

Q9 Please provide any other thoughts on this issue in the comment box.

Answered: 59 Skipped: 82

| # | RESPONSES | DATE |
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| 1 | We are Physicians and took an oath to do no harm. Assisted suicide is a slippery slope and we are not ready for it. Immunity from legal repercussions and other details must be carefully thought out before we would consider embarking on this course, some segments of our society may be ready but not all for this issue. The representative is putting us at odds with our mission, something I am concerned about. Another example of legislation dictating the practice of medicine. | 4/19/2018 3:04 PM |
| 2 | Thank you for opportunity to provide a voice opposing this legislation | 4/19/2018 1:48 PM |
| 3 | n/a | 4/18/2018 5:20 PM |
| 4 | Are palliative outpatient services available for people who don't have a terminal illness? | 4/18/2018 5:13 PM |
| 5 | I understand MSD's position, but I think there are circumstances that should allow people to end their lives with dignity. | 4/18/2018 4:56 PM |
| 6 | I firmly advocate for will do all I can to protect human life from the time of conception to natural death. Thanks for speaking clearly of behalf of life and we who have dedicated our lives to the betterment of and protection thereof. | 4/18/2018 4:33 PM |
| 7 | I am a retired family M.D and do not approve of physician assisted suicide . | 4/17/2018 9:57 PM |
| 8 | I think the title "Physician-Assisted Suicide" is inflammatory & creates the wrong impression. There are, and should be ways for physicians to assist in a patient's death wishes, under the right circumstances. | 4/15/2018 6:11 PM |
| 9 | patients that qualify for this plan of care are suffering and are not imminently dying ie hospice use but are not having a quality to what is their life. Trapped. | 4/15/2018 3:52 PM |
| 10 | Physicians need to be more engaged with patients as death approaches. Patients need more education on hospice and we need to understand why some families have a poor impression of hospice. | 4/15/2018 6:19 AM |
| 11 | Individuals should have the right to end their suffering in the most humane and dignified manner possible. Physicians should be permitted to assist their patients in attaining this goal. | 4/14/2018 8:25 PM |
| 12 | I suspect that exposure and training in med school with regards to palliative care and hospice care remains limited. End of life should be an interdisciplinary, team approach to our patients. We all have so much to learn about palliative care and how to assist our patients and their families through end of life decisions long before it is time to actually make those decision. | 4/14/2018 6:14 AM |
| 13 | I believe that there are many physicians who are divided on this issue. Not just the ethical dilemma of approving a process for hastening the death of a patient but the feeling of compassion for the suffering of terminally ill patients. While I believe a physician organization should not be viewed as supporting death, I also believe the organization should understand how physicians may feel the most compassionate way to care for their patients is to help them choose a dignified end for their life. Therefore I believe MSD may need to change their position to neutral. | 4/13/2018 11:53 PM |
| 14 | Thank you for doing this survey Several points-suicide is not now illegal Pain can be contolled if pt.s get appropriate care If HB160 passes, there is no reason not to extend assisted death to older teens, pt.s with more than 6 mo life expectancy, etc. Doctors should never be killers | 4/13/2018 9:17 PM |
| 15 | This should be a function of the state health department and should NOT be allowed for other physicians unless they give FULL immunity to any legal action in the law. | 4/13/2018 6:41 PM |
| 16 | I am opposed to physician assisted suicide. | 4/13/2018 6:19 PM |
| 17 | I recommend watching the movie entitled "How to die in Oregon" before deciding on the issue of physician assisted suicide. | 4/13/2018 4:15 PM |
| 18 | I have done a lot of work in SNF's and NH's. I believe the present system of palliative care and hospice is more than adequate. | 4/13/2018 3:34 PM |

