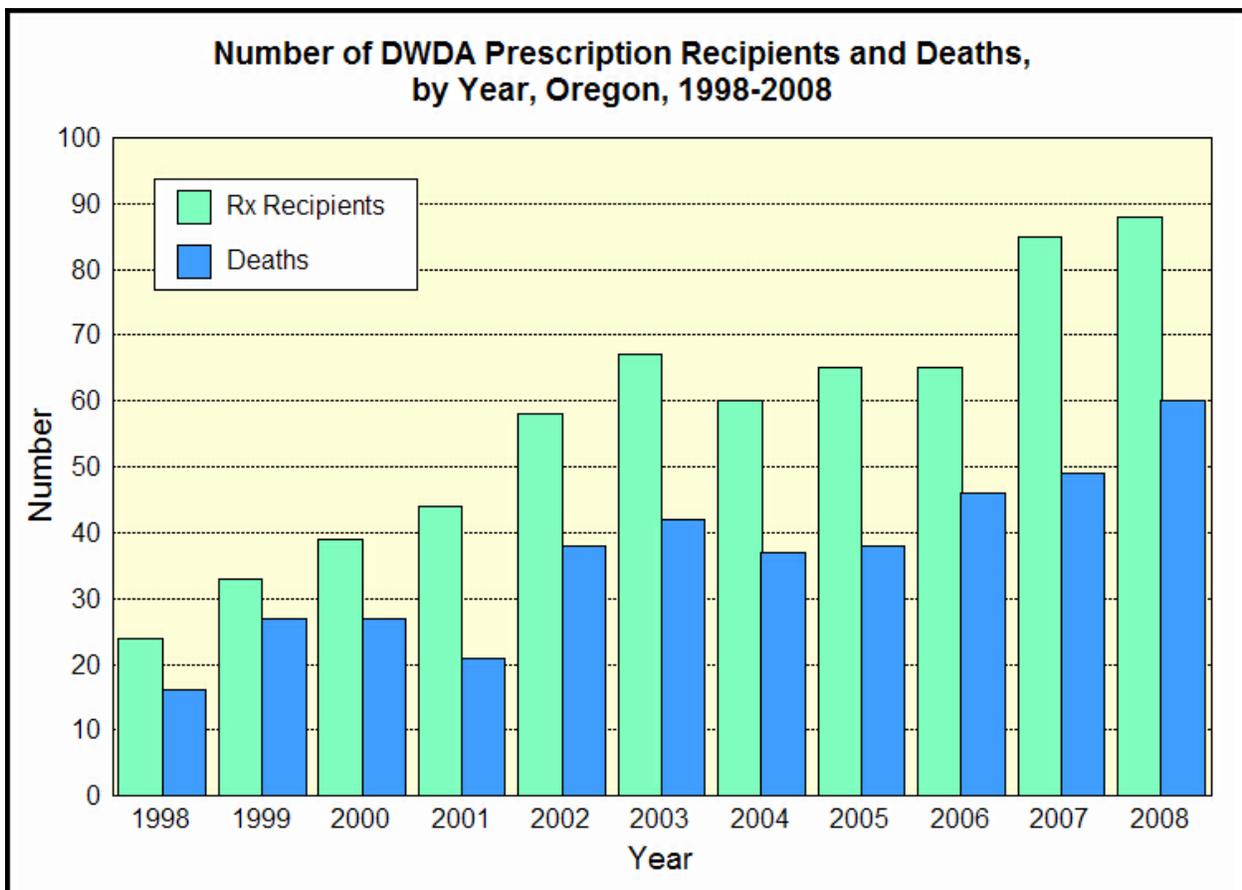


2008 Summary of Oregon's Death with Dignity Act

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 doses of 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 2008 are listed below. For more detail, please view the figures and tables on our web site at <http://oregon.gov/DHS/ph/pas/index.shtml>.



- During 2008, 88 prescriptions for lethal medications were written under the provisions of the DWDA compared to 85 during 2007 (Figure). Of these, 54 patients took the medications, 22 died of their underlying disease, and 12 were alive at the end of 2008. In addition, six patients with earlier prescriptions died from taking the medications, resulting in a total of 60 DWDA deaths during 2008. This corresponds to an estimated 19.4 DWDA deaths per 10,000 total deaths.

