



AND THE LAW

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DEATH WITH DIGNITY

Death with Dignity. Physician-assisted Suicide. Aid in Dying. Nomenclature has evolved in the twenty years since Oregon passed the first Physician-assisted Suicide legislation in the United States. There are now a total of six states¹ plus the District of Columbia that allow the practice. Three of those six states passed their legislation during the last two years. That's not much data on which to base a trend, but it does raise questions for pharmacists participating in the practice.

Each state is different in detail, but the high level procedures are similar. The patient must make a request for medication with which to end their life. This request may be oral and sometimes requires a second request following a mandatory waiting period. Eventually this request is documented on a state-created form and the patient's signature is witnessed by at least one disinterested witness. Typically the patient must have been diagnosed with a terminal illness and

facing death within a relatively short time, such as six months.

The attending physician then has to certify a number of items in order to be compliant with the law. These include the terminal nature of the patient's condition, an assessment of their mental state, that there doesn't appear to be any coercive force being exerted on the patient and that the patient has been counseled on risks, benefits and alternatives. This completed form is then forwarded to the appropriate state agency, many times the Department of Health.

Once the attending physician has certified the patient meets the criteria of the law, many times the patient is required to meet with a second, consulting physician. This physician then documents their assessment of the patient's condition on the state form. Finally, the form must be submitted to the state, either directly and/or through the attending physician.

Either the attending or consulting physician can refer the patient for a

¹ Montana's authority is based on a decision by the Montana Supreme Court rather than by legislation.

psychiatric/psychological examination. This exam is also documented on a state form and submitted as above.

If the patient has successfully passed these hurdles and waited for the requisite waiting periods, their physician is ready to dispense the needed medication(s) or write prescriptions for them. Now it is time for the pharmacist to get involved.

The first decision by a pharmacist may not be a legal one, but a moral one. How does the pharmacist feel personally about dispensing these medication(s)? Does it feel wrong or run counter to what their career goal has been? These are not questions that can be answered by anyone but the pharmacist involved. One thing to consider is that by the time the patient gets to this point in the process, it is as a result of careful consideration.

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