Assisted suicide - the Oregon model

The proposition currently being considered by the Andrews Labor Government is to legalise assisted suicide for persons whose are "*suffering from a serious and incurable condition which is causing enduring and unbearable suffering that cannot be relieved in a manner the patient deems tolerable*."

A careful analysis of this data reveals significant issues with the practice of physician assisted suicide in Oregon.

The proposed model is based, in part, on Oregon's *Dying With Dignity Act*, which has been in operation since 1998, providing for medical practitioners to prescribe drugs for self-administration by a person to allow the person to end his or her life.

Oregon publishes annual reports on the operation of the *Dying With Dignity Act*. **A careful analysis of this data reveals significant issues with the practice of physician assisted suicide in Oregon.**

PHYSICAL SUFFERING NOT A MAJOR ISSUE – "BEING A BURDEN" IS

The Oregon annual reports indicate that physical suffering is not a major issue for those requesting physician assisted suicide.

Of the 1127 people who had died from ingesting a lethal dose of medication as of 23 January 2017 just over one in four (26.26%) mentioned "*inadequate pain control or concern about it"* as a consideration.[1]

Earlier annual reports noted that "*Patients discussing concern about inadequate pain control with their physicians were not necessarily experiencing pain."*[2]

To facilitate assisted suicide of persons simply because feel they are a burden on family, friends or caregivers sends a cruel message to the disabled or chronically ill who may need the care and support of others in order to function in daily life. It implies that only the strong and fully independent have the right to live.

However, in 2016 **nearly one out of two (48.87%) people who died after taking prescribed lethal medication cited concerns about being a "*Burden on family, friends/caregivers*" as a reason for the request**.[3]

Physician assisted suicide has more to do with relieving other people of a "*burden*" than relieving unbearable pain. **To facilitate assisted suicide of persons simply because feel they are a burden on family, friends or caregivers sends a cruel message to the disabled or chronically ill who may need the care and support of others in order to function in daily life. It implies that only the strong and fully independent have the right to live.**

MENTAL HEALTH: NO ADEQUATE SCREENING

Research by Linda Ganzini has established that one in six people who died under Oregon's law had clinical depression.[4] Depression is supposed to be screened for under the Act. However, in 2016 less than one in twenty five (3.75%) who died under the Oregon law were referred by the prescribing doctor for a psychiatric evaluation before writing a script for a lethal substance.[5]

In 2011 Dr. Charles J. Bentz of the Division of General Medicine and Geriatrics at Oregon Health & Sciences University explained that Oregon's physician-assisted suicide law is not working well. He cited the example of a 76-year-old patient he referred to a cancer specialist for evaluation and therapy. The patient was a keen hiker and as he underwent therapy, he became depressed partly because he was less able to engage in hiking. He expressed a wish for assisted suicide to the cancer specialist, who rather than making any effort to deal with the patient's depression, proceeded to act on this request by asking Dr Bentz to be the second concurring physician to the patient's request. When Dr Bentz declined and proposed that instead the patient's depression should be addressed the cancer specialist simply found a more compliant doctor for a second opinion. **Two weeks later the patient was dead from a lethal overdose prescribed under the Act.**

Dr Bentz concludes "*In most jurisdictions, suicidal ideation is interpreted as a cry for help. In Oregon, the only help my patient got was a lethal prescription intended to kill him.*" He urges other jurisdictions "*Don't make Oregon's mistake*."[6]

THE MISLEADING NOTION OF A PEACEFUL DEATH

Assisted suicide proponents hold out the promise of a peaceful death by fast acting lethal substances. The lethal drugs most likely to be preferred by medical practitioners are secobarbital and pentobarbital. As of 23 January 2017 secobarbital had been used in 59.27% of cases and sentobarbital in 34.25% of cases in Oregon.[7] These drugs do not always result in a swift and peaceful death.

