Death with Dignity

Megan Alt  
*Cedarville University*, meganalt@cedarville.edu

Nicole Harper  
*Cedarville University*, nicoleharper@cedarville.edu

Katherine Herndon  
*Cedarville University*, katherineherndon@cedarville.edu

Caraline Watkins  
*Cedarville University*, cwatkins@cedarville.edu

Follow this and additional works at: http://digitalcommons.cedarville.edu/public_health_posters

Part of the Bioethics and Medical Ethics Commons, Pharmacy and Pharmaceutical Sciences Commons, and the Public Health Commons

Recommended Citation
http://digitalcommons.cedarville.edu/public_health_posters/14

This Poster is brought to you for free and open access by DigitalCommons@Cedarville, a service of the Centennial Library. It has been accepted for inclusion in Introduction to Public Health Posters by an authorized administrator of DigitalCommons@Cedarville. For more information, please contact digitalcommons@cedarville.edu.
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 resident states to voluntarily request and receive a prescription medication to hasten their death" (Death with Dignity Acts, 2015).

Importance of DWD Acts
• Oregon’s (2008) 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).

Dying with Dignity in Oregon
• 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 it eliminates the effects of a terminally ill disease, an important decision less biased toward or away from suffering. There are many steps to take before someone is able to die, but this idea is to die for themselves.

• Motives of Health Care Providers
The motives of health care providers become questionable with the deaths of many patients. With the DWD Act, health care providers are directly impacted when a patient chooses 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.

• 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.

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 irreplaceable consequence.

• Patient’s Right to Request
When Brittany Maynard died, her husband Dan Diaz was immediately impacted in his daily life. When Diaz was interviewed following his wife’s death, he reported the public that “The thoughts about Maynard’s 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.

• Motives of Health Care Providers
The motives of health care providers become questionable with the deaths of many patients. With the DWD Act, health care providers are directly impacted when a patient chooses 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.

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 from Washington 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 held 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 pharmacist participating, 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. It is acceptable to kill a patient if they are going to die sooner anyways in a healthcare position one needs to be conscientiously thinking about the morals behind their practice.

Reference List