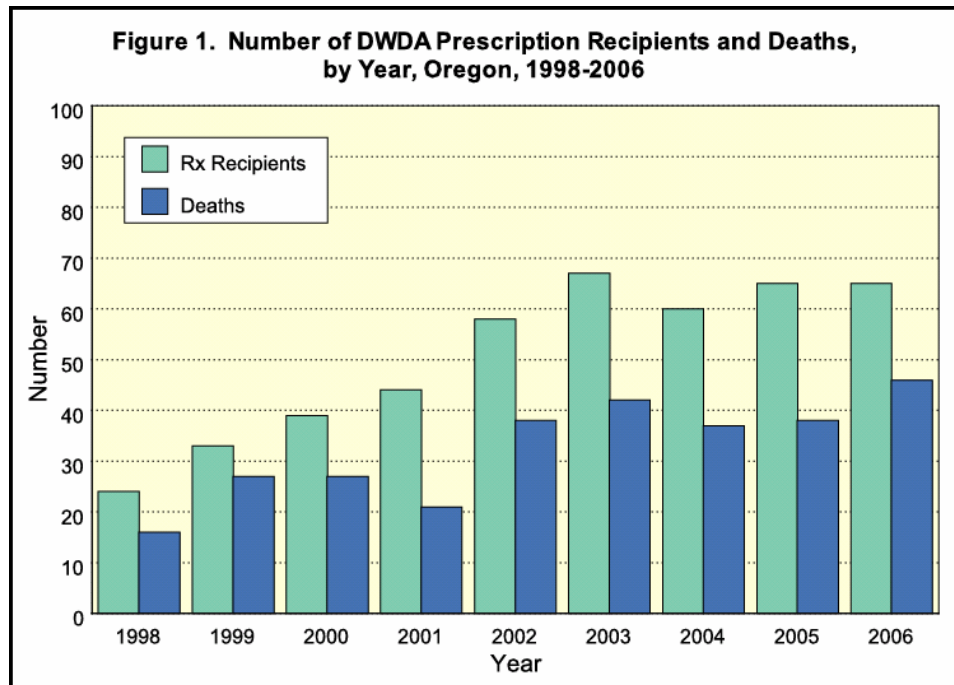


Oregon's Death with Dignity Act - 2006

Under Oregon's Death with Dignity Act (DWDA), terminally-ill adult Oregonians are allowed to obtain and use prescriptions from their physicians for self-administered, lethal medications. The Oregon Public Health Division is required by the Act to collect information on compliance and to issue an annual report. The key findings from 2006 are listed below. For more detail, please view Table 1.



- During 2006, 65 prescriptions for lethal medications under the provisions of the DWDA were written (figure 1). Of these, 35 patients took the medications, 19 died of their underlying disease, and 11 were alive at the end of 2006. In addition, 11 patients with earlier prescriptions died from taking the medications, resulting in a total of 46 DWDA deaths during 2006. This corresponds to an estimated 14.7 DWDA deaths per 10,000 total deaths.
- Forty physicians wrote the 65 prescriptions (range 1-7).
- Since the law was passed in 1997, 292 patients have died under the terms of the law.

- As in prior years, participants were more likely to have cancer (87%), and have more formal education (41% had at least a baccalaureate degree) than other Oregonians who died. Patients who died in 2006 were slightly older (median age 74 years) than in previous years (median age 69 years).
- Most patients died at home (93%); and were enrolled in hospice care (76%), although the number enrolled in hospice was less than in previous years (87%).
- All patients, except one, had some form of health insurance: 64% had private insurance and 33% had Medicare or Medicaid.
- Complications were reported in four patients during 2006; they all regurgitated some of the medication.
- As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (96%), decreasing ability to participate in activities that made life enjoyable (96%), and loss of dignity (76%). During 2006, more participants were concerned about inadequate pain control (48%) than in previous years (22%).
- During 2006, 10 referrals were made to the Board of Medical Examiners (BME) for incorrectly completed reporting forms. The BME found no violations of “good faith compliance” with the Act and did not sanction any physicians for “unprofessional conduct” regarding the Act.