In 2016 one in nine (8.1%) of those for whom information about the circumstances of their deaths is available either had difficulty ingesting or regurgitated the lethal dose.[8]

The interval from ingestion of lethal drugs to unconsciousness has been as long as one hour while the interval from ingestion to death has ranged from 1 minute to as long as 104 hours (4 days and 8 hours).[9]

In 2005, "One patient became unconscious 25 minutes after ingestion, then regained consciousness 65 hours later. This person did not obtain a subsequent prescription, and died 14 days later of the underlying illness (17 days after ingesting the medication).[10]

This patient was lumberjack David Prueitt who, after ingesting the prescribed barbiturates spent three days in a deep coma, then suddenly woke up, asking his wife *"Honey, what the hell happened? Why am I not dead?"* David survived for another 14 days before dying naturally from his cancer.[11]

Since 2005 five other people have regained consciousness after ingesting the lethal medication.

"*In 2010, two patients regained consciousness after ingesting medications. One patient regained consciousness 88 hours after ingesting the medication, subsequently dying from underlying illness three months later. The other patient regained consciousness within 24 hours, subsequently dying from underlying illness five days following ingestion.*

In 2011, two patients regained consciousness after ingesting the medication. One of the patients very briefly regained consciousness after ingesting the prescribed medication and died from underlying illness about 30 hours later. The other patient regained consciousness approximately 14 hours after ingesting the medication and died from underlying illness about 38 hours later."[12]

In 2012 "*one patient ingested the medication but regained consciousness before dying of underlying illness ... The patient regained consciousness two days following ingestion, but remained minimally responsive and died six days following ingestion*".[13]

INCREASE IN NUMBER OF DEATHS

The number of deaths from ingesting lethal substances prescribed under Oregon's *Death With Dignity Act* reached 135 in 2015, up 28.57% from 2014, continuing a steady rise since 1998, the first year of the Act's operation when 16 people died under its provisions.[14]

FAULTY PROGNOSIS

The *Death With Dignity Act* provides that before prescribing a lethal substance a doctor must first determine whether a person has a "terminal disease". This is defined by section 127.800 (12) of the Oregon Revised Statute to mean "*an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months*".

In 2016 one person ingested lethal medication 539 days (nearly 18 months) after the initial request for the lethal prescription was made. The longest duration between initial request and ingestion recorded is 1009 days (that is 2 years and 9 months).[15] Evidently in these cases the prognosis was wildly inaccurate.

In some cases doctors have had a relationship with the patient of less than one week's duration.

Dr Kenneth Stevens has written about his experience of how the prognosis of six months to live works in practice under Oregon's law:

> *Oregon's assisted-suicide law applies to patients predicted to have less than six months to live. In 2000, I had a cancer patient named Jeanette Hall. Another doctor had given her a terminal diagnosis of six months to a year to live. This was based on her not being treated for cancer.*
>
> *At our first meeting, Jeanette told me that she did not want to be treated, and that she wanted to opt for what our law allowed – to kill herself with a lethal dose of barbiturates.*
>
> *I did not and do not believe in assisted suicide. I informed her that her cancer was treatable and that her prospects were good. But she wanted*

"the pills." She had made up her mind, but she continued to see me.

On the third or fourth visit, I asked her about her family and learned that she had a son. I asked her how he would feel if she went through with her plan. Shortly after that, she agreed to be treated, and her cancer was cured.

Five years later she saw me in a restaurant and said, "Dr. Stevens, you saved my life!"

For her, the mere presence of legal assisted suicide had steered her to suicide.[16]

SHORT RELATIONSHIP WITH ATTENDING PHYSICIANS

The Oregon statute specifies that lethal prescriptions only be written by a person's "*attending physician*" who is defined as "*the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease*."[17]

The data indicates that **in some cases doctors have had a relationship with the patient of less than one week's duration** and that in 2015, in half the cases the doctor-patient relationship was of 9 weeks duration or less.[18] A total of 106 physicians wrote 218 prescriptions during 2015 (1-27 prescriptions per physician).[19]

Taken together this data suggests that there are some doctors in Oregon very willing to write prescriptions for lethal substances for patients they barely know.

