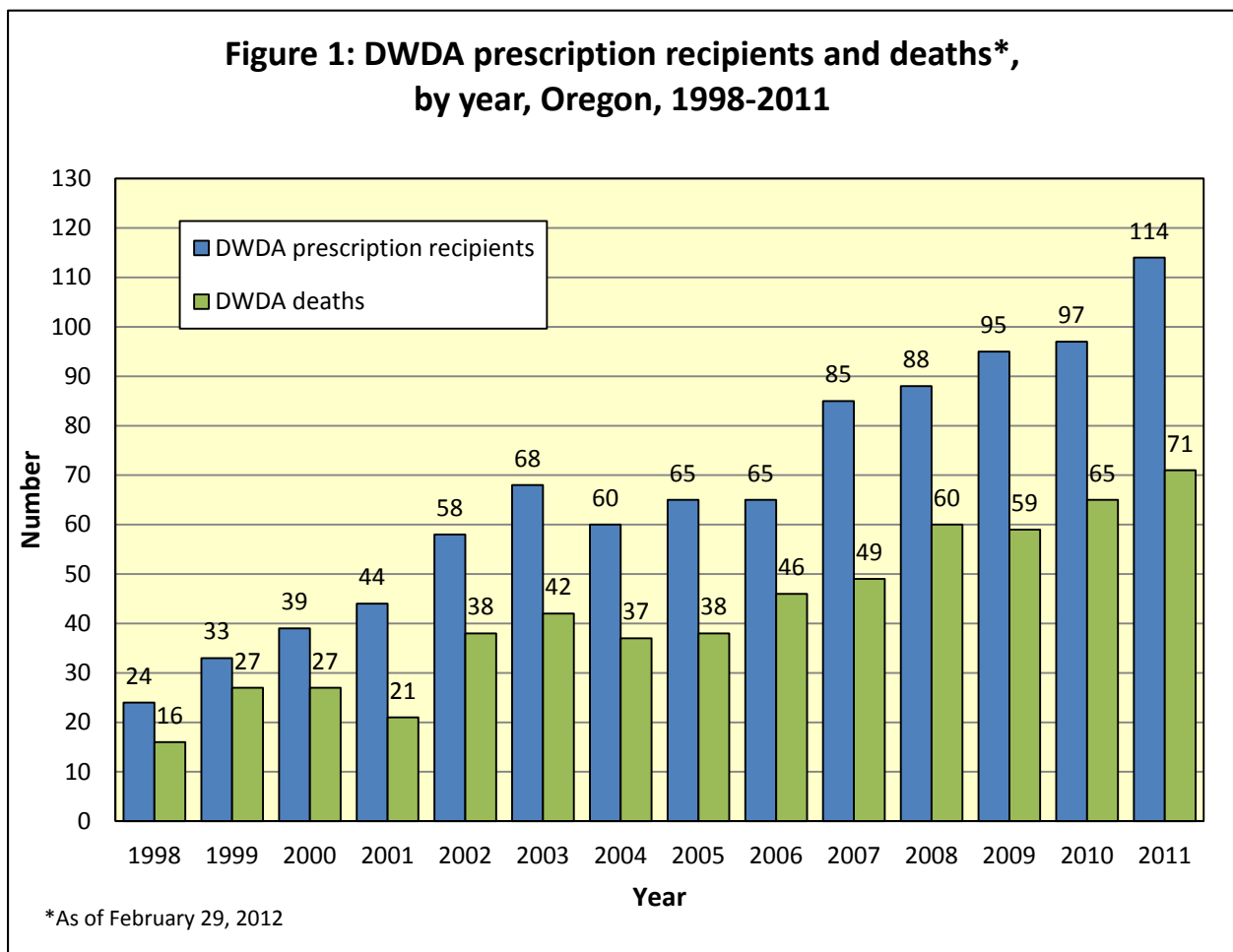


Oregon’s Death with Dignity Act--2011

Oregon’s Death with Dignity Act (DWDA), enacted in late 1997, allows terminally-ill adult Oregonians 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 2011 are listed below. The number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and deaths that occurred as a result of ingesting prescribed DWDA medications (DWDA deaths) reported in this summary are based on paperwork and death certificates received by the Oregon Public Health Division as of February 29, 2012. For more detail, please view the figures and tables on our web site at

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>.



