

Impact of the Washington State Death With Dignity Act

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In November 2008, Washington State voters passed Initiative Measure 1000, known as the Death With Dignity Act. The measure allows mentally competent adults to request life-ending medication from a physician, provided that they have been diagnosed with a fatal condition that will cause death in an estimated six months or less. Since the measure passed, 197 people (WDOH, Forms Received) have requested life-ending medication. The measure, which mirrors similar laws passed in Oregon and Montana, empowers the individual to end their life in a humane and self-determined manner, letting them choose – as the law's name suggests – to die while retaining their dignity. The Death With Dignity Act is one of the most important laws to have passed in recent history, representing a serious advancement in the rights of the individual; the measure's impact on Washington State can correspondingly not be overstated.

While only a small number of people have actually gone through with their request for life-ending medication – approximately 107 have been confirmed to have died by the ingestion of life-ending medication (WDOH, Executive Summaries 2009 & 2010) – the law offers peace of mind to any Washington resident who is facing a fatal condition, and empowers them to end their life when they wish to, as opposed to less favorable circumstances, e.g. after a two-month coma. The ability to take charge of one's life is the key driving force behind proponents of the law, as it offers something that many people faced with terminal conditions gradually lose – control. This concept of control is empowering, and has perhaps improved the lives of many fatal sufferers in this state – if not by actual use, then by the knowledge that it is available to them,

should they need it. This is an important aspect of the law, and quite probably a key reason that voters allowed it to go into effect on 5 March 2009 (RCW 70.245.903). Should the initiative have failed in November 2008, Washington State residents would be forced to move to Oregon, as journalist Tony Miller did (Bernton), to take advantage of their similar law.

The law has also spurred new discussions in end-of-life care, something that has only existed in recent times with the rapid extension of the average lifespan in the US – at what point is it ethical to request life-ending medication? Who has the right to do so? What safeguards should be enacted with this law? Questions like these and many others would have been taboo even a decade ago, but with the acceptance of this law it has entered debates around the state, opening the floor for discussion and allowing patients a voice in their affairs. It has helped those with terminal conditions similarly; the existence of such a law acts as a metric against which patients can discuss discontent or concerns they may have about the quality of their life. It also legalizes a patient's desire to control their suffering, and prevents seedy means that patients may otherwise go to in desperate cases.

Perhaps the longest lasting and most important impact of the Washington State Death With Dignity Act would be the victory that it represents in the rights of the individual. A legal system some years out of date with the realities of life should not be the metric against which one makes decisions about their own life. The law is really common sense, as it enables an individual to make decisions that only affect their life – the sad reality of the majority of nations and legal