WHO ADMINISTERS THE LETHAL DOSE?

In 2016 either the prescribing physician (10.1%) or another healthcare provider (10.5%) was known to be present at the time the lethal medication was ingested. For the remaining 79.4% of people there was no physician or other healthcare provider known to be present at the time of ingestion.[20]

In nearly four out of five cases there is no independent evidence that the person took the lethal medication voluntarily.

In other words for nearly four out of five cases **there is no independent evidence that the person took the lethal medication voluntarily**. It may well have been administered to them by a family member or other person under duress, surreptitiously or violently. We can never know.

CONCLUSION

Oregon does not provide evidence of a safe regime for assisted suicide.

Nothing so far suggests that the Andrews Government is seriously addressing these deficiencies in the Oregon model.

[1] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.10, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[2] Oregon Health Authority, *Sixth Annual report on Oregon's Death With Dignity Act,* 2004, p. 24 http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year6.pdf

[3] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.10, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[4] Linda Ganzini et al., "Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey", *BMJ* 2008;337:a1682, http://www.bmj.com/content/bmj/337/bmj.a1682.full.pdf

[5] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.9, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[6] Charles Bentz, "Oregon's assisted suicide law isn't working", *The Province,* December 5 2011, http://blogs.theprovince.com/2011/12/05/province-letters-icbc-egypt-assisted-suicide-oregon-christmas-pre-marital-sex/

[7] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.9, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[8] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.10, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

Note that from 2010 reports of complications were only recorded if a physician was present at the time of administration so percentages for complications

artificially decline as complications are listed as "unknown" for the majority of cases in which no physician was present.

[9] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.11, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[10] Department of Human Services, Office of Disease Prevention and Epidemiology, *Eighth Annual Report on Oregon's Death with Dignity Act*, p. 13, https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year8.pdf

[11] "Oregon man wakes up after assisted-suicide attempt", *Seattle Times,* 4 March 2005, http://seattletimes.nwsource.com/html/health/2002197134_webwake04.html

[12] Oregon Health Authority, *Death With Dignity Act, Year 14 - Table 1, Characteristics and end-of-life care of 596 DWDA patients who died after ingesting a lethal dose of medication as of February 29, 2012, by year, Oregon, 1998-2011*, p. 6, footnote 12 https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year14.pdf

[13] Oregon's *Death With Dignity Act -2012 Table 1, Characteristics and end-of-life care of 673 DWDA patients who died after ingesting a lethal dose of medication as of January 14, 2013, by year, Oregon, 1998-2012*, p. 2, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year15.pdf

[14] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Figure 1,* p.4, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[15] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016, Table 1. Characteristics and end-of-life care of 1,127 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2016 [sic = 2017], by year, Oregon, 1998-2016,* p.11, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

[16] Kenneth Stevens "Doctor helped patient with cancer choose life over assisted suicide", *Missoulian,* 27 November 2012, http://missoulian.com/news/opinion/mailbag/doctor-helped-patient-with-cancer-choose-life-over-assisted-suicide/article_63e092dc-37e5-11e2-ae61-001a4bcf887a.html

[17] Oregon Revised Statute, Section 127.800 (2)

[18] Oregon Public Health Division, *Oregon's Death With Dignity Act: 2015 Data Summary, Table 1. Characteristics and end-of-life care of 991 DWDA patients who have died from ingesting DWDA medications, by year, Oregon, 1998-2015,* p.7, https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf

[19] Oregon Public Health Division, *Oregon's Death With Dignity Act: 2015 Data Summary, Table 1. Characteristics and end-of-life care of 991 DWDA patients who have died from ingesting DWDA medications, by year, Oregon, 1998-2015,* p.4, https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf

[20] Oregon Public Health Division, *Oregon Death With Dignity Act: Data Summary 2016,* p.7, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

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