- As of February 29, 2012, prescriptions for lethal medications were written for 114 people during 2011 under the provisions of the DWDA, compared to 97¹ during 2010 (Figure 1). At the time of this

¹ The Oregon Public Health Division’s 2010 Report lists 96 prescriptions because the report listed data as of January 7, 2011. Information on one additional prescription written in 2010 was received following the date of the report.

report, there were 71 known DWDA deaths during 2011. This corresponds to 22.5 DWDA deaths per 10,000 total deaths.²

- Since the law was passed in 1997, a total of 935 people have had DWDA prescriptions written and 596 patients have died from ingesting medications prescribed under the DWDA.
- Of the 114 patients for whom DWDA prescriptions were written during 2011, 64 (56.1%) ingested the medication; 63 died from ingesting the medication, and one patient ingested the medication but regained consciousness before dying of underlying illness and is therefore not counted as a DWDA death. The patient regained consciousness approximately 14 hours following ingestion and died about 38 hours later. Incomplete ingestion was reported for the patient.
- Nine patients with prescriptions written in previous years ingested the medication during 2011; eight of these patients died from ingesting the medication, and one ingested the medication but regained consciousness before dying of underlying illness and is therefore not counted as a DWDA death. The patient briefly regained consciousness following ingestion and died approximately 30 hours later. Possible medication tolerance was reported for the patient. Thus, two patients ingesting lethal medication in 2011 awoke and ultimately died of their underlying illness. One patient received their prescription in 2011 and the other received their prescription in 2010.
- Twenty-five (25) of the 114 patients who received DWDA prescriptions during 2011 did not take the medications and died of their underlying illness.
- Ingestion status is unknown for 25 patients for whom DWDA prescriptions were written during 2011. Three of these patients died and follow-up questionnaires were received, but ingestion status could not be determined. For the remaining 22 patients, both death and ingestion status are pending (Figure 2).
- Of the 71 DWDA deaths during 2011, most (69.0%) were aged 65 years or older; the median age was 70 years. As in previous years, most were white (95.6%), well-educated (48.5% had a least a baccalaureate degree), and had cancer (82.4%).
- Most (94.1%) patients died at home; and most (96.7%) were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death. Most (96.7%) had some form of health care insurance, although the number of patients who had private insurance (50.8%) was lower in 2011 than in previous years (68.0%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (45.9% compared to 30.4%).
- As in previous years, the three most frequently mentioned end-of-life concerns were: decreasing ability to participate in activities that made life enjoyable (90.1%), loss of autonomy (88.7%), and loss of dignity (74.6%).

² Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2009 (31,547), the most recent year for which final death data is available.

- One of the 71 DWDA patients who died during 2011 was referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of death for six patients (8.5%) during 2011 compared to 18.7% in previous years.
- A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about the time of death and circumstances surrounding death only when the physician or another health care provider was present at the time of death. Due to this change, data on time from ingestion to death is available for eight of the 71 DWDA deaths during 2011. Among those eight patients, time from ingestion until death ranged from 15 minutes to 1.5 hours.
- Sixty-two (62) physicians wrote the 114 prescriptions provided during 2011 (range 1-14 prescriptions per physician).
- During 2011, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2011, as of February 29, 2012

