



LIVE  
WEBINAR  
SERIES

# End of Life SYMPOSIUM

## **How Medical Aid in Dying Really Works in Authorized States**



**Chandana Banerjee, MD, HMDc**

*Director & Designated Institutional Official*

*Graduate Medical Education*

*Assistant Clinical Professor, Supportive Medicine*

*Course Director & Chair, End of Life Symposium*

*City of Hope*

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# Today's Speakers



**Samantha Trad**  
C&C State Director,  
CA and HI



**Ryan Spielvogel, MD**  
Family Medicine  
Sutter Health



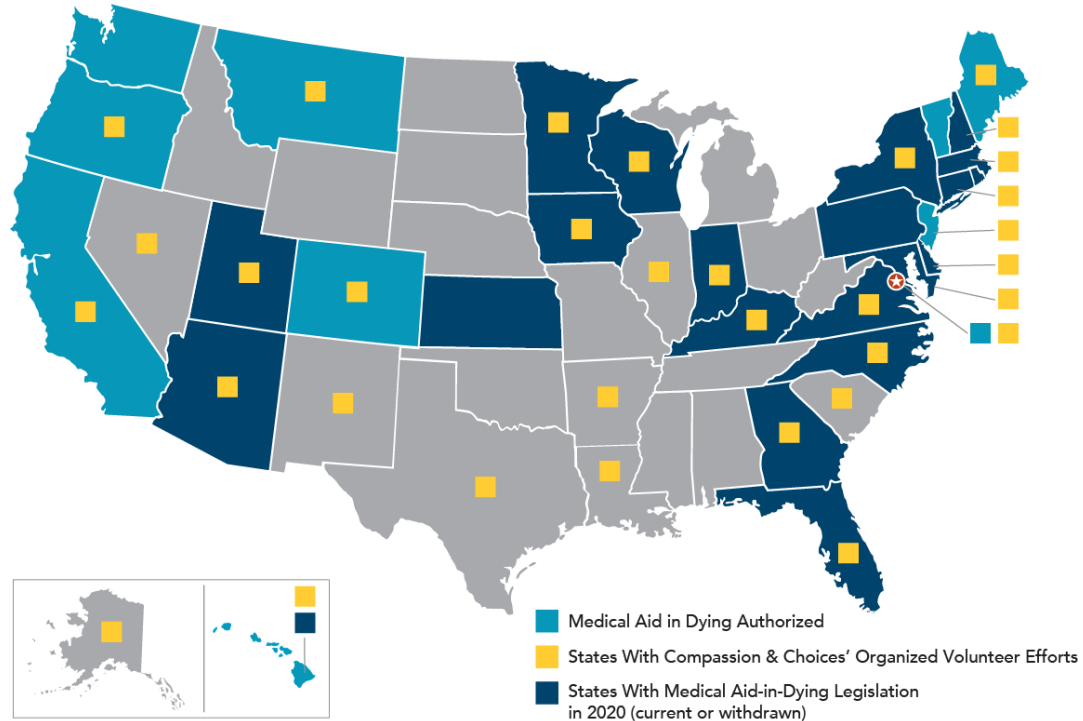
**Matt Whitaker**  
C&C National Director  
(moderator)

# Disclosures

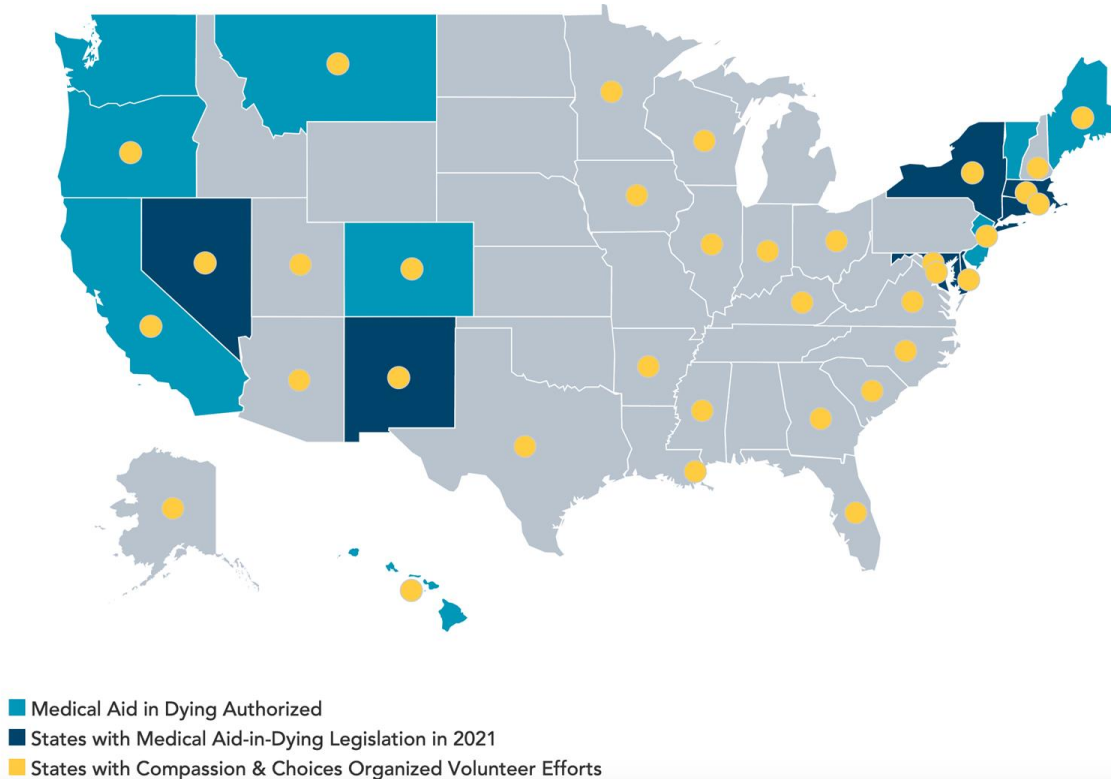
We do not have  
anything to disclose.

