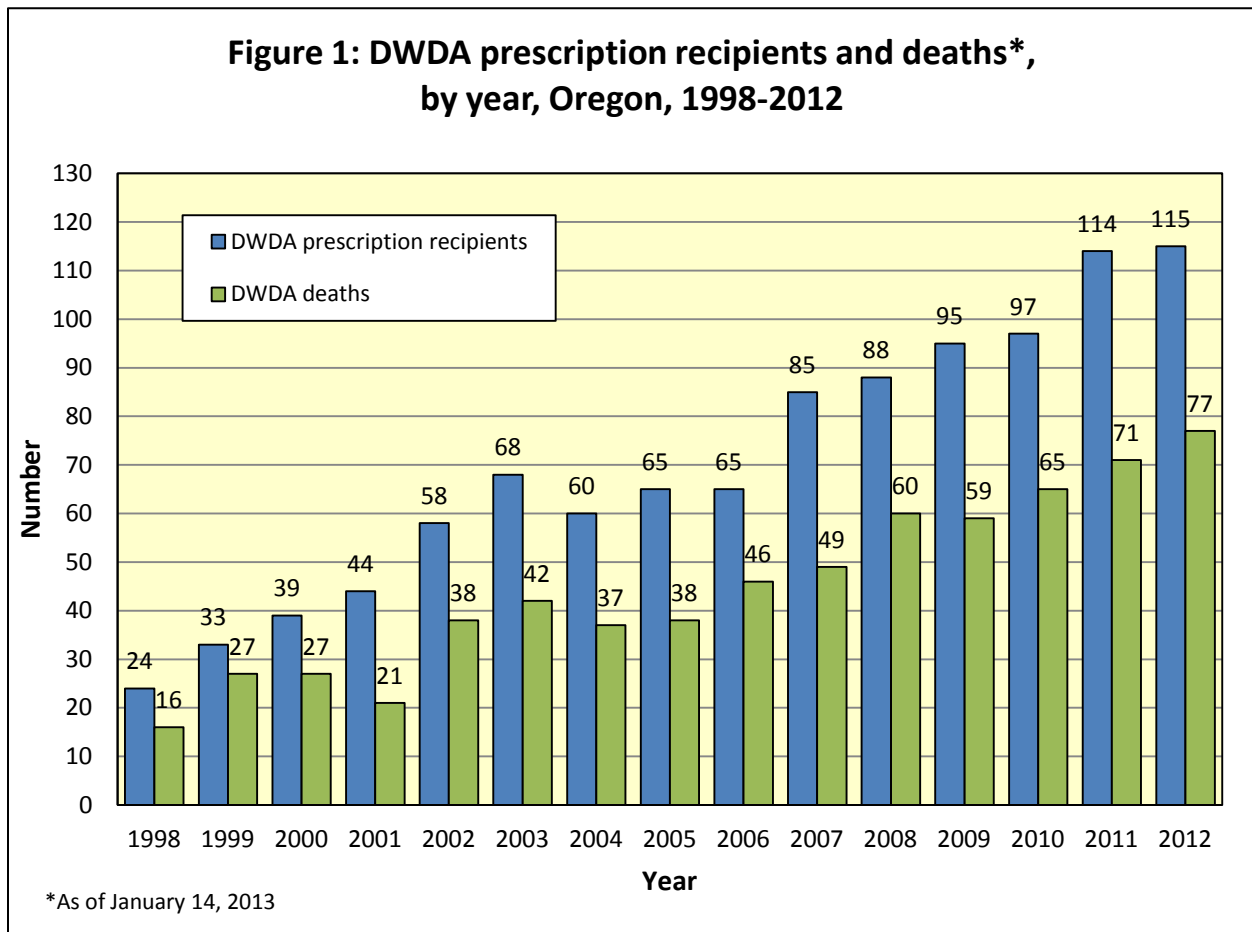


Oregon’s Death with Dignity Act--2012

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 2012 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 January 14, 2013. For more detail, please view the figures and tables on our web site: <http://www.healthoregon.org/dwd>.



