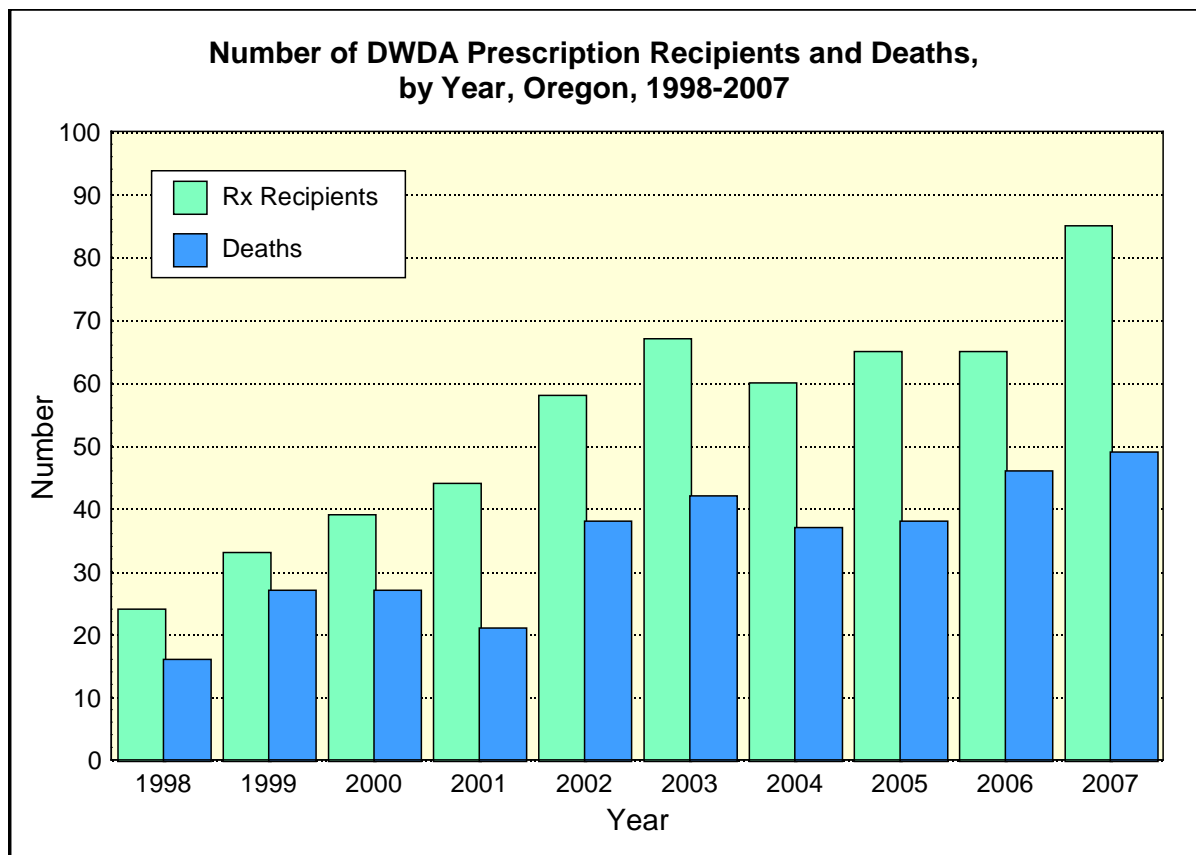


Oregon's Death with Dignity Act - 2007

Oregon's Death with Dignity Act (DWDA) allows terminally ill adult residents to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications. The Oregon Department of Human Services is required by the Act to collect information on compliance and to issue an annual report. The key findings from 2007 are listed below. For more detail, please view Table 1.



- During 2007, 85 prescriptions for lethal medications were written under the provisions of the DWDA compared to 65 during 2006 (Figure). Of these, 46 patients took the medications, 26 died of their underlying disease, and 13 were alive at the end of 2007. In addition, three patients with earlier prescriptions died from taking the medications, resulting in a total of 49 DWDA deaths during 2007. This corresponds to an estimated 15.6 DWDA deaths per 10,000 total deaths.

