

2017

# >> Oregon Death with Dignity Act

2017 Data Summary

Oregon  
Health  
Authority  
PUBLIC HEALTH DIVISION

# Acknowledgments

Report written by: Public Health Division, Center for Health Statistics

Date: February 9, 2018

For more information, see:

<http://public.health.oregon.gov/ProviderPartnerResources/Evaluationresearch/deathwithdignityact/Pages/index.aspx>

Contact: DWDA.INFO@state.or.us

# Executive summary

The Oregon Death with Dignity Act (DWDA) allows terminally ill Oregonians who meet specific qualifications to end their lives through the voluntary self-administration of a lethal dose of medications, expressly prescribed by a physician for that purpose. The Act requires the Oregon Health Authority, Public Health Division, to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report. In 2017, 218 people received prescriptions under the DWDA. As of January 19, 2018, 143 people had died in 2017 from ingesting the prescribed medications, including 14 who had received the prescriptions in prior years. Characteristics of DWDA patients were similar to those in previous years: most patients were aged 65 years or older (80.4%) and had cancer (76.9%). During 2017, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

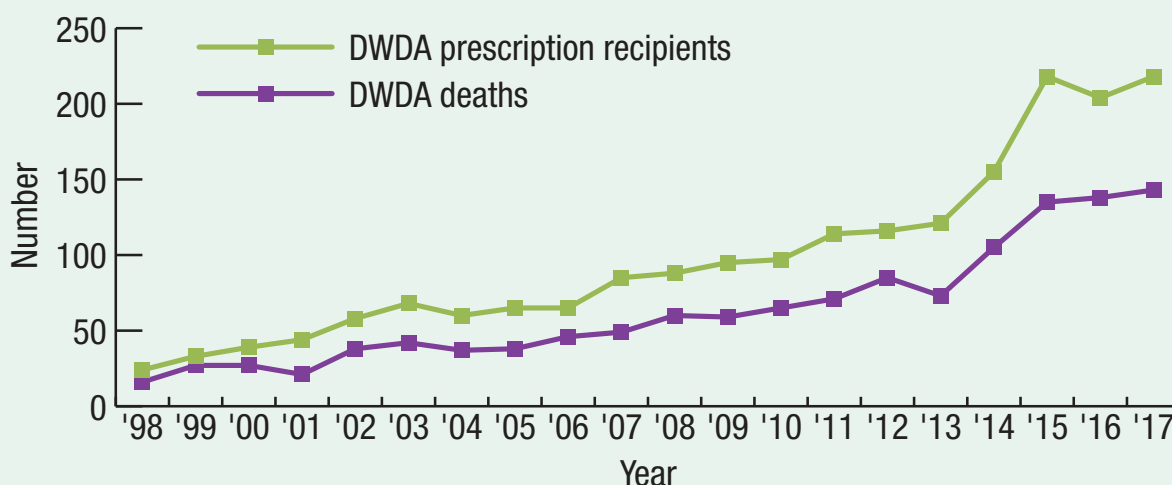
# Introduction

The Oregon Death with Dignity Act (DWDA) allows terminally ill Oregonians who meet specific qualifications to end their lives through the voluntary self-administration of a lethal dose of medications, expressly prescribed by a physician for that purpose. The Act requires the Oregon Health Authority (OHA), Public Health Division, to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report.

The DWDA outlines specific patient requirements to participate. A patient must be: 1) 18 years of age or older, 2) a resident of Oregon, 3) capable of making and communicating health care decisions for him/herself, and 4) diagnosed with a terminal illness that will lead to death within six (6) months. It is up to the attending and consulting physicians to determine whether these requirements have been met, and to report that fact to OHA at the time a prescription is written. If OHA identifies any issues of noncompliance with the statutory requirements, that fact is reported to the appropriate licensing board.

Data presented in this summary, including the number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and the resulting deaths from the ingestion of the medications (DWDA deaths), are based on required reporting forms and death certificates received by OHA as of January 19, 2018. More information on the reporting process, required forms, and annual reports is available at: <http://www.healthoregon.org/dwd>.