# What is Medical Aid in Dying?

# Legislation in 20 States in 2020



# Legislation so far in 2021. More to come!



# Medical Aid in Dying

A medical practice that provides an eligible *terminally ill, mentally capable adult* with a *prognosis of six months or less to live* with the option **for medication** they can decide **to self-ingest** to peacefully end their lives.



# Fundamental Eligibility Requirements



1. An adult, 18 years or older
2. Terminal illness with prognosis of six months or less to live
3. Mentally capable of making their own healthcare decisions
4. Acting voluntarily
5. Is able to self-ingest the medication

# Common Regulatory Requirements



## Attending

- Evaluation
- Examination
- Education
- Referral(s)
- Re-education
- Confirmation
- Prescription
- Documentation
- Reporting

## Consulting

- Evaluation
- Examination
- Confirmation
- Documentation
- Reporting

## Additional Regulatory Requirements

- Multiple requests
- Mental Capacity Assessment
- Witness Requirements
- Waiting Period(s)
- Attestation

# What the Data Shows



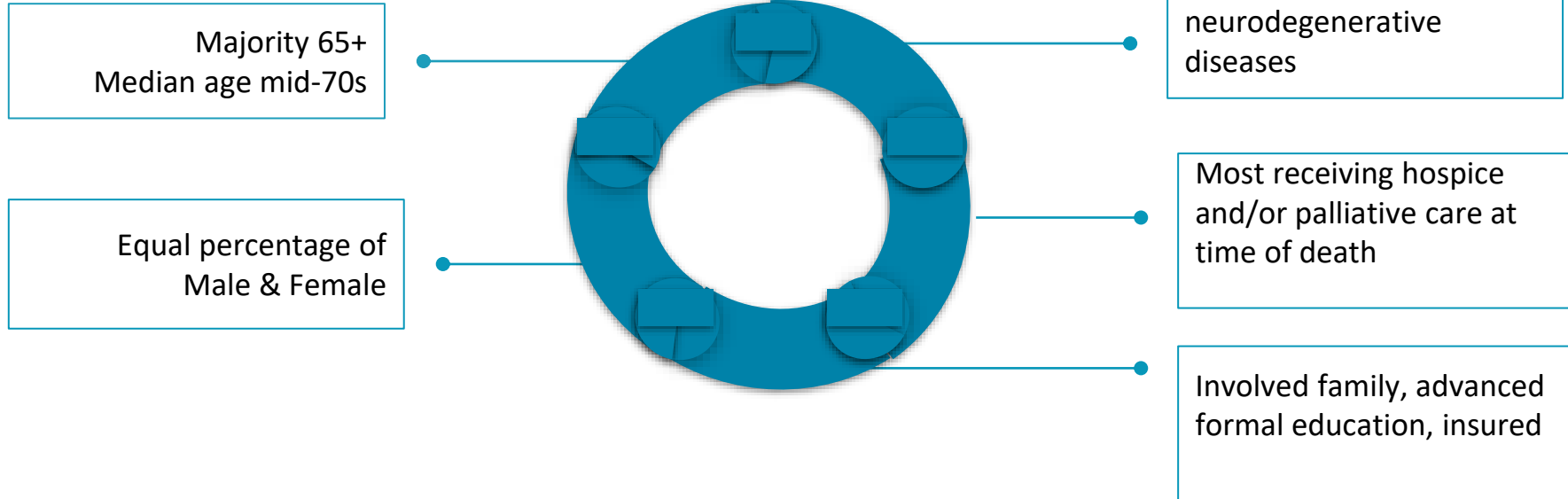
# Just Having the Prescription Gives Dying Patients a Huge Sense of Relief



**‘Like A Christmas Present’:  
Hawaii’s Medical Aid In Dying  
Law Eased Patient’s Anxiety**

# What the Data Demonstrates

## Who Uses the Law?



# Accessing Medical Aid in Dying



# Barriers and Roadblocks

# Challenges to Access

## Aid-in-dying shouldn't be this difficult in East Hawaii

By GARY WILLIAMS | Sunday, November 15, 2020, 12:05 a.m.

