

## 2022 February Health Notes by Evelyn Ames

### Clarifying Dying with Dignity Terminology

The Washington State Death with Dignity Act, Initiative 1000, codified as Chapter 70.245 RCW, passed on November 4, 2008, and went into effect on March 5, 2009. The act allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have less than six months to live.

**Compassion and Choices Organization** describes medical aid in dying as “A trusted and time-tested medical practice that allows a terminally ill, mentally capable adult with a prognosis of six months or less to live to request from their doctor a prescription for medication they can decide to self-ingest to die peacefully in their sleep.” The terms “assisted physician suicide,” “physician aid in dying,” “death with dignity,” and “euthanasia” are considered misleading and factually incorrect. Medical aid in dying is not assisted suicide, suicide, or euthanasia. “Medical aid in dying protects patients, affords dying people autonomy and compassion during the most difficult time, improves end-of-life care, and costs states almost nothing to implement, except for the minimal costs associated with collecting data and producing the annual statistical reports.”

**The American Association of Suicidology** (AAS) reports that the practice of medical aid in dying is distinct from the behavior that has been traditionally and ordinarily described as “suicide.” The distinction comes down to who administers the means to a peaceful death. Euthanasia is an intentional act by which another person (not the dying person) administers the medication. Euthanasia is illegal throughout the United States and Voluntary Euthanasia is illegal in most of the United States

**End of Life Washington** is “recognized nationally for its advocacy of choice for the terminally ill and its commitment to improved treatment of pain and other symptoms. End of Life Washington’s service includes ongoing relationships we develop between our Volunteer Client Advisors and clients who want to explore end-of-life choices.” Sympathy, empathy, and compassion are often used interchangeably within the healthcare literature despite some key notable differences. “Compassionate care” is increasingly considered by patients, family members, and policymakers as a core dimension of quality care, particularly in palliative care. Catholic interpretation of the word “compassion” means to “suffer with someone, with the sense of coming to the person’s aid. It is an emotion in us caused by some evil or dire condition.”

A “death doula” is “someone who makes him or herself available to assist a dying individual and, typically, also the family before, during and after a death occurs — often referred to as the pan-death ‘spectrum,’ ‘process’ or ‘journey’ — in order to provide physical, emotional, psychological and even spiritual support.” An End of Life Doula is a non-medical person trained to care for someone holistically (physically, emotionally, and spiritually) at the end of life.

Sources/resources to consider: Washington State: <https://endoflifewa.org/>

- Understanding medical aid in Dying: <https://www.compassionandchoices.org/end-of-life-planning/learn/understanding-medical-aid-dying/>
- <https://www.verywellhealth.com/what-is-a-death-doula-1132512#:~:text=A%20death%20doula%20is%20someone%20who%20makes%20him,provide%20physical%2C%20emotional%2C%20psychological%20and%20even%20spiritual%20support.>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5405806/>
- National Institute on Nursing Research on definitions of palliative care, hospice, and end of life terminology at <https://www.ninr.nih.gov/newsandinformation/what-is-palliative-care>.

Note: Check Bellingham Herald (Jan 25) “Experts question the value of advance care planning.”