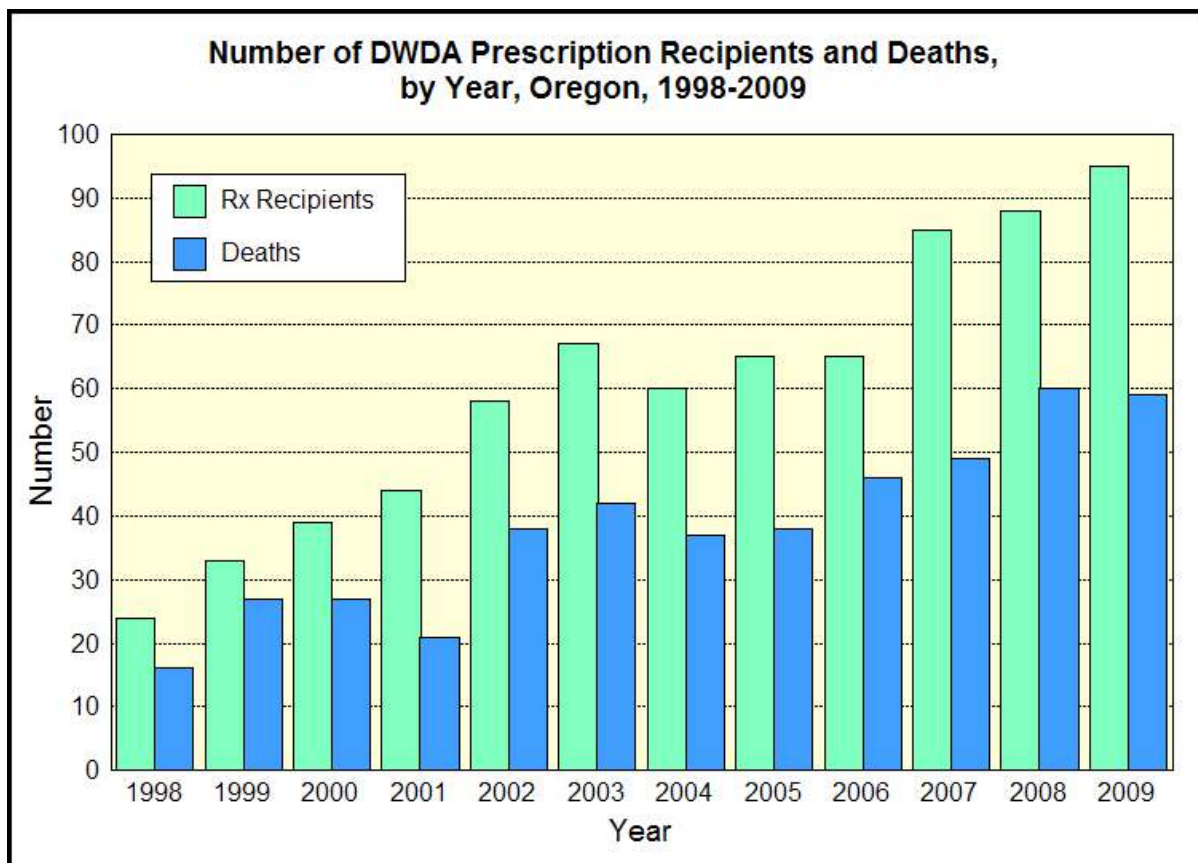


2009 Summary of Oregon's Death with Dignity Act

Oregon's Death with Dignity Act (DWDA), which was 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 2009 are listed below. For more detail, please view the figures and tables on our web site at <http://oregon.gov/DHS/ph/pas/index.shtml>.



- During 2009, 95 prescriptions for lethal medications were written under the provisions of the DWDA compared to 88 during 2008 (Figure). Of these, 53 patients took the medications, 30 died of their underlying illness, and 12 were alive at the end of 2009. In addition, six patients with earlier prescriptions died from taking the medications, resulting in a total of 59 DWDA deaths during 2009. This corresponds to an estimated 19.3 DWDA deaths per 10,000 total deaths.