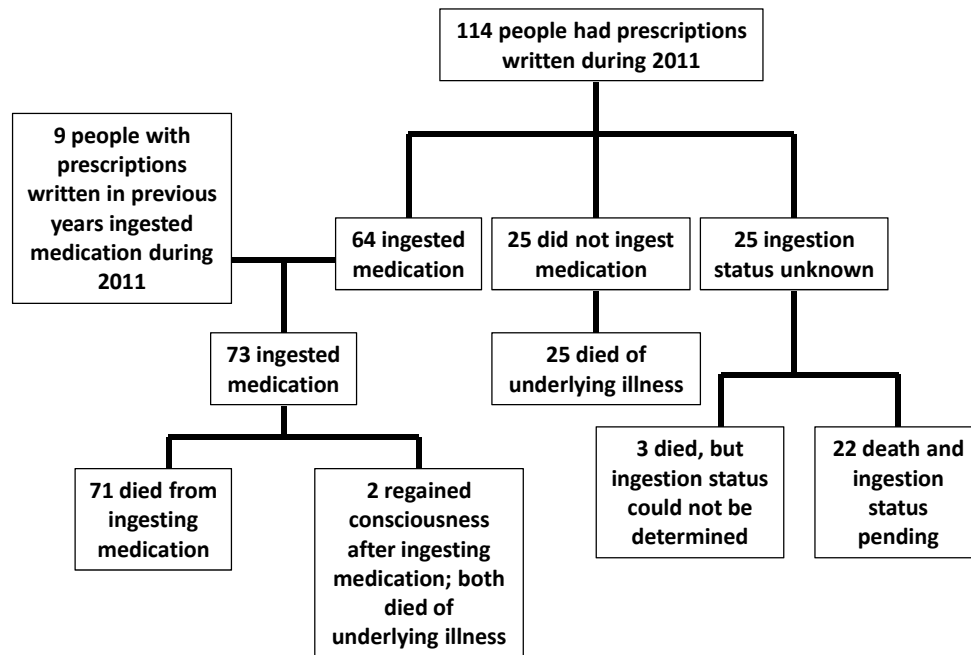


Table 1. Characteristics and end-of-life care of 596 DWDA patients who have died from ingesting a lethal dose of medication as of February 29, 2012, by year, Oregon, 1998-2011

Characteristics	2011 (N=71)	1998-2010 (N=525)	Total (N=596)
Sex	N (%) ¹	N (%) ¹	N (%) ¹
Male (%)	26 (36.6)	282 (53.7)	308 (51.7)
Female (%)	45 (63.4)	243 (46.3)	288 (48.3)
Age			
18-34 (%)	0 (0.0)	6 (1.1)	6 (1.0)
35-44 (%)	1 (1.4)	13 (2.5)	14 (2.3)
45-54 (%)	5 (7.0)	39 (7.4)	44 (7.4)
55-64 (%)	16 (22.5)	107 (20.4)	123 (20.6)
65-74 (%)	23 (32.4)	147 (28.0)	170 (28.5)
75-84 (%)	18 (25.4)	150 (28.6)	168 (28.2)
85+ (%)	8 (11.3)	63 (12.0)	71 (11.9)
Median years (range)	70 (41-96)	71 (25-96)	71 (25-96)
Race			
White (%)	65 (95.6)	514 (97.9)	579 (97.6)
African American (%)	0 (0.0)	1 (0.2)	1 (0.2)
American Indian (%)	0 (0.0)	1 (0.2)	1 (0.2)
Asian (%)	0 (0.0)	7 (1.3)	7 (1.2)
Pacific Islander (%)	1 (1.5)	0 (0.0)	1 (0.2)
Other (%)	0 (0.0)	0 (0.0)	0 (0.0)
Two or more races (%)	0 (0.0)	0 (0.0)	0 (0.0)
Hispanic (%)	2 (2.9)	2 (0.4)	4 (0.7)
Unknown	3	0	3
Marital Status			
Married (%)	26 (38.2)	245 (46.7)	271 (45.7)
Widowed (%)	19 (27.9)	115 (21.9)	134 (22.6)
Never married (%)	7 (10.3)	42 (8.0)	49 (8.3)
Divorced (%)	16 (23.5)	123 (23.4)	139 (23.4)
Unknown	3	0	3
Education			
Less than high school (%)	3 (4.4)	37 (7.1)	40 (6.8)
High school graduate (%)	9 (13.2)	130 (24.9)	139 (23.5)
Some college (%)	23 (33.8)	125 (23.9)	148 (25.0)
Baccalaureate or higher (%)	33 (48.5)	231 (44.2)	264 (44.7)
Unknown	3	2	5
Residence			
Metro counties (%) ²	27 (39.7)	226 (43.0)	253 (42.7)
Coastal counties (%)	6 (8.8)	41 (7.8)	47 (7.9)
Other western counties (%)	31 (45.6)	219 (41.7)	250 (42.2)
East of the Cascades (%)	4 (5.9)	39 (7.4)	43 (7.3)
Unknown	3	0	3
End of life care			
Hospice			
Enrolled (%) ³	59 (96.7)	463 (88.9)	522 (89.7)
Not enrolled (%)	2 (3.3)	58 (11.1)	60 (10.3)
Unknown	10	4	14
Insurance			
Private (%) ⁴	31 (50.8)	351 (68.0)	382 (66.2)
Medicare, Medicaid or Other Governmental (%)	28 (45.9)	157 (30.4)	185 (32.1)
None (%)	2 (3.3)	8 (1.6)	10 (1.7)
Unknown	10	9	19

