

End of Life

Colorado Law and the DH Experience

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Denver Health Medical Aid in Dying

08/04/2022



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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



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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

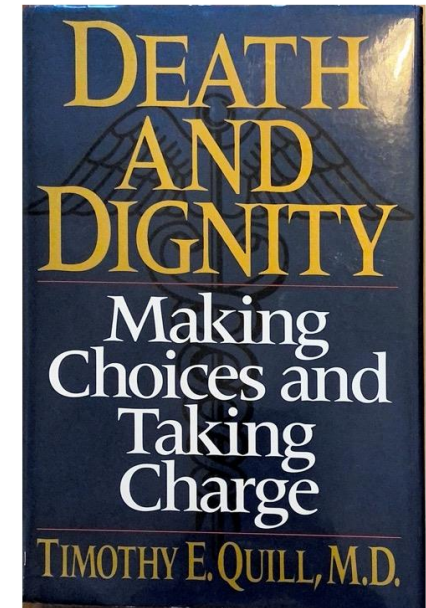
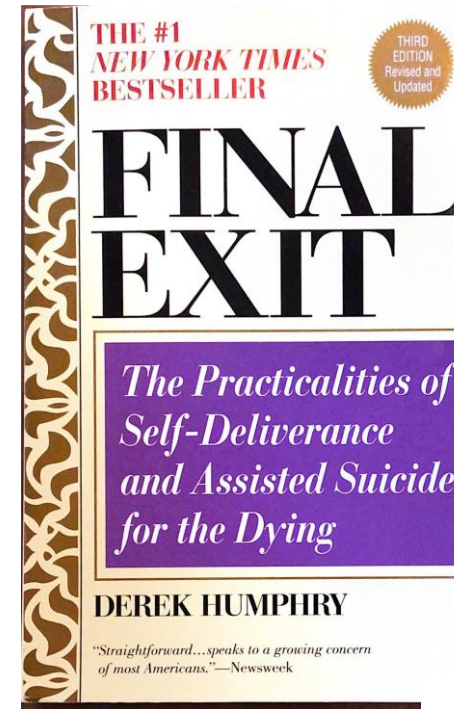




