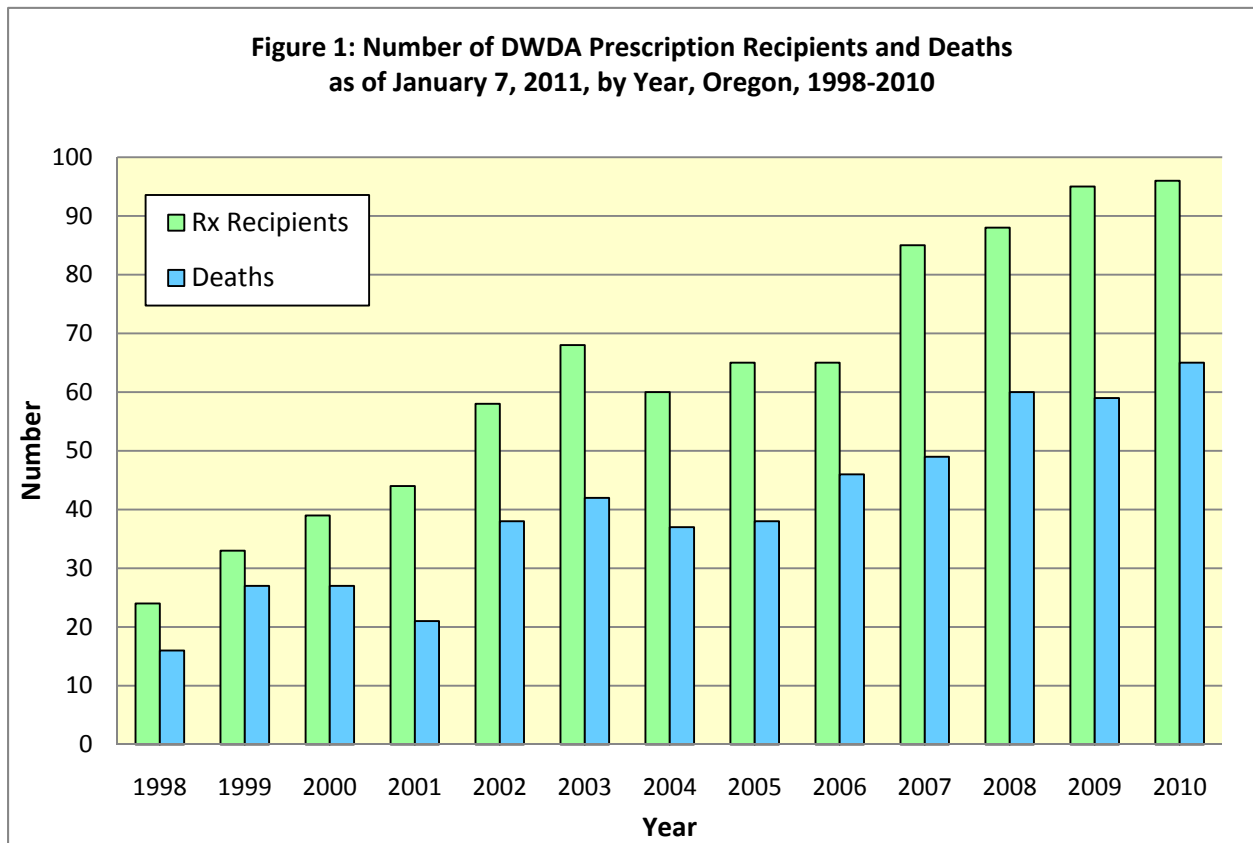


Oregon’s Death with Dignity Act--2010

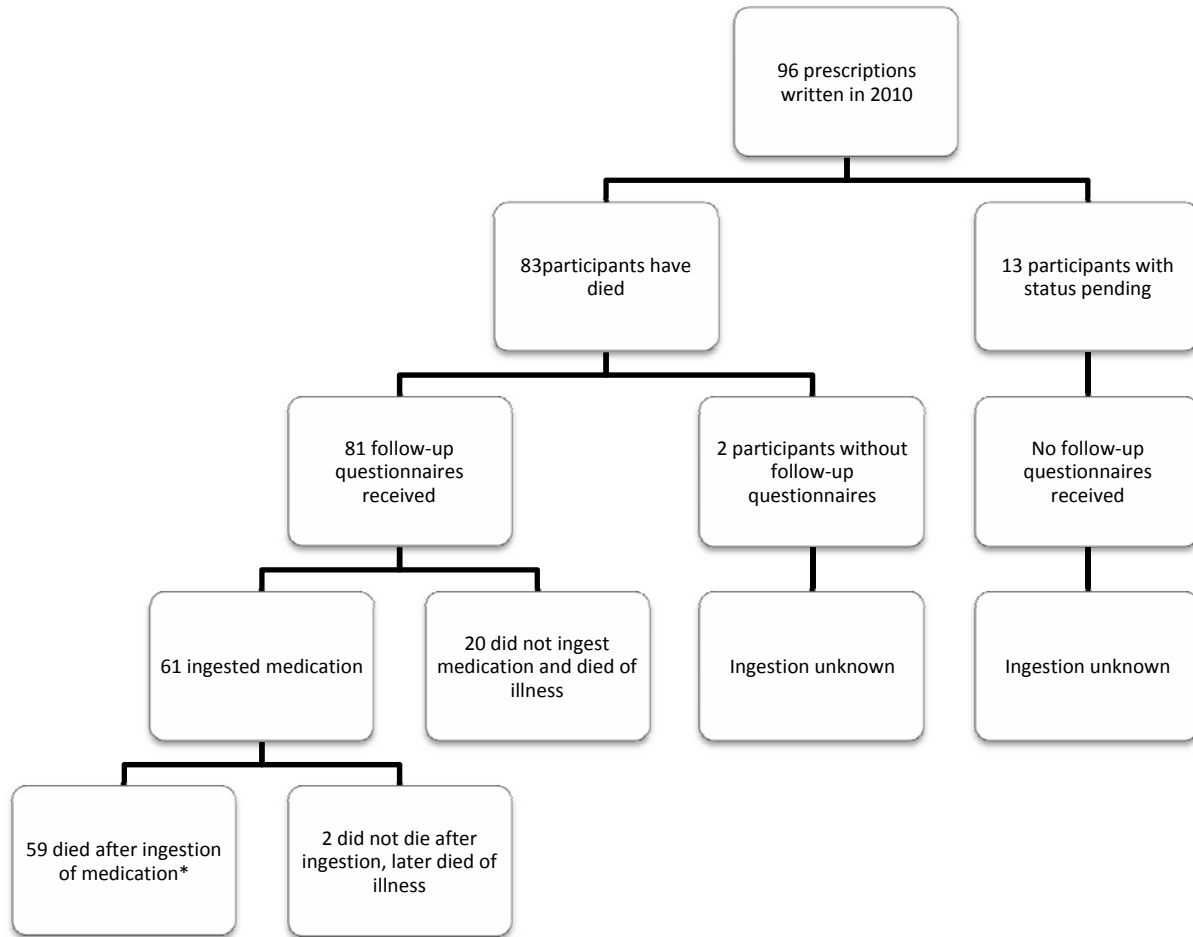
Oregon’s Death with Dignity Act (DWDA), enacted in late 1997, allows terminally-ill adult Oregonians to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications. The Oregon Public Health Division is required by the Act to collect information on compliance and to issue an annual report. The key findings from 2010 are listed below. The numbers of prescriptions written and deaths contained in this report are based on paperwork and death certificates received by the Public Health Division as of January 7, 2011. Because there is sometimes a delay between a death and receipt of the follow-up questionnaire and death certificate, it is possible that additional participants that received the medications in 2010 have died, but the Public Health Division has not yet received the paperwork or the death certificate. For more detail, please view the figures and tables on our web site at <http://oregon.gov/DHS/ph/pas/index.shtml>.



