

Brittany Maynard Could Revive the Stalled ‘Death With Dignity’ Movement

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"In a way, the Death with Dignity movement has been waiting years for someone like Brittany Maynard"

Long before the world knew of [Brittany Maynard's wrenching decision to end her own life Saturday at 29](#) rather than continue treatment for terminal brain cancer, Eli Stutsman, an Oregon lawyer, began meeting with a group of physicians and businesspeople in Portland who shared his belief that the terminally ill should be able to decide how and when to die. The group started small, meeting first in public libraries, then graduating to a church and eventually a small office space. By 1993, they hammered out what would become the state's Death With Dignity law, the first in the United States to give people with months to live the right to access lethal medication.

Then, as now, it was a polarizing idea. Earlier efforts to pass similar measures had failed in California and Washington.

"We were being hit with these overheated arguments, mostly from the Catholic Church," Stutsman says when his group first went public with their proposed legislation. "It felt like we had made a horrible career mistake."

But a grassroots campaign and lobbying effort built enough support, and in 1994 the bill Stutsman co-wrote passed the Oregon legislature. It took effect three years later, after an appeals court lifted a federal injunction prompted by legal challenges that the law violated the Constitution's First and Fourteenth Amendments. For the next decade, where a candidate stood on the Death with Dignity law became a crucial litmus test in Oregon politics.

The culture wars have since moved on. "Those days are long gone," Stutsman says. "It's not an issue in campaigns. There was a time when it was a big issue, but all of that has settled down."

As the controversy faded, so did momentum for similar laws around the country. Oregon is one of only three states that allow aid in dying, which generally lets doctors prescribe drugs to terminally ill patients who are deemed mentally competent. In the 17 years since the law took effect, almost 1,200 people have used it to obtain medication to end their own life, according to the [Oregon Public Health Division](#). About 750 have actually taken the medication.

Washington passed an end-of-life law in 2008 modeled after Oregon's legislation, and Vermont did the same in 2013. The matter is fuzzier in two other states. Montana's Supreme Court ruled in 2009 that state law does not prohibit end-of-life care, while a district court judge in New Mexico ruled earlier this year that terminally ill residents who are mentally competent have a constitutional right to prescribed end-of-life drugs. That decision is under appeal.

But the debate was revived by [Maynard](#), a 29-year-old newlywed who was diagnosed

with terminal brain cancer in April and decided to move from California to Oregon to take advantage of the state's Death With Dignity law. [She went through with it Saturday](#), and news broke Sunday after publication of this article.

"Goodbye to all my dear friends and family that I love," she wrote on Facebook before dying. "Today is the day I have chosen to pass away with dignity in the face of my terminal illness, this terrible brain cancer that has taken so much from me ... but would have taken so much more. The world is a beautiful place, travel has been my greatest teacher, my close friends and folks are the greatest givers. I even have a ring of support around my bed as I type. ... Goodbye world. Spread good energy. Pay it forward!"

In a way, the Death with Dignity movement has been waiting years for someone like Maynard. In the public imagination, the person most often associated with aid-in-dying is Jack Kevorkian, the late Michigan physician who was known as Dr. Death. Kevorkian claimed to have helped more than 100 people end their own lives through "physician-assisted suicide" (a term disliked by the death with dignity supporters), and he was eventually convicted of second-degree murder of one of his patients. Kevorkian raised Americans' awareness of the issue, but not in the way many of its supporters had hoped.

Maynard may have been Kevorkian's polar opposite: a young, sunny schoolteacher who should have had far more of life ahead than behind. Her story has resonated much more than those of most patients who utilize aid-in-dying laws, who tend to be in their 70s. More than nine million people have viewed a video of her describing her illness and talking about her recent wedding, how much she will miss her beloved dogs, and all of the things she wanted to do before she dies.

"Brittany Maynard is transformative for our movement," says Barbara Coombs Lee, president of Compassion & Choices, a nonprofit organization that supports aid in dying. "I've never felt this energy or seen this level of engagement in any of our campaigns."

Surveys show that Americans support having choice at the end of their life if they're suffering from an incurable disease. Gallup polls have consistently found that about 7 in 10 Americans support doctors who help bring about "some painless means if the patient and his or her family request it." Support may be waning, though it remains high. In a November 2013 Pew survey, 66% of respondents said that there are circumstances in which a patient should sometimes be allowed die, down from 73% in 1990. Meanwhile, 31% said medical staff should always do everything possible to save a patient, up from 15% in 1990.

