



American Medical Women's Association
Empowering Women & Improving Health Care Since 1915

January 17, 2017

The Honorable Congresswoman Eleanor Holmes Norton
2136 Rayburn HOB
Washington, DC 20515

Support for B21-0038, the Death with Dignity Act of 2015

The American Medical Women's Association firmly believes that Congress should not interfere in the recently passed B21-0038, the District of Columbia's Death with Dignity Act of 2015.

Washington, D.C. is poised to become the seventh jurisdiction in the U.S. where medical aid in dying is authorized following an 11-2 vote by the D.C. Council and a pledge not to veto by Mayor Muriel Bowser. B21-0038 would allow terminally ill, mentally competent residents of the District to request and receive a prescription from their physician to shorten an unnecessarily difficult dying process and achieve a peaceful death.

Across the country Americans are debating medical aid in dying in their own communities. Two-thirds of D.C. residents (67%) support giving terminally ill adults the option of medical aid in dying. The Mayor of the District of Columbia and the D.C. Council were elected by D.C. residents to represent their interests. Following a full and fair debate, they have determined that access to medical aid in dying as an end-of-life option is the right choice for their people. We believe that Congressional interference is not needed.

Medical aid in dying has evolved into an accepted practice with well-established protocols for physicians. The Journal of Palliative Medicine published clinical criteria¹ for medical aid in dying that physicians use to ensure that the practice meets the highest standards of medical care.

Like Oregon's 1997 Death with Dignity Act, B21-0038 includes important safeguards to ensure that decisions made by dying District residents who consider this option are informed, deliberate and voluntary. Almost two decades of experience in Oregon, along with numerous studies, show the laws have worked as intended, with none of the problems

¹ Orentlicher David, Pope Thaddeus Mason, Rich Ben A., Physician Aid-in-Dying Clinical Criteria Committee. Journal of Palliative Medicine. February 2016, 19(3): 259-262. doi:10.1089/jpm.2015.0092.

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opponents had predicted including coercion or abuse, and concerns the law would target the disabled, elderly, frail, uninsured or any vulnerable groups.^{2,3}

The D.C. vote follows recent enactment of similar laws – in Colorado on November 8, 2016, and California in October, 2015. This historic victory demonstrates strong public support across jurisdictions of diverse sizes, demographics and locations. Congress does not impose its views on any other local jurisdiction.

Congress should recognize the District's self-determination in governance and the freedom for District residents to manage their own affairs without interference by authorizing B21-0038. Failure to do so could be viewed as an attack on the local democracy; a failure to support patient-centered care and protect freedom of choice for District residents.

We thank you for your leadership on this issue and urge your colleagues to do the same.

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Sincerely,

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² Wang, S, Aldridge, MD, Gross, CP, Canavan, M, Cherlin, E, Johnson-Hurzeler, R., et al. (2015) Geographic Variation of Hospice Use Patterns at the End of Life. *Journal of Palliative Medicine*. 18(9), 778.

³ Lee, M,A, & Tolle, S.W. (1996) Oregon's assisted suicide vote: The silver lining. *Annals of Internal Medicine*. 124(2), 267-269.