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Death with Dignity and Palliative Care

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*By Melissa Barber*

Forbes contributor Dr. Peter Ubel recently put forth an op-ed titled “[Death with Dignity Should Not Be Equated With Physician Assisted Suicide](#),” in which he admirably gives readers more information about the Washington Death with Dignity Act, the soundness of the law as a public policy, and how well it’s worked in practice. He raises the excellent point that people shouldn’t think of dying with dignity as only physician-assisted death.

All of us here at the Death with Dignity National Center completely agree. To us, Death with Dignity means living, and dying, according to one’s own desires and beliefs. From advance directives to physician-assisted dying, Death with Dignity is a movement to provide options for the dying to control their own end-of-life care.

When Palliative Care Isn't Enough

Many people throughout the US—including those in states with Death with Dignity laws—die with dignity and comfort with the assistance of excellent palliative care. Hospice and palliative care have made great strides in recent years, and through my work at the Death with Dignity National Center, I'm personally committed to helping increase awareness about these end-of-life options. There are circumstances, however, when a dying patient's pain and suffering can't be relieved by palliative care in a manner which is acceptable to the patient, and this is why I also strongly believe all states must have safeguarded laws to allow for physician-assisted death.

Where I feel Dr. Ubel's article came up short is when he argued the title of these laws suggest the only way to die peacefully is by requesting medication to hasten death. And he furthers his argument asking if there were "patients who unnecessarily suffered at the end of life because the death with dignity law misdirected their attention from palliative care."

By inventing the dichotomy of either people request assistance in dying or they pursue aggressive palliative care for his argument's sake, he implies different end-of-life options can't and don't work together. Looking at knowledge, usage, and ratings of hospice and palliative care in states with Death with Dignity laws, it appears this simply hasn't been the case.

Benefits of Death with Dignity Laws

First, let's take a look at the laws themselves and the people who request the medication. The Oregon, Washington, and Vermont Death with Dignity laws *require* doctors to tell patients about all feasible end-of-life care options including hospice and palliative care when doctors are asked for the life-ending medication by their patients. In practice, the results have been incredibly encouraging. The [National Hospice and Palliative Care Organization estimates 45% of deaths](#) in the US are under the care of hospice. In comparison, last year in Oregon, 97% of people who exercised their rights under the Death with Dignity Act were also enrolled in hospice and received palliative care.

Not only were people who requested the medication in Oregon and Washington better informed about hospice and palliative care, a [poll by National Journal and The Regence Foundation](#) found, Oregonians and Washingtonians were more knowledgeable about end-

of-life care terminology than the American population in general. In Oregon, the state which has had the Death with Dignity Act the longest, 32% were familiar with palliative care and 94% knew about hospice care. National knowledge of these terms were 24% and 86% respectively.

In addition, access to palliative care is higher in states with Death with Dignity laws. The [Center to Advance Palliative Care's](#) national rankings of the availability of palliative care demonstrates this fact. Only seven states in the nation can boast an "A" rating in their assessment. Among those seven are the three states with Death with Dignity laws.

End-of-life care decisions are complex and should reflect the personal preferences of each terminally ill individual. Contrary to Dr. Ubel's assertions, the existence of a Death with Dignity law doesn't present an "either-or" situation with palliative care. The two are valid options which can and do work alongside each other or independently to help terminally ill people die the way they want.

Featured image by [Kevin Morris](#).

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Learning about California's New End of Life Option Law

California's aid in dying law took effect in June 2016, creating a full range of **end-of-life options** to almost 40 million Californians. Unfortunately, there is no funded mechanism for Californians to learn more about their rights and responsibilities in using the law. As well, participation by physicians is voluntary, meaning doctors do not have to volunteer

information or even answer questions about the options. To address this issue, we have launched CaliforniaDeathwithDignity.org, a website where Californians can learn about the End of Life Option Act.

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