

Euthanasia in the American Health Care System

CATCH THE B8

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What is Euthanasia?

- Similar to Physician Assisted Suicide (PAS)
- Euthanasia - Physician administers the lethal dose
- PAS - Patient administers the lethal dose
- Many forms:
 - Voluntary and involuntary passive euthanasia
 - When life saving medications are withdrawn
 - Voluntary and involuntary active euthanasia
 - When a lethal dose of medications is given

Science

- Medications used:

- Secobarbital- alleviates suffering

- Puts the patient to sleep
- Taken by mouth or injected

- Opioids

- Affects the nervous system

*Used less often because of unpredictability



Science

- Diseases most common in Euthanasia cases:
 - Cancer 79%
 - Respiratory Diseases 12%
 - Amyotrophic Lateral Sclerosis (ALS) 9%
- Dr. Kevorkian- Pathologist
 - Euthanasia enthusiast
 - Assisted 130 terminally ill patients end their suffering
 - Found guilty of 2nd degree murder
 - ☐ Sentenced to 10-25 years
 - ☐ Served 8 years for good behavior

Elected & Appointed Officials and Their Staff

- In 1906, the first bill to legalize euthanasia was drafted
- In 1976, living wills gave individuals the chance to make their own decisions about treatment they would receive in the event of dire medical condition
- Physician Assisted Suicide is currently legal in 5 states;
 - Washington
 - Oregon
 - Vermont
 - California
 - New Mexico
- Euthanasia is illegal in all 50 states

Elected & Appointed Officials and Their Staff

- If you are found guilty of euthanasia it is a second degree crime if suicide or suicide attempt results; fourth degree crime if no suicide or suicide attempt results.
- When an undesirable social condition occurs, the formation of a policy may be then put in place
- Examples
 - Cruzan
 - Glucksberg
 - Quinlan

Elected & Appointed Officials and Their Staff

- The California legislature passed a bill, signed by their governor
 - The law goes into effect on January 1, 2016
- Washington Death with Dignity Act (2008)
- Advance Directives Act (1999)
 - Texas hospitals & physician have the right to withdraw life support
- Maine rejected any decriminalization (2013)
- Montana (2013)
 - Patients have the right to self administer lethal doses

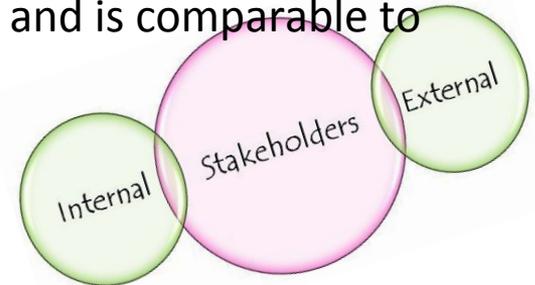
Elected & Appointed Officials and Their Staff

- Public policy needs a supportive basis of politicians and those that have authority in the field of the issue
- Politics have great influence on the way votes could sway
- Majority of one political party over the other could terminate policy before changes can be made
- Officials steer away from expressing their opinions for this is a controversial topic

Non-Elected Stakeholders

Business leaders, the media, non-profits, NGOs, special interest groups, and the public.

- One of the main groups of people who are involved with the euthanasia debate are physicians.
- Many arguments also hinge on religious beliefs. The Christian religion's belief that taking a life, for any reason, is interfering with God's plan and is comparable to murder. Thus, religious based opposition.



Non-Elected Stakeholders

- **Human Life International's** mission is to defend the God-given right to life and dignity of all human persons from conception until natural death.
 - They are pro-life, which means against euthanasia, abortion, etc.
- **The American Medical Association (AMA)** has long been known for its consistent pro-abortion stand. But, on the other hand euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Economics Regarding Euthanasia

- Next to pain and suffering, finances are the second most popular reason why people opt for Euthanasia
- Individuals do not want to be a burden to their families
- Many individuals do not have the means to pay for end of life care



Economics-Cost Containment

- Nurses, hospital beds, healthcare costs
- Increasing elderly population



Economics

- The cost of drugs for assisted suicide \$35.00-\$125
- The cost of proper health care \$35,000-40,000.

Morality

— — —

Pro-Euthanasia

- “Right to Die”
- “Death with Dignity”

Morality

Anti-euthanasia

- “Slippery Slope”
- Protect the disabled (children and adults)
- To protect the medical staff



Practicality

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- Completely controlled
- Inclusive
- Usually done as a peaceful solution to a serious issue
- May end financial burdens



Significant Factors

Morality and Non-Elected Stakeholders

- Since Euthanasia is still controversial among most states, the main issue lies within society and among the people partially due to religious beliefs.
- Morality
 - Plays a huge role in the world's opinion on the matter regarding religious, cultural, and societal beliefs.
- Non-elected stakeholders
 - These are all representative of large social groups whether religious, pro-life organizations, and the public influenced by the media.

Disparities- Age and Gender

- Majority of those who opted for Euthanasia were elders. About 78% of the patients were 55–84 years of age.
- Generational gaps between religious groups have an effect on the religious beliefs between different culture, ages, and genders
- Those of an older age are statistically of a greater chance to fall ill with a life threatening disease, due to exposure over time of harmful factors.

Disparities- Race and Class

- Trust is compromised due to differing treatment within the healthcare system

“African American in-patients disclosed a lack of confidence that their wishes would be respected by the healthcare system, preferring to rely instead on their families to honor and protect their wishes” (Wojtasiewicz).

“...despite pervasive racial gaps in healthcare resource use across disease conditions and lifespan, recent research suggests that such gaps are diminished in care near the end of life” (Wojtasiewicz).

Policy Impact & Potential Mediation

Impact on Society

- Potential threat for medical research
- Personal Autonomy
- Result of routine Practice

Mediations or Modifications

- The policies in place are the best solution



Legality in the United States

- 2008 AMA approved an ethical policy regarding the practice of Physician-Assisted Suicide
 - Oregon
 - New Mexico
 - Washington
 - Vermont
 - California
- Oregon Death with Dignity Act, 1994
- Status is disputed in Montana
- What steps should be taken?

Price conversions:

*\$4.52-6,029 a week

*\$7.54 for medication

QUESTIONS?

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