Despite popular support, aid-in-dying has stalled in statehouses and on ballots around the country. It's not exactly a galvanizing political issue, and the Catholic Church has staunchly opposed the measures that do find their way to a vote.

"Our opponent is well-organized and well-funded," Stutsman says. "You could put this issue on the ballot anywhere in the country, and if there were no political campaigns organized around the issue, it would pass in every state. But if you look at where the money comes from and the political expertise and organization, it's always the Catholic Church."

The most recent battleground was Massachusetts. In 2012, the state included a Death With Dignity law on the ballot, and several polls showed what most national numbers indicate: about 60% of people in Massachusetts supported it, and many political observers predicted that the heavily Catholic state would actually vote it into law. But the measure failed, 51% to 49%. Of the \$5 million spent to defeat it, about \$4 million came from the Catholic Church or individuals with ties to the church.

"We think fundamentally that these laws institutionalize an injustice in which society decides some people's lives are not worth protecting as others," says Richard Doerflinger, associate director of pro-life activities at the U.S. Conference of Catholic Bishops.

The Church sees the issue of a piece with suicide and abortion, all of which it opposes out of adherence to the commandment Thou Shalt Not Kill. Doerflinger says that even though surveys often show a majority of Americans and even Catholics say they favor of end-of-life legislation, many can't bring themselves to vote for legalizing the practice.

It's too soon to know the effect of Maynard's heartrending story. Death with Dignity legislation is pending in Connecticut, Hawaii, Kansas, Massachusetts, New Hampshire, New Jersey and Pennsylvania, and a measure may be introduced in Colorado in January. Supporters are optimistic that the young teacher's ordeal may be enough to tip the balance their way.

"She brings it home to people in a way that hasn't been brought home to them," says Lee of Compassion & Choices. "So far, because it hasn't been front and center and people have not had the awareness and the motivation to become activist about it, politicians have been able to ignore it. But I think they won't be able to ignore it anymore."

By The Numbers: DEATH WITH DIGNITY LAWS IN AMERICA

DEATH WITH DIGNITY STATES

Aid-in-dying practices are protected in five states, either by voted legislation or case ruling.



Oregon (1997), **Washington** (2009), and **Vermont** (2013) have laws that allow terminally ill adults to acquire prescriptions for lethal doses of medications from their physicians. The law sets a protocol for the practice.

New Mexico (2014) residents who are terminally ill have a constitutional right to obtain aid in dying, following a judge's recent decision. New Mexico's attorney general is appealing the ruling.

Montana (2009) does not have a law that sets a protocol for aid-in-dying. A court case established that doctors are protected if they write a lethal-medication prescription per a terminally ill patient's request.

Advocates say:

THE LEGISLATIVE DEBATE

Opponents say:

- Death-with-dignity laws allow terminal patients to die on their own terms. The laws give patients the choice to use aid in dying if their suffering becomes unbearable.
- States that don't authorize aid in dying have unclear and unenforceable laws. An underground practice has no safeguards. An authorized practice facilitates transparency and provides safeguards, such as mandatory reporting and state oversight.
- The practice of aid in dying does not replace end-of-life care. Patients still have the choice of dying in their own homes, and receiving hospice and palliative care as an alternative to acute hospital care.
- Ending the dying process by withdrawing life support for terminally ill patients is a routine practice in which patients may not be consulted if they are unconscious. Aid in dying provides patients with autonomy and allows them to avoid life support that would extend

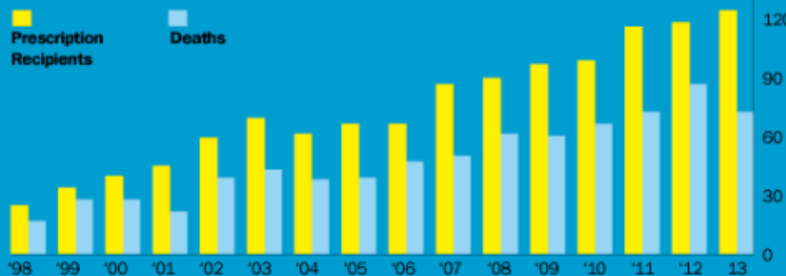
- Patients might be pressured to take their own lives by family members and others who wish to save money or end the burden of caring for someone with a debilitating illness.
- Once the pills are available, anyone can administer them – particularly if that patient has lost mental and physical faculties – even if that patient has decided against taking the pills. More than half of Oregon deaths do not have a health-care provider present at the time the drugs are administered.
- Because aid-in-dying is less expensive than end-of-life care, its availability could affect decision-making at the insurance, doctor and patient levels.
- It's often difficult to predict which sick patient is going to die imminently, as opposed to getting better with intensive care. The longest a person lived in Oregon after getting the prescription was 1009 days, or more than 2.5 years.

