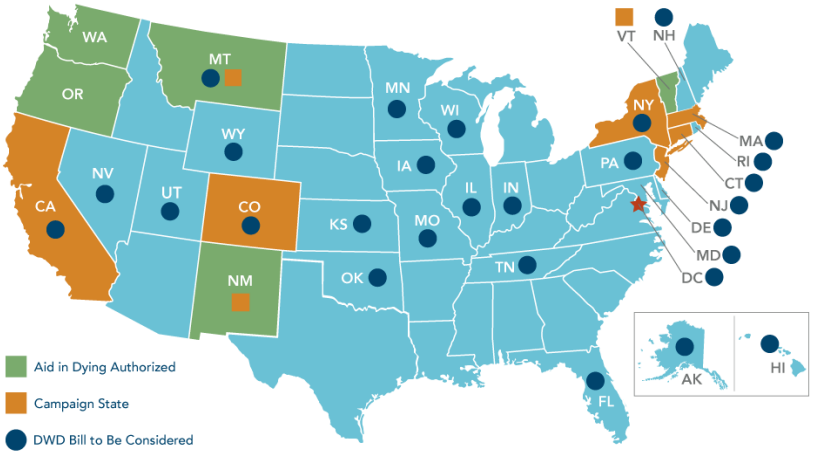
Please support H.B. 391. This bill creates the Utah Death with Dignity Act.

What is the Utah Death with Dignity Act?

The proposed bill, Utah Death with Dignity Act, would affirm the right of a qualified, terminally ill adult to obtain a prescription from their physician for medication that they may choose to self-administer for a humane and dignified death. This medical practice, called physician aid in dying, is currently authorized in five states: Oregon, Washington, Vermont, Montana, and New Mexico. Similar legislation is being considered in several other states in 2015, as shown in the map below.



The proposed Utah legislation contains the same provisions that have worked successfully for nearly two decades. Key provisions are as follows:

- The patient must be a **mentally competent adult** who is a legal resident of Utah and is diagnosed with an **irreversible and incurable illness** that will result in the patient's death in six months or less.
- The process includes two separate requests for medication separated by a minimum waiting period of fifteen days, with a second physician confirming that the patient will likely die in six months or less.
- *If either physician suspects the patient may be acting out of duress, is under coercion, may be suffering from depression, or may lack the ability to fully appreciate the nature of the request, then the patient must be referred for a psychological evaluation.*
- The patient must be counseled on all feasible alternative treatment options, including hospice, pain management and palliative care.
- The patient must be able to self-administer the medication; no one else can assist.
- The proposed law does not permit euthanasia, mercy killing or assisting a suicide, all of which remain felonies under Utah law.
- A death under the law will not invalidate a life insurance policy or annuity.
- Provided all of the procedures have been followed and documented, no doctor, pharmacist or healthcare provider can be held civilly or criminally liable.
- Health care providers opposed to death with dignity are not required to participate.

The Record on Death with Dignity Laws in Oregon and Washington
The Oregon Death with Dignity Act (DWDA) has been in effect for 17 years and the Washington Death with Dignity act has been in effect for six years. The experience in these states has demonstrated that any objections or legitimate concerns that were initially raised have been absolutely and categorically shown to be unfounded. Contrary to what many expected, the law is sparingly used: less than 1 in 500 deaths (60 or 70 a year out of a total of over 30,000 deaths) in Oregon, with comparable numbers in Washington. The Oregon Public Health Division is required by the DWDA to collect compliance information and to issue an annual report; the 2014 report showed that since the law was passed 17 years ago, a total of 1,327 people have had DWDA prescriptions written and of those, 859 patients have died from ingesting medications prescribed under the DWDA.

Patients Want this Option with Their Physicians' Support
This private, personal decision belongs to all Americans – free from government interference. Every mentally competent, terminally ill adult deserves this medical option. It is an entirely patient-directed practice, and its mere availability demonstrably provides a tremendous peace of mind and improves the quality of life at the end of life – whether or not the patient chooses to ingest the prescription.

Improvements in End-Of-Life Care
Studies have shown that following enactment of similar laws, overall end of life care improved. Physicians reported making 30% more hospice referrals, increasing their knowledge of diagnosing mental health conditions, and felt they were better prepared to treat pain in dying patients. On average, 93% of patients using the law were enrolled in hospice. Additional studies have shown that because patients and physicians were able to openly talk about end of life concerns, most terminally ill patients went on to explore other treatment alternatives, including hospice, pain management and palliative care. Significantly, Oregon also has the highest number of at-home deaths of any state; dying at home is a wish Americans consistently express.

This bill would allow Utahns to make end-of-life decisions on their time and on their terms.

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Oregon's Death with Dignity Act (DWDA), enacted in late 1997, allows terminally-ill adult Oregonians to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications. The Oregon Public Health Division is required by the DWDA to collect compliance information and to issue an annual report. Additional statistics and tables can be found at: http://www.healthoregon.org/dwd.