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| 19 | Look at what is happening in the Netherlands. Older people are being pressured to "save resources" and many doctors admit anonymously to ending patient's lives that the doctor feels is not worth living without the patient's knowledge or consent. A very slippery slope. | 4/13/2018 1:18 PM |
| 20 | There are several recent and humanitarian position statements on this subject. The ink is not yet dry on the most recent of these. This survey appears to be a back door effort to change all this. I find this approach disturbing. | 4/13/2018 11:41 AM |
| 21 | Pro choice Progressive | 4/13/2018 10:33 AM |
| 22 | I am a 90 year old retired surgeon in relatively good health, and I intend to "check out" at a time of my choosing. | 4/12/2018 11:26 PM |
| 23 | Physicians should not be in the business of killing people, but they should help reduce suffering | 4/12/2018 10:33 PM |
| 24 | As an orthopedic surgeon who had to watch 4 cancer / chronic disease painful deaths, 3 in Delaware I am biased . I felt so helpless as large medical bills accumulated and my grand parents suffered. | 4/12/2018 8:56 PM |
| 25 | Most primary care providers are reluctant to provide care to accelerate the dying process because of legal issues and lack of reimbursement for terminal care, which can be time consuming and stressful. they default to nurse hospice providers, who primarily use narcotics for accelerating the dying process. There are some patients who would like to have control of the terminal process, and would prefer to not use a gun or motor vehicle to achieve this end. As a concerned citizen, I have no problem with a law that allows a provider to legally provide a lethal prescription to an appropriate patient with a terminal illness. Although no provider would want to participate in such a process, there have been patients I have cared for in the past who would have wanted to have this option, and whom I would have thought that it was compassionate to provide them with this tool. | 4/12/2018 8:24 PM |
| 26 | I fully support your energetic efforts on the part of Delaware physicians to oppose this dangerous legislation. | 4/12/2018 7:58 PM |
| 27 | It is neither a physician's right nor duty to end a patient's life no matter if death is imminent. | 4/12/2018 7:52 PM |
| 28 | None | 4/12/2018 5:47 PM |
| 29 | very difficult decision. | 4/12/2018 5:42 PM |
| 30 | SB160 requires 2 physicians to sign off. Patients will be forced to doctor shop to find 2 physicians. As written this will destroy long term patient-physician relationships. | 4/12/2018 3:55 PM |
| 31 | I predict only a minority of physicians will reply in support of HB160. But you'd get the same minority regarding medical marijuana or abortion. Let the minority have a voice too. Majority does not NEED to perform abortions, or prescribe marijuana, or help the dying as allowed in HB160. Let those who wish to, be able to help. | 4/12/2018 3:12 PM |
| 32 | Death with dignity should be one of our goals. Starving to death is not a humane option and neither is lingering in a comatose or semi comatose fashion requiring others to tend to very personal needs. | 4/12/2018 2:15 PM |

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| 33 | As an OB/Gyn, I face the ethics of life and death almost daily, more often (but not exclusively) near the beginning of life. In the same way that I support a woman's right to choose in reproductive rights, I feel it is ethically consistent to support a patient's right to choose among whatever legal options exist at the end of life. The sentence in the MSD position that trust in the medical profession will erode is, in my opinion, not really true. My patients trust me when pregnancy viability is uncertain not to advocate one course of action or another just because I perform abortions, and they are not offended when screening for fetal anomalies is offered, (common practice for every OB, not just those who do terminations (1)), even if they already know they would not terminate an abnormal pregnancy under any circumstances. The sentence about altering the fundamental role of a physician in society rings a little false to me too—the terminally ill already look to hospice professionals to alleviate suffering during the dying process. Many other parts of the statement about making sure other parts of end of life care are optimized are appropriate. I know people who feel passionately along both sides of the issue and I feel society's attitude may be changing to favor the choice. If physician aid-in-dying is made legal, it must be a physician's personal decision whether or not to prescribe. The current bill as written does a good job writing in some safeguards as well as laying groundwork for administrative criteria for who may prescribe. In conclusion, I feel the MSD could take a neutral position on the ethics of physician aid in dying, as other professional organizations take, such as ACOG (American College of Obstetricians and Gynecologists). (1) ACOG practice bulletin 163 members only link: https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins---Obstetrics/pb163.pdf?dmc=1&ts=20180412T1526088508 (2) ACOG committee opinion 617 https://www.acog.org/-/media/Committee-Opinions/Committee-on-Ethics/co617.pdf?dmc=1&ts=20180410T2014462342 | 4/12/2018 1:58 PM |
| 34 | I support the idea of a patient's right to end his life in the setting of intractable pain, despite hospice delivered analgesia, by administration of life-ending measures. | 4/12/2018 1:27 PM |
| 35 | I agree this is a complex issue, but if there was state legislature that clearly defined a patient that is suffering (think ALS) and doesn't want to have a prolonged death, I feel it is appropriate to help ease their suffering and let them take control of their final days. | 4/12/2018 12:09 PM |
| 36 | Withdrawal of life-sustaining treatment allows the disease to kill the patient. Deliberately administering a lethal dose prescription means the physician kills the patient, and that is against everything our profession stands for. I completely support the position that we should focus on care and comfort and relief of suffering at the natural end of life, and I feel that measures that could contribute to comfort should not be withheld out of fear such measures could hasten death when death is deemed to be inevitable. | 4/12/2018 10:54 AM |
| 37 | The MSD position is well written and consistent with ethical statements from national organizations such as the American College of Physicians. Aiding patients in taking their own lives is not consistent with the mission of physicians and would be slippery slope that would negatively impact physician patient relationships. In the ICU, we routinely encounter families who feel that we are trying to kill their loved ones when we tell them that their loved one has reached a point where interventions might be futile. I cannot imagine what those conversations will be like if some physicians actually start participating in killing their patients. | 4/12/2018 9:38 AM |
| 38 | Hospice services in DE are adequate but outpatient palliative care services outside of hospice care are not adequate. | 4/12/2018 9:37 AM |
| 39 | The MSD position does not seem to respect patient autonomy. I am certainly aware of physicians, including in my family that have used medication to hasten their own death at a point when they could see that life going forward was not a way that they want to live. This is, of course a complex issue and one that requires skills beyond that of many medical providers but it seems arrogant of me to remove the decision from the patient and put it into the hands of the physician. | 4/12/2018 9:09 AM |
| 40 | patients should be allowed to have some control over when and how they die. It is not for anybody else including their physician to decide any differently. Published data from Oregon where physician assisted suicide has been legal for a long time clearly indicate that there is minimal use of this option while there is a significant benefit to the patients' quality of life and sense of well being. | 4/12/2018 9:06 AM |
| 41 | Hippocrates dealt with this issue thousands of years ago. In that day patients were unsure if a doctor would poison them or seek to heal them. The oath put that issue to rest for those taking the oath at that time and since. I remain committed to the tradition of hippocratic medicine. | 4/12/2018 8:54 AM |
| 42 | Thank you for the work MSD has done on this issue over the years and for seeking input from the membership. | 4/12/2018 8:49 AM |
| 43 | None | 4/12/2018 8:24 AM |