- As of January 7, 2011, 96 prescriptions for lethal medications had been written under the provisions of the DWDA during 2010, compared to 95 during 2009 (Figure 1). Of the 96 patients for whom prescriptions were written during 2010, 59 died from ingesting the medications. In addition, six patients with prescriptions written during previous years ingested the medications and died during 2010 for a total of 65 known 2010 DWDA deaths at the time of this report. This corresponds to 20.9 DWDA deaths per 10,000 total deaths.

- Two of the patients who took the medications during 2010 did not die after ingestion, but died later from their underlying illness. Twenty of the patients who received prescriptions in 2010 did not take the medications and died of their underlying illness. Status is pending for 15 patients: two have died but we have not received the follow up questionnaire, and for 13 we have neither the death certificate nor follow up questionnaire (Figure 2).
- One of the two patients who awoke after ingesting the medication regained consciousness within 24 hours after ingestion and died of their underlying illness five days later; the other gained consciousness 3 ½ days after ingestion and died of their underlying illness three months later. Regurgitation was reported in both instances.
- Fifty-nine (59) physicians wrote the 96 prescriptions written in 2010 (range 1-11).
- Since the law was passed in 1997, 525 patients have died from ingesting medications prescribed under the Death with Dignity Act.
- Of the 65 patients who died under DWDA in 2010, most (70.8%) were over age 65 years; the median age was 72 years. As in previous years, most were white (100%), well-educated (42.2% had a least a baccalaureate degree), and had cancer (78.5%).
- Most (96.9%) patients died at home; and most (92.6%) were enrolled in hospice care at time of death. Most (96.7%) had some form of health care insurance, although the number of patients who had private insurance (60.0%) was lower in 2010 than in previous years (69.1%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (36.7% compared to 29.6%).
- As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (93.8%), decreasing ability to participate in activities that made life enjoyable (93.8%), and loss of dignity (78.5%).
- In 2010, one of the 65 patients was referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of death for six (9.4%) patients compared to 20.3% in previous years.
- Procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of 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 only 32 of the 65 deaths in 2010. Of those 32 patients, time from ingestion until death ranged from 5 minutes to 2.2 days (53 hours).
- During 2010, one referral was made to the Oregon Medical Board for failing to wait 48 hours between the patients written request and writing the prescription.

Figure 2: Outcome of the 96 participants for whom prescriptions were written under the provisions of DWDA in 2010, as of January 7, 2011



* An additional six patients with prescriptions written in previous years died from ingestion of medication in 2010, for a total of 65 known 2010 DWDA deaths at the time of this report.

Table 1. Characteristics and end-of-life care of 525 DWDA patients who died after ingesting a lethal dose of medication as of January 7, 2011, by year, Oregon, 1998-2010

