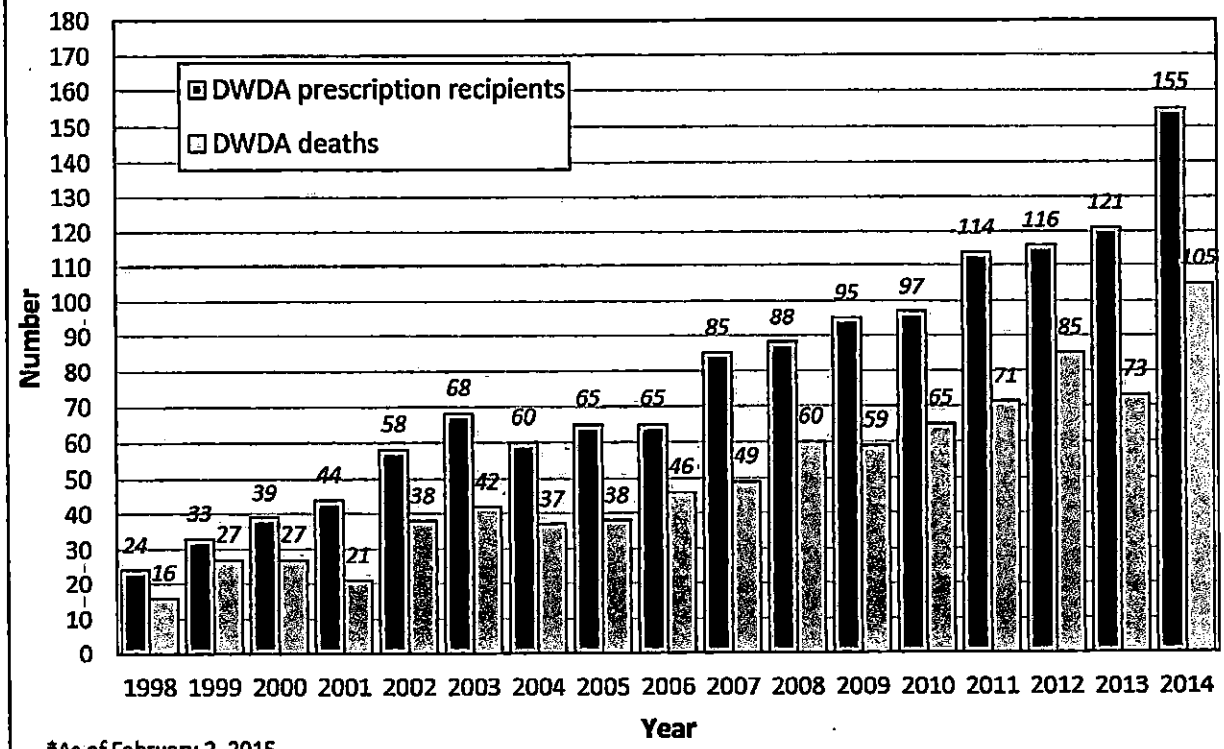
Oregon Public Health Division

Oregon's Death with Dignity Act--2014

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 DWDA to collect compliance information and to issue an annual report. The key findings from 2014 are presented below. The number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and the resulting deaths from the ingestion of 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 2, 2015. For more detail, please view the figures and tables on our web site: http://www.healthoregon.org/dwd.

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998-2014



*As of February 2, 2015

- As of February 2, 2015, prescriptions for lethal medications were written for 155 people during 2014 under the provisions of the DWDA, compared to 121 during 2013 (Figure 1). At the time of this report, 105 people had died from ingesting the medications prescribed during 2014 under DWDA. This corresponds to 31.0 DWDA deaths per 10,000 total deaths.[1]

[1] Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2013 (33,931), the most recent year for which final death data are available.

