



SOLUTIONS THAT MATTER. HEALTH CARE THAT WORKS.

PHYSICIAN AID IN DEATH: *PERSONS NEEDING LONG- TERM SERVICES AND SUPPORTS*

Joanne Lynn, MD, MS, MA

Director | Program to Improve Eldercare

February 13, 2018

National Academy of Sciences, Engineering, and Medicine

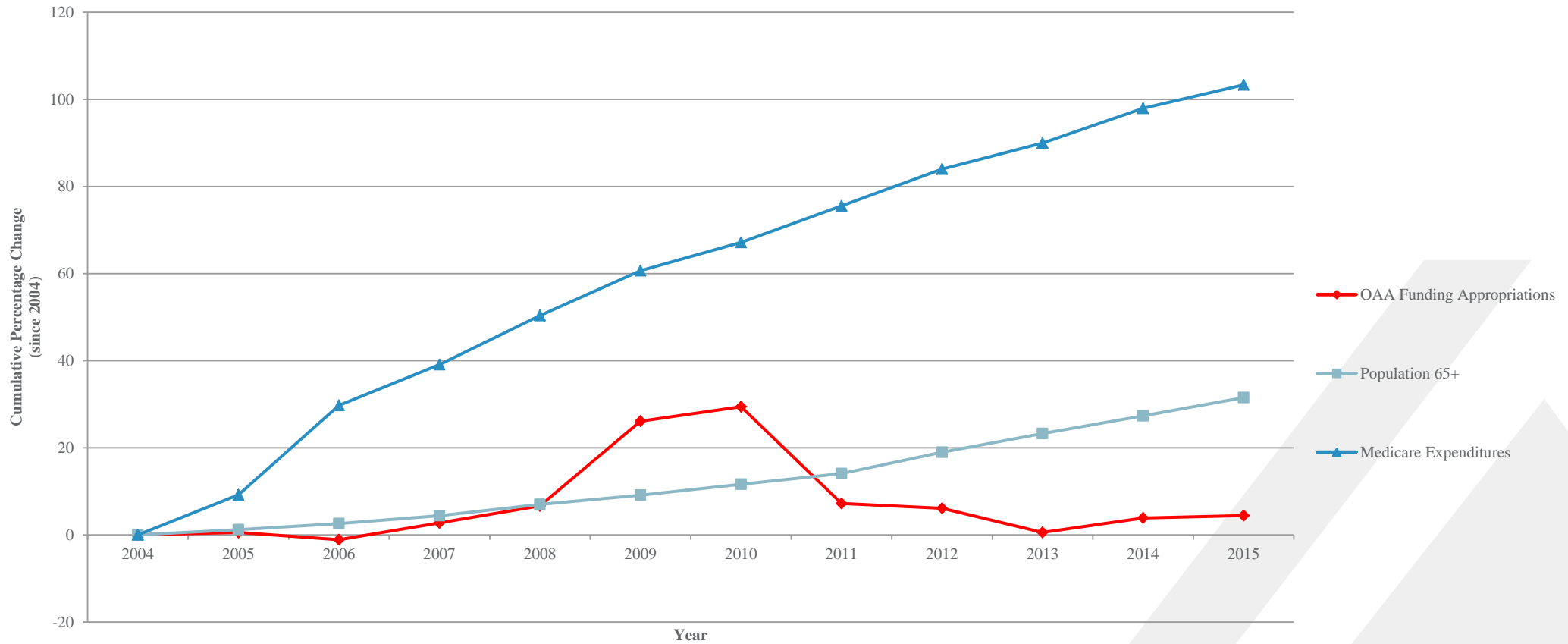
Workshop on Physician Aid in Death

Some Framing Facts

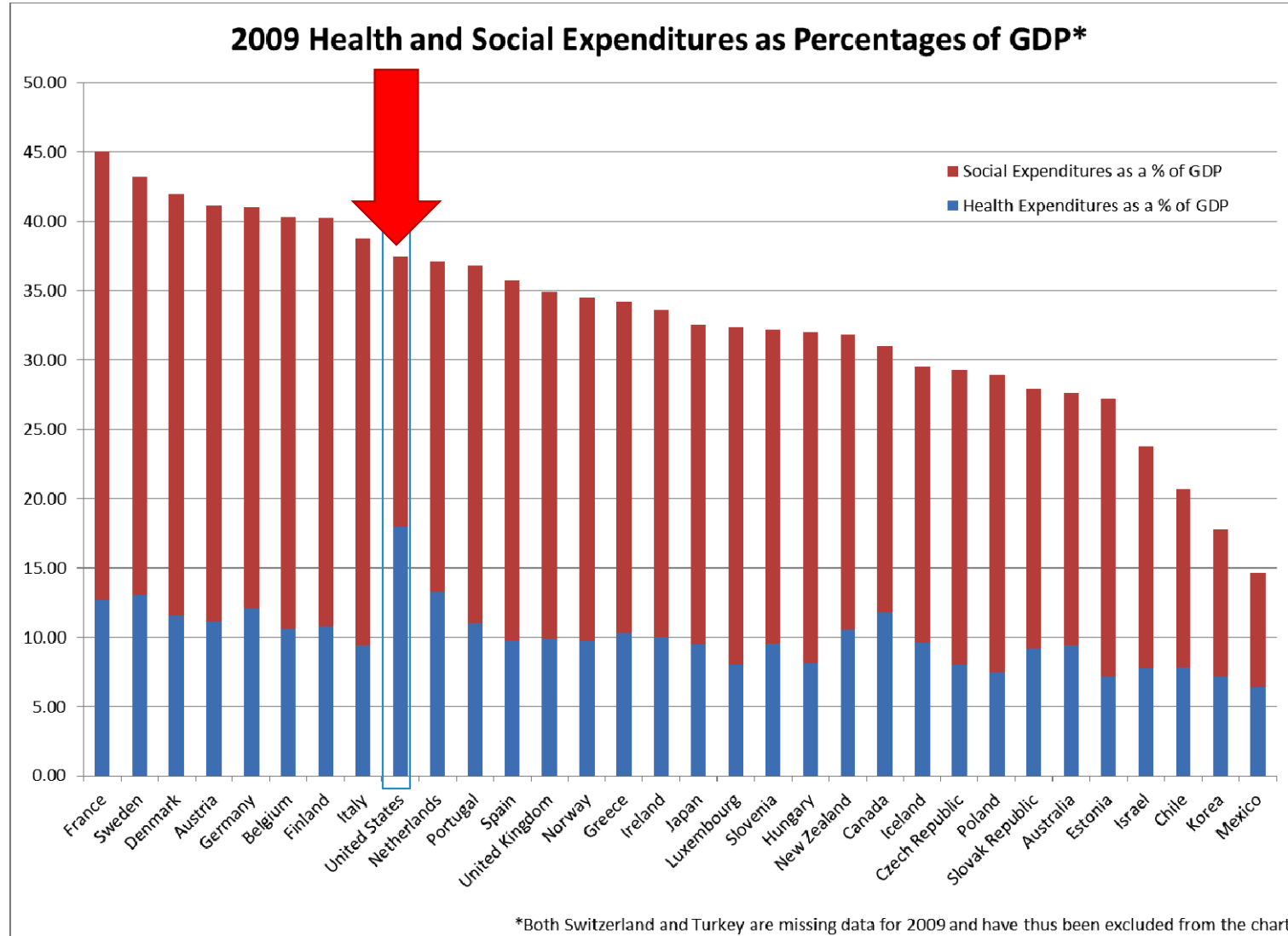


- ▲ Three-quarters will need LTSS; prevalence will double within 15 years
- ▲ Average duration of ADL disability = 2 years
- ▲ Personal care depends mostly on volunteers, who will be older & scarcer
- ▲ Disabling illness in old age is dominant cause of personal bankruptcy
- ▲ Financing of LTSS is unplanned and inadequate
- ▲ Elders needing LTSS have little reserve; death usually comes from a complication with unpredictable timing
- ▲ The median new retiree has only \$50,000 in savings and assets. African-American and Hispanic families have much less.

