

U.S.

'Aid in Dying' Movement Takes Hold in Some States

By ERIK ECKHOLM FEB. 7, 2014

DENVER — Helping the terminally ill end their lives, condemned for decades as immoral, is gaining traction. Banned everywhere but Oregon until 2008, it is now legal in five states. Its advocates, who have learned to shun the term “assisted suicide,” believe that as baby boomers watch frail parents suffer, support for what they call the “aid in dying” movement will grow further.

In January, a district court in New Mexico authorized doctors to provide lethal prescriptions and declared a constitutional right for “a competent, terminally ill patient to choose aid in dying.” Last May, the Vermont Legislature passed a law permitting it, joining Montana, Oregon and Washington. This spring, advocates are strongly promoting “death with dignity” bills in Connecticut and other states.

Public support for assisted dying has grown in the past half-century but depends in part on terminology. In a Gallup Poll conducted in May, for example, 70 percent of respondents agreed that when patients and their families wanted it, doctors should be allowed to “end the patient’s life by some painless means.” In 1948, that share was 37 percent, and it rose steadily for four decades but has remained roughly stable since the mid-1990s.

Yet in the same 2013 poll, only 51 percent supported allowing doctors to help a dying patient “commit suicide.”

About 3,000 patients a year, from every state, contact the advocacy group Compassion & Choices for advice on legal ways to reduce end-of-life suffering and perhaps hasten their deaths.

Giving a fading patient the opportunity for a peaceful and dignified death is not suicide, the group says, which it defines as an act by people with severe depression or other mental problems.

But overt assistance to bring on death, by whatever name, remains illegal in most of the country. And so for Robert Mitton of Denver, 58 and with a failing heart, the news from New Mexico last month was bittersweet.

"I am facing my imminent death," he said, asking why people in Montana and New Mexico "are able to die with dignity and I am not."

"This should be a basic human right."

Husky and garrulous, with a graying ponytail, Mr. Mitton does not look like a dying man. But his doctors say that he must undergo extensive open-heart surgery in the coming months or face a nearly certain and painful end.

A previous operation to replace his aortic valve was so brutal, he says, that now, with his prior implant failing, he will not endure the surgery again. He wants a doctor's help to end his life before he becomes too helpless to act.

Mr. Mitton's frustrated quest draws attention to the limited choices facing patients in the large majority of states that bar the practice.

Opponents say that actively ending a life, no matter how frail a person is, is a moral violation and that patients might be pushed to die early for the convenience of others.

"The church teaches that life is sacred from conception through to natural death," Archbishop Michael J. Sheehan of Santa Fe, N.M., told legislators at a recent breakfast as he criticized the court decision there.

"This assisted-suicide thing concerns me," Archbishop Sheehan added, according to *The New Mexican*. "I foresee dangerous consequences."

Mr. Mitton's predicament illustrates a seldom-discussed side of the debate: the anguish experienced, and the sometimes desperate measures taken, by some patients in states where doctors who knowingly prescribe lethal drugs, or relatives who help a patient obtain them, can be subject to felony charges of "assisted suicide."

Oregon's Death With Dignity Act, which took effect in 1997, authorized prescriptions for lethal doses when two doctors agree that a patient will die within six months and is freely choosing this path.

More than a decade passed before another state followed suit. In 2008, voters in Washington approved a similar law. In 2012, after a political battle, voters in Massachusetts narrowly defeated such a measure. But last May, the Vermont Legislature approved one.

In response to lawsuits, state courts in Montana in 2009 and now New Mexico have said that aid in dying is legal, distinguishing it from the crime of assisted suicide.

By law and medical standards, only genuine residents who have relationships with local doctors can qualify for the prescriptions in any of these states, so patients like Mr. Mitton cannot move in at the last minute.

There is a quiet, constant demand all over the country for a right to die on one's own terms, said Barbara Coombs Lee, president of Compassion & Choices, and that demand is likely to grow, she said, as the baby boomers age.

Her group counsels people who call for advice, Ms. Lee said, describing options but not encouraging them to end their lives or providing direct help.

Callers who seem to be mentally disturbed and suicidal, she said, are referred to a suicide hotline. If they are facing imminent suffering and death and seek some control, the group urges them first to arrange for palliative or hospice care as they consider their next steps.

"People should get the best care, but also have a choice to accelerate the time of death if the very best care cannot make their remaining days acceptable," she said.

One method for some is to simply halt vital treatments, such as dialysis or insulin. Another is to turn off a pacemaker or, like Mr. Mitton, refuse an unwanted new treatment. An increasingly popular choice, she said — "for patients who are truly, emotionally and spiritually ready to die" — is to stop eating and drinking.

Others try to accumulate medications that would bring a peaceful death.

But it makes a tremendous difference, Ms. Lee said, to live where the law permits assisted dying. Too often people seek alternatives in shame and secrecy, sometimes making frantic international trips for lethal drugs or using more violent means to kill themselves.

Research in Oregon indicates that for many patients, just knowing the option is there has proved a great comfort, she noted. Of the 122 patients who obtained lethal drugs in 2013, only 71 used them, the rest dying naturally with the pills in a drawer.

Mr. Mitton is an unusual case because, unlike the more typical candidates with advanced cancer or A.L.S., he is refusing a potentially lifesaving procedure that would be covered by public insurance. He suffered heart damage from

rheumatic fever in his teens. In 1999, in an open-heart operation followed by an unusually rough recovery, doctors replaced his failing aortic valve with one made of bovine tissue.

A decade and a half later, the replacement valve is deteriorating fast, and his heart is ever less efficient at pumping blood. Once a self-described “crazy hot-dog skier” and a devotee since childhood of Florida Gators football, he is growing weaker and feeling more pain.

His doctors at the Denver Health Medical Center say he will probably die within six months.

“They said that the only way to take care of this is to rip me open again, and that’s not what I’m going to do,” he said in the apartment he shares here with his cat.

If a less daunting treatment were available, he might try it, Mr. Mitton said. But he was told he does not qualify for newer, less invasive surgical methods. As his ability to work fades, he is also desperately worried about money and says he would choose to die rather than enter a shelter or even a hospice.

His younger sister in North Carolina, Holly Mitton-Cowan, said by telephone, “I’m trying not to cry, but I respect his decision.”

Mr. Mitton is exploring the international underground market for pentobarbital, a drug used in executions and animal euthanasia. In the past, patients have obtained it by mail order or in person in Latin America or China. But the drug has become scarce, and governments have cracked down on illicit trade.

If he can get some liquid pentobarbital, Mr. Mitton said, when the time is right he will sit in his easy chair and mix it into a salty dog — a vodka, grapefruit juice and salt cocktail that was his first drink as a teenager.

If not, he said, he may resort to what some call a “chemical suicide,” mixing household chemicals to produce a deadly cloud of hydrogen sulfide gas and leaving behind a toxic mess. He is also pondering a heroin overdose.

Whatever the means, he said, “I think it’s best if I’m by myself. That way, nobody could get into trouble.”

Correction: February 12, 2014

An article on Saturday about easing a terminal patient’s path to death misidentified the court in New Mexico that authorized doctors to provide lethal

prescriptions for terminally ill patients. It was a district court, not the state's Supreme Court.

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