**Figure 1: DWDA prescription recipients and deaths\*, by year, Oregon, 1998-2017**



\*As of January 19, 2018

See Table 2 for detailed information

# Participation summary and trends

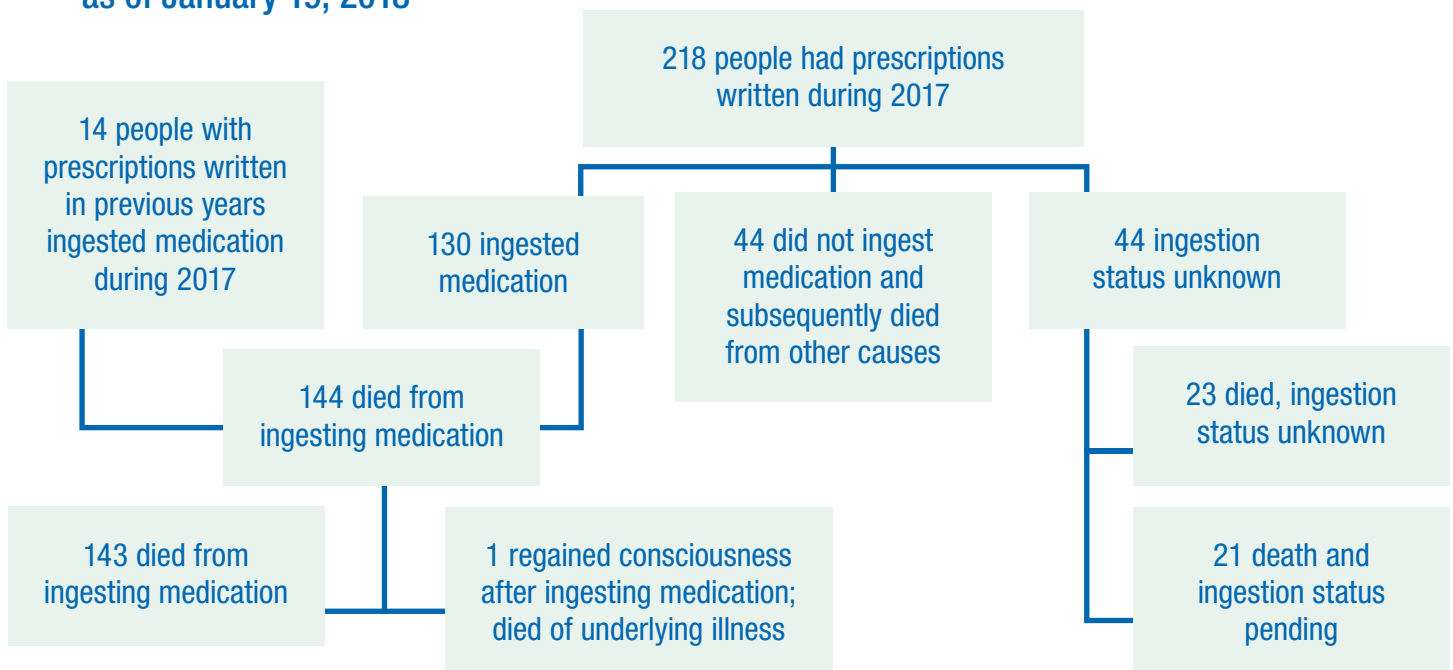
During 2017, 218 people received prescriptions for lethal medications under the provisions of the Oregon DWDA, compared to 204 during 2016 (Figure 1 and Table 2). As of January 19, 2018, OHA had received reports of 143 people who had died during 2017 from ingesting the medications prescribed under DWDA, compared to 138 during 2016.

Since the law was passed in 1997, a total of 1,967 people have had prescriptions written under the DWDA, and 1,275 patients have died from ingesting the medications. During 2017, the estimated rate of DWDA deaths was 39.9 per 10,000 total deaths.

A summary of DWDA prescriptions written and medications ingested is shown in Figure 2. Of the 218 patients for whom prescriptions were written during 2017, 130 (59.6%) ingested the medication; 129 died from ingesting the medication, and one patient ingested the medication but regained consciousness before dying from the underlying illness and is therefore not counted as a DWDA death. An additional 44 patients (20.2%) did not take the medications and subsequently died of other causes.

Ingestion status is unknown for 44 patients prescribed DWDA medications in 2017. Twenty-three of these patients died, but follow up information is not yet available. For the remaining 21 patients, both death and ingestion status are pending (Figure 2).

**Figure 2: Summary of DWDA prescriptions written and medications ingested in 2017, as of January 19, 2018**



# Patient characteristics

Of the 143 DWDA deaths during 2017, most patients (80.4%) were aged 65 years or older. The median age at death was 74 years. As in previous years, decedents were commonly white (94.4%) and well educated (48.9% had a least a baccalaureate degree).

Patients' underlying illnesses were similar to those of previous years. Most patients had cancer (76.9%), followed by amyotrophic lateral sclerosis (ALS) (7.0%) and heart/circulatory disease (6.3%). The majority of patients (90.2%) died at home, and most (90.9%) were enrolled in hospice care. Excluding unknown cases, most (99.1%) had some form of health care insurance. The percent of patients who had private insurance (31.3%) and Medicare or Medicaid insurance (67.8%) in 2017 was similar to last year (29.7% and 69.5%, respectively).

