End of Life
Colorado Law and the DH Experience

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Denver Health Medical Aid in Dying

08/04/2022
Disclosures

I have no financial or nonfinancial relationships to disclose
Objectives

Evolution of End of Life
Historical Perspectives of MAiD
Colorado’s End of Life Options Act
Denver Health’s MAiD Program
Some of our most profound experiences as healers ironically occur when we are unable to do just that.
End of Life Evolution
Economics of Death and Dying

• First stage: Home
  • Extreme Poverty

• Second: Hospitals
  • Economic resources

• Third: Home
  • Means to be concerned with quality of life
End of Life Priorities

• Beyond prolonging life
  • Avoid Suffering

• Strengthening Relationships

• Being Mentally Aware

• Not Being a Burden

• Achieve a Sense That Their Life is Complete
  • National Coping with Cancer Project
2010 Mass General Study

• Usual Onc Care v. Onc with Palliative Care
  • Stopped chemo earlier

• Entered hospice earlier

• Experienced less suffering at their end of their lives

• Lived 25% longer
Hospice Care

• England 1950

• Medicare Benefit
  • 100% coverage

• 6 month prognosis

• Median time in hospice 21 days
History of Death with Dignity
Historical Influences

• Hemlock Society

• 1980 Compassion and Choices / Death with Dignity
  • Book on home death

• 1991 “Final Exit” by Derek Humphry
  • Book on home death

• 1993 “Death and Dignity” by Dr. Timothy Quill
  • NEJM and book
Medical Aid in Dying
Historical Influences

- 1998 Dr. Jack Kevorkian
  - 2\textsuperscript{nd} degree murder

- 2014 Brittany Maynard
  - People Magazine

- 2014 “Being Mortal”
  - by Dr. Atul Gawande
Legalization Timeline

• 1980s Europe

• 1997 Supreme Court – Individual States

• 1997 Oregon First State

• 2001 Netherlands
  • Euthanasia
  • Mental illness and Peds

• 2014 Canada Euthanasia
US States MAiD Law Adoption

- Oregon 1997
- Washington 2008
- Montana 2009
- Vermont 2013
- California 2015
- Colorado 2016
- DC 2016
- Hawaii 2018
- New Jersey 2019
- Maine 2019
- New Mexico 2021
Pending States

CURRENT AS OF MAY 11, 2022
IN YOUR STATE
“My grandkids came to visit. They talked mostly about world politics. Kept asking me how I felt about the youth in Asia.”
Medical Aid in Dying

• Euthanasia “good death”
  • Third Party administration

• Physician Assisted Suicide/Death
  • It is NOT Suicide legally, morally, or ethically. Patients already are dying and therefore are not choosing death over life but one form of death over another.

• Medical Aid in Dying
  • Action taken in accordance with the law by self administration.
• Evolution of CO End of Life Options Act

  ▪ 1995 and 1996 first bills
  ▪ 2015 and 2016 bills – none passed
  ▪ Aug. 2016 Prop 106 qualified for the ballot
  ▪ Nov. 8, 2016 Prop 106
    ▪ 65% YES to 35% NO
Proposition 106: The End-of-Life Options Act

Yes 64.7%
No 35.3%
Colorado End of Life Options Act


- Cause of death is terminal illness
- No effect on estate
- Option to prescribe
- Must be reported to State
MAiD Program at Denver Health

January 1, 2018 - present
Program Eligibility / CO EOLA

- > 18 years age
- Colorado Resident
- Terminal Illness <6 Month Prognosis
- Mental Capacity
- No Mental Illness
- Express Wish
- No Coercion
- Self administration
  - PO, PEG or Rectal
- Two Physicians Agree
- 15 day waiting period
Denver Health MAiD Program

• Official start 1/1/2018
• Medical Director and Coordinator
  • Skye O’Neil, PA
  • Katie Sue Valkenburg MSW
  • Consulting physicians
• Centralized service, Clinic OMC 4th floor
  • Self Referral 303-602-8044
• Two visits 15 days apart
• Discharge Pharmacy
Denver Health Consulting Physicians

• Dr. Kerry Broderick
• Dr. Sarah Christainson
• Dr. Alisa Koval
• Dr. Barry Platnick
• Dr. Lauren Rhoades
• Dr. Sarah Rowan
• Dr. Jeffrey Sankoff
• Dr. Stephen Wolf
The Medication
Pre Medications
30 mins before ingestion

• Zofran 8mg

• Reglan 20mg
DDMAPh 9/2019

D  100MG  Digoxin
D  1,000mg  Diazepam
M  15,000mg  Morphine
A  8,000mg  Amitriptyline
Ph  5,000mg  Phenobarbital
Medication Ingestion

• Empty stomach
• Premeds
• Mix powder with 4-6 oz
• Time to sleep <5 mins
• Time to Death variable 10m-4hrs
• No one dies alone
Who is requesting MAiD

Demographics

- 80% White
- 70% College Educated
- Gender 50/50

Diagnosis

- 60% Cancer
- 15% Neuro-degenerative Disease
- Cardiac, Renal and Pulmonary remaining
Table 2. Categories of medications dispensed to patients prescribed aid-in-dying medication, 2017-2021.

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<td>Count</td>
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<tr>
<td>Total number of patients to whom aid-in-dying medication was dispensed</td>
<td>56</td>
<td>100</td>
<td>85</td>
<td>100</td>
<td>137</td>
<td>100</td>
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<tr>
<td>Secobarbitol</td>
<td>23</td>
<td>41.1</td>
<td>26</td>
<td>30.6</td>
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<td>DDMP/DDMP2 combination</td>
<td>32</td>
<td>57.1</td>
<td>59</td>
<td>69.4</td>
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<td>35.8</td>
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<td>DDMAPh combination</td>
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<td>Other (morphine sulfate alone, or in some other combination)</td>
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<td>1.8</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>0.7</td>
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Our Patients

- Kylie K.  Utah legislation
- Teri D.  Book
- Janet M.  Obituary
- Joyce P.  Filmed
- Anne B.  Home pet euthanasia
- Victor V.  Accidental ingestion
Annual Day of Reflection

• December 16th
In ALL Stories, Endings MATTER

•“We have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone’s lives.”

-Atul Gawande, MD
Resources

AAHPM Position Statement and Advisory Brief on PAD

http://aahpm.org/positions/pad


http://www.familydocs.org/eol/end-of-life-option-act


Washington Department of Health DWDA site

http://www.doh.wa.gov/dwda/

Oregon Department of Health DWDA site

References


• Otsukis JA, Banja J et al The Use of Standardized Patients within a Procedural Competency Model to Teach Death Disclosure. Academic Emergency Medicine 9 1326-1333 2002

• Quill JE “Initiating End of Life Discussions with Severely Ill patients: Addressing the Elephant in the Room.” JAMA 284, 2502-2507 2000

• Quill T Death and Dignity; Making Choices and Taking Charge WW Norton &Company 1993

• Quest T End of Life In Rosen’s Emergency Medicine Concepts and Clinical Practice 9th Edition 2019 e9 93-101

• Otsukis JA, Banja J et al The Use of Standardized Patients within a Procedural Competency Model to Teach Death Disclosure. Academic Emergency Medicine 9 1326-1333 2002

• CDPHE Proposition 106
Discussion

We’re all Just Walking Each Other Home-
Ram Dass

visionfyre.com