Characteristics	2010 (N = 65)	1998-2009 (N = 460)	Total (N = 525)
Sex	N (%)*	N (%)*	N (%)*
Male (%)	38 (58.5)	244 (53.0)	282 (53.7)
Female (%)	27 (41.5)	216 (47.0)	243 (46.3)
Age			
18-34 (%)	0 (0.0)	6 (1.3)	6 (1.1)
35-44 (%)	1 (1.5)	12 (2.6)	13 (2.5)
45-54 (%)	5 (7.7)	34 (7.4)	39 (7.4)
55-64 (%)	13 (20.0)	94 (20.4)	107 (20.4)
65-74 (%)	19 (29.2)	127 (27.6)	146 (27.8)
75-84 (%)	15 (23.1)	136 (29.6)	151 (28.8)
85+ (%)	12 (18.5)	51 (11.1)	63 (12.0)
Median years (range)	72 (44-95)	71 (25-96)	71 (25-96)
Race			
White (%)	65 (100.0)	449 (97.6)	514 (97.9)
Asian (%)	0 (0.0)	7 (1.5)	7 (1.3)
American Indian (%)	0 (0.0)	1 (0.2)	1 (0.2)
African American (%)	0 (0.0)	1 (0.2)	1 (0.2)
Hispanic (%)	0 (0.0)	2 (0.4)	2 (0.4)
Other (%)	0 (0.0)	0 (0.0)	0 (0.0)
Marital Status			
Married (%)	33 (50.8)	212 (46.1)	245 (46.7)
Widowed (%)	14 (21.5)	101 (22.0)	115 (21.9)
Never married (%)	4 (6.2)	38 (8.3)	42 (8.0)
Divorced (%)	14 (21.5)	109 (23.7)	123 (23.4)
Education			
Less than high school (%)	4 (6.3)	33 (7.2)	37 (7.1)
High school graduate (%)	13 (20.3)	117 (25.5)	130 (24.9)
Some college (%)	20 (31.3)	105 (22.9)	125 (23.9)
Baccalaureate or higher (%)	27 (42.2)	204 (44.4)	231 (44.2)
Unknown	1	1	2
Residence			
Metro counties (%) ^Δ	29 (44.6)	197 (42.8)	226 (43.0)
Coastal counties (%)	7 (10.8)	34 (7.4)	41 (7.8)
Other western counties (%)	29 (44.6)	190 (41.3)	219 (41.7)
East of the Cascades (%)	0 (0.0)	39 (8.5)	39 (7.4)
Underlying illness			
Malignant neoplasms (%)	51 (78.5)	373 (81.1)	424 (80.8)
Lung and bronchus (%)	8 (12.3)	88 (19.1)	96 (18.3)
Pancreas (%)	3 (4.6)	35 (7.6)	38 (7.2)
Breast (%)	3 (4.6)	38 (8.3)	41 (7.8)
Colon (%)	3 (4.6)	31 (6.7)	34 (6.5)
Prostate (%)	1 (1.5)	24 (5.2)	25 (4.8)
Other (%)	33 (50.8)	157 (34.1)	190 (36.2)
Amyotrophic lateral sclerosis (%)	7 (10.8)	35 (7.6)	42 (8.0)
Chronic lower respiratory disease (%)	2 (3.1)	18 (3.9)	20 (3.8)
HIV/AIDS (%)	0 (0.0)	8 (1.7)	8 (1.5)
Other illnesses (%) ^Ψ	5 (7.7)	26 (5.7)	31 (5.9)