Characteristics	2011 (N=71)	1998-2010 (N=525)	Total (N=596)
Underlying illness			
Malignant neoplasms (%)	56 (82.4)	424 (80.8)	480 (80.9)
Lung and bronchus (%)	16 (23.5)	96 (18.3)	112 (18.9)
Breast (%)	11 (16.2)	41 (7.8)	52 (8.8)
Colon (%)	2 (2.9)	34 (6.5)	36 (6.1)
Pancreas (%)	4 (5.9)	38 (7.2)	42 (7.1)
Prostate (%)	1 (1.5)	25 (4.8)	26 (4.4)
Ovary (%)	3 (4.4)	22 (4.2)	25 (4.2)
Other (%)	19 (27.9)	168 (32.0)	187 (31.5)
Amyotrophic lateral sclerosis (%)	2 (2.9)	42 (8.0)	44 (7.4)
Chronic lower respiratory disease (%)	5 (7.4)	20 (3.8)	25 (4.2)
Heart Disease (%)	1 (1.5)	9 (1.7)	10 (1.7)
HIV/AIDS (%)	0 (0.0)	8 (1.5)	8 (1.3)
Other illnesses (%)⁵	4 (5.9)	22 (4.2)	26 (4.4)
Unknown	3	0	3
DWDA process			
Referred for psychiatric evaluation (%)	1 (1.4)	39 (7.4)	40 (6.7)
Patient informed family of decision (%) ⁶	70 (98.6)	423 (93.8)	493 (94.4)
Patient died at			
Home (patient, family or friend) (%)	64 (94.1)	498 (94.9)	562 (94.8)
Long term care, assisted living or foster care facility (%)	4 (5.9)	21 (4.0)	25 (4.2)
Hospital (%)	0 (0.0)	1 (0.2)	1 (0.2)
Other (%)	0 (0.0)	5 (1.0)	5 (0.8)
Unknown	3	0	3
Lethal medication			
Secobarbital (%)	56 (78.9)	318 (60.6)	374 (62.8)
Pentobarbital (%)	15 (21.1)	200 (38.1)	215 (36.1)
Other (%) ⁷	0 (0.0)	7 (1.3)	7 (1.2)
End of life concerns⁸			
Losing autonomy (%)	63 (88.7)	475 (91.2)	538 (90.9)
Less able to engage in activities making life enjoyable (%)	64 (90.1)	459 (88.1)	523 (88.3)
Loss of dignity (%) ⁹	53 (74.6)	333 (84.1)	386 (82.7)
Losing control of bodily functions (%)	24 (33.8)	294 (56.4)	318 (53.7)
Burden on family, friends/caregivers (%)	30 (42.3)	184 (35.3)	214 (36.1)
Inadequate pain control or concern about it (%)	23 (32.4)	111 (21.3)	134 (22.6)
Financial implications of treatment (%)	2 (2.8)	13 (2.5)	15 (2.5)
Health-care provider present¹⁰			
When medication was ingested ¹¹			
Prescribing physician	6	94	100
Other provider, prescribing physician not present	3	228	231
No provider	5	67	72
Unknown	57	66	123
At time of death			
Prescribing physician (%)	6 (8.5)	83 (18.7)	89 (17.3)
Other provider, prescribing physician not present (%)	2 (2.8)	252 (56.9)	254 (49.4)
No provider (%)	63 (88.7)	108 (24.4)	171 (33.3)
Unknown	0	12	12
Complications¹¹			
Regurgitated	1	21	22
Seizures	0	0	0
None	11	456	467
Unknown	59	48	107
Other outcomes			
Regained consciousness after ingesting DWDA medications ¹²	2	3	5