- Since the law was passed in 1997, a total of 1,327 people have had DWDA prescriptions written and 859 patients have died from ingesting medications prescribed under the DWDA.
- Of the 155 patients for whom DWDA prescriptions were written during 2014, 94 (60.6%) ingested the medication; all 94 patients died from ingesting the medication. No patients that ingested the medication regained consciousness.
- Eleven patients with prescriptions written during the previous years (2012 and 2013) died after ingesting the medication during 2014.
- Thirty-seven of the 155 patients who received DWDA prescriptions during 2014 did not take the medications and subsequently died of other causes.
- Ingestion status is unknown for 24 patients who were prescribed DWDA medications in 2014. For all of the 24 patients, both death and ingestion status are pending (Figure 2).
- Of the 105 DWDA deaths during 2014, most (67.6%) were aged 65 years or older. The median age at death was 72 years. As in previous years, decedents were commonly white (95.2%) and well-educated (47.6% had a least a baccalaureate degree).
- While most patients had cancer, the percent of patients with cancer in 2014 (68.6%) was lower than in previous years (79.4%), and the percent with amyotrophic lateral sclerosis (ALS) was higher (16.2% in 2014, compared to 7.2% in previous years).
- While similar to previous years that most patients had cancer (68.6%), this percent was lower than the average for previous years (79.4%); in contrast, the percent of patients with ALS was higher in 2014 (16.2%) than in previous years (7.2%).
- Most (89.5%) patients died at home, and most (93.0%) were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death. Excluding unknown cases, all (100.0%) had some form of health care insurance, although the number of patients who had private insurance (39.8%) was lower in 2014 than in previous years (62.9%). The number of patients who had only Medicare or Medicaid insurance was higher than in previous years (60.2% compared to 35.5%).
- As in previous years, the three most frequently mentioned end-of-life concerns were: loss of autonomy (91.4%), decreasing ability to participate in activities that made life enjoyable (86.7%), and loss of dignity (71.4%).
- Three of the 105 DWDA patients who died during 2014 were referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of death for 14 patients (13.9%) during 2014 compared to 15.9% in previous years.

- A procedure revision was made 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 20 of the 105 DWDA deaths during 2014. Among those 20 patients, time from ingestion until death ranged from eleven minutes to one hour.
- Eighty-three physicians wrote 155 prescriptions during 2014 (1-12 prescriptions per physician).
- During 2014, 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 2014, as of February 2, 2015

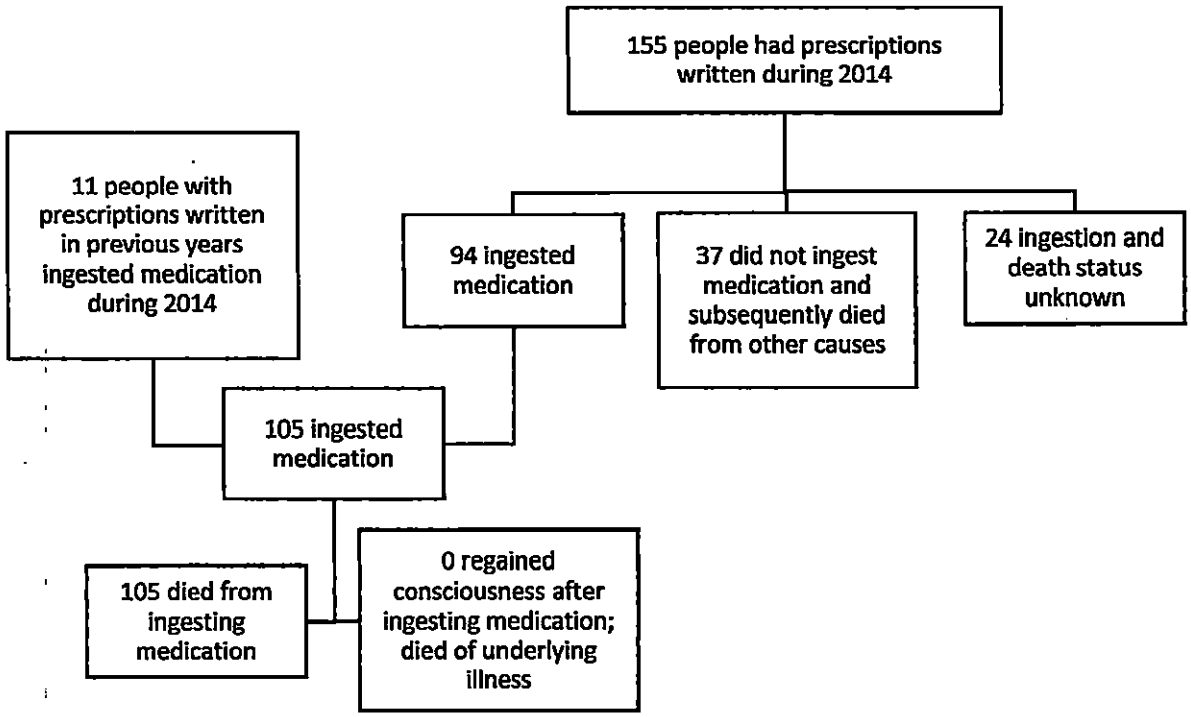


Table 1. Characteristics and end-of-life care of 857 DWDA patients who have died from ingesting a lethal dose of medication as of February 2, 2015, by year, Oregon, 1998-2014