Similar to previous years, the three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (88.1%), loss of autonomy (87.4%), and loss of dignity (67.1%).

# DWDA process

A total of 92 physicians wrote 218 prescriptions during 2017 (1–29 prescriptions per physician). Five patients were referred for psychological or psychiatric evaluation. During 2017, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

A procedure revision was made 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. For 42 patients, either the prescribing physician or another healthcare provider was present at the time of death. Prescribing physicians were present at time of death for 23 patients (16.1%); 19 additional cases had other health care providers present (e.g., hospice nurse). Data on time from ingestion to death are available for only 40 DWDA deaths during 2017. Among those 40 patients, time from ingestion until death ranged from ten minutes to 21 hours.

**Table 1. Characteristics and end-of-life care of 1,275 DWDA patients who have died from ingesting a lethal dose of medication as of January 19, 2018, by year, Oregon, 1998–2017**

Characteristics	2017	1998–2016	Total
	(N=143)	(N=1,132)	(N=1,275)
<b>Sex</b>	<b>N (%)<sup>1</sup></b>	<b>N (%)<sup>1</sup></b>	<b>N (%)<sup>1</sup></b>
Male (%)	83 (58.0)	585 (51.7)	668 (52.4)
Female (%)	60 (42.0)	547 (48.3)	607 (47.6)
<b>Age</b>			
18-34 (%)	0 (0.0)	9 (0.8)	9 (0.7)
35-44 (%)	2 (1.4)	24 (2.1)	26 (2.0)
45-54 (%)	3 (2.1)	70 (6.2)	73 (5.7)
55-64 (%)	23 (16.1)	225 (19.9)	248 (19.5)
65-74 (%)	46 (32.2)	342 (30.2)	388 (30.4)
75-84 (%)	43 (30.1)	292 (25.8)	335 (26.3)
85+ (%)	26 (18.2)	170 (15.0)	196 (15.4)
Median years (range)	74 (41-99)	72 (25-102)	72 (25-102)
<b>Race</b>			
White (%)	135 (94.4)	1,088 (96.5)	1,223 (96.3)
African American (%)	0 (0.0)	1 (0.1)	1 (0.1)
American Indian (%)	0 (0.0)	2 (0.2)	2 (0.2)
Asian (%)	4 (2.8)	15 (1.3)	19 (1.5)
Pacific Islander (%)	0 (0.0)	1 (0.1)	1 (0.1)
Other (%)	0 (0.0)	3 (0.3)	3 (0.2)
Two or more races (%)	1 (0.7)	5 (0.4)	6 (0.5)
Hispanic (%)	3 (2.1)	12 (1.1)	15 (1.2)
<i>Unknown</i>	0	5	5
<b>Marital status</b>			
Married (including Registered Domestic Partner) (%)	75 (52.4)	514 (45.7)	589 (46.5)
Widowed (%)	26 (18.2)	258 (22.9)	284 (22.4)
Never married (%)	6 (4.2)	86 (7.6)	92 (7.3)
Divorced (%)	36 (25.2)	267 (23.7)	303 (23.9)
<i>Unknown</i>	0	7	7
<b>Education</b>			
Less than high school (%)	7 (5.0)	63 (5.6)	70 (5.5)
High school graduate (%)	36 (25.5)	242 (21.6)	278 (22.0)
Some college (%)	29 (20.6)	299 (26.6)	328 (26.0)
Baccalaureate or higher (%)	69 (48.9)	518 (46.2)	587 (46.5)
<i>Unknown</i>	2	10	12



