Points to Consider

HB 1141's "Expansion" of Physician-Assisted Suicide

Expansions & Changes to the Current Law

- **Diagnosing a terminal condition, predicting that a patient is expected to die in six months,** initially assessing the patient's competency, writing a lethal prescription, and signing the death certificate **can all be done by non-physicians** (*physician assistants, osteopathic physician assistants, nurse practitioners)*. Sec. 1(2).
- If this is done by a physician, **one** of these **non-physicians** can provide the "second opinion" on these matters. Sec. 1(4).
- Whether the patient has a **mental condition** such as clinical depression impairing judgment can be determined not only by a psychologist or psychiatrist but **by a social worker, a psychiatric nurse practitioner, or a "mental health counselor" with no medical degree.** Sec. 1(5). (State law includes "mental health counseling" under "counseling," defined as the activity of *any* individual who counsels people for a fee – RCW 18.19.120 (6) and (7).)
- **The waiting period to give a patient time to reconsider is reduced from 15 days to 72 hours**; *it is eliminated altogether* if two medical providers (one of them a non-physician) say the patient may not survive longer than 72 hours. Sec. 11.
- **The lethal medication need not be provided in person** but can be sent by personal delivery, messenger service, U.S. mail, or parcel service, and signed for by any "authorized person" (a phrase left undefined). Sec. 6(3).

How these Expansions Allow for Deadly Harm:

HB 1141 weakens or eliminates what *supporters* of the "Death with Dignity Act" told voters in 2008 were essential "safeguards against abuse." **These safeguards have been ineffective, and the number of people given lethal prescriptions has grown dramatically (36 in 2009 to 340 in 2020 – DOH August 2021 Report), showing that "expansion" is unwarranted.** The state Department of Health reports that 299 patients received the lethal medication in 2019, and in ***over 40 cases it has no evidence that any of the "safeguards" were followed.*** This is a betrayal of patients and of the voters' trust.

This proposal arises not from evidence that Washington law is too restrictive, but from a *national* campaign to “expand” assisted suicide laws wherever they exist.

- Of the other nine jurisdictions (eight states and D.C.) with laws allowing physician-assisted suicide, none has enacted this many sweeping changes.
- No other state allows anyone other than licensed physicians to be the attending and consulting health care professionals.
- All jurisdictions except Oregon have a 15-20 day waiting period.

The death lobby group, Compassion & Choices, says these changes only bring Washington up to the standard in other states, but that is false.

Secs. 1(2) and Sec. 1(4): Weakening qualifications for diagnosing, prescribing, and signing death certificate

- **Expanding the law to allow those with lesser qualifications to diagnose and determine patient eligibility is against patients’ best interests.**
- Medicare clearly prohibits nurse practitioners and physician assistants from certifying the terminal prognosis of six months’ survival for hospice eligibility.
- Much less should the grave and irreversible responsibility of prescribing controlled substances for a lethal purpose be given to less qualified individuals.
- Current law allows a physician of any specialty to prescribe or provide lethal drugs. This expansion would allow those with less training in an unrelated specialty to do so.

Sec 1.5: Undermining the Mental Health Assessment

- **Already, very few Washington patients even receive a psychological assessment to test for impaired judgment and depression.** Yet the incidence of clinical depression is high in patients who ask to hasten death.
    - Depression is difficult to diagnose in the terminally ill and is underdiagnosed by non-psychiatric physicians. Assigning this task to those with lesser or no expertise in this area is a further disservice to patients, placing them at heightened risk of ending their lives prematurely.
    - Most patients diagnosed with terminal illness – or with a serious chronic illness or disability -- struggle at first with despair and hopelessness as they readjust to their condition and their need for more support. The high risk of a poor mental health assessment is compounded by efforts to shorten or eliminate the waiting period giving patients time to reconsider.

Sec. 11: Shortening or eliminating the waiting period leads to…

- **No time for mental health evaluation or treatment.**

    - HB 1141 allows no time for mental health evaluation or treatment. For example, anti-depressant medication takes at least two weeks to work, and full effectiveness can take longer.

- **No time to reconsider or consult with loved ones**
    - It gives patients no time to reconsider and change their minds, or to consult with loved ones.
- **Physicians are often wrong when predicting a patient's survival.**
    - Patients who qualified for the "Death with Dignity Act, based on a prediction of death in six months, have lived for *years* if they did not ingest the lethal medication. Now such predictions, however unreliable, would be used to justify a lethal overdose within three days or even the same day.
- **Puts a patient with a simple ER visit at risk for a lethal overdose instead.**
    - Every patient who comes to an emergency room at risk of imminent death is now given the highest priority for life-saving care. Now every such patient could be seen as a candidate for the lethal overdose instead.
- **Makes it easier for a greedy heir to urge a family member toward a quick death.** *(Hint, it already happens, but this would make it legal).*

Sec. 6.3: Drugs can be delivered by mail or messenger

- Every year, dozens of lethal overdoses prescribed under the current Act are not ingested by patients and no one knows their whereabouts. Allowing these drugs to be delivered by mail or messenger **makes it even more likely** that they will get into the wrong hands: They could be **given to the patient without proper consent**, **taken by another person**, **or diverted to the illegal drug traffic**, which has produced an epidemic of drug-induced suicides and overdoses the legislature is trying to prevent (see HB 1074 in the 2021 session). A signature upon receipt by an "authorized person" (left undefined by the bill) does not prevent this.

Credit given to Richard Doerflinger for original analysis and text.