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### ***Oregon Death with Dignity: sixth year report***

Forty-two patients used legal physician-assisted suicide in 2003 compared with 38 who did so in 2002, according to the sixth annual report of Oregon's experience with the Death with Dignity Act.

“This is an increase, but the number remains small in comparison to the average 31,000 Oregon deaths every year,” said Mel Kohn, M.D., state epidemiologist in the Department of Human Services (DHS). “Overall, about one-seventh of one percent of Oregonians die from taking legally prescribed medication.”

The report, released today by DHS, contains demographics and characteristics of those who took lethal medications last year. Findings include:

- ▶ The number of prescriptions written for lethal medication increased from 58 in 2002 to 67 in 2003. These numbers have increased every year since 1998, when 24 prescriptions were written.
- ▶ The major reasons patients chose physician-assisted suicide were concerns about losing autonomy, a decreasing ability to participate in activities that make life enjoyable and loss of dignity.

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- ▶ Patients more likely to participate in 2003 were more likely to be younger and highly educated, and to live west of the Cascades in comparison to other Oregonians dying of the same underlying illnesses.
  
- ▶ Rates of death by lethal medication were highest among patients suffering from amyotrophic lateral sclerosis (Lou Gehrig's disease), HIV/AIDS and cancer.
- ▶ Prescribing physicians were less likely to be present at time the patient took lethal medication: 29 percent during 2003 versus an average of 47 percent during 1998 to 2002. Among the remaining patients, 67 percent took medication in the presence of another health care provider or volunteer.
- ▶ Complications were reported in three instances; all involved regurgitation and none involved seizures.
- ▶ Half of patients were unconscious within four minutes of ingestion and died within 20 minutes. Time from ingestion to death ranged from five minutes to 48 hours.
- ▶ The proportion of patients with a psychological evaluation has fallen from 31 percent in 1998 to 5 percent in 2003. The law requires that if the attending or consulting physician believes the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, he or she shall be referred for counseling.

Oregon's Death with Dignity Act is a voter-approved citizens' initiative that went into effect in November, 1997. DHS is legally required to collect information regarding compliance with the Act and to make the information available on a yearly basis.

"We regard our reporting role as a neutral one," said Kohn. "It is critical that we have accurate data so that informed ethical, legal and medical decisions can be made."

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