OREGON'S REQUIREMENTS TO GET END OF LIFE MEDICATION

- Residents must be age 18 or older
- The patient must be capable of making and communicating health-care decisions
- Patients must be suffering from a terminal disease that will lead to death within six months
- The request must be signed by at least two witnesses, one of whom cannot be a relative, the patient's doctor nor a person entitled to any portion of the patient's estate.
- The patient must wait 15 days before getting the prescription.
- A patient can rescind a request at any time.



IN OREGON, THE PARTICIPATION RATE HAS INCREASED*:



THE DRUGS

The prescription is usually for a lethal dose of barbiturates, which slows the activity of the brain and nervous system.

Pentobarbital was historically most common but U.S. pharmaceutical companies stopped producing it because prison officials used it in executions.

Secobarbital, which often comes in red capsules, is commonly used, instead.

47 Median days between the first request for a prescription and death



5 Median number of minutes between ingesting and unconsciousness

25 Median number of minutes between ingesting and death

WHO GETS IT

Since 1998, **1,173** people have had Death with Dignity prescriptions written. Nearly two thirds of patients (**752** people) have died from taking those prescriptions.

In 2013, **62** doctors wrote the **122** prescriptions, ranging from 1-10 prescriptions per physician.

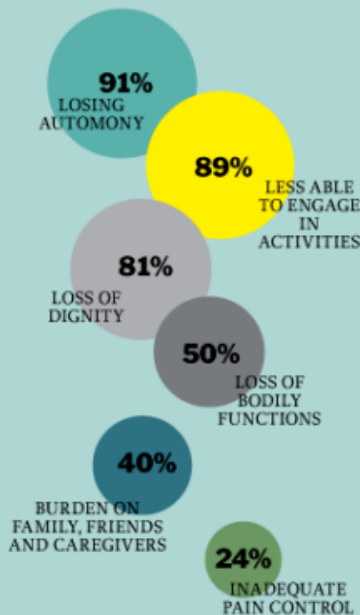
Age of those who died:

71 Median Age

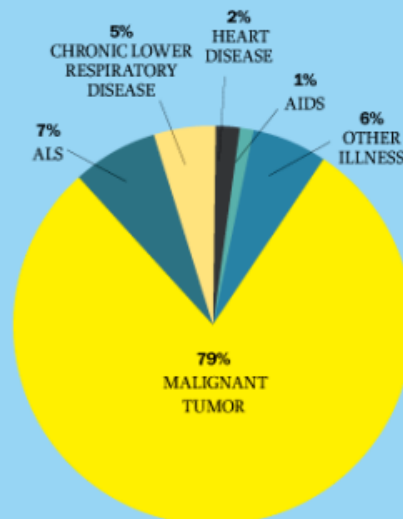
Under 44: **3%**
44-54: **8%**
55-64: **21%**
65-74: **29%**
75-84: **27%**
Older than 85: **12%**

WHY PATIENTS SEEK LETHAL MEDICATION

Most people seek a lethal prescription because they worry about becoming a burden or losing autonomy – not because they are experiencing pain from illness or because they can't afford treatment.

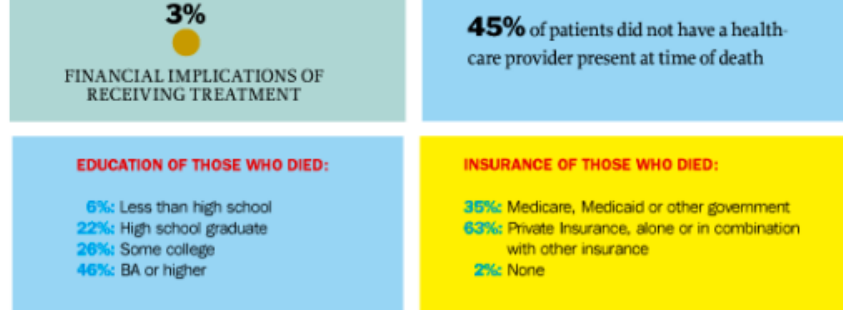


CIRCUMSTANCES OF THOSE WHO DIED FROM TAKING THE LETHAL DOSE:



95% of patients died at their own home or a home of a family member or friend

4% died in a long term care facility



TIME

*As of paperwork and death certificates received by January 22, 2014

Read next: [Terminally Ill Woman Who Planned Assisted Suicide Dies](#)