Table 1. Characteristics and end-of-life care of 292 DWDA patients who died after ingesting a lethal dose of medication, by year, Oregon, 1998-2006

Characteristics	2006 (N = 46)*	1998-2005 (N= 246)*	Total (N = 292)*
Sex			
Male (%)	26 (57)	131 (53)	157 (54)
Female (%)	20 (43)	115 (47)	135 (46)
Age			
18-34 (%)	0 (0)	3 (1)	3 (1)
35-44 (%)	1 (2)	7 (3)	8 (3)
45-54 (%)	2 (4)	26 (11)	28 (10)
55-64 (%)	10 (22)	45 (18)	55 (19)
65-74 (%)	11 (24)	72 (29)	83 (28)
75-84 (%)	15 (33)	72 (29)	87 (30)
85+ (%)	7 (15)	21 (9)	28 (10)
Median years (range)	74 (36-96)	69 (25-	70 (25-

		94)	96)
Race			
White (%)	45 (98)	239 (97)	284 (97)
Asian (%)	0 (0)	6 (2)	6 (2)
American Indian (%)	0 (0)	1 (<1)	1 (<1)
Hispanic (%)	1 (2)	0 -	1 (<1)
Marital status			
Married (%)	23 (50)	110 (45)	133 (46)
Widowed (%)	8 (17)	55 (22)	63 (22)
Divorced (%)	10 (22)	64 (26)	74 (25)
Never married (%)	5 (11)	17 (7)	22 (8)
Education			
Less than high school (%)	4 (9)	21 (9)	25 (9)
High school graduate (%)	11 (24)	71 (29)	82 (28)
Some college (%)	12 (26)	52 (21)	64 (22)
Baccalaureate or higher (%)	19 (41)	102 (42)	121 (41)
Residence			
Metro counties (%) [†]	18 (39)	95 (39)	113 (39)
Coastal counties (%) [‡]	2 (4)	19 (8)	21 (7)
Other western counties (%)	19 (41)	117 (48)	136 (47)
East of the Cascades (%)	7 (15)	15 (6)	22 (8)
Underlying illness			
Malignant neoplasms (%)	40 (87)	196 (80)	236 (81)
Lung and bronchus (%)	6 (13)	48 (20)	54 (18)
Pancreas (%)	7 (15)	20 (8)	27 (9)
Breast (%)	2 (4)	23 (9)	25 (9)
Colon (%)	3 (7)	16 (7)	19 (7)
Prostate	2 (4)	13 (5)	15 (5)
Other (%)	20 (43)	76 (31)	96 (33)
Amyotrophic lateral sclerosis (%)	3 (7)	20 (8)	23 (8)
Chronic lower respiratory disease (%)	0 (0)	11 (4)	11 (4)
HIV/AIDS (%)	1 (2)	5 (2)	6 (2)
Illnesses listed below (%) ^ψ	2 (4)	14 (6)	16 (5)
End of Life Care			
Hospice			
Enrolled (%)	35 (76)	213 (87)	248 (86)
Not enrolled (%)	11 (24)	31 (13)	42 (14)
Unknown	-	2	2
Insurance			
Private (%)	29 (64)	151 (62)	180 (62)
Medicare or Medicaid (%)	15 (33)	90 (37)	105 (36)
None (%)	1 (2)	2 (1)	3 (1)
Unknown	1	3	4
End-of-life Concerns[§]			
Losing autonomy (%)	44 (96)	207 (86)	251 (87)
Less able to engage in activities making life enjoyable (%)	44 (96)	206 (85)	250 (87)
Loss of dignity (%) ^{**}	35 (76)	96 (82)	131 (80)

