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Physicians' education on end-of-life measure begins

Groups will look to Oregon cases

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The morning after state voters convincingly passed a measure to allow terminally ill patients to request a lethal prescription from their physicians, the phones rang at the Washington State Medical Association.

Two doctors asked Wednesday if they had to comply if their patients sought help to end their lives after Initiative 1000 takes effect July 1.

"There's no requirement if physicians aren't comfortable with honoring their patients' wishes," association spokeswoman Jennifer Hanscom said.

The task of learning how to implement I-1000 in Washington is under way, with information given to doctors and training scheduled for hospice workers on an issue called "aid in dying" by supporters and "physician-assisted suicide" by detractors.

"We've been opposed and are still opposed," Hanscom said. "But we'll work with our organization to make sure patients know that it will be the law. We're not going to be barriers to that."

Though the measure passed, attracting more than 1 million votes and winning by about 17 percent, the commitment to provide quality end-of-life care has not changed, said Anne Koepsell, executive director of the Washington State Hospice and Palliative Care Organization.

"What's shifted is, now there's a legal option" to patients seeking to quicken death, Koepsell said.

To prepare hospice workers in Washington, her organization has planned workshops in March and will seek guidance from Oregon, the only state where terminally ill patients given six months or less to live can legally obtain and self-administer a lethal prescription from their doctors.

I-1000 replicates Oregon's Death With Dignity Act, which took effect in 1998 and has facilitated 341 deaths, or about 34 a year, in its first decade.

The crucial first step for Washington's hospices is to craft guidelines on "how to handle a patient who comes to them and says, 'You know, I'm really worried about how I'm going to die and I'm considering using (the new law),' " said Deborah Jacques, executive director and chief executive officer of the Oregon Hospice Association. "Hospices need to be very clear about what to do when that conversation happens."

In Oregon, some hospice workers laud their law while others don't want to be involved at all -- and are replaced by a willing colleague -- when a patient seeks to end his life, Jacques said.

Putting the Washington law into practice should not be difficult, said Eli Stutsman, a Portland attorney who drafted both the Oregon and Washington laws and serves on the board of the Death With Dignity National Center in Portland.

"It's not as if we're on a brand-new ground and don't know what to do," he said. "The new practice will be accommodated slowly. We know it's a law that's rarely and cautiously used."

Former Washington Gov. Booth Gardner called his strong support of I-1000 "my final campaign" because of the limitations of his Parkinson's disease, but said the win would be "a catalyst for similar actions in other states across our country."

Stutsman's board will convene this month and in December to discuss which states to target next.

Changing public policy is a delicate act, he said, "especially where law, medicine and religion intersect. We're dealing with all three of those ancient professions. You have to balance the competing interests."