



Questions and answers about medical aid in dying

*By Ellen Waldman
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Although you might not have considered this, you have many choices regarding the end of your life. This column will focus on one of those choices we have in Oregon, medical aid in dying, also known as the Death With Dignity Act.

For the first time recently, I supported a client who requested medical aid in dying with the assistance of End of Life Choices Oregon (eolcoregon.org; 503-922-1132). Due to the progression of a fatal disease, he had a short time left to live and knew his pain and symptoms would only increase. He was also receiving services through one of our local hospice organizations, who were just wonderful.

I spoke to Laurel Miller, one of the volunteers with EOLCOR.

Q: What is your role with EOLCOR?

LM: As an advocate for choice for over 10 years, I have been working to support Oregonians' choices at the end of life, including the pursuit of medical aid in dying. This is also known as MAID, Physician Assisted Dying, and Death with Dignity. A volunteer's primary role is to meet with clients and their families who are interested in understanding their end of life options, and based on their choice, provide education, guidance and support as requested by the client.

Q: What are the various ways EOLCOR assists clients?

LM: A primary way is through education and guidance. For MAID, this might include communicating and tracking the steps through the legally mandated process to obtain the prescription, collaborating with hospice to support loved ones around a client's choices, or readying a client and their family up to and including participating in their planned end of life.

Q: Are there obstacles people encounter that you can help them overcome?

LM: Obstacles can arise at any time for many reasons. For example, the MAID qualification process is quite involved and takes time. While a client must seek the support of both an attending and consulting physician, we offer step-by-step guidance when they're feeling overwhelmed or not sure where to go next. We'll work to connect a client's physician with the EOLCOR medical director or pharmacy to ensure the client and physician's needs are met in a timely fashion.

Q: What might be some of the reasons people make use of medical assistance in dying?

LM: We talk about the seven reasons that may contribute to pursuing MAID. They include concerns about:

1. The financial cost of treating or prolonging a terminal condition
2. The physical or emotional burden on family, friends or caregivers

3. A terminal condition representing a steady loss of autonomy
4. Decreasing ability to participate in activities that make life enjoyable
5. Loss of control of bodily functions
6. Inadequate pain control at the end of life
7. Loss of dignity

Q: Are there some common misconceptions about utilizing death with dignity?

LM: Yes, and time is a big one. Some believe they can obtain the prescription in a matter of days, and some believe it will take forever to get through the process. The truth is that it usually takes about a month between making physician appointments and mandated waiting times. We recommend that people start the process once they've made the choice to pursue MAID. That way, these steps are done and they can get on with living their life in the meantime. Another misconception regarding Death With Dignity is that it's not an "either/or" choice to pursue MAID or avail themselves of hospice services. A person can be on hospice and pursue MAID. We work very closely with our hospice colleagues in support of our clients and strongly advocate hospice be involved in a client's end of life care.

I could not have imagined going through the complexities of coordination of services without the volunteer team from EOLCOR. They were extremely professional and compassionate in their presence all throughout this process. It was even more complicated than usual by the closures of medical offices related to COVID-19. I offer these volunteers my deep respect and gratitude for how they managed this profound event.