Share this story   





# Prohibiting Physicians From Practicing Medical Aid In Dying



# Finding Two Physicians



# Mandatory Minimum Waiting Period



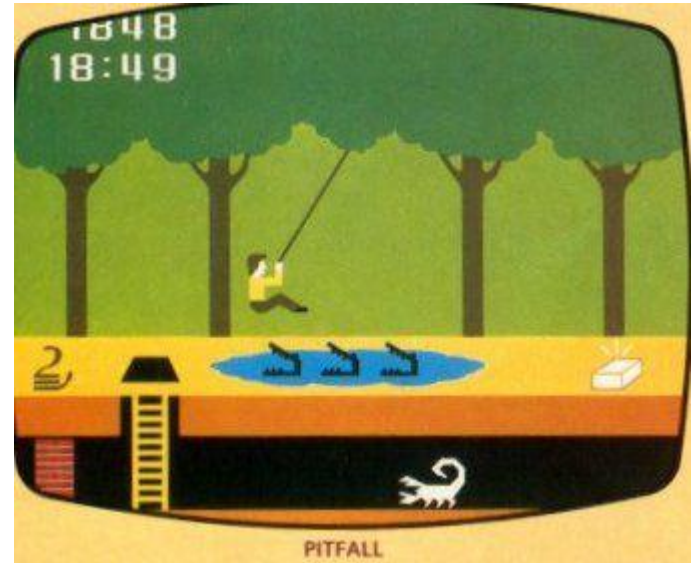
# A Doctor's Perspective

# Logistics

- Patient expresses interest to their physician → referral to our provider pool
- 1st visit: Do evaluation for eligibility. Get 1st verbal request. Give written request and instructions. Set up second appointment and consultant visit at that time.
- Consultant visit: do *between* 1st and 2nd attending visits.
- 2nd visit: Receive written request. Get 2nd verbal request.
- Instruct patient to let us know about a week or so before they plan to ingest. Write prescription for the aid-in-dying drug at that time.

# Pitfalls and How to Avoid them

- Video visits → Do them!
- Provider Pool
- Good relationship with pharmacy
- \*Communication with hospice\*



# The Moral Quandary and the Quest for the Perfect Death

- Do no harm?
- Is it suicide?
- Patient empowerment and restorative justice
- Patient stories



# The Future of Medical Aid in Dying






# Proactive Implementation

# The Access Campaign

- ❑ Structural Outreach
- ❑ Medical Outreach
- ❑ Public Outreach

# Structural: Working With Health Departments

A woman with dark hair and glasses, wearing a black and white striped shirt, stands at a wooden podium. She is looking towards the left side of the frame. The podium has a microphone and a laptop on it. Behind her is a large screen displaying a presentation slide. The slide has a light blue background and contains text about dispensing medication. At the bottom of the slide, the DC HEALTH logo is visible. To the right of the podium, a portion of a flag is visible.

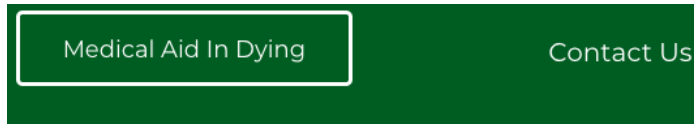
**DISPENSING THE MEDICATION**

- The attending physician is responsible for delivering that prescription to the pharmacy personally, or by telephone, facsimile, or electronically. A prescription for a covered medication **shall never** be given to the patient to be filled at a pharmacy.
- Once the prescription is delivered to the pharmacy, the covered medication can be picked up by the patient, the patient's attending physician, or another individual designated by the patient that has been **previously communicated** to the pharmacy orally or in writing.

DC | HEALTH

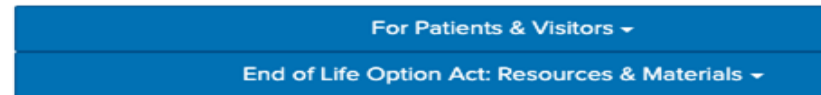


# Structural: Medical Policies & Internal Procedures



## End of Life Option Program

A guide for patients and those supporting them



## End of Life Option Act: Resources & Materials

# Medical: Mentoring & Training



Dr. David Grube,  
National Medical Director for Compassion & Choices

# Medical Resources: Doc2Doc Consultation Service



(800) 247-7421

[www.CompassionAndChoices.org/d2d](http://www.CompassionAndChoices.org/d2d)

# Medical Resources: Pharm2Pharm Consultation Service



(800) 247-7421

[P2P@CompassionandChoices.org](mailto:P2P@CompassionandChoices.org)

# Public Presentations & Outreach





# Public Service Announcements



# Public: Media



## A day like no other: The first time I helped one of my patients die

By Dr. Jessica Israel  
New Jersey | Feb 5, 2020 at 11:16 am  
From our print edition



# Protecting the Law



# Amending the Law