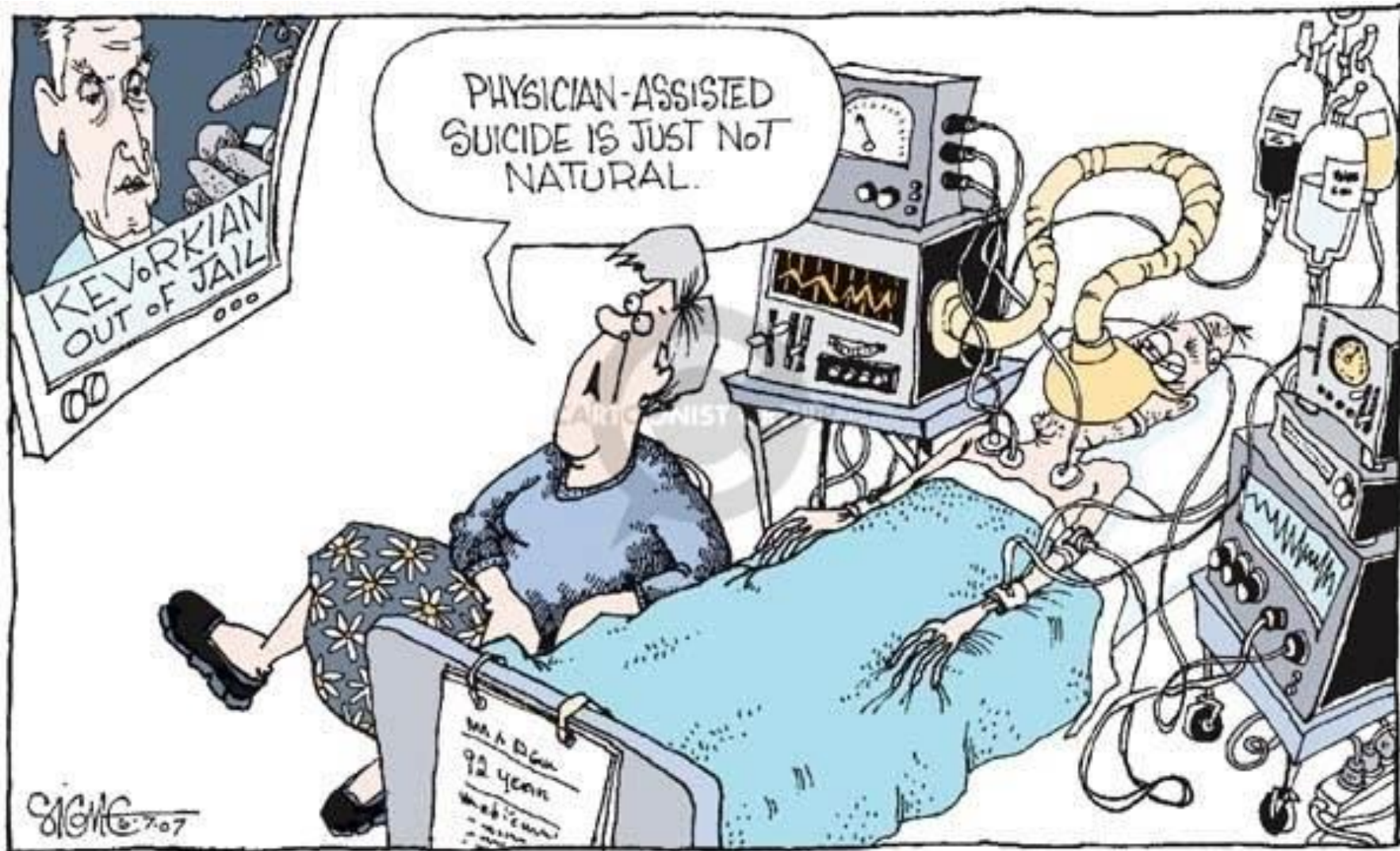
History of Death with Dignity

Historical Influences

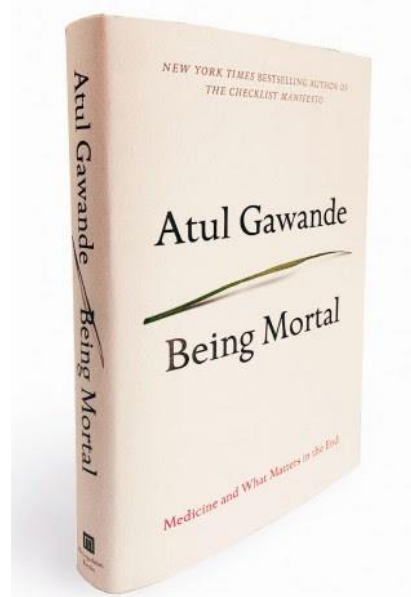
- Hemlock Society
- 1980 Compassion and Choices / Death with Dignity
- 1991 "Final Exit" by Derek Humphry
 - Book on home death
- 1993 "Death and Dignity" by Dr. Timothy Quill
 - NEJM and book



Medical Aid in Dying



Historical Influences



- 1998 Dr. Jack Kevorkian
 - 2nd degree murder
- 2014 Brittany Maynard
 - People Magazine
- 2014 “Being Mortal”
 - by Dr. Atul Gawande