Losing control of bodily functions (%)	27 (59)	138 (57)	165 (57)
Burden on family, friends/caregivers (%)	20 (43)	90 (37)	110 (38)
Inadequate pain control or concern about it (%)	22 (48)	54 (22)	76 (26)
Financial implications of treatment (%)	0 -	7 (3)	7 (2)
PAS Process			
Referred for psychiatric evaluation (%)	2 (4)	34 (14)	36 (13)
Patient died at			
Home (patient, family or friend) (%)	43 (93)	232 (94)	275 (94)
Long term care, assisted living or foster care facility (%)	2 (4)	11 (4)	13 (4)
Hospital (%)	0 -	1 (<1)	1 (<1)
Other (%)	1 (2)	2 (1)	3 (1)
Lethal Medication			
Secobarbital (%)	31 (67)	105 (43)	136 (47)
Pentobarbital (%)	15 (33)	137 (56)	152 (52)
Other (%)	0 -	4 (2)	4 (1)
Health-care Provider Present When Medication Ingested^{††}			
Prescribing physician (%)	15 (33)	48 (28)	63 (29)
Other provider, prescribing physician not present (%)	23 (51)	92 (54)	115 (53)
No provider (%)	7 (16)	31 (18)	38 (18)
<i>Unknown</i>	1	5	6
Complications			
Regurgitated (%)	4 (9)	12 (5)	16 (6)
Seizures (%)	0 -	0 -	0 -
Awakened after taking prescribed medication (%)	0 (††)	1 (††)	1 (††)
None (%)	40 (91)	229 (95)	269 (94)
<i>Unknown</i>	2	5	7
Emergency Medical Services			
Called for intervention after lethal medication ingested (%)	0 -	0 -	0 -
Calls for other reasons (%) ^{‡‡}	1 (2)	3 (1)	4 (1)
Not called after lethal medication ingested (%)	45 (98)	239 (99)	284 (99)
<i>Unknown</i>	-	4	4
Timing of PAS Event			
Duration (weeks) of patient-physician relationship			
Median	15	12	12
Range	1-767	0-1065	0-1065
Duration (days) between 1 st request and death ^{§§}			
Median	54	39	42
Range	15-747	15-1009	15-1009
Minutes between ingestion and unconsciousness			
Median	5	5	5
Range	1-29	1-38	1-38
<i>Unknown</i>	4	24	28
Minutes between ingestion and death			
Median	29	25	25
Range (minutes - hours)	1 min-16.5 hrs	4 min-48 hrs	1 min-48 hrs
<i>Unknown</i>	3	17	20

* Unknowns are excluded when calculating percentages.

† Clackamas, Multnomah, and Washington counties.

‡ Excluding Douglas and Lane counties.

ψ Includes aortic stenosis, alcoholic hepatic failure, cardiomyopathy, congestive heart failure, corticobasal degeneration, diabetes mellitus with renal complications, digestive organ neoplasm of unknown behavior, emphysema, endocarditis, hepatitis C, myelodysplastic syndrome, organ-limited amyloidosis, pulmonary disease with fibrosis, scleroderma, and Shy-Drager syndrome.

§ Affirmative answers only ("Don't know" included in negative answers). Available for 17 patients in 2001.

** First asked in 2003.

†† The data shown are for 2001-2006. Information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001. Attendance by the prescribing physician has been recorded since 1998. During 1998-2006, the prescribing physician was present when 35% of the patients ingested the lethal medication.

‡‡ Historically, the Annual Report tables list information on patients who died as a result of ingesting medication prescribed under the provisions of the Death with Dignity Act. Because one patient regained consciousness after ingesting the lethal medication and then died 14 days later from his/her illness rather than from the medication, the complication is recorded here but the patient is not included in the total number of PAS deaths.

ψψ Calls included three to pronounce death and one to help a patient who had fallen.

§§ Note that an extended period of time may elapse from the patient's first request until the attending physician writes a prescription for the lethal medication.