Facts vs. Myths

Myth: Someone will be coerced into taking the medication.
Fact: Under existing laws, two physicians have to certify that the patient's request is a willing and informed one, and two witnesses who personally know the patient have to attest that in their opinion no coercion is involved. In addition, since only the patient can self-administer the medication, it is extremely unlikely coercion could take place. **To date there has been no single documented case of coercion taking place.**

Myth: Someone other than the patient might take the medication by accident.
Fact: Of the most commonly used medicines, one requires 100 capsules so it would be hard to swallow all 100 by accident. The other medication is in liquid form and the entire bottle needs to be ingested. Given these medications are extremely bitter and are normally mixed with something else to mask the taste, it is unlikely an accidental ingestion would take place. **To date there are no known cases of this having occurred.**

Myth: Someone with a mental illness might obtain the medication.
Fact: **If either prescribing physician suspects the patient is incapable of understanding the nature of the request, then the patient has to submit to a psychological or psychiatric evaluation.** In addition, the patient's medical records are examined to see if there is a history of clinical depression or previous attempts at suicide.

Myth: People will flock to Utah to use the Death with Dignity Law.
Fact: **The law requires that legal residency be furnished to the physician** as evidence by such proof as a valid driver's license, state issued ID, proof of filing an income tax return for the most recent year, or proof of owning or leasing property in the state.

Myth: The marginalized populations will be targeted.
Fact: **Studies show that this has not happened in Oregon.** Only the patient him or herself can request the medication and only the patient can self-administer it. Of all the deaths under the Oregon DWDA, cancer was most often the underlying illness (79%). Most people (68.7%) were aged 65 years or older, and the median age at death was 71-years. Decedents are commonly white (97.1%) and well-educated (45.9% had a least a baccalaureate degree).

Myth: Life insurance companies will not pay a death benefit.
Fact: **The issuer of a life insurance or annuity policy cannot deny payment because a policyholder used the law**. Most insurance policies have a two year incontestability clause, meaning that the company has a two year due diligence period in which it can invalidate the policy. After two years the benefits must be paid unless there is fraud or failure to pay the premium. In addition, the death certificate indicates the cause of death as the underlying illness.

Myth: Poisoning is painful. The patient will experience a painful death.
Fact: **The drugs used cause rapid unconsciousness**. Very few complications have been reported (less than 3%), but the patients did not regain consciousness nor did family members report the patient appeared to be in pain. In the one case where someone ingested the medication but did not die immediately, the patient never mentioned any pain or discomfort from the medication.

Tables

RIGHT TO END YOUR OWN LIFE

"How much do you agree with the following statement? Individuals who are terminally ill, in great pain and who have no chance for recovery, have the right to choose to end their own life."

Base: All Adults

	Total 2011	**Total 2014**	**Generation**				**Education**				**Political Party**		
			Millennials (18-37)	**Gen X (38-49)**	**Baby Boomers (50-68)**	**Matures (69+)**	**High School**	**Some College**	**College Grad**	**Post Grad**	**Rep.**	**Dem.**	**Ind.**
	%	**%**	%	%	%	%	%	%	%	%	%	%	%
Agree (NET)	**70**	**74**	**75**	**76**	**74**	**68**	**75**	**74**	**72**	**76**	**64**	**78**	**78**
Very much agree	49	**54**	52	58	56	48	55	55	52	53	42	60	57
Somewhat agree	21	**20**	23	18	18	20	20	19	20	23	22	18	21
Disagree (NET)	**17**	**14**	**12**	**14**	**15**	**20**	**13**	**15**	**15**	**16**	**23**	**11**	**13**
Somewhat disagree	4	**4**	4	4	3	4	3	4	6	4	5	3	4
Very much disagree	13	**10**	8	10	11	16	10	11	10	12	18	8	8
Not at all sure	8	**8**	7	7	8	11	9	7	10	6	9	8	6

Note: Percentages may not add up exactly to 100% due to rounding.

DOCTORS' ROLE WITH TERMINALLY ILL PATIENTS

"Do you think doctors should be allowed to advise terminally ill patients who request the information on alternatives to medical treatment, and/or ways to end their own lives?"

Base: All Adults

	Total 2011	Total 2014	Gender		Party Identification		
			Male	Female	Rep.	Dem.	Ind.
	%	%	%	%	%	%	%
Yes (NET)	**67**	**72**	**74**	**71**	**63**	**76**	**76**
Yes, in all cases	27	**32**	36	28	25	37	31
Yes, in certain cases	40	**40**	38	43	38	39	46
No, never	**19**	**15**	**15**	**15**	**25**	**12**	**11**
Not at all sure	15	**13**	12	14	12	12	13

Note: Percentages may not add up exactly to 100% due to rounding.

Annual reports on 17 years of the DWDA in Oregon can be found at:
https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx
Polls can be found at:
http://www.harrisinteractive.com/NewsRoom/HarrisPolls/tabid/447/ctl/ReadCustom%20Default/mid/1508/ArticleId/1531/Default.aspx