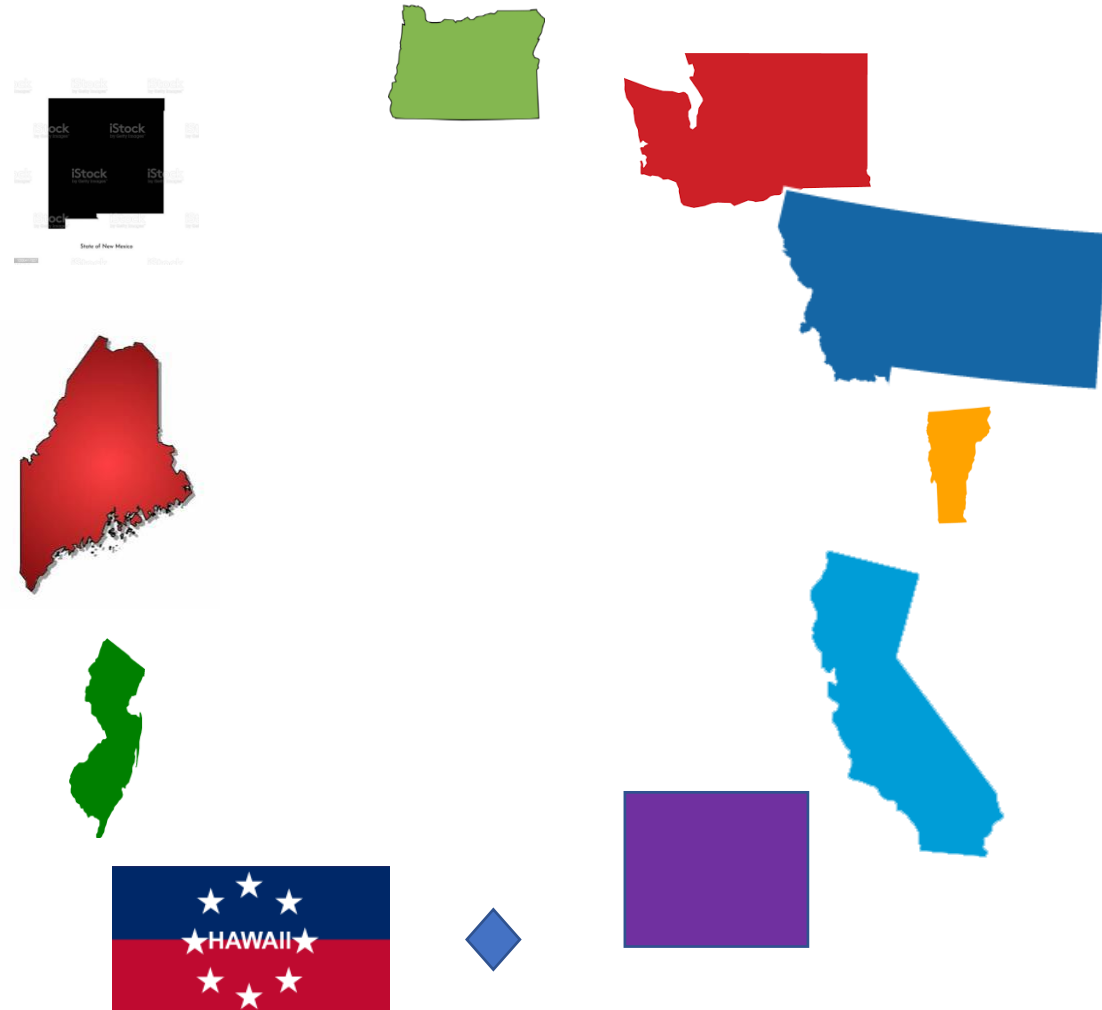
Legalization Timeline

- 1980s Europe
- 1997 Supreme Court – Individual States
- 1997 Oregon First State
- 2001 Netherlands
 - Euthanasia
 - Mental illness and Peds
- 2014 Canada Euthanasia