Characteristics	2017	1998–2016	Total
	(N=143)	(N=1,132)	(N=1,275)
<b>Residence</b>			
Metro counties (Clackamas, Multnomah, Washington) (%)	55 (38.5)	484 (43.1)	539 (42.6)
Coastal counties (%)	12 (8.4)	80 (7.1)	92 (7.3)
Other western counties (%)	65 (45.5)	471 (41.9)	536 (42.3)
East of the Cascades (%)	11 (7.7)	88 (7.8)	99 (7.8)
Unknown	0	9	9
<b>End of life care</b>			
<b>Hospice</b>			
Enrolled (%)	130 (90.9)	989 (90.1)	1119 (90.2)
Not enrolled (%)	13 (9.1)	109 (9.9)	122 (9.8)
Unknown	0	34	34
<b>Insurance</b>			
Private (%)	36 (31.3)	569 (53.8)	605 (51.6)
Medicare, Medicaid or other governmental (%)	78 (67.8)	474 (44.8)	552 (47.1)
None (%)	1 (0.9)	14 (1.3)	15 (1.3)
Unknown	28	75	103
<b>Underlying illness</b>			
<b>Cancer (%)</b>	<b>110 (76.9)</b>	<b>883 (78.0)</b>	<b>993 (77.9)</b>
Lung and bronchus (%)	23 (16.1)	193 (17.0)	216 (16.9)
Breast (%)	6 (4.2)	86 (7.6)	92 (7.2)
Colon (%)	6 (4.2)	73 (6.4)	79 (6.2)
Pancreas (%)	15 (10.5)	74 (6.5)	89 (7.0)
Prostate (%)	10 (7.0)	48 (4.2)	58 (4.5)
Ovary (%)	4 (2.8)	41 (3.6)	45 (3.5)
Other cancers (%)	46 (32.2)	368 (32.5)	414 (32.5)
<b>Neurological disease (%)</b>	<b>20 (14.0)</b>	<b>114 (10.1)</b>	<b>134 (10.5)</b>
Amyotrophic lateral sclerosis (%)	10 (7.0)	90 (8.0)	100 (7.8)
Other neurological disease (%)	10 (7.0)	24 (2.1)	34 (2.7)
<b>Respiratory disease [e.g., COPD] (%)</b>	<b>2 (1.4)</b>	<b>59 (5.2)</b>	<b>61 (4.8)</b>
<b>Heart/circulatory disease (%)</b>	<b>9 (6.3)</b>	<b>40 (3.5)</b>	<b>49 (3.8)</b>
<b>Infectious disease [e.g., HIV/AIDS] (%)</b>	<b>0 (0.0)</b>	<b>13 (1.1)</b>	<b>13 (1.0)</b>
<b>Gastrointestinal disease [e.g., liver disease] (%)</b>	<b>0 (0.0)</b>	<b>8 (0.7)</b>	<b>8 (0.6)</b>
<b>Endocrine/metabolic disease [e.g., diabetes](%)</b>	<b>1 (0.7)</b>	<b>7 (0.6)</b>	<b>8 (0.6)</b>
<b>Other illnesses (%)<sup>2</sup></b>	<b>1 (0.7)</b>	<b>8 (0.7)</b>	<b>9 (0.7)</b>

Characteristics	2017	1998–2016	Total
	(N=143)	(N=1,132)	(N=1,275)
<b>DWDA process</b>			
Referred for psychiatric evaluation (%)	5 (3.5)	57 (5.1)	62 (4.9)
Patient informed family of decision (%) <sup>3</sup>	139 (97.9)	982 (93.1)	1,121 (93.7)
<b>Patient died at</b>			
Home (patient, family or friend) (%)	129 (90.2)	1,052 (93.4)	1,181 (93.1)
Long term care, assisted living or foster care facility (%)	13 (9.1)	55 (4.9)	68 (5.4)
Hospital (%)	0 (0.0)	4 (0.4)	4 (0.3)
Other (%)	1 (0.7)	15 (1.3)	16 (1.3)
<i>Unknown</i>	0	6	6
<b>Lethal medication</b>			
Secobarbital (%)	71 (49.7)	676 (59.7)	747 (58.6)
Pentobarbital (%)	0 (0.0)	386 (34.1)	386 (30.3)
Phenobarbital (%)	6 (4.2)	57 (5.0)	63 (4.9)
Morphine sulfate (%)	66 (46.2)	6 (0.5)	72 (5.6)
Other (%)	0 (0.0)	7 (0.6)	7 (0.5)
<b>End of life concerns<sup>4</sup></b>			
	<b>(N=143)</b>	<b>(N=1,132)</b>	<b>(N=1,275)</b>
Losing autonomy (%)	125 (87.4)	1,029 (91.4)	1,154 (90.9)
Less able to engage in activities making life enjoyable (%)	126 (88.1)	1,011 (89.7)	1,137 (89.5)
Loss of dignity (%) <sup>5</sup>	96 (67.1)	769 (76.9)	865 (75.7)
Losing control of bodily functions (%)	53 (37.1)	526 (46.8)	579 (45.7)
Burden on family, friends/caregivers (%)	79 (55.2)	475 (42.2)	554 (43.7)
Inadequate pain control or concern about it (%)	30 (21.0)	297 (26.4)	327 (25.8)
Financial implications of treatment (%)	8 (5.6)	39 (3.5)	47 (3.7)
<b>Health-care provider present (collected since 2001)</b>			
	<b>(N=143)</b>	<b>(N=1,062)</b>	<b>(N=1,205)</b>
When medication was ingested <sup>6</sup>			
Prescribing physician	24	163	187
Other provider, prescribing physician not present	24	270	294
No provider	6	91	97
<i>Unknown</i>	89	538	627
At time of death			
Prescribing physician (%)	23 (16.1)	149 (14.3)	172 (14.6)
Other provider, prescribing physician not present (%)	19 (13.3)	295 (28.4)	314 (26.6)
No provider (%)	101 (70.6)	595 (57.3)	696 (58.9)
<i>Unknown</i>	0	23	23
<b>Complications<sup>6</sup></b>			
	<b>(N=143)</b>	<b>(N=1,121)</b>	<b>(N=1,264)</b>
Difficulty ingesting/regurgitated	1	24	25
Seizures	2	0	2
Other	1	6	7
None	38	554	592
<i>Unknown</i>	101	537	638