- As of January 14, 2013, prescriptions for lethal medications were written for 115 people during 2012 under the provisions of the DWDA, compared to 114 during 2011 (Figure 1). At the time of this report, there were 77 known DWDA deaths during 2012. This corresponds to 23.5 DWDA deaths per 10,000 total deaths.¹

¹ Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2011 (32,731), the most recent year for which final death data is available.

- Since the law was passed in 1997, a total of 1,050 people have had DWDA prescriptions written and 673 patients have died from ingesting medications prescribed under the DWDA.
- Of the 115 patients for whom DWDA prescriptions were written during 2012, 67 (58.3%) ingested the medication; 66 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 two days following ingestion, but remained minimally responsive and died six days following ingestion.
- Eleven (11) patients with prescriptions written during the previous year (2011) died after ingesting the medication during 2012.
- Twenty-three (23) of the 115 patients who received DWDA prescriptions during 2012 did not take the medications and subsequently died of other causes.
- Ingestion status is unknown for 25 patients who were prescribed DWDA medications in 2012. Fourteen (14) of these patients died, but follow-up questionnaires indicating ingestion status have not yet been received. For the remaining 11 patients, both death and ingestion status are pending (Figure 2).
- Of the 77 DWDA deaths during 2012, most (67.5%) were aged 65 years or older; the median age was 69 years. As in previous years, most were white (97.4%), well-educated (42.9% had a least a baccalaureate degree), and had cancer (75.3%).
- Most (97.4%) patients died at home; and most (97.0%) were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death. Excluding unknown cases, all (100.0%) had some form of health care insurance, although the number of patients who had private insurance (51.4%) was lower in 2012 than in previous years (66.2%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (48.6% compared to 32.1%).
- As in previous years, the three most frequently mentioned end-of-life concerns were: loss of autonomy (93.5%), decreasing ability to participate in activities that made life enjoyable (92.2%), and loss of dignity (77.9%).
- Two of the 77 DWDA patients who died during 2012 were referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of death for seven patients (9.1%) during 2012 compared to 17.3% 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 11 of the 77 DWDA deaths during 2012. Among those 11 patients, time from ingestion until death ranged from 10 minutes to 3.5 hours.

- Sixty-one (61) physicians wrote the 115 prescriptions provided during 2012 (range 1-10 prescriptions per physician).
- During 2012, 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 2012, as of January 14, 2013