Characteristics	2011 (N=71)	1998-2010 (N=525)	Total (N=596)
Timing of DWDA event			
Duration (weeks) of patient-physician relationship ¹³			
Median	12	12	12
Range	1-1379	0-1905	0-1905
<i>Number of patients with information available</i>	71	523	594
<i>Number of patients with information unknown</i>	0	2	2
Duration (days) between 1st request and death			
Median	47	46	46
Range	15-872	15-1009	15-1009
<i>Number of patients with information available</i>	71	525	596
<i>Number of patients with information unknown</i>	0	0	0
Minutes between ingestion and unconsciousness ¹¹			
Median	5	5	5
Range	2-10	1-38	1-38
<i>Number of patients with information available</i>	8	454	462
<i>Number of patients with information unknown</i>	63	71	134
Minutes between ingestion and death ¹¹			
Median	27	25	25
Range (minutes - hours)	15min-1.5hrs	1min-104hrs	1min-104hrs
<i>Number of patients with information available</i>	8	459	467
<i>Number of patients with information unknown</i>	63	66	129

¹ Unknowns are excluded when calculating percentages.

² Clackamas, Multnomah, and Washington counties.

³ Includes patients that were enrolled in hospice at the time the prescription was written or at time of death.

⁴ Private insurance category includes those with private insurance alone or in combination with other insurance.

⁵ Includes deaths due to benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson's disease and Huntington's disease), musculoskeletal and connective tissue diseases, viral hepatitis, diabetes mellitus, cerebrovascular disease, and alcoholic liver disease.

⁶ First recorded beginning in 2001. Since then, 21 patients (4.0%) have chosen not to inform their families, and 8 patients (1.5%) have had no family to inform. There was one unknown case in 2002, two in 2005, and one in 2009.

⁷ Other includes combinations of secobarbital, pentobarbital, and/or morphine.

⁸ Affirmative answers only ("Don't know" included in negative answers). Categories are not mutually exclusive. Data unavailable for four patients in 2001.

⁹ First asked in 2003. Data available for 71 patients in 2011, 396 patients between 1998-2010, and 467 patients for all years.

¹⁰ The data shown are for 2001-2011 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001.

¹¹ A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of death and circumstances surrounding death only when the physician or another health care provider is present at the time of death. This resulted in a larger number of unknowns beginning in 2010.

¹² Patients who regained consciousness after ingesting prescribed medications are not included in the total number of DWDA deaths. In 2005, one patient regained consciousness 65 hours after ingesting the medication, subsequently dying from underlying illness 14 days after awakening. In 2010, two patients regained consciousness after ingesting medications. One patient regained consciousness 88 hours after ingesting the medication, subsequently dying from underlying illness three months later. The other patient regained consciousness within 24 hours, subsequently dying from underlying illness five days following ingestion. In 2011, two patients regained consciousness after ingesting the medication. One of the patients very briefly regained consciousness after ingesting the prescribed medication and died from underlying illness about 30 hours later. The other patient regained consciousness approximately 14 hours after ingesting the medication and died from underlying illness about 38 hours later.

¹³ Previous reports listed 20 records missing the date care began with the attending physician. Further research with these cases has reduced the number of unknowns.