- Forty-five physicians wrote the 85 prescriptions (range 1-10).
- Since the DWDA was passed in 1997, 341 patients have died under the terms of the law.
- As in prior years, most participants were between 55 and 84 years of age (80%) white (98%), well educated (69% had some college), and had terminal cancer (86%). Patients who died in 2007 were younger (median age 65 years) than in previous years (median age 70 years).
- During 2007, more patients resided in the Portland Metropolitan area (Clackamas, Multnomah, and Washington counties) (55%) compared to prior years (39%).
- All patients had some form of health insurance: 65% had private insurance, and 35% had Medicare or Medicaid.
- As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (100%), decreasing ability to participate in activities that made life enjoyable (86%), and loss of dignity (86%). During 2007, more participants were concerned about inadequate pain control (33%) than in previous years (26%).
- Most patients died at home (90%) and were enrolled in hospice care (88%).
- Complications were reported in three patients during 2007; they all regurgitated some of the medication. One person lived 3½ days.
- During 2007, no physician referrals were made to the Oregon Medical Board.

Table 1. Characteristics and end-of-life care of 341 DWDA patients who died after ingesting a lethal dose of medication, Oregon, 1998-2007

Characteristics	2007 (N = 49)		1998-2006 (N= 292)		Total (N = 341)	
	N	(%)*	N	(%)*	N	(%)*
Sex						
Male (%)	26	(53.1)	157	(53.8)	183	(53.7)
Female (%)	23	(46.9)	135	(46.2)	158	(46.3)
Age						
18-34 (%)	1	(2.0)	3	(1.0)	4	(1.2)
35-44 (%)	2	(4.1)	8	(2.7)	10	(2.9)
45-54 (%)	3	(6.1)	28	(9.6)	31	(9.1)
55-64 (%)	18	(36.7)	55	(18.8)	73	(21.4)
65-74 (%)	10	(20.4)	83	(28.4)	93	(27.3)
75-84 (%)	11	(22.4)	87	(29.8)	98	(28.7)

85+ (%)	4 (8.2)	28 (9.6)	32 (9.4)
Median years (range)	65 (29-93)	70 (25-96)	69 (25-96)
Race			
White (%)	48 (98.0)	284 (97.3)	332 (97.4)
Asian (%)	0 (0.0)	6 (2.1)	6 (1.8)
American Indian (%)	0 (0.0)	1 (0.3)	1 (0.3)
Hispanic (%)	1 (2.0)	1 (0.3)	2 (0.6)
African American	0 (0.0)	0 (0.0)	0 (0.0)
Other	0 (0.0)	0 (0.0)	0 (0.0)
Marital status			
Married (%)	21 (42.9)	133 (45.5)	154 (45.2)
Widowed (%)	10 (20.4)	63 (21.6)	73 (21.4)
Divorced (%)	12 (24.5)	74 (25.3)	86 (25.2)
Never married (%)	6 (12.2)	22 (7.5)	28 (8.2)
Education			
Less than high school (%)	2 (4.1)	25 (8.6)	27 (7.9)
High school graduate (%)	13 (26.5)	82 (28.1)	95 (27.9)
Some college (%)	15 (30.6)	64 (21.9)	79 (23.2)
Baccalaureate (%)	11 (22.4)	60 (20.5)	71 (20.8)
Postbaccalaureate (%)	8 (16.3)	61 (20.9)	69 (20.2)
Residence			
Metro counties (%) ^Δ	27 (55.1)	113 (38.7)	140 (41.1)
Coastal counties (%) ⁺	4 (8.2)	21 (7.2)	25 (7.3)
Other western counties (%)	15 (30.6)	136 (46.6)	151 (44.3)
East of the Cascades (%)	3 (6.1)	22 (7.5)	25 (7.3)
Underlying illness			
Neoplasms, all forms (%)	42 (85.7)	238 (81.5)	280 (82.1)
Lung and bronchus (%)	11 (22.4)	54 (18.5)	65 (19.1)
Pancreas (%)	3 (6.1)	27 (9.2)	30 (8.8)
Breast (%)	5 (10.2)	25 (8.6)	30 (8.8)
Colon (%)	4 (8.2)	19 (6.5)	23 (6.7)
Prostate	5 (10.2)	15 (5.1)	20 (5.9)
Other (%)	14 (28.6)	98 (33.6)	112 (32.8)
Amyotrophic lateral sclerosis (%)	3 (6.1)	23 (7.9)	26 (7.6)
Chronic lower respiratory disease (%)	3 (6.1)	12 (4.1)	15 (4.4)
HIV/AIDS (%)	1 (2.0)	6 (2.1)	7 (2.1)
Heart disease (%)	0 (0.0)	5 (1.7)	5 (1.5)
Other illnesses listed below (%) ^ψ	0 (0.0)	8 (2.7)	8 (2.3)
End-of-Life Care			
Hospice			
Enrolled (%)	43 (87.8)	248 (85.5)	291 (85.8)
Not enrolled (%)	6 (12.2)	42 (14.5)	48 (14.2)
Unknown	-	2	2
Insurance			
Private (%)	32 (65.3)	180 (62.5)	212 (62.9)
Medicare or Medicaid (%)	17 (34.7)	105 (36.5)	122 (36.2)
None (%)	0 (0.0)	3 (1.0)	3 (0.9)