- Fifty-nine physicians wrote the 88 prescriptions (range 1-5).
- Since the law was passed in 1997, 401 patients have died under the terms of the law.
- As in prior years, participants were between 55 and 84 years of age (78%), white (98%), well-educated (60% had at least a baccalaureate degree in 2008, compared to 41% in previous years), and were more likely to have cancer (80%). Patients who died in 2008 were slightly older (median age 72 years) than in previous years (median age 69 years).
- Most patients died at home (97%); and the number of patients that were enrolled in hospice care (98%) was much greater than in previous years (86%).
- In 2008, 97 percent of patients had some form of health insurance. Compared to previous years, the number of patients who had private insurance (88%) was much greater than in previous years (63%), and the number of patients who had Medicare or Medicaid was much less (8% compared to 36%).
- As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (95%), decreasing ability to participate in activities that made life enjoyable (92%), and loss of dignity (92%). During 2008, more participants were concerned about loss of dignity than in previous years (82%).
- No complications were reported in 2008.
- During 2008, 2 referrals were made to the Oregon Medical Board for incorrectly completed reporting forms. The Oregon Medical Board 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 401 DWDA patients who died after ingesting a lethal dose of medication, by year, Oregon, 1998-2008

Characteristics	2008 (N = 60)	1998-2007 (N= 341)	Total (N = 401)
Sex	N (%)*	N (%)*	N (%)*
Male (%)	30 (50.0)	183 (53.7)	213 (53.1)
Female (%)	30 (50.0)	158 (46.3)	158 (46.9)
Age			
18-34 (%)	0 (0.0)	4 (1.2)	4 (1.0)
35-44 (%)	1 (1.7)	10 (2.9)	11 (2.7)
45-54 (%)	1 (1.7)	31 (9.1)	32 (8.0)
55-64 (%)	12 (20.0)	73 (21.4)	85 (21.2)
65-74 (%)	21 (35.0)	93 (27.3)	114 (28.4)
75-84 (%)	14 (23.3)	98 (28.7)	112 (27.9)
85+ (%)	11 (18.3)	32 (9.4)	43 (10.7)
Median years (range)	72 (44-93)	69 (25-96)	70 (25-96)
Race			
White (%)	59 (98.3)	332 (97.4)	391 (97.5)
Asian (%)	1 (1.7)	6 (1.8)	7 (1.7)
American Indian (%)	0 (0.0)	1 (0.3)	1 (0.2)
Hispanic (%)	0 (0.0)	2 (0.6)	2 (0.5)
African American (%)	0 (0.0)	0 (0.0)	0 (0.0)
Other (%)	0 (0.0)	0 (0.0)	0 (0.0)
Marital status			
Married (%)	31 (51.7)	154 (45.2)	185 (46.1)
Widowed (%)	12 (20.0)	73 (21.4)	85 (21.2)
Divorced (%)	10 (16.7)	86 (25.2)	96 (23.9)
Never married (%)	7 (11.7)	28 (8.2)	35 (8.7)
Education			
Less than high school (%)	3 (5.0)	27 (7.9)	30 (7.5)
High school graduate (%)	8 (13.3)	95 (27.9)	103 (25.7)
Some college (%)	13 (21.7)	79 (23.2)	92 (22.9)
Baccalaureate or higher (%)	36 (60.0)	140 (41.1)	176 (43.9)
Residence			
Metro counties (%) ^Δ	29 (48.3)	140 (41.1)	169 (42.1)
Coastal counties (%)	5 (8.3)	25 (7.3)	30 (7.5)
Other western counties (%)	19 (31.7)	151 (44.3)	170 (42.4)
East of the Cascades (%)	7 (11.7)	25 7.3)	32 (8.0)
Underlying illness			
Malignant neoplasms (%)	48 (80.0)	280 (82.1)	328 (81.8)
Lung and bronchus (%)	14 (29.2)	65 (19.1)	79 (19.7)
Pancreas (%)	3 (6.3)	30 (8.8)	33 (8.2)
Breast (%)	5 (10.4)	30 (8.8)	35 (8.7)
Colon (%)	4 (8.3)	23 (6.7)	27 (6.7)
Prostate (%)	3 (6.3)	20 (5.9)	23 (5.7)
Other (%)	19 (39.6)	112 (32.8)	131 (32.7)
Amyotrophic lateral sclerosis (%)	4 (6.7)	26 (7.6)	30 (7.5)
Chronic lower respiratory disease (%)	4 (6.7)	15 (4.4)	19 (4.7)
HIV/AIDS (%)	1 (1.7)	7 (2.1)	8 (2.0)
Heart Disease	1 (1.7)	5 (1.5)	6 (1.5)
Illnesses listed below (%) ^Ψ	2 (3.3)	8 (2.3)	10 (2.5)

