

Safeguards for medical aid in dying

Sir,

A recent editorial ‘Is medical assistance in dying just medically-administered death?’ (<https://doi.org/10.12968/hmed.2023.0262>) stated that safeguards in medical aid in dying are not nearly as “safe” as they seem’. The authors suggest that eligibility requirements for medical aid in dying are rapidly expanding, and cite as an example the lack of need for a terminal diagnosis in ‘some American states’, as well as Australia and New Zealand. That statement, as applicable to the United States of America (USA), is not true.

Each of the 10 American venues that have legalised medical aid in dying, as well as Montana, which made this available through a state Supreme Court Ruling, require patients seeking medical aid in dying to have a terminal diagnosis, with death expected to occur within 6 months. While some advocates have pushed for allowing patients expected to die within 1 year to be eligible, there has been no traction for eliminating the requirement to have an underlying terminal diagnosis. Eligible patients in the USA are actively dying and providing them with ‘medical assistance’ in the process is thus not a misnomer, as suggested by the authors.

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Sir,

We thank Dr Blanke for his response and seek to clarify what seems to be a misunderstanding of our article. We specifically state ‘some American states, Australia and New Zealand’ as the exceptions (‘bar’) to jurisdictions where patients need no terminal diagnosis to access medical assistance in dying. Despite the recency of legislation in Australia and New Zealand, incremental extensions to eligibility seem likely (World Federation Right to Die Societies, 2024), following the trend of most places where this has been legalised. Assisted suicide has not been expanded to include euthanasia in American states where legal not down to reluctance, rather prohibition by federal law. As Dr Blanke acknowledges, there are already proponents for extending eligibility criteria in the USA, further evidence that ‘safeguards’ prove elastic.

A case in point is Oregon. Exemptions to statutory waiting periods for patients expected to live less than 15 days were dropped, and non-residents are now eligible for medical assistance in dying. Assisted suicide rates have risen annually and ‘6% of DWDA deaths outlived their prognosis (lived more than 6 months after their prescription date)’ (Oregon Health Authority, 2023) with at least one patient living 1095 days between their first request and death. Medical assistance in dying has also been accessed by Oregonians for potentially non-terminal illnesses (including benign and uncertain neoplasms, diabetes, anorexia, hernias and arthritis) (Regnard et al, 2023). In such cases, the term ‘assisted dying’ is a misnomer. There are also concerns regarding under-reporting of data in Oregon (Regnard et al, 2023) and patients who may have lived longer had their lives not been ended prematurely.

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