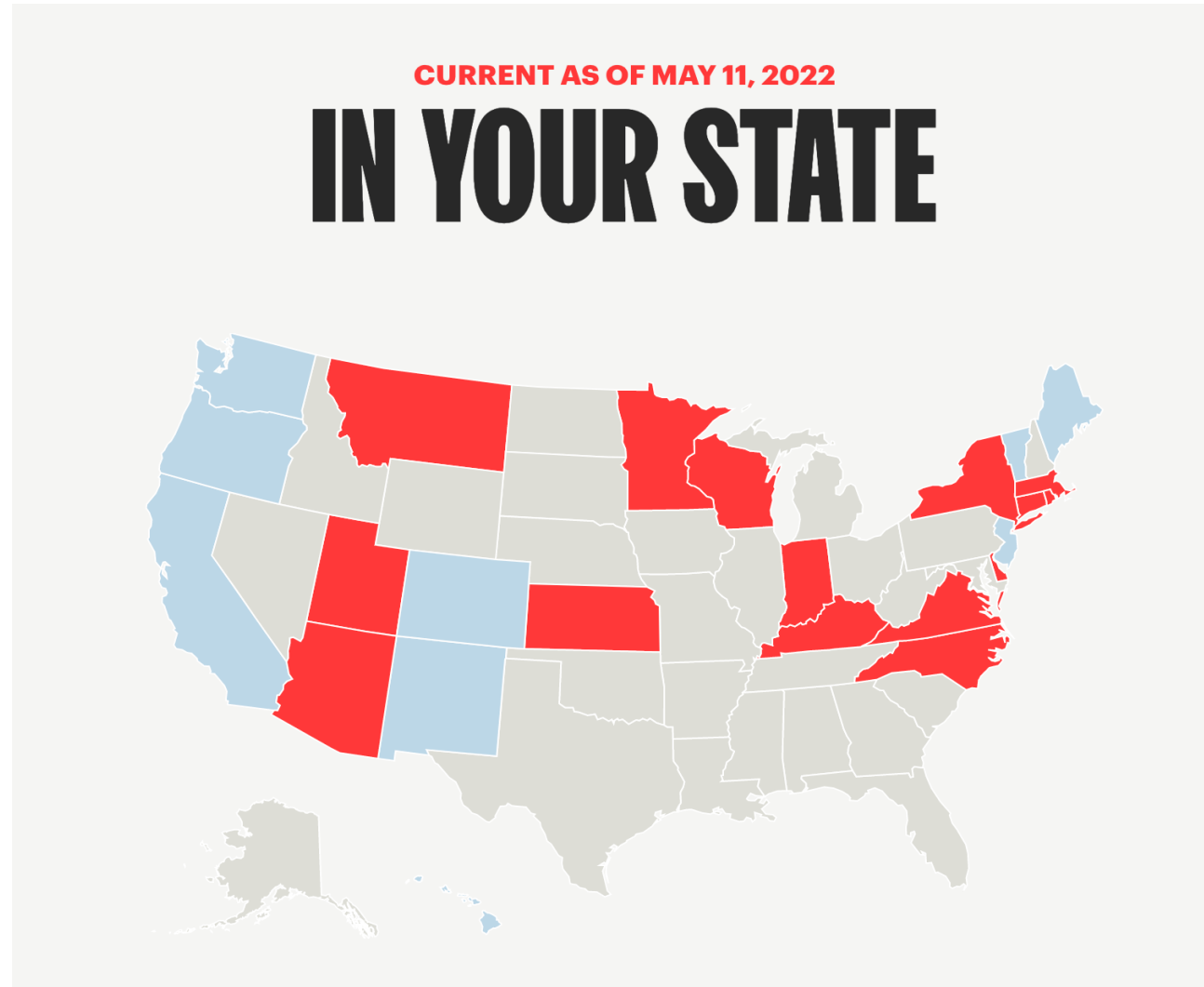


US States MAiD Law Adoption

- 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



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“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.