Characteristics	2014 (N=105)	1998-2013 (N=754)	Total (N=859)
Sex	N (%)[1]	N (%)[1]	N (%)[1]
Male (%)	56 (53.3)	397 (52.7)	453 (52.7)
Female (%)	49 (46.7)	357 (47.3)	406 (47.3)
Age at death (years)			
18-34 (%)	1 (1.0)	6 (0.8)	7 (0.8)
35-44 (%)	2 (1.9)	16 (2.1)	18 (2.1)
45-54 (%)	3 (2.9)	58 (7.7)	61 (7.1)
55-64 (%)	28 (26.7)	156 (20.7)	184 (21.4)
65-74 (%)	29 (27.6)	218 (28.9)	247 (28.8)
75-84 (%)	23 (21.9)	206 (27.3)	229 (26.7)
85+ (%)	19 (18.1)	94 (12.5)	113 (13.2)
Median years (range)	72 (29-96)	71 (25-96)	71 (25-96)
Race			
White (%)	100 (95.2)	731 (97.3)	831 (97.1)
African American (%)	0 (0.0)	1 (0.1)	1 (0.1)
American Indian (%)	0 (0.0)	2 (0.3)	2 (0.2)
Asian (%)	1 (1.0)	8 (1.1)	9 (1.1)
Pacific Islander (%)	0 (0.0)	1 (0.1)	1 (0.1)
Other (%)	2 (1.9)	1 (0.1)	3 (0.4)
Two or more races (%)	1 (1.0)	2 (0.3)	3 (0.4)
Hispanic (%)	1 (1.0)	5 (0.7)	6 (0.7)
Unknown	*0*	*3*	*3*
Marital Status			
Married (%)[2]	48 (45.7)	347 (46.2)	395 (46.1)
Widowed (%)	26 (24.8)	172 (22.9)	198 (23.1)
Never married (%)	6 (5.7)	63 (8.4)	69 (8.1)
Divorced (%)	25 (23.8)	169 (22.5)	194 (22.7)
Unknown	*0*	*3*	*3*
Education			
Less than high school (%)	6 (5.7)	45 (6.0)	51 (6.0)
High school graduate (%)	23 (21.9)	164 (21.9)	187 (21.9)
Some college (%)	26 (24.8)	198 (26.4)	224 (26.2)
Baccalaureate or higher (%)	50 (47.6)	342 (45.7)	392 (45.9)
Unknown	*0*	*5*	*5*
Residence			
Metro counties (%)[3]	46 (44.7)	315 (41.9)	361 (42.3)
Coastal counties (%)	6 (5.8)	57 (7.6)	63 (7.4)
Other western counties (%)	40 (38.8)	325 (43.3)	365 (42.7)
East of the Cascades (%)	11 (10.7)	54 (7.2)	65 (7.6)
Unknown	*2*	*3*	*5*
End of life care			
Hospice			
Enrolled (%)[4]	93 (93.0)	654 (90.0)	747 (90.3)
Not enrolled (%)	7 (7.0)	73 (10.0)	80 (9.7)
Unknown	*5*	*27*	*32*
Insurance			
Private (%)[5]	37 (39.8)	452 (62.9)	489 (60.2)
Medicare, Medicaid or Other Governmental (%)	56 (60.2)	255 (35.5)	311 (38.3)
None (%)	0 (0.0)	12 (1.7)	12 (1.5)
Unknown	*12*	*35*	*47*