End of Life Care			
Hospice			
Enrolled (%)	59 (98.3)	291 (85.8)	350 (87.7)
Not enrolled (%)	1 (1.7)	48 (14.2)	49 (12.3)
<i>Unknown</i>	-	2	2
Insurance			
Private (%)	53 (88.3)	212 (62.9)	265 (66.8)
Medicare or Medicaid (%) ^Ω	5 (8.3)	122 (36.2)	127 (32.0)
None (%)	2 (3.3)	3 (0.9)	5 (1.3)
<i>Unknown</i>	-	4	4
End-of-life Concerns[#]			
Losing autonomy (%)	57 (95.0)	300 (89.0)	357 (89.9)
Less able to engage in activities making life enjoyable (%)	55 (91.7)	292 (86.6)	347 (87.4)
Loss of dignity (%) ^e	55 (91.7)	173 (81.6)	228 (83.8)
Losing control of bodily functions (%)	37 (61.7)	196 (58.2)	233 (58.7)
Burden on family, friends/caregivers (%)	20 (33.3)	132 (39.2)	152 (38.3)
Inadequate pain control or concern about it (%)	3 (5.0)	92 (27.3)	95 (23.9)
Financial implications of treatment (%)	2 (3.3)	9 (2.7)	11 (2.8)
PAS Process			
Referred for psychiatric evaluation (%)	2 (3.3)	36 (10.7)	38 (9.6)
Patient informed family of decision (%)**	56 (93.3)	253 (94.4)	309 (94.2)
Patient died at			
Home (patient, family or friend) (%)	58 (96.7)	319 (93.5)	377 (94.0)
Long term care, assisted living or foster care facility (%)	2 (3.3)	17 (5.0)	19 (4.7)
Hospital (%)	0 (0.0)	1 (0.3)	1 (0.2)
Other (%)	0 (0.0)	4 (1.2)	4 (1.0)
Lethal Medication			
Secobarbital (%)	35 (58.3)	175 (51.6)	210 (52.6)
Pentobarbital (%)	25 (41.7)	161 (47.2)	186 (46.4)
Other (%) ^{ΔΔ}	0 (0.0)	5 (1.2)	5 (1.0)
Health-care Provider Present When Medication Ingested**			
Prescribing physician (%)	11 (18.3)	74 (27.3)	85 (25.7)
Other provider, prescribing physician not present (%)	40 (70.2)	140 (52.8)	180 (55.9)
No provider (%)	6 (10.5)	51 (19.2)	57 (17.7)
<i>Unknown</i>	3	6	9
Complications			
Regurgitated (%)	0 (0.0)	19 (5.7)	19 (4.9)
Seizures (%)	0 (0.0)	0 (0.0)	0 (0.0)
Awakened after taking prescribed medication (%)	0 ^(ψψ)	1 ^(ψψ)	1 ^(ψψ)
None (%)	58 (100.0)	314 (94.3)	372 (95.1)
<i>Unknown</i>	2	8	10
Emergency Medical Services			
Called for intervention after lethal medication ingested (%)	0 (0.0)	0 (0.0)	0 (0.0)
Calls for other reasons (%) ^{###}	0 (0.0)	4 (1.2)	4 (1.0)
Not called after lethal medication ingested (%)	60 (100)	337 (98.8)	397 (99.0)
<i>Unknown</i>	-	4	4
Timing of PAS Event			
Duration (weeks) of patient-physician relationship			
Median	8	12	10
Range	0-916	0-1440	0-1440
<i>Unknown</i>	1	18	19

Duration (days) between 1 st request and death			
Median	42	43	43
Range	15-436	15-1009	15-1009
Minutes between ingestion and unconsciousness			
Median	5	5	5
Range	1-20	1-38	1-38
<i>Unknown</i>	5	24	28
Minutes between ingestion and death			
Median	15	25	25
Range (minutes - hours)	2 min-25 hrs	4 min-48 hrs	1 min-48 hrs
<i>Unknown</i>	6	25	31

* Unknowns are excluded when calculating percentages.

Δ Clackamas, Multnomah, and Washington counties.

Ψ Includes alcoholic hepatic failure, corticobasal degeneration, diabetes mellitus with renal complications, hepatitis C, organ-limited amyloidosis, scleroderma, Shy-Drager syndrome, multiple sclerosis, and meningioma.

Ω As only form of health insurance coverage.

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

^e First asked in 2003.

^{**} First recorded beginning in 2001. Since then, 12 patients (3.7%) have chosen not to inform their families and 7 patients (2.1%) have had no family to inform.

ΔΔ Other includes combinations of secobarbital, pentobarbital, and/or morphine.

⁺⁺ The data shown are for 2001-2008 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001.

ΨΨ In 2005, one patient regained consciousness 65 hours after ingesting the medications, subsequently dying from their illness 14 days after awakening. The complication is recorded here but the patient is not otherwise included in the total number of PAS deaths.

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