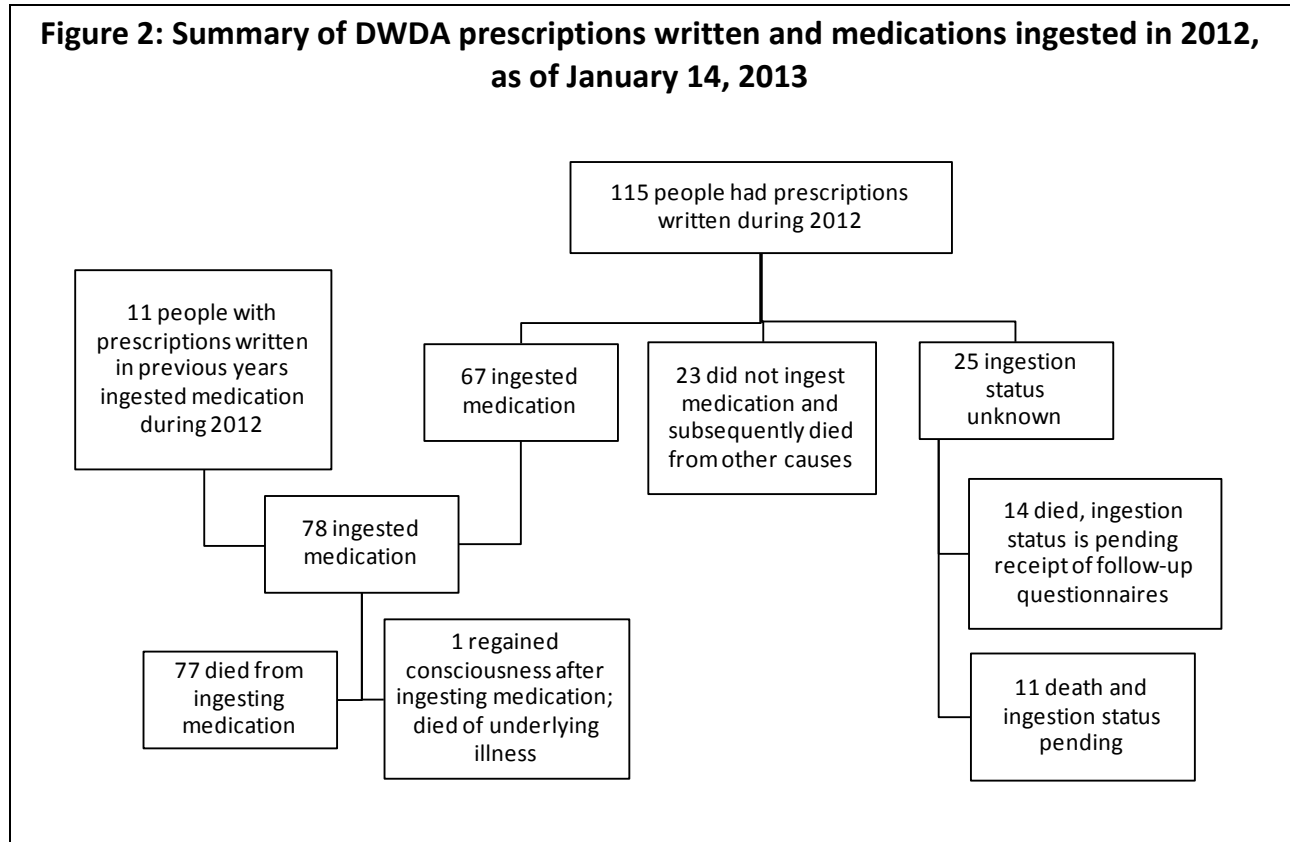


Table 1. Characteristics and end-of-life care of 673 DWDA patients who have died from ingesting a lethal dose of medication as of January 14, 2013, by year, Oregon, 1998-2012

Characteristics	2012 (N=77)	1998-2011 (N=596)	Total (N=673)
Sex	N (%) ¹	N (%) ¹	N (%) ¹
Male (%)	39 (50.6)	308 (51.7)	347 (51.6)
Female (%)	38 (49.4)	288 (48.3)	326 (48.4)
Age			
18-34 (%)	0 (0.0)	6 (1.0)	6 (0.9)
35-44 (%)	1 (1.3)	14 (2.3)	15 (2.2)
45-54 (%)	8 (10.4)	44 (7.4)	52 (7.7)
55-64 (%)	16 (20.8)	123 (20.6)	139 (20.7)
65-74 (%)	23 (29.9)	170 (28.5)	193 (28.7)
75-84 (%)	18 (23.4)	168 (28.2)	186 (27.6)
85+ (%)	11 (14.3)	71 (11.9)	82 (12.2)
Median years (range)	69 (42-96)	71 (25-96)	71 (25-96)
Race			
White (%)	75 (97.4)	579 (97.6)	654 (97.6)
African American (%)	0 (0.0)	1 (0.2)	1 (0.1)
American Indian (%)	0 (0.0)	1 (0.2)	1 (0.1)
Asian (%)	1 (1.3)	7 (1.2)	8 (1.2)
Pacific Islander (%)	0 (0.0)	1 (0.2)	1 (0.1)
Other (%)	0 (0.0)	0 (0.0)	0 (0.0)
Two or more races (%)	0 (0.0)	0 (0.0)	0 (0.0)
Hispanic (%)	1 (1.3)	4 (0.7)	5 (0.7)
Unknown	0	3	3
Marital Status			
Married (%) ²	33 (42.9)	271 (45.7)	304 (45.4)
Widowed (%)	23 (29.9)	134 (22.6)	157 (23.4)
Never married (%)	6 (7.8)	49 (8.3)	55 (8.2)
Divorced (%)	15 (19.5)	139 (23.4)	154 (23.0)
Unknown	0	3	3
Education			
Less than high school (%)	2 (2.6)	40 (6.8)	42 (6.3)
High school graduate (%)	13 (16.9)	139 (23.5)	152 (22.8)
Some college (%)	29 (37.7)	148 (25.0)	177 (26.5)
Baccalaureate or higher (%)	33 (42.9)	264 (44.7)	297 (44.5)
Unknown	0	5	5
Residence			
Metro counties (%) ³	34 (44.2)	253 (42.7)	287 (42.8)
Coastal counties (%)	4 (5.2)	47 (7.9)	51 (7.6)
Other western counties (%)	37 (48.1)	250 (42.2)	287 (42.8)
East of the Cascades (%)	2 (2.6)	43 (7.3)	45 (6.7)
Unknown	0	3	3
End of life care			
Hospice			
Enrolled (%) ⁴	64 (97.0)	522 (89.7)	586 (90.4)
Not enrolled (%)	2 (3.0)	60 (10.3)	62 (9.6)
Unknown	11	14	25
Insurance			
Private (%) ⁵	36 (51.4)	382 (66.2)	418 (64.6)
Medicare, Medicaid or Other Governmental (%)	34 (48.6)	185 (32.1)	219 (33.8)
None (%)	0 (0.0)	10 (1.7)	10 (1.5)
Unknown	7	19	26