Characteristics	2014 (N=105)	1998-2013 (N=754)	Total (N=859)
Underlying illness			
Malignant neoplasms (%)	**72 (68.6)**	**596 (79.4)**	**668 (78.0)**
Lung and bronchus (%)	16 (15.2)	139 (18.5)	155 (18.1)
Breast (%)	7 (6.7)	57 (7.6)	64 (7.5)
Colon (%)	5 (4.8)	49 (6.5)	54 (6.3)
Pancreas (%)	9 (8.6)	47 (6.3)	56 (6.5)
Prostate (%)	2 (1.9)	33 (4.4)	35 (4.1)
Ovary (%)	5 (4.8)	28 (3.7)	33 (3.9)
Other (%)	28 (26.7)	243 (32.4)	271 (31.7)
Amyotrophic lateral sclerosis (%)	**17 (16.2)**	**54 (7.2)**	**71 (8.3)**
Chronic lower respiratory disease (%)	**4 (3.8)**	**34 (4.5)**	**38 (4.4)**
Heart Disease (%)	**3 (2.9)**	**14 (1.9)**	**17 (2.0)**
HIV/AIDS (%)	**0 (0.0)**	**9 (1.2)**	**9 (1.1)**
Other illnesses (%)[6]	**9 (8.6)**	**44 (5.9)**	**53 (6.2)**
Unknown	***0***	***3***	***3***
DWDA process			
Referred for psychiatric evaluation (%)	3 (2.9)	44 (5.9)	47 (5.5)
Patient informed family of decision (%)[7]	95 (90.5)	634 (93.6)	729 (93.2)
Patient died at			
Home (patient, family or friend) (%)	94 (89.5)	716 (95.3)	810 (94.6)
Long term care, assisted living or foster care facility (%)	8 (7.6)	29 (3.9)	37 (4.3)
Hospital (%)	0 (0.0)	1 (0.1)	1 (0.1)
Other (%)	3 (2.9)	5 (0.7)	8 (0.9)
Unknown	*0*	*3*	*3*
Lethal medication			
Secobarbital (%)	63 (60.0)	403 (53.4)	466 (54.2)
Pentobarbital (%)	41 (39.0)	344 (45.6)	385 (44.8)
Other (%)[8]	1 (1.0)	7 (0.9)	8 (0.9)
End of life concerns[9]	**(N=105)**	**(N=754)**	**(N=859)**
Losing autonomy (%)	96 (91.4)	686 (91.5)	782 (91.5)
Less able to engage in activities making life enjoyable (%)	91 (86.7)	667 (88.9)	758 (88.7)
Loss of dignity (%)[10]	75 (71.4)	504 (80.6)	579 (79.3)
Losing control of bodily functions (%)	52 (49.5)	376 (50.1)	428 (50.1)
Burden on family, friends/caregivers (%)	42 (40.0)	300 (40.0)	342 (40.0)
Inadequate pain control or concern about it (%)	33 (31.4)	178 (23.7)	211 (24.7)
Financial implications of treatment (%)	5 (4.8)	22 (2.9)	27 (3.2)
Health-care provider present[11]	**(N=105)**	**(N=684)**	**(N=789)**
When medication was ingested[12]			
Prescribing physician	14	119	133
Other provider, prescribing physician not present	6	238	244
No provider	4	76	80
Unknown	*81*	*251*	*332*
At time of death			
Prescribing physician (%)	14 (13.9)	107 (15.9)	121 (15.7)
Other provider, prescribing physician not present (%)	6 (5.9)	263 (39.2)	269 (34.8)
No provider (%)	81 (80.2)	301 (44.9)	382 (49.5)
Unknown	*4*	*13*	*17*
Complications[12]	**(N=105)**	**(N=754)**	**(N=859)**
Regurgitated	0	22	22
Seizures	0	0	0
Other	0	1	1
None	20	487	507
Unknown	*85*	*244*	*329*
Other outcomes			
Regained consciousness after ingesting DWDA medications[13]	0	6	6

Characteristics	2014 (N=105)	1998-2013 (N=754)	Total (N=859)
Timing of DWDA event			
Duration (weeks) of patient-physician relationship[14]			
Median	19	12	13
Range	1-1312	0-1905	0-1905
Number of patients with information available	*105*	*752*	*857*
Number of patients with information unknown	*0*	*2*	*2*
Duration (days) between 1st request and death			
Median	43	48	47
Range	15-439	15-1009	15-1009
Number of patients with information available	*105*	*754*	*859*
Number of patients with information unknown	*0*	*0*	*0*
Minutes between ingestion and unconsciousness[11, 12]			
Median	5	5	5
Range	2-15	1-38	1-38
Number of patients with information available	*20*	*487*	*507*
Number of patients with information unknown	*85*	*267*	*352*
Minutes between ingestion and death[11, 12]			
Median	27	25	25
Range (minutes - hours)	11mins-1hr	1min-104hrs	1min-104hrs
Number of patients with information available	*20*	*492*	*512*
Number of patients with information unknown	*85*	*262*	*347*

1 Unknowns are excluded when calculating percentages.

2 Includes Oregon Registered Domestic Partnerships.

3 Clackamas, Multnomah, and Washington counties.

4 Includes patients that were enrolled in hospice at the time the prescription was written or at time of death.

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

6 Includes deaths due to benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson's disease and Huntington's disease), musculoskeletal and connective tissue diseases, cerebrovascular disease, other vascular diseases, diabetes mellitus, gastrointestinal diseases, and liver disease.

7 First recorded beginning in 2001. Since then, 37 patients (4.7%) have chosen not to inform their families, and 16 patients (2.0%) have had no family to inform. There was one unknown case in 2002, two in 2005, one in 2009, and 3 in 2013.

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

9 Affirmative answers only ("Don't know" included in negative answers). Categories are not mutually exclusive. Data unavailable for four patients in 2001.

10 First asked in 2003. Data available for all 105 patients in 2014, 625 patients between 1998-2013, and 730 patients for all years.

11 The data shown are for 2001-2014 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001.

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

13 There have been a total of six patients who regained consciousness after ingesting prescribed lethal medications. These patients are not included in the total number of DWDA deaths. These deaths occurred in 2005 (1 death), 2010 (2 deaths), 2011 (2 deaths) and 2012 (1 death). Please refer to the appropriate years' annual reports on our website (http://www.healthoregon.org/dwd) for more detail on these deaths.

14 Previous reports listed 20 records missing the date care began with the attending physician. Further research with these cases has reduced the number of unknowns.