ASSISTED DYING: SAFEGUARDS TO CONSIDER

1. **Possible Problem**: Person is not competent to make life-or-death decision (e.g. is pathologically depressed, or is demented)
   Possible Safeguard: Require involvement of psychiatrist or psychologist, in interviewing of applicant (or reviewing of videotape)
   Discussion:
   (a) Be aware that some sadness is a normal concomitant of being in a state so grim that death seems preferable
   (b) Consider allowing intractable depression to be classed with other irremediable conditions which are accepted as valid reasons for desiring death
   (c) Where dementia is the problem, consider recognizing directives (and proxy decision-makers) established prior to onset of incompetence, and standardize forms which are sufficiently detailed and clear

2. **Possible Problem**: Person is misinformed, and unduly pessimistic, about future prospects, or experiential aspects of proposed treatments
   Possible Safeguard:
   (a) Involve additional expert(s) in prognoses and explanations
   (b) Involve "peer associations" (e.g. Cancer Society, Bipolar Disorders Society) in counselling of applicant
   Discussion: Misinformation can also be in opposite direction (e.g. doctor may discuss only possible benefits of proposed treatment, or may overstate odds on recovery of health)

3. **Possible Problem**: Person's request for death is impulsive, ill-considered
   Possible Safeguard: Require cooling-off period, or require that request be re-iterated at specified intervals
   Discussion:
   (a) Length of cooling-off period (or of interval between requests) should be adjustable, within limits, to prevent hardship for people in an acute condition
   (b) Waiting time (or interval length) could be inversely proportional to applicant's age (again, within limits) – e.g. applicants under 30 could be required to think it over for a longer time, and perhaps receive more counselling, than applicants over 30

4. **Possible Problem**: Remedy for person's condition might be on the way, and suicide or euthanasia would mean person could not benefit from it
   Possible Safeguards:
   (a) Limit aid in dying to cases where X experts judge that applicant has less than Y months to live
   (b) Limit aid in dying to cases where X experts judge that probability of remedy being found within Y months is less than Z%
   (c) Limit aid in dying to people who state that even if remedy were found within Y months, they would not want to endure the experiences that would come to them in the intervening period
   Discussion: Regarding safeguard (a), effect of this policy could be to make availability of aid inversely proportional to need for aid (if you are likely to suffer for only 4 more months, you can obtain release; if you are likely to suffer for 4 more years, you cannot)

5. **Possible Problem**: When moment of action arrives, person changes mind (wants to "climb down off diving board")
   Possible Safeguard: Build revocation opportunities into procedure, and allow more than one means of expression (written, oral, "body language"). Consider having a neutral third party (that is, someone other than the recipient or the provider of the aid – e.g. a specially-trained social worker) be present to make the revocation inquiries
   Discussion: Problem is less severe with assisted suicide than with euthanasia – person simply refrains from performing death-causing act. However, social pressure can still operate (need to "save face") so should be offset by tone and wording of revocation inquiries (e.g. "We won't think any less of you if you change your mind, in fact we have gotten rather fond of you and would be quite happy to have you stick around, so be frank")

6. **Possible Problem**: Person's heirs (or potential vendors of person's organs) might apply pressure, making person ask for death before it is really wanted
   Possible Safeguard: Exclude beneficiaries from involvement in assisted-death process (e.g. forbid them to witness a request, or be a proxy decision-maker)
   Discussion: In many cases, the people someone loves enough to bequeath money to them are also the only people whom that person trusts enough to name them as proxies. Disinterested (but interest-paying) third party (e.g. Public Trustee) might need to have a role, as temporary custodian of bequest during clearance procedures (videotaped or in-person interviews of heirs, etc.)

7. **Possible Problem**: If doctor works in fee-for-service mode, will have incentive to push patient towards doctor-administered euthanasia
   Possible Safeguard: Confine administration of euthanasia to doctors who are retired, who work on salary, or who for some other reason will not benefit financially
   Discussion: Financial incentives for doctors to work against patients' interests exist under current laws. As long as surgery (or other paid-to-doctors procedures) can be plausibly performed, patients may be kept alive to generate income for others.

8. **Possible Problem**: Person might leave before really wanting to, out of guilt at being a burden (e.g. making children spend savings, stall careers) or at not being a "productive" member of society
   Possible Safeguards:
   (a) Extend government-financed care programs, and pay workers well enough to attract people able to give care as good as that given by loving relatives
   (b) Redefine "productivity" to include more than having a paid job – bringing joy and appreciation into the lives of friends and relatives is an important contribution
   Discussion: Recognize that some people may have – as part of their individual value system – a repugnance to helplessness, or to what they experience as selfishness. To force them to live in contradiction to their ideals is to violate them at a very personal level.

9. **Possible Problem**: Person's family members could be shocked or hurt if not involved in (or at least notified of) person's assisted-death request
   Possible Safeguard: During waiting period, attempt to notify (and involve, without veto power) person's closest X relatives