WRITE A TITLE IN THIS SECTION

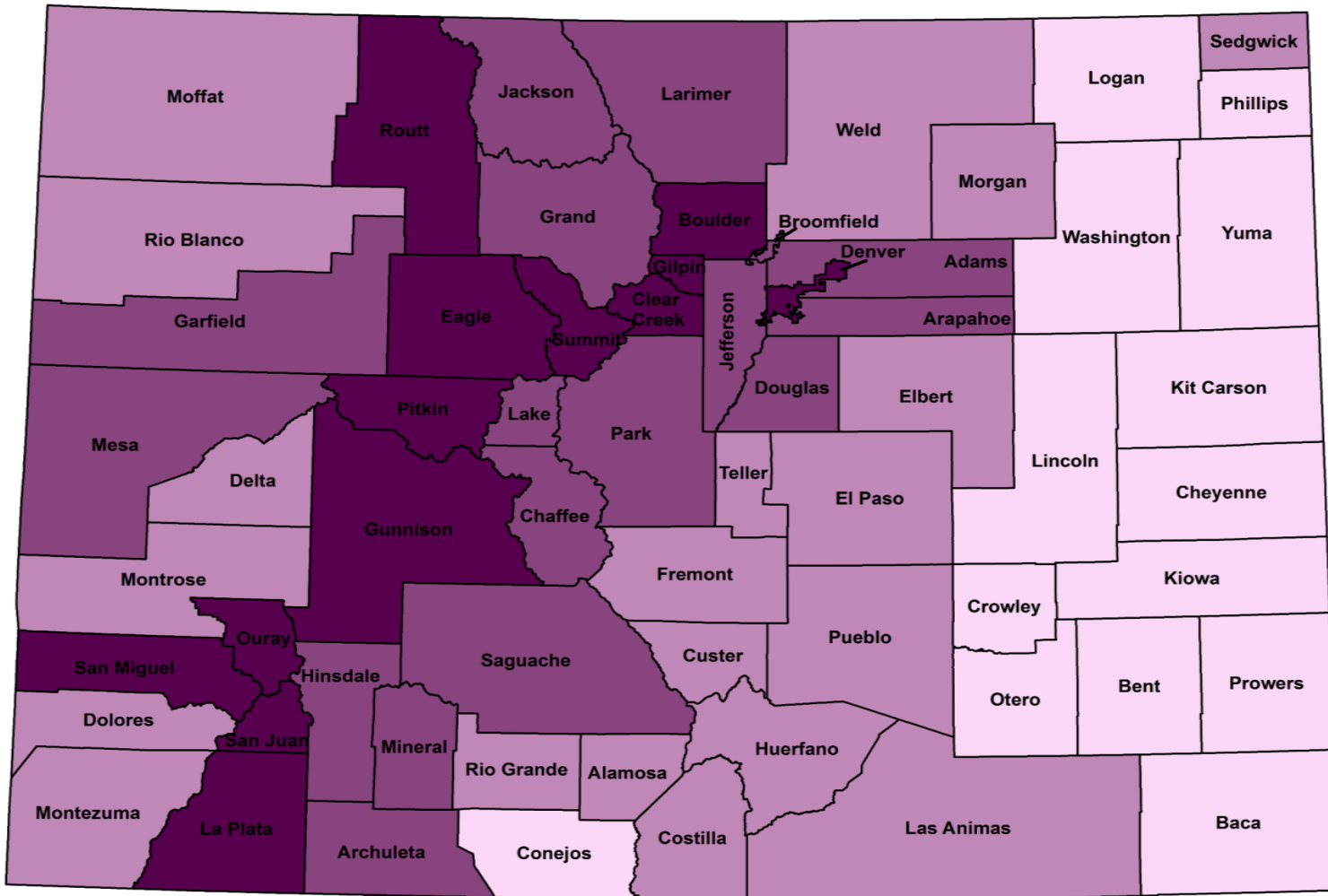
Background Colorado Law

- **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**



WRITE A TITLE IN THIS SECTION

Proposition 106: The End-of-Life Options Act



Yes
64.7%

No
35.3%

Colorado End of Life Options Act

- <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/medical-aid-in-dying>
- Cause of death is terminal illness
- No effect on estate
- Option to prescribe
- Must be reported to State





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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