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| 44 | I believe that thoughtful, caring physicians can appropriately provide medications that hasten death as a way of relieving suffering. The difference between palliative sedation that hastens death and other more direct interventions is only a matter of degree. | 4/12/2018 8:14 AM |
| 45 | It is obviously a complicated issue, and I am in favor, in concept, of supporting Physician Assisted Suicide. My concerns are around the specifics and how it should work. As a Pathologist, I do not get involved with this. | 4/12/2018 8:10 AM |
| 46 | Just take care of patients and stop heroic efforts to extend life when there is no hope or desire to continue. False hope and empty promises are to problem. | 4/12/2018 8:01 AM |
| 47 | I would have liked to see | 4/12/2018 7:58 AM |
| 48 | Delaware legislators are increasingly tamper with thinks they should not , cannabis - physician assisted suicide etc . | 4/12/2018 7:48 AM |
| 49 | Regarding question 3 - I answered that Yes, there are sufficient hospice and palliative care programs. By this I mean that the number of programs is sufficient, but that does not mean AT ALL that our overall system is supplying adequate access to these services - there is a great deal of improvement necessary to diminish the perceived necessity for Physician-Assisted Suicide. | 4/12/2018 7:43 AM |
| 50 | I do not disagree with those who feel that there is such a thing as a rational suicide, however I do not support the involvement of physicians in such a process. I believe that the request for physician assisted suicide should be met with greater attention to interventions that can reduce suffering and increase the quality of an individual's life. That might involve recognition and treatment of depression or another mental disorder, greater attention to palliative care, or other steps. Physicians are not trained to evaluate the appropriateness of suicide nor to participate in it, and assisted suicide should not be condoned as a medical procedure. | 4/12/2018 7:43 AM |
| 51 | it would be interesting to see the opinions of only the "emeritus" physicians | 4/12/2018 7:18 AM |
| 52 | There need to more hospice options | 4/12/2018 7:14 AM |
| 53 | Thank you for taking an ethical stand on this issue. | 4/12/2018 7:12 AM |
| 54 | Unsure on 6 and 7 as I am retired. Do not feel any medical professionals should be required to participate. Very hard decision for all involved to make. | 4/12/2018 6:55 AM |
| 55 | Believe if inacted there should be clear indications not ust depression. Probably further research meeting with states that already legal to know success and ways to improve faults prior to beginning | 4/12/2018 6:49 AM |
| 56 | When we accept some death penalties and imprisonment can be unjust but do not stop them; well meaning pet owners, pet organizations & the veterinarians are willing to take the responsibility to humanely end the life of the pet, we who are in charge of patients' welfare should organize to take this responsibility to ensure this is available as a last resort | 4/12/2018 6:34 AM |
| 57 | There is much in the area of improving EOL care that MSD can support and advocate for. | 4/12/2018 6:07 AM |
| 58 | If I had a terminally ill disease and I knew it would lead to "suffering" eventually I would want Physician Aid In Dying. I have discussed this with my family many times before and one day plan to write it in my goals of care. I, as a physician, however do not feel I have the training, enough knowledge, and support from my profession to provide this for my patients if they asked. I also worry that without regulation the patient physician line could get blurred. | 4/12/2018 6:05 AM |
| 59 | I agree that this is a difficult issue - but in the appropriate case with a good understanding of the consequences to the patient and family, offering this option can be more humane than the other methods of dealing with a known fatal situation | 4/12/2018 5:36 AM |