Characteristics	2012 (N=77)	1998-2011 (N=596)	Total (N=673)
Underlying illness			
Malignant neoplasms (%)	58 (75.3)	480 (80.9)	538 (80.3)
Lung and bronchus (%)	14 (18.2)	112 (18.9)	126 (18.8)
Breast (%)	4 (5.2)	52 (8.8)	56 (8.4)
Colon (%)	7 (9.1)	36 (6.1)	43 (6.4)
Pancreas (%)	2 (2.6)	42 (7.1)	44 (6.6)
Prostate (%)	5 (6.5)	26 (4.4)	31 (4.6)
Ovary (%)	2 (2.6)	25 (4.2)	27 (4.0)
Other (%)	24 (31.2)	187 (31.5)	211 (31.5)
Amyotrophic lateral sclerosis (%)	5 (6.5)	44 (7.4)	49 (7.3)
Chronic lower respiratory disease (%)	2 (2.6)	25 (4.2)	27 (4.0)
Heart Disease (%)	2 (2.6)	10 (1.7)	12 (1.8)
HIV/AIDS (%)	1 (1.3)	8 (1.3)	9 (1.3)
Other illnesses (%)⁶	9 (11.7)	26 (4.4)	35 (5.2)
<i>Unknown</i>	<i>0</i>	<i>3</i>	<i>3</i>
DWDA process			
Referred for psychiatric evaluation (%)	2 (2.6)	40 (6.7)	42 (6.2)
Patient informed family of decision (%) ⁷	71 (92.2)	493 (94.4)	564 (94.2)
Patient died at			
Home (patient, family or friend) (%)	75 (97.4)	562 (94.8)	637 (95.1)
Long term care, assisted living or foster care facility (%)	2 (2.6)	25 (4.2)	27 (4.0)
Hospital (%)	0 (0.0)	1 (0.2)	1 (0.1)
Other (%)	0 (0.0)	5 (0.8)	5 (0.7)
<i>Unknown</i>	<i>0</i>	<i>3</i>	<i>3</i>
Lethal medication			
Secobarbital (%)	20 (26.0)	374 (62.8)	394 (58.5)
Pentobarbital (%)	57 (74.0)	215 (36.1)	272 (40.4)
Other (%) ⁸	0 (0.0)	7 (1.2)	7 (1.0)
End of life concerns⁹			
	(N=77)	(N=592)	(N=669)
Losing autonomy (%)	72 (93.5)	538 (90.9)	610 (91.2)
Less able to engage in activities making life enjoyable (%)	71 (92.2)	523 (88.3)	594 (88.8)
Loss of dignity (%) ¹⁰	60 (77.9)	386 (82.7)	446 (82.0)
Losing control of bodily functions (%)	27 (35.1)	318 (53.7)	345 (51.6)
Burden on family, friends/caregivers (%)	44 (57.1)	214 (36.1)	258 (38.6)
Inadequate pain control or concern about it (%)	23 (29.9)	134 (22.6)	157 (23.5)
Financial implications of treatment (%)	3 (3.9)	15 (2.5)	18 (2.7)
Health-care provider present¹¹			
	(N=77)	(N=526)	(N=603)
When medication was ingested ¹²			
Prescribing physician	8	100	108
Other provider, prescribing physician not present	4	231	235
No provider	1	72	73
<i>Unknown</i>	<i>64</i>	<i>123</i>	<i>187</i>
At time of death			
Prescribing physician (%)	7 (9.1)	89 (17.3)	96 (16.2)
Other provider, prescribing physician not present (%)	4 (5.2)	254 (49.4)	258 (43.7)
No provider (%)	66 (85.7)	171 (33.3)	237 (40.1)
<i>Unknown</i>	<i>0</i>	<i>12</i>	<i>12</i>
Complications¹²			
	(N=77)	(N=596)	(N=673)
Regurgitated	0	22	22
Seizures	0	0	0
None	11	463	474
<i>Unknown</i>	<i>66</i>	<i>111</i>	<i>177</i>
Other outcomes			
Regained consciousness after ingesting DWDA medications ¹³	1	5	6

