How to Access Them*, 2015).

- *Ethics and Personal Beliefs of Health Care Providers, like Pharmacists* Another direct impact of the DWD Act is the question of ethics when medical providers consider to comply in assisting an individual with ending his or her life. According to the online article “Physician Aid-in-Dying,” many people argue that this Act “runs directly counter to the traditional duty of the physician to preserve life and do no harm” (Braddock III and Tonelli, 2014). Health care providers are directly impacted when a patient considers this option. In states where the DWD Act is legal, these providers have to consider ethics and their personal beliefs when reviewing patients considering death.

Fast Facts

What are the criteria of Death with Dignity Act?

- 18 years old
- Live in Vermont, Oregon, or Washington.
- Capable of making and communicating health care decisions.
- Has a terminally ill disease with 6 months or less to live.

Physician requirements

- Licensed in the same state as the patient.
- Must make their own diagnosis of terminally ill with 6 months or less to live.
- Refer patient to psychological examination.
- Inform patient about other options, such as palliative care, hospice, and pain management treatment

States with Death with Dignity Acts

- The Death with Dignity National Center, 2015, states that only three states with this act: Washington, Oregon, and Vermont
- Currently, in Montana death with dignity is allowed with court approval.
- States such as New York, Pennsylvania, North Carolina, and other are in the legal process of approving death with dignity or not.

Indirect Impact

Emotions and Well-Being of Loved Ones

When a loved one chooses to die, family and friends will always be emotionally affected. It is an irrepressible consequence. When Brittany Maynard decided to die, her husband, Dan Diaz, was immediately impacted in his daily life. When Diaz was interviewed following his wife’s death, he informed the public that “he thinks about Maynard ‘every day’ and that he feels the loss most in the morning and at night, when the house they shared their dogs is quiet” (Engel, 2015). He continues to speak about opening up his Christmas presents from her that she left him. Death is a solemn event that will always affect loved ones.

Motives of Health Care Providers

The motives of health care providers become questionable with the national legalization of the DWD Act. Patients should be able to put their trust in health care providers. Although the general public views providers in the medical field as helpful and having the best interest in their patients, alternative motives come into question with the DWD Act. According to the New York State Department of Health, health care is expensive and very demanding of professionals. In addition, this department claims, “The extra weeks or months of caring for patients who do not opt for assisted suicide or euthanasia will seem all more ‘futile’ and costly” (New York Health Department, 2011). The motives behind these professionals fairly are put into question with the DWD Act.

Modified Perception of Death

With the DWD Act, the public’s perception of death is changed. Death has always been a solemn event associated with mourning and sorrow. The DWD Act has changed this perception of death. According to the online article “The Gifts Dying Can Give,” death has been “demonized” and “made it something to be feared” (Karnes, 2015). The article continues to redefine death as beautiful and a “peaceful exit from a life well lived” (Karnes, 2015).

Brittany Maynard



“I do not want to die. But I am dying. And I want to die on my own terms” This a quote from Brittany Maynard (29) from Washington. On November 1st, 2014 Brittany chose to end her life with dignity through physician assisted suicide. In April of 2014, Brittany was diagnosed with stage 4 Glioblastoma, and given up to six months to live. After consultations from multiple doctors, Brittany was informed that there was no cure to her brain cancer and the only treatment she could receive would give her just about an extra month of life. With all this information, Brittany moved to Washington from California because physician assisted suicide was legal in Washington (Egan, 2014). Once in Washington and meeting all the criteria, Brittany chose to end her life two days after her husband’s birthday with her husband, mother, stepfather, and best friend by her side. In her last months, Brittany became a very influential supporter of Death with Dignity Acts all over the United States (Maynard, 2014).



Role of Pharmacy

In the Death With Dignity (DWD) Act, a pharmacist is the one who dispenses the lethal dose of medicine to the patient who is ending their life. The Oregon Act states:

“No health care provider shall be under any duty, whether by contract, by statute or by any other legal requirement to participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner” (Schnabel & Schnabel, 2008).

A pharmacist has the choice to not participate in the Death With Dignity Act by refusing to fill a prescription. According to the guidebook for health care professional for the DWD Act, a non-participating pharmacist has to inform the doctor right away if they are unable to fill the prescription. In the case of a participating pharmacist, they will fill the prescription like normal (Schnabel & Schnabel, 2008). If the pharmacist is giving the prescription they have to be very thorough in giving directions on how to properly store and dispose of the medicine in case it is not used because it is a lethal dose (Fass & Fass, 2011).

Ethics of Pharmacy

Is it ethical for a pharmacist as a healthcare provider to fill a lethal dose of a prescription to a patient?

The death with dignity act of Oregon makes it so that if a pharmacist does not want to participate, they are not forced to dispense any medicine for a death with dignity patient. But, this non-participation does not answer the question of whether or not DWD is ethical for pharmacists. There has been a guideline (the Hippocratic oath) for healthcare providers for over 2,000 years that has been followed. The Hippocratic oath says the following:

“I will follow that method of treatment, which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel.” (USLegal, 2015).

This oath has been a guideline for healthcare providers since it was written. Are healthcare providers going to stray from this idea of thinking? As healthcare providers, pharmacists are to do whatever they can to keep their patients alive. Is it acceptable to kill a patient if they are going to die soon anyways? In a healthcare position one needs to be conscientiously thinking about the morals behind their practice.

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