<i>Unknown</i>	<i>0</i>	<i>4</i>	<i>4</i>
End-of-life Concerns[#]			
Losing autonomy (%)	49 (100)	251 (87.2)	300 (89.0)
Less able to engage in activities making life enjoyable (%)	42 (85.7)	250 (86.8)	292 (86.6)
Loss of dignity (%) ^o	42 (85.7)	131 (80.4)	173 (81.6)
Losing control of bodily functions (%)	31 (63.3)	165 (57.3)	196 (58.2)
Burden on family, friends/caregivers (%)	22 (44.9)	110 (38.2)	132 (39.2)
Inadequate pain control or concern about it (%)	16 (32.7)	76 (26.4)	92 (27.3)
Financial implications of treatment (%)	2 (4.1)	7 (2.4)	9 (2.7)
PAS Process			
Referred for psychiatric evaluation (%)	0 (0.0)	36 (12.6)	36 (10.7)
Patient informed family of decision (%)**	46 (93.9)	207 (94.5)	253 (94.4)
Patient died at			
Home (patient, family or friend) (%)	44 (89.8)	275 (94.2)	319 (93.5)
Long term care, assisted living or foster care facility (%)	4 (8.2)	13 (4.5)	17 (5.0)
Hospital (%)	0 (0.0)	1 (0.3)	1 (0.3)
Other (%)	1 (2.0)	3 (1.0)	4 (1.2)
Lethal Medication			
Secobarbital (%)	40 (81.6)	135 (46.2)	175 (51.3)
Pentobarbital (%)	9 (18.4)	152 (52.1)	161 (47.2)
Other (%) ^{ΔΔ}	0 (0.0)	5 (1.7)	5 (1.5)
Health-care Provider Present When Medication Ingested**			
Prescribing physician (%)	11 (22.4)	63 (29.2)	74 (27.9)
Other provider, prescribing physician not present (%)	25 (51.0)	115 (53.2)	140 (52.8)
No provider (%)	13 (26.5)	38 (17.6)	51 (19.2)
<i>Unknown</i>	<i>0</i>	<i>6</i>	<i>6</i>
Complications			
Regurgitated (%)	3 (6.3)	16 (5.6)	19 (5.7)
Seizures (%)	0 -	0 -	0 -
Awakened after taking prescribed medication (%) ψψ	0	1	1
None (%)	46 (93.8)	269 (94.4)	314 (94.3)
<i>Unknown</i>	<i>0</i>	<i>8</i>	<i>8</i>
Emergency Medical Services			
Called for intervention after lethal medication ingested (%)	0 (0)	0 (0)	0 (0)
Calls for other reasons (%) ^{##}	0 (0)	4 (1.4)	4 (1.2)
Not called after lethal medication ingested (%)	49 (100)	284 (98.6)	333 (98.8)
<i>Unknown</i>	<i>-</i>	<i>4</i>	<i>4</i>
Timing of PAS Event			
Duration (weeks) of patient-physician relationship			
Median	8	12	11
Range	0-1440	0-1065	0-1440
<i>Unknown</i>	<i>2</i>	<i>16</i>	<i>18</i>
Duration (days) between prescription written and death			
Median	14	6	7
Range	0-463	0-698	0-698
Minutes between ingestion and unconsciousness			
Median	5	5	5

Range	1-20	1-38	1-38
<i>Unknown</i>	3	28	31
Minutes between ingestion and death			
Median	25	25	25
	6 min-83 hrs	1 min-48 hrs	1 min-83 hrs
Range (minutes - hours)			
<i>Unknown</i>	5	20	25

* Unknowns are excluded when calculating percentages.

△ Clackamas, Multnomah, and Washington counties.

+ Excluding Douglas and Lane counties.

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

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

° First asked beginning in 2003.

** First recorded beginning in 2001. Since then, 10 patients (3.7%) have chosen not to inform their families and five patients (1.9%) have had no families to inform.

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

++ The data shown are for 2001-2007 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 his/her illness 2 weeks after awakening. The complication is recorded here but the patient is not otherwise included in the total number of DWDA deaths.

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