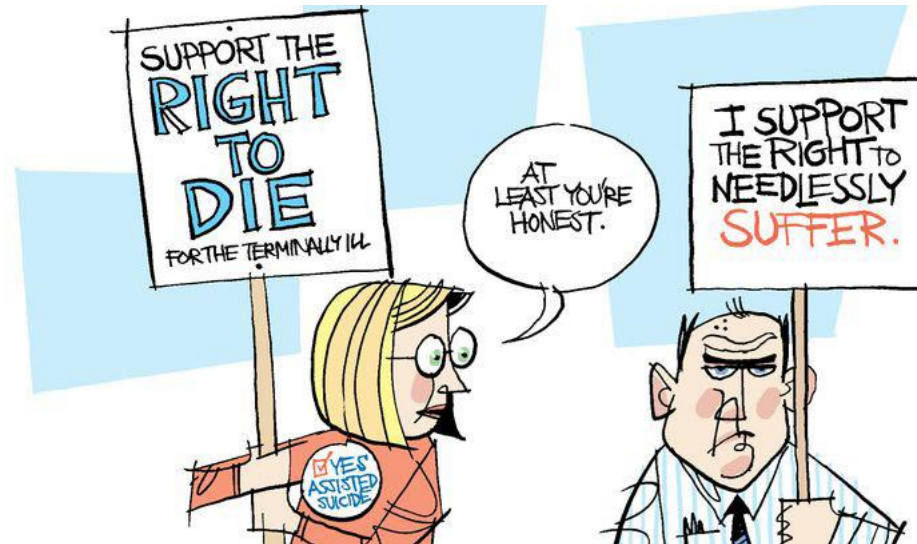


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The Medication



Pre Medications

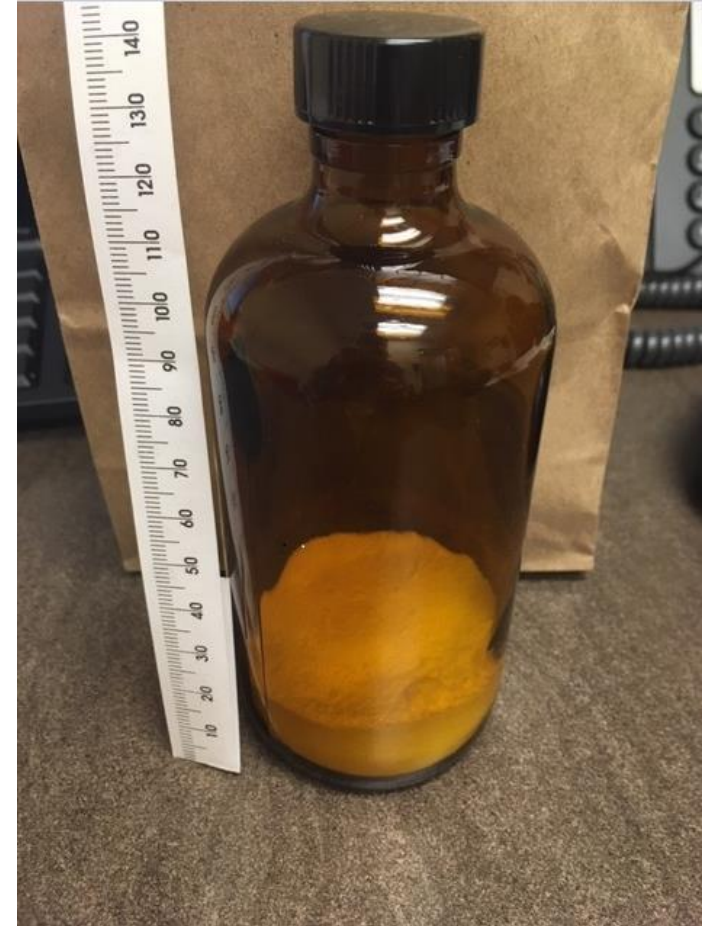
30 mins before ingestion

- 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



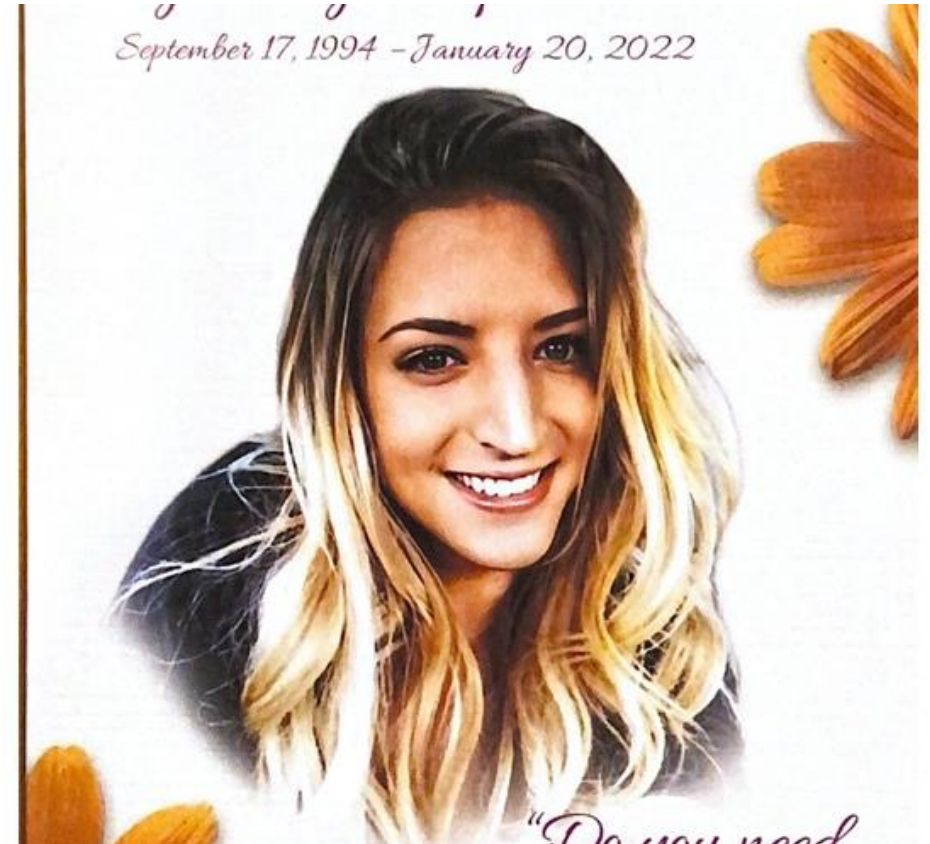
Colorado Statistics

Table 2. Categories of medications dispensed to patients prescribed aid-in-dying medication, 2017-2021.

	2017		2018		2019		2020		2021		Total 2017-2021	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total number of patients to whom aid-in-dying medication was dispensed	56	100	85	100	137	100	149	100	156	100	583	100
Secobarbital	23	41.1	26	30.6	0	0.0	0	0.0	0	0.0	49	8.4
DDMP/DDMP2 combination	32	57.1	59	69.4	87	63.5	79	53.0	32	20.5	289	49.6
DDMA combination	0	0.0	0	0.0	49	35.8	67	45.0	67	42.9	183	31.4
DDMAPh combination	0	0.0	0	0.0	0	0.0	3	2.0	57	36.5	60	10.3
Other (morphine sulfate alone, or in some other combination)	1	1.8	0	0.0	1	0.7	0	0.0	0	0.0	2	0.3

Our Patients

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



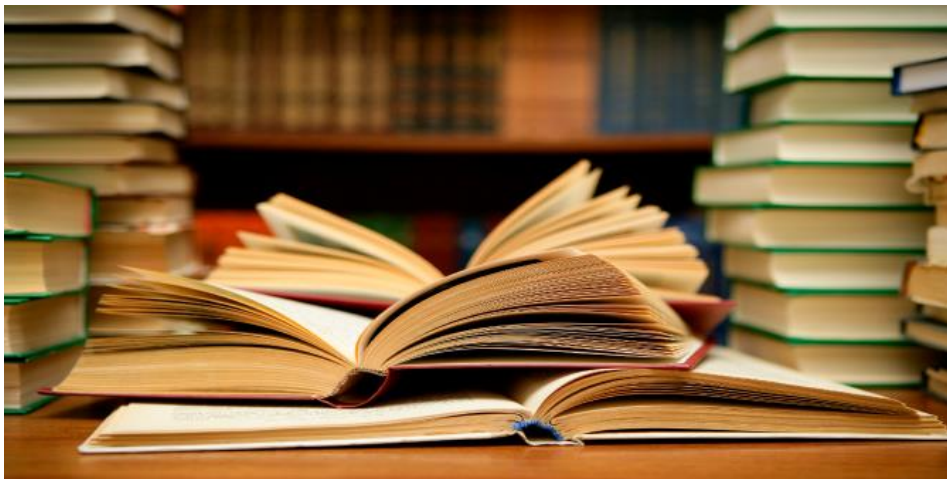
Annual Day of Reflection

- 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://aahpm.org/positions/pad)

California Academy of Family Physicians: “A Family Physician’s Guide to the End-of-Life Options Act” – general info, webinars, podcasts

[*http://www.familydocs.org/eol/end-of-life-option-act*](http://www.familydocs.org/eol/end-of-life-option-act)

Hastings Consortium: On Law, Science, and Health Policy: “California’s End-of-Life Option Act” – general info, including 2-page “fact sheet”

[*http://www.ucconsortium.org/portfolio-view/end-of-life-care-act-fact-sheet/*](http://www.ucconsortium.org/portfolio-view/end-of-life-care-act-fact-sheet/)

Washington Department of Health DWDA site

[*http://www.doh.wa.gov/dwda/*](http://www.doh.wa.gov/dwda/)

Oregon Department of Health DWDA site

[*http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx*](http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx)

References

- Gawande A, *Being Mortal: Medicine and What Matters in the End* Metropolitan Books 2014
- 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



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Discussion

