

Right-to-die legislation weighed in 25 states

by [Malak Monir](#) in the [May 27, 2015](#) issue

More than a dozen states, plus the District of Columbia, are considering legislation on medically assisted death.

The laws would allow mentally fit, terminally ill patients age 18 and older, whose doctors say they have six months or less to live, to request lethal drugs.

Oregon in 1997 was the first state to implement such a law after voters approved it, and four other states—Montana, New Mexico, Vermont, and Washington—now allow for medically assisted death.

Recently, at least 25 more states considered such bills, according to Compassion and Choices, a Denver-based nonprofit that advocates for these laws. Some of those bills have died in committee. More than 140 similar proposals in 27 states have failed since 1994, according to the Patients Rights Council.

Barbara Coombs Lee, president of Compassion and Choices and chief petitioner for the Oregon law, credited Brittany Maynard with helping to put the issue in the public eye.

Last year Maynard, 29, was told she had six months to live after being diagnosed with brain cancer. Maynard was an advocate for medically assisted death, and when she learned of her prognosis, she moved from California to Oregon.

“I would not tell anyone else that he or she should choose death with dignity,” she wrote in an op-ed on CNN.com. “My question is: Who has the right to tell me that I don’t deserve this choice? That I deserve to suffer for weeks or months in tremendous amounts of physical and emotional pain?”

Maynard died on November 1 after taking a lethal prescription.

“Brittany Maynard’s death . . . made it a political issue for younger people, not just older people,” said Arthur Caplan, founding director of the Division of Medical Ethics at New York University Langone Medical Center.

Opponents argue that medically assisted death laws present more dangers than benefits.

“There is a deadly mix when you combine our broken, profit-driven health care system with legalizing assisted suicide,” said Marilyn Golden, a senior policy analyst with the Disability Rights Education and Defense Fund.

The possibility of patients being financially or emotionally pressured into a decision to end their own lives is also a major concern, Golden said.

The fact that the legislation does not require the presence of objective witnesses could mean that patients do not willingly self-administer the medication as the law intends, Golden said. It opens up the possibility of abuse by heirs or caretakers.

Coombs Lee said the Oregon law has functioned as it was meant to and has led to improving quality of life for terminally ill patients.

“Between one-third and one-half of patients never take the medication,” Coombs Lee said. “They just derive a lot of peace of mind from having the option.”

Caplan said that with proper checks and balances, the law should not be problematic.

“I think the movement is a good thing,” Caplan said. “It has proven to be effective and not abused in Oregon and Washington.”

In Oregon between 1997 and 2014, 1,327 people were prescribed lethal medication, 859 of whom died from ingesting it, according to the latest data from the Oregon Public Health Division’s yearly report. According to Washington State’s Department of Health, 549 people received prescriptions under the state’s law from 2009 to 2013; 525 of them died, though not all of these deaths are confirmed to have been the result of ingesting the medication.

Both Oregon and Washington found that those who sought the prescriptions had three major concerns: loss of autonomy, diminishing ability to engage in the activities that make life enjoyable, and loss of dignity. Meanwhile, only about a third of patients in both states were concerned about inadequate pain control.

“It’s not as simple as pain,” Coombs Lee said. “Everyone gets to identify their own definition of suffering.” —*USA Today*

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