Funding: OAA, Medicare, and >65

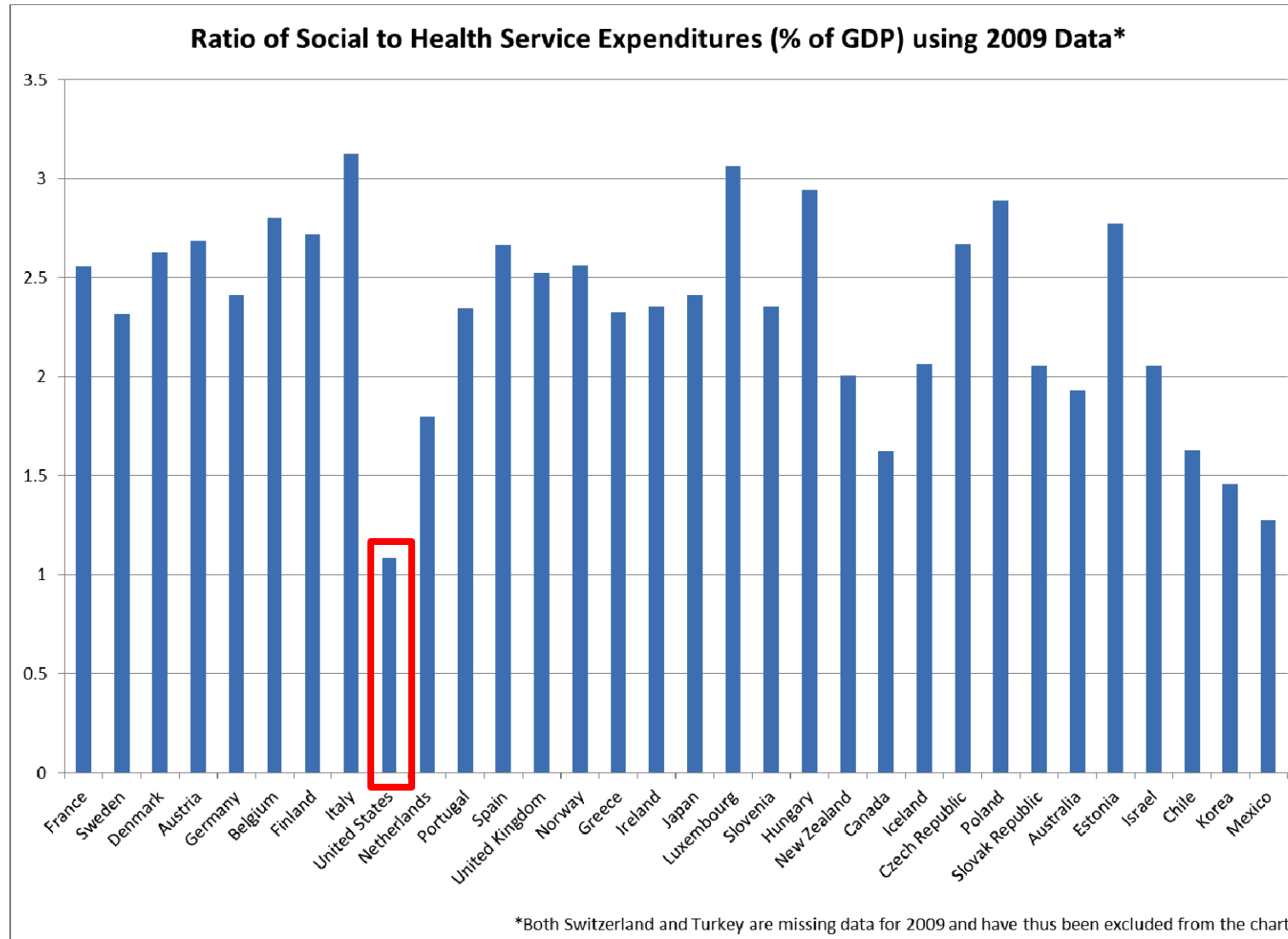


2009 Health and Social Expenditures as Percentages of GDP



Bradley E et al., Health and Social Services Expenditures: Associations with Health Outcomes. BMJ Qual Saf 2011; 20:826-831. doi:10.1136/bmjqs.2010.048363

Ratio of Social to Health Service Expenditures Using 2009 Data



Challenges to PAD eligibility



- ▲ Competence – varying, equivocal, hard to assess
- ▲ Voluntariness – in potentially coercive situations
- ▲ Terminally ill – ambiguous prognosis until very close to death

Consider voluntariness



- ▲ Facing impoverishment, loss of legacy
- ▲ Facing miserable options for survival – isolation, undesirable facilities, discrimination, lack of joy and meaning, and then death
- ▲ May get “cues” that being dead would be appropriate now
- ▲ Preference for illusion of rational choice and understanding of family and friends

Consider the physician role



Most elderly persons experience serious and progressive illness for extended periods before death and need significant social, financial, and medical supports. These resources too often are not available...By collaborating in causing early deaths,...geriatricians would become complicit in a social policy which effectively conserves community resources by eliminating those who need services. By refusing...because a patient's relative poverty and disadvantaged social situation is seen as coercive, geriatricians would condemn their patients, and themselves, to live through the patients' undesired difficulties for the time remaining...Elderly and frail persons would be put at risk [with PAD being available], yet their interests and concerns have not been adequately addressed in the public discussion...

from Brief of the American Geriatrics Society as Amicus Curiae in *Vacco v Quill*; *Washington v Glucksberg*. In *J Am Geriat Soc*. 1997; 45 (4): 491-499.

Existing Research in the U.S.



Research needed



- ▲ **Descriptions of current practices** – including socialization of the option of PAD and its meaning – in the variety of settings and with various sub-groups – and learning how participants deal with the challenges
- ▲ **Estimating forces for ongoing change**, predicting and monitoring their impact across time – poverty, lack of caregivers, reductions in Medicare and Medicaid, retirement savings practices, meaning of survival while increasingly dependent

More research needed



- ▲ Conflicts of ethics and values for physicians and others involved in PAD for persons needing LTSS
 - Patient autonomy in tension with complicity in misery-inflicting social policies
 - Family discontent and discord: caregiving, finances, and honor
 - Questions of eligibility, especially deciding on PAD in advance of incompetence and choosing PAD to avoid very undesirable alternatives
 - Payment for “value”
 - Quality measures that are advantaged by early death

Who will sponsor or do the research?



The very cultural blindness that has allowed the U.S. largely to ignore the issues affecting disabled elders has meant that there is very little research funding and very few researchers on any aspect of LTSS, and very nearly none on PAD for this population.

Contact Info



Joanne.Lynn@Altarum.org



SOLUTIONS THAT MATTER. HEALTH CARE THAT WORKS.

Contact Information Here

ALTARUM.ORG