

## Methods

### The Reporting System

OHA is required by the Act to develop and maintain a reporting system for monitoring and collecting information on participation in the Death with Dignity Act. To fulfill this mandate, OHA uses a system involving physician and pharmacist compliance reports, death certificate reviews, and follow-up questionnaires from physicians.

When a prescription for lethal medication is written, the physician must submit to OHA information that documents compliance with the law. We review all physician reports and contact physicians regarding missing or discrepant data. OHA Vital Records files are searched periodically for death certificates that correspond to physician reports. These death certificates allow us to confirm patients' deaths and provide patient demographic data (e.g., age, place of residence, educational attainment).

In addition, using our authority to conduct special studies of morbidity and mortality, we ask prescribing physicians to complete a follow-up questionnaire after the patient's death from any cause. Each physician is asked to confirm whether the patient took the lethal medications. If the patient took the medications, we ask for information that was not available from previous physician reports or death certificates – including insurance status and enrollment in hospice. We ask why the patient requested a prescription, including concerns about the financial impact of the illness, loss of autonomy, decreasing ability to participate in activities that make life enjoyable, being a burden, loss of control of bodily functions, uncontrollable pain, and loss of dignity. We collect information on the time from ingestion to unconsciousness and death, and ask about any adverse reactions. We do not interview or collect any information from patients prior to their death.

Because physicians are not legally required to be present when a patient ingests the medication, not all have information about what happened when the patient ingested the medication. Prior to 2010, the physician's follow-up questionnaire could be completed based on information from others who were present at the time of ingestion and death. However, during 2010, this procedure was changed so that the follow-up questionnaire from the physician only addressed issues surrounding ingestion and death if the physician or another health care provider was actually present at the death of the patient. Due to this change and the fact that most physicians are not present at the time of death, more information pertaining to ingestion and death is unknown in the 2010 annual report (such as complications, health care provider presence at ingestion, and minutes between ingestion and unconsciousness and death) than in previous years.

## Data Analysis

We classified patients by year of participation based on when they ingested the legally-prescribed lethal medication. Using demographic information from Oregon death certificates, we compare patients who used the Death with Dignity Act with other Oregonians who died from the same diseases. Demographic- and disease-specific DWD rates were computed using the number deaths from the same causes as the denominator. The overall DWD rates by year were computed using the total number of resident deaths. Annual rates were calculated using numerator and denominator data from the same year when possible, SPSS were used in data analysis. Statistical significance was determined using Fisher's exact test, the chi-square test, the chi-square for trend test, and the Mann-Whitney test.