- Fifty-five physicians wrote the 95 prescriptions (range 1-6).
- Since the law was passed in 1997, 460 patients have died from ingesting medications prescribed under the Death with Dignity Act.
- As in prior years, most participants were between 55 and 84 years of age (78.0%), white (98.3%), well-educated (48.3% had at least a baccalaureate degree), and had cancer (79.7%). Patients who died in 2009 were slightly older (median age 76 years) than in previous years (median age 70 years).
- Most patients died at home (98.3%); and most were enrolled in hospice care (91.5%) at time of death.
- In 2009, 98.7% of patients had some form of health care insurance. Compared to previous years, the number of patients who had private insurance (84.7%) was much greater than in previous years (66.8%), and the number of patients who had only Medicare or Medicaid insurance was much less (13.6% compared to 32.0%).
- As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (96.6%), loss of dignity (91.5%), and decreasing ability to participate in activities that made life enjoyable (86.4%).
- In 2009, none of the 59 patients were referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of ingestion for 3 (5.1%) patients compared to 22.6% in previous years; the prescribing physician was present at the time of death for one patient. The time from ingestion until death ranged from 2 minutes to 4 ½ days (104 hours).
- During 2009, one referral was made to the Oregon Medical Board for failing to submit a witnessed written consent form.

Table 1. Characteristics and end-of-life care of 460 DWDA patients who died after ingesting a lethal dose of medication, by year, Oregon, 1998-2009

Characteristics	2009 (N = 59)	1998-2008 (N= 401)	Total (N = 460)
Sex			
Male (%)	31 (52.5)	213 (53.1)	244 (53.0)
Female (%)	28 (47.5)	188 (46.9)	216 (47.0)
Age			
18-34 (%)	2 (3.4)	4 (1.0)	6 (1.3)
35-44 (%)	1 (1.7)	11 (2.7)	12 (2.6)
45-54 (%)	2 (3.4)	32 (8.0)	34 (7.4)
55-64 (%)	9 (15.3)	85 (21.2)	94 (20.4)
65-74 (%)	13 (22.0)	114 (28.4)	127 (27.6)
75-84 (%)	24 (40.7)	112 (27.9)	136 (29.6)
85+ (%)	8 (13.6)	43 (10.7)	51 (11.1)
Median years (range)	76 (34-93)	70 (25-96)	71 (25-96)
Race			
White (%)	58 (98.3)	391 (97.5)	449 (97.6)
Asian (%)	0 (0.0)	7 (1.7)	7 (1.5)
American Indian (%)	0 (0.0)	1 (0.2)	1 (0.2)
Hispanic (%)	0 (0.0)	2 (0.5)	2 (0.4)
African American (%)	1 (1.7)	0 (0.0)	1 (0.2)
Other (%)	0 (0.0)	0 (0.0)	0 (0.0)
Marital status			
Married (%)	27 (45.8)	185 (46.1)	212 (46.1)
Widowed (%)	16 (27.1)	85 (21.2)	101 (22.0)
Divorced (%)	13 (22.0)	96 (23.9)	109 (23.7)
Never married (%)	3 (5.1)	35 (8.7)	38 (8.3)
Education			
Less than high school (%)	3 (5.2)	30 (7.5)	33 (7.2)
High school graduate (%)	14 (24.1)	103 (25.7)	117 (25.5)
Some college (%)	13 (22.4)	92 (22.9)	105 (22.9)
Baccalaureate or higher (%)	28 (48.3)	176 (43.9)	204 (44.4)
Unknown	1	0	1
Residence			
Metro counties (%) ^Δ	28 (47.5)	169 (42.1)	197 (42.8)
Coastal counties (%)	4 (6.8)	30 (7.5)	34 (7.4)
Other western counties (%)	20 (33.9)	170 (42.4)	190 (41.3)
East of the Cascades (%)	7 (11.9)	32 (8.0)	39 (8.5)
Underlying illness			
Malignant neoplasms (%)	47 (79.7)	326 (81.3)	373 (81.1)
Lung and bronchus (%)	9 (15.3)	79 (19.7)	88 (19.1)
Pancreas (%)	2 (3.4)	33 (8.2)	35 (7.6)
Breast (%)	3 (5.1)	35 (8.7)	38 (8.3)
Colon (%)	4 (6.8)	27 (6.7)	31 (6.7)
Prostate (%)	1 (1.7)	23 (5.7)	24 (5.2)
Other (%)	28 (47.5)	129 (32.2)	157 (34.1)
Amyotrophic lateral sclerosis (%)	5 (8.5)	30 (7.5)	35 (7.6)
Chronic lower respiratory disease (%)	3 (5.1)	15 (3.7)	18 (3.9)
HIV/AIDS (%)	0 (0.0)	8 (2.0)	8 (1.7)
Illnesses listed below (%) ^Ψ	4 (6.8)	22 (5.5)	26 (5.7)