Characteristics	2012 (N=77)	1998-2011 (N=596)	Total (N=673)
Timing of DWDA event			
Duration (weeks) of patient-physician relationship ¹⁴			
Median	19	12	12
Range	0-1640	0-1905	0-1905
<i>Number of patients with information available</i>	77	594	671
<i>Number of patients with information unknown</i>	0	2	2
Duration (days) between 1st request and death			
Median	47	46	46
Range	16-388	15-1009	15-1009
<i>Number of patients with information available</i>	77	596	673
<i>Number of patients with information unknown</i>	0	0	0
Minutes between ingestion and unconsciousness ¹¹			
Median	5	5	5
Range	3-15	1-38	1-38
<i>Number of patients with information available</i>	11	462	473
<i>Number of patients with information unknown</i>	66	134	200
Minutes between ingestion and death ¹¹			
Median	20	25	25
Range (minutes - hours)	10min-3.5hrs	1min-104hrs	1min-104hrs
<i>Number of patients with information available</i>	11	467	478
<i>Number of patients with information unknown</i>	66	129	195

¹ Unknowns are excluded when calculating percentages.

² Includes Oregon Registered Domestic Partnerships.

³ Clackamas, Multnomah, and Washington counties.

⁴ Includes patients that were enrolled in hospice at the time the prescription was written or at time of death.

⁵ Private insurance category includes those with private insurance alone or in combination with other insurance.

⁶ 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.

⁷ First recorded beginning in 2001. Since then, 24 patients (4.0%) have chosen not to inform their families, and 11 patients (1.8%) have had no family to inform. There was one unknown case in 2002, two in 2005, and one in 2009.

⁸ Other includes combinations of secobarbital, pentobarbital, and/or morphine.

⁹ Affirmative answers only ("Don't know" included in negative answers). Categories are not mutually exclusive. Data unavailable for four patients in 2001.

¹⁰ First asked in 2003. Data available for all 77 patients in 2012, 467 patients between 1998-2011, and 544 patients for all years.

¹¹ The data shown are for 2001-2012 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001.

¹² 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.

¹³ There have been a total of six 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) and 2012 (1 death). Please refer to the appropriate years' annual reports on our website (<http://www.healthoregon.org/dwd>) for more detail on these deaths.

¹⁴ 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.