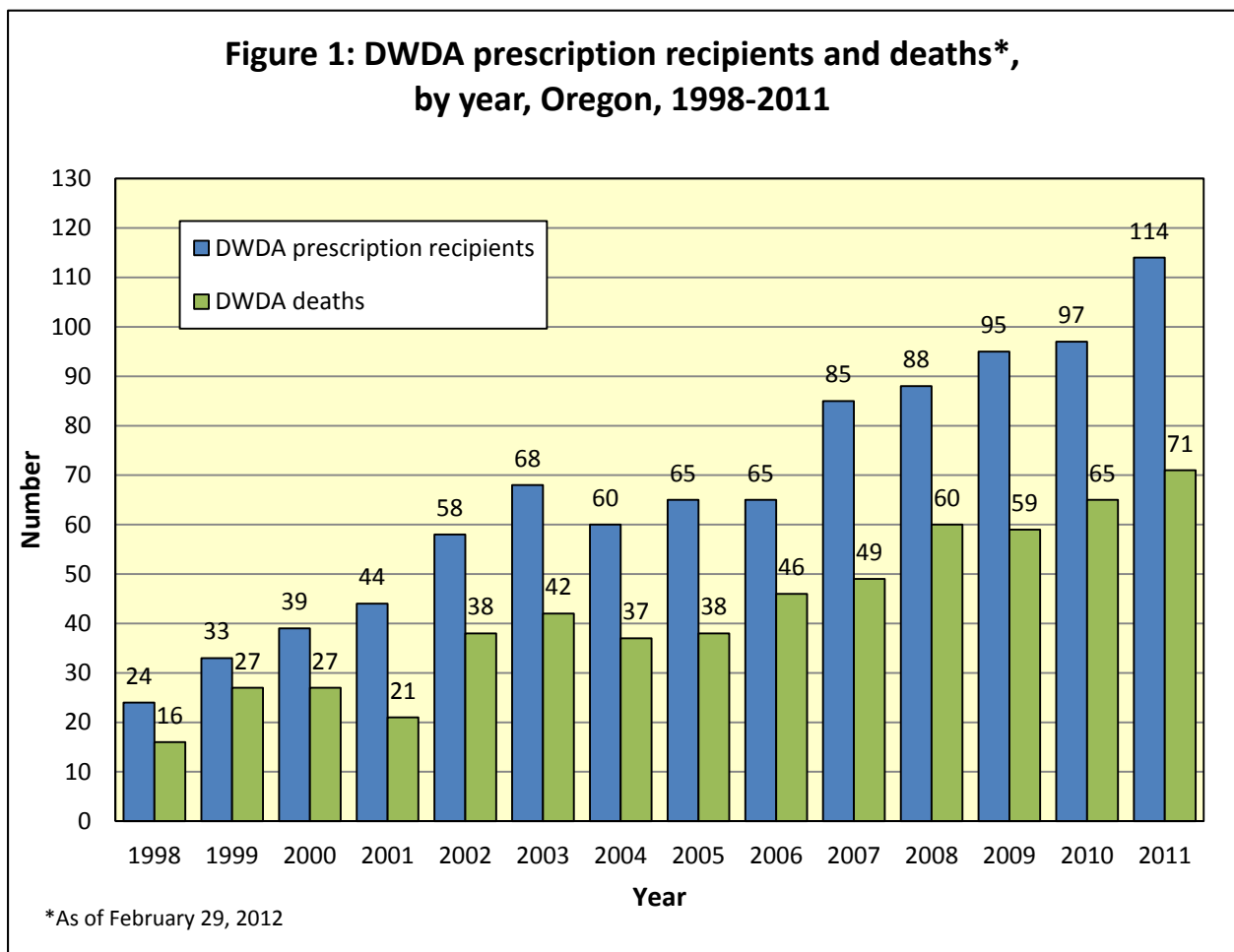


**Oregon’s Death with Dignity Act--2011**

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 2011 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 February 29, 2012. For more detail, please view the figures and tables on our web site at

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>.



- As of February 29, 2012, prescriptions for lethal medications were written for 114 people during 2011 under the provisions of the DWDA, compared to 97<sup>1</sup> during 2010 (Figure 1). At the time of this

<sup>1</sup> The Oregon Public Health Division’s 2010 Report lists 96 prescriptions because the report listed data as of January 7, 2011. Information on one additional prescription written in 2010 was received following the date of the report.

report, there were 71 known DWDA deaths during 2011. This corresponds to 22.5 DWDA deaths per 10,000 total deaths.<sup>2</sup>

- Since the law was passed in 1997, a total of 935 people have had DWDA prescriptions written and 596 patients have died from ingesting medications prescribed under the DWDA.
- Of the 114 patients for whom DWDA prescriptions were written during 2011, 64 (56.1%) ingested the medication; 63 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 approximately 14 hours following ingestion and died about 38 hours later. Incomplete ingestion was reported for the patient.
- Nine patients with prescriptions written in previous years ingested the medication during 2011; eight of these patients died from ingesting the medication, and one ingested the medication but regained consciousness before dying of underlying illness and is therefore not counted as a DWDA death. The patient briefly regained consciousness following ingestion and died approximately 30 hours later. Possible medication tolerance was reported for the patient. Thus, two patients ingesting lethal medication in 2011 awoke and ultimately died of their underlying illness. One patient received their prescription in 2011 and the other received their prescription in 2010.
- Twenty-five (25) of the 114 patients who received DWDA prescriptions during 2011 did not take the medications and died of their underlying illness.
- Ingestion status is unknown for 25 patients for whom DWDA prescriptions were written during 2011. Three of these patients died and follow-up questionnaires were received, but ingestion status could not be determined. For the remaining 22 patients, both death and ingestion status are pending (Figure 2).
- Of the 71 DWDA deaths during 2011, most (69.0%) were aged 65 years or older; the median age was 70 years. As in previous years, most were white (95.6%), well-educated (48.5% had a least a baccalaureate degree), and had cancer (82.4%).
- Most (94.1%) patients died at home; and most (96.7%) were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death. Most (96.7%) had some form of health care insurance, although the number of patients who had private insurance (50.8%) was lower in 2011 than in previous years (68.0%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (45.9% compared to 30.4%).
- As in previous years, the three most frequently mentioned end-of-life concerns were: decreasing ability to participate in activities that made life enjoyable (90.1%), loss of autonomy (88.7%), and loss of dignity (74.6%).

---

<sup>2</sup> Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2009 (31,547), the most recent year for which final death data is available.

- One of the 71 DWDA patients who died during 2011 was referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of death for six patients (8.5%) during 2011 compared to 18.7% 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 eight of the 71 DWDA deaths during 2011. Among those eight patients, time from ingestion until death ranged from 15 minutes to 1.5 hours.
- Sixty-two (62) physicians wrote the 114 prescriptions provided during 2011 (range 1-14 prescriptions per physician).
- During 2011, 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 2011, as of February 29, 2012**