End of Life Care			
Hospice			
Enrolled (%)	54 (91.5)	350 (87.7)	404 (88.2)
Not enrolled (%)	5 (8.5)	49 (12.3)	54 (11.8)
Unknown	0	2	2
Insurance			
Private (%)	50 (84.7)	265 (66.8)	315 (69.1)
Medicare or Medicaid (%) ^Ω	8 (13.6)	127 (32.0)	135 (29.6)
None (%)	1 (1.7)	5 (1.3)	6 (1.3)
Unknown	0	4	4
End-of-life Concerns[#]			
Losing autonomy (%)	57 (96.6)	357 (89.9)	414 (90.8)
Less able to engage in activities making life enjoyable (%)	51 (86.4)	347 (87.4)	398 (87.3)
Loss of dignity (%) ^ε	54 (91.5)	228 (83.8)	282 (85.2)
Losing control of bodily functions (%)	31 (52.5)	233 (58.7)	264 (57.9)
Burden on family, friends/caregivers (%)	15 (25.4)	152 (38.3)	167 (36.6)
Inadequate pain control or concern about it (%)	6 (10.2)	95 (23.9)	101 (22.1)
Financial implications of treatment (%)	1 (1.7)	11 (2.8)	12 (2.6)
PAS Process			
Referred for psychiatric evaluation (%)	0 (0.0)	38 (9.6)	38 (8.4)
Patient informed family of decision (%)**	52 (89.7)	309 (94.2)	361 (93.5)
Patient died at			
Home (patient, family or friend) (%)	58 (98.3)	377 (94.0)	435 (94.6)
Long term care, assisted living or foster care facility (%)	0 (0.0)	19 (4.7)	19 (4.1)
Hospital (%)	0 (0.0)	1 (0.2)	1 (0.2)
Other (%)	1 (1.7)	4 (1.0)	5 (1.1)
Lethal Medication			
Secobarbital (%)	50 (84.7)	211 (52.6)	261 (56.7)
Pentobarbital (%)	9 (15.3)	186 (46.4)	195 (42.4)
Other (%) ^{ΔΔ}	0 (0.0)	4 (1.0)	4 (0.9)
Health-care Provider Present **			
When medication was ingested			
Prescribing physician (%)	3 (6.4)	85 (26.4)	88 (23.8)
Other provider, prescribing physician not present (%)	38 (80.8)	180 (55.9)	218 (59.1)
No provider (%)	6 (12.8)	57 (17.7)	63 (17.1)
Unknown	12	9	21
At time of death			
Prescribing physician (%)	1 (1.8)	76 (23.5)	77 (20.3)
Other provider, prescribing physician not present (%)	47 (83.9)	186 (57.6)	233 (61.5)
No provider (%)	8 (14.3)	61 (18.9)	69 (18.2)
Unknown	3	8	11
Complications			
Regurgitated (%)	1 (1.7)	19 (4.9)	20 (4.5)
Seizures (%)	0 (0.0)	0 (0.0)	0 (0.0)
Awakened after taking prescribed medication (%)	0 ^(ψψ)	1 ^(ψψ)	1 ^(ψψ)
None (%)	57 (98.3)	372 (95.1)	429 (95.5)
Unknown	1	10	11
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 (0.8)	4 (0.7)
Not called after lethal medication ingested (%)	58 (100.0)	393 (99.2)	451 (99.3)
Unknown	1	4	5

Timing of PAS Event			
Duration (weeks) of patient-physician relationship			
Median	9	10	10
Range	0-863	0-1440	0-1440
<i>Unknown</i>	1	19	20
Duration (days) between 1 st request and death			
Median	46	43	43
Range	15-527	15-1009	15-1009
Minutes between ingestion and unconsciousness			
Median	5	5	5
Range	1-30	1-38	1-38
<i>Unknown</i>	2	36	38
Minutes between ingestion and death			
Median	45	20.5	25
Range (minutes - hours)	2min-104hrs	1min-83hrs	1min-104hrs
<i>Unknown</i>	2	31	33

* 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, chronic heart failure, and Huntington's disease.

Ω As only form of health insurance coverage.

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

^e First asked in 2003.

** First recorded beginning in 2001. Since then, 18 patients (4.7%) have chosen not to inform their families, and 7 patients (1.8%) have had no family to inform. There was 1 unknown case in 2009.

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

++ The data shown are for 2001-2009 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 their illness 14 days after awakening. The complication is recorded here but the patient is not otherwise included in the total number of PAS deaths.

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