End of life care			
Hospice			
Enrolled (%)	50 (92.6)	404 (88.2)	454 (88.7)
Not enrolled (%)	4 (7.4)	54 (11.8)	58 (11.3)
<i>Unknown</i>	11	2	13
Insurance			
Private (%) ^Q	36 (60.0)	315 (69.1)	351 (68.0)
Medicare, Medicaid or Other Governmental (%)	22 (36.7)	135 (29.6)	157 (30.4)
None (%)	2 (3.3)	6 (1.3)	8 (1.6)
<i>Unknown</i>	5	4	9
End of life concerns[#]			
Losing autonomy (%)	61 (93.8)	414 (90.8)	475 (91.2)
Less able to engage in activities making life enjoyable (%)	61 (93.8)	398 (87.3)	459 (88.1)
Loss of dignity (%) ^S	51 (78.5)	282 (85.2)	333 (84.1)
Losing control of bodily functions (%)	30 (46.2)	264 (57.9)	294 (56.4)
Burden on family, friends/caregivers (%)	17 (26.2)	167 (36.6)	184 (35.3)
Inadequate pain control or concern about it (%)	10 (15.4)	101 (22.1)	111 (21.3)
Financial implications of treatment (%)	1 (1.5)	12 (2.6)	13 (2.5)
DWDA process			
Referred for psychiatric evaluation (%)	1 (1.5)	38 (8.4)	39 (7.5)
Patient informed family of decision (%)**	62 (95.4)	361 (93.5)	423 (93.8)
Patient died at			
Home (patient, family or friend) (%)	63 (96.9)	435 (94.6)	498 (94.9)
Long term care, assisted living or foster care facility (%)	2 (3.1)	19 (4.1)	21 (4.0)
Hospital (%)	0 (0.0)	1 (0.2)	1 (0.2)
Other (%)	0 (0.0)	5 (1.1)	5 (1.0)
Lethal medication			
Secobarbital (%)	60 (92.3)	261 (56.7)	321 (61.1)
Pentobarbital (%)	5 (7.7)	195 (42.4)	200 (38.1)
Other (%) ^{AA}	0 (0.0)	4 (0.9)	4 (0.8)
Health-care provider present**			
When medication was ingested			
Prescribing physician (%)	6 (30.0)	88 (23.8)	94 (24.2)
Other provider, prescribing physician not present (%)	10 (50.0)	218 (59.1)	228 (58.6)
No provider (%)	4 (20.0)	63 (17.1)	67 (17.2)
<i>Unknown</i>	45	21	66
At time of death			
Prescribing physician (%)	6 (9.4)	77 (20.3)	83 (18.7)
Other provider, prescribing physician not present (%)	19 (29.7)	233 (61.5)	252 (56.9)
No provider (%)	39 (60.9)	69 (18.2)	108 (24.4)
<i>Unknown</i>	1	11	12
Complications⁺⁺			
Regurgitated (%)	1 (3.6)	20 (4.5)	21 (4.4)
Seizures (%)	0 (0.0)	0 (0.0)	0 (0.0)
Awakened after taking prescribed medications (%)	2 ^{SS}	1 ^{SS}	3 ^{SS}
None (%)	27 (96.4)	429 (95.5)	456 (95.6)
<i>Unknown</i>	37	11	48
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 (0.9)	4 (0.8)
Not called after lethal medication ingested (%)	28 (100.0)	451 (99.1)	479 (99.2)
<i>Unknown</i>	37	5	42

Timing of DWDA event			
Duration (weeks) of patient-physician relationship			
Median	18	10	10
Range	0-1905	0-1440	0-1905
<i>Unknown</i>	0	20	20
Duration (days) between 1st request and death			
Median	64	43	46
Range	16-338	15-1009	15-1009
Minutes between ingestion and unconsciousness ^{**}			
Median	5	5	5
Range	1-20	1-38	1-38
<i>Unknown</i>	33	38	71
Minutes between ingestion and death ^{**}			
Median	35	25	25
Range (minutes - hours)	5min-53hrs	1min-104hrs	1min-104hrs
<i>Unknown</i>	33	33	66

* Unknowns are excluded when calculating percentages.

△ Clackamas, Multnomah, and Washington counties.

ψ Includes alcoholic hepatic failure, corticobasal degeneration, diabetes with renal complications, hepatitis C, organ-limited amyloidosis, scleroderma, Shy-Drager syndrome, multiple sclerosis, meningioma, pulmonary disease, chronic heart failure, diseases of the heart, cerebrovascular disease, Parkinson's disease and Huntington's disease.

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

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

§ First asked in 2003.

** First recorded beginning in 2001. Since then, 20 patients (4.4%) have chosen not to inform their families, and 8 patients (1.8%) have had no family to inform. There was one (1) unknown case in 2009.

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

++ The data shown are for 2001-2010 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001. Procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure only collects information on health care providers present at ingestion when the physician or another health care provider is present at time of death. This resulted in a larger number of unknowns in 2010.

†† Procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of 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 in 2010.

§§ In 2005, one patient regained consciousness 65 hours after ingesting the medication, subsequently dying from their 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 their illness three months later. The other patient regained consciousness within 24 hours, subsequently dying from their illness five days following ingestion.

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