

ABN Webinar October 17, 2013
How to Die in Arizona, Jason Robert, PhD

Mary Drago:Please use this chat area to ask your questions or make a comment

Aaron Klassen:You alluded to pharmacists conscientiously objecting to dispensing the lethal medications under the DWDA. How does the DWDA account for these concerns and how have they borne out? How do you envision this issue affecting Arizona's view of a DWDA?

Jack Gilbert:Is there any public demand evident in Arizona for something like the Oregon legislation?

Greg Loeben:What do you think public perceptions are generally about how much control they have in these situations? Does it match reality?

Greg Loeben:Both means and the extent to which they can say stop, withdraw, give me something, etc...

Greg Loeben:What comments do you have about the slippery slope of creating the widespread need for a conversation about death as an option in the dr/pat relationship?

Kathleen O'Connor:Do the states that have legislated assisted death have legislation legalizing medical marijuana and/or The Morning After Pill? Or Medicaid paid abortions?

Aaron Klassen:It strikes me that my medical education might not fully prepare me to discuss physician-assisted death with my patients. In addition to training healthcare providers, what else is lacking in Arizona that would need to be implemented in order to allow such a program to occur here?

Mary Drago:I had a dear friend in OR who chose to die under the DWDA act. Her motivation was the loss of her ability to enjoy life. OR has a wonderful companion system set up-I believe it is called "Compassionate Friends" or something like that, where volunteers come in, mix up the medicine, help call the coroner, etc.

Tara Radke:I think it would also be interesting to do a retrospective study/survey of the physicians who did participate in PAD in those states to see if they still believe, after the fact, that they made the best, most ethical decisions as a medical provider. I also think it depends on the specialty the provider works in. Working with ID providers in an HIV clinic, I know that they wish that they perhaps had the option of assisting their patients with PAD in their final months, but still, I have to wonder how they would feel if they actually had the legal choice to do this.

Quihong Li:There are more and more physicians are being trained as palliative care specialist and they are doing consults in hospitals, which it did not happen before.

Tara Radke:(commentary) I, too, had a dear friend choose this method of dying with dignity back in 2000. I was present at this death (he was living with HIV/AIDS) and I have to say that it was the most incredibly powerful and dignified moment for his family and closest friends who were able to be there with him in his final days...

Jill Logan 2:PBS-Frontline recently aired a program called The Suicide Plan that suggests an underground activity where people are ending their lives with the assistance of groups such as the Hemlock Society.

Kathleen O'Connor:I was relieved that the Oregon survey demonstrated that less than 3% of the patients wished assistance with death were doing so due to pain. Perhaps attention to death by skilled professionals makes all the difference.