Death with Dignity Act
In the State of Oregon, USA
Methods in Oregon: Lessons Learned
Dying with Indignity

She's dying of cancer and has no insurance.

What's the hurry? We don't want to rush this decision, let's study it some more.

And I'm sure this woman wouldn't want big government running her life.

How much money does she think her life is worth, anyway?!

So our decision is unanimous... drop dead.
A Look Back at Twelve Year’s of Oregon’s Law

Presenter: George Eighmey, former Executive Director for 12 years of Compassion & Choices of Oregon
The day I learned I was terminally ill and that nothing could be done to palliate my pain, I decided I wanted to live as long as I could, as best as I was able, and to die with dignity as I had lived.”

Steve Mason, poet laureate of the Vietnam Veterans Association who died May 29, 2005, one week after testifying in support of Oregon’s law before the California State Legislature.
Summary of Oregon’s Death with Dignity Act

- Must be adult resident
- 2 MDs Determine Terminal
- May Require Psych. Eval.
- Must Make 3 Requests
- Must Self Administer
From 1998 through 2009

460 Oregonians ingested a legally prescribed lethal dose of medication

722 prescriptions were written

This corresponds to 12.8 DWDA deaths per 10,000 total deaths.
Number of DWDA Prescription Recipients and Deaths, by Year, Oregon, 1998-2009

Participants were:

- Between 25 and 96 years of age, median age was 71
- Caucasian (97.6%),
- Well-educated (44.4% had at least a baccalaureate degree)
- Had cancer (81.1%)
- Had ALS (7.6%)
Reasons why people use the law:
1. Loss of autonomy
2. Less able to enjoy activities
3. Fear of loss of autonomy

Least important reasons:
1. Depression
2. Lack of social support, and
3. Fear of being a financial burden.

Unfounded Concerns As To Effect Of Law On Vulnerable Groups.
- Women – 47.0%
  Men  53.0%

- 98.7% had health insurance

- 92.8% high school

- 2.6% had financial concerns

- 88.2% enrolled in hospice

- 97.6% Caucasian,

- No person may use the law based solely upon a disability

- 1.3% were 18-34 year olds and 11.1% were 85+ who used the law.
“Oregon has proven that good things happen when the law and compassion come together.”

Barbara Roberts, Former Governor of Oregon
Oregon End-of-Life Care

- Consistently ranked in the top “Best Places to Die.”
- One of the highest utilizations rates of hospice.
- Has the highest rate of “in-home” deaths. (37.9% v. US average of 23.2%)

(Ann Jackson, former ED OHA)
End-of-Life Care Improvements
According to Dr. Ganzini et al. JAMA May, 2001

- Increased Hospice Referrals: 30%
- Diagnosing Mental Status: 69%
- Increased Morphine Usage: 70%
- Better Able to Treat Pain: 76%
“It’s a great privilege to honor end of life choices of my patients and to help in this final way.”

Nicholas Gideonse, MD
OHSU Professor of Family Medicine
Thank you for your invitation. Please contact me with your questions and comments at geighmey@aol.com or 1524 SE Poplar Ave., Portland, OR 97214 or 503-233-9313.