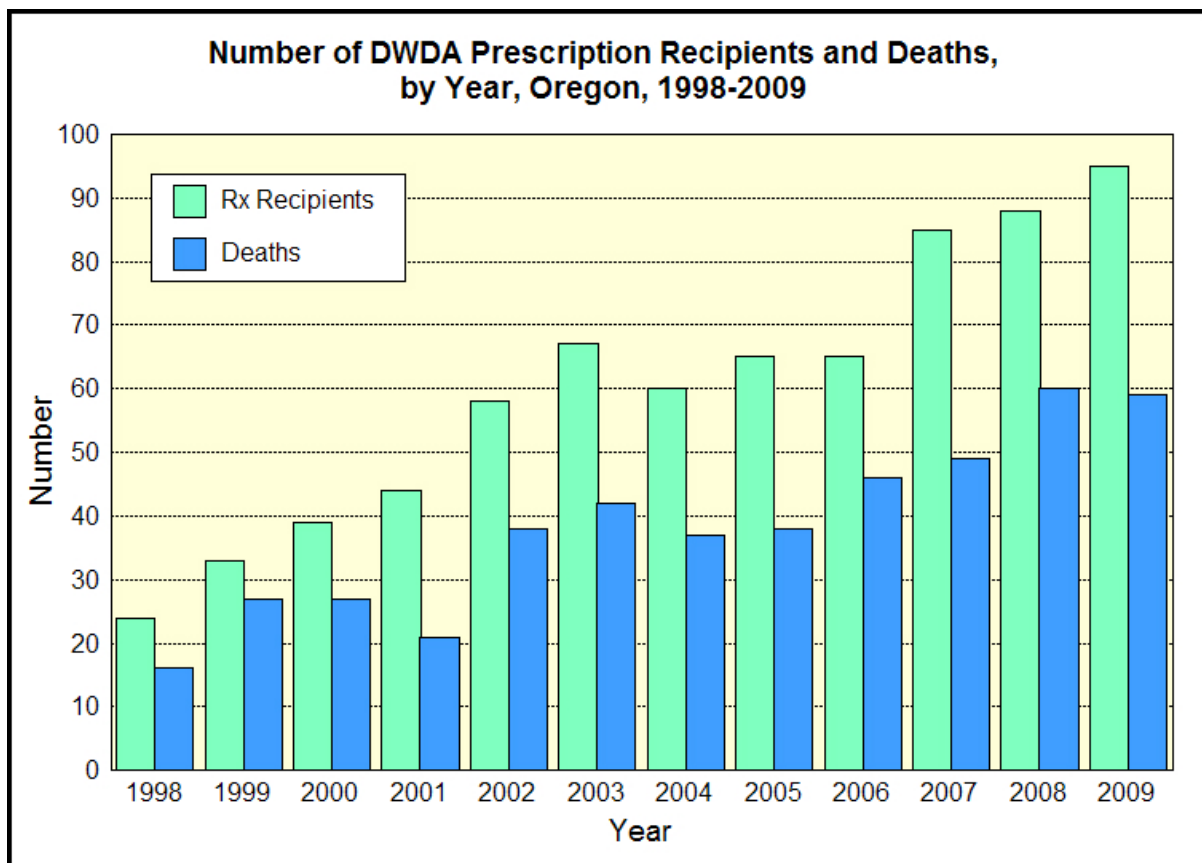


## 2009 Summary of Oregon's Death with Dignity Act

Oregon's Death with Dignity Act (DWDA), which was 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 2009 are listed below. For more detail, please view the figures and tables on our web site at <http://oregon.gov/DHS/ph/pas/index.shtml>.



- During 2009, 95 prescriptions for lethal medications were written under the provisions of the DWDA compared to 88 during 2008 (Figure). Of these, 53 patients took the medications, 30 died of their underlying illness, and 12 were alive at the end of 2009. In addition, six patients with earlier prescriptions died from taking the medications, resulting in a total of 59 DWDA deaths during 2009. This corresponds to an estimated 19.3 DWDA deaths per 10,000 total deaths.

- Fifty-five physicians wrote the 95 prescriptions (range 1-6).
- Since the law was passed in 1997, 460 patients have died from ingesting medications prescribed under the Death with Dignity Act.
- As in prior years, most participants were between 55 and 84 years of age (78.0%), white (98.3%), well-educated (48.3% had at least a baccalaureate degree), and had cancer (79.7%). Patients who died in 2009 were slightly older (median age 76 years) than in previous years (median age 70 years).
- Most patients died at home (98.3%); and most were enrolled in hospice care (91.5%) at time of death.
- In 2009, 98.7% of patients had some form of health care insurance. Compared to previous years, the number of patients who had private insurance (84.7%) was much greater than in previous years (66.8%), and the number of patients who had only Medicare or Medicaid insurance was much less (13.6% compared to 32.0%).
- As in previous years, the most frequently mentioned end-of-life concerns were: loss of autonomy (96.6%), loss of dignity (91.5%), and decreasing ability to participate in activities that made life enjoyable (86.4%).
- In 2009, none of the 59 patients were referred for formal psychiatric or psychological evaluation. Prescribing physicians were present at the time of ingestion for 3 (5.1%) patients compared to 22.6% in previous years; the prescribing physician was present at the time of death for one patient. The time from ingestion until death ranged from 2 minutes to 4 ½ days (104 hours).
- During 2009, one referral was made to the Oregon Medical Board for failing to submit a witnessed written consent form.