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## OREGON'S DEATH WITH DIGNITY ACT: FIRST YEAR'S EXPERIENCE

(PORTLAND) The Oregon Health Division released today its report on the first year's experience of persons participating in the Death with Dignity Act. The findings from this report are also published in this week's New England Journal of Medicine.

Our findings revealed that finances and fear of pain did not appear to be critical considerations in the choice of physician-assisted suicide. Instead, persons who chose physician-assisted suicide were primarily concerned about personal autonomy and control over the manner in which they died," said Dr. Katrina Hedberg, medical epidemiologist at the Health Division and an author of the report.

Epidemiologists at the Health Division collected information on the persons who received prescriptions for lethal medications. They also conducted a comparison study between the group that chose physician-assisted suicide, and took their lethal medications, with a second group that died from similar illnesses but did not receive prescriptions for lethal medication. Interviews were conducted with the physicians who treated both groups of patients.

The study covered one year, from January 1, 1998 to December 31, 1998. No prescriptions were written under the Act in 1997. Some of the findings:

Twenty-three persons received prescriptions of lethal medications; 15 died after taking the medications. Six died from their illnesses, and two were alive as of January 1, 1999.

Physician-assisted suicide accounted for 5 of every 10,000 deaths in Oregon.

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The average age of the 15 persons who took lethal medication was 69 years. Eight were male and all were white. Thirteen had cancer. Seven were from the Portland metropolitan area.

lacked end of life care.

The primary factor distinguishing persons in Oregon who chose physician-assisted suicide related to the importance of autonomy and personal control.

The lethal medications prescribed to patients were similar. For patients who took lethal medications the average time to unconsciousness was five minutes, and ranged from three to 20 minutes. The average time to death was 26 minutes, and ranged from 15 minutes to 11.5 hours.

Physicians who took part in physician-assisted suicide represented multiple specialties and a wide range of ages and years-in-practice. Interviews with participating physicians revealed that for some, the process exacted a large emotional toll.

“The Health Division is legally required to collect information regarding compliance with the Act, and to make that information available on an annual basis,” Hedberg said. “Our reporting role is a neutral one. It is critical that we have accurate data so that informed ethical, legal, and medical decisions can be made.”

The full report will be available on the worldwide web at <http://www.ohd.hr.state.or.us/cdpe/chs/pas/pas.htm> after 2 pm today.  
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