Characteristics	2017	1998–2016	Total
	(N=143)	(N=1,132)	(N=1,275)
<b>Other outcomes</b>			
Regained consciousness after ingesting DWDA medications <sup>7</sup>	1	6	7
<b>Timing of DWDA event</b>			
Duration (weeks) of patient-physician relationship			
Median	10	13	13
Range	1-2,138	0-1,905	0-2,138
<i>Number of patients with information available</i>	<i>140</i>	<i>1,128</i>	<i>1,268</i>
<i>Number of patients with information unknown</i>	<i>3</i>	<i>4</i>	<i>7</i>
Duration (days) between first request and death			
Median	52	48	48
Range	15-603	14-1,009	14-1,009
<i>Number of patients with information available</i>	<i>143</i>	<i>1,132</i>	<i>1,275</i>
<i>Number of patients with information unknown</i>	<i>0</i>	<i>0</i>	<i>0</i>
Minutes between ingestion and unconsciousness			
Median	6	5	5
Range	2-240	1-60	1-240
<i>Number of patients with information available</i>	<i>38</i>	<i>556</i>	<i>594</i>
<i>Number of patients with information unknown</i>	<i>105</i>	<i>576</i>	<i>681</i>
Minutes between ingestion and death			
Median	31	25	25
Range	10min-21hrs	1min-104hrs	1min-104hrs
<i>Number of patients with information available</i>	<i>40</i>	<i>562</i>	<i>602</i>
<i>Number of patients with information unknown</i>	<i>103</i>	<i>570</i>	<i>673</i>

- 1 Unknowns are excluded when calculating percentages.
- 2 Includes deaths due to arthritis, arteritis, sclerosis, stenosis, kidney failure, and musculoskeletal systems disorders.
- 3 First recorded in 2001. Since then, 55 patients (4.6%) have chosen not to inform their families, and 21 patients (1.7%) have had no family to inform. There was one unknown case in 2002, two in 2005, one in 2009, three in 2013, and one in 2017.
- 4 Affirmative answers only (“Don’t know” included in negative answers). Categories are not mutually exclusive. Data unavailable for four patients in 2001.
- 5 First asked in 2003. Data available for 143 patients in 2017, 1,003 patients between 1998 and 2016, and 1,146 patients for all years.
- 6 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.
- 7 There have been a total of seven patients who regained consciousness after ingesting prescribed lethal medications. These patients are not included in the total number of DWDA deaths. These deaths occurred in 2005 (1 death), 2010 (2 deaths), 2011 (2 deaths), 2012 (1 death), and 2017 (1 death). Please refer to the appropriate years’ annual reports on our website (<http://www.healthoregon.org/dwd>) for more detail on these deaths.

**Table 2. Number of DWDA prescription recipients, DWDA deaths, and attending physicians, 1998-2017**

Year	Prescription recipients	DWDA deaths	Attending physicians
1998	24	16	n/a
1999	33	27	n/a
2000	39	27	22
2001	44	21	33
2002	58	38	33
2003	68	42	42
2004	60	37	40
2005	65	38	40
2006	65	46	41
2007	85	49	46
2008	88	60	60
2009	95	59	64
2010	97	65	59
2011	114	71	62
2012	116	85	62
2013	121	73	62
2014	155	105	83
2015	218	135	106
2016	204	138	102
2017	218	143	92





PUBLIC HEALTH DIVISION

<http://www.healthoregon.org/dwd>

[DWDA.info@state.or.us](mailto:DWDA.info@state.or.us)

You can get this document in other languages, large print, braille or a format you prefer. Contact the Publications and Design Section at 503-378-3486 or email [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us). We accept all relay calls or you can dial 711.

OHA 8579 (01/18)