

PRESS RELEASE—April 2007

Physician-assisted suicide in Oregon has become an unspeakable act—Oregon Report 2006

Proponents of physician-assisted suicide manipulated Oregon Department of Human Services (DHS), through threat of litigation, to use vague and misleading language to cloud the debate on physician-assisted suicide. This year, rather than reporting on “physician-assisted suicide” as in prior years’ reports, DHS is now reporting on “those patients who participated in the Act”. Despite this euphemism for state-sanctioned medical killing in Oregon, we need to remember that this report is about physician-assisted suicide.

Physicians for Compassionate Care Education Foundation (PCCEF) is very concerned about the limited content of data in this year’s Department of Human Services Annual Report of physician-assisted suicide. The report issued today by Oregon’s DHS regarding the 2006-Year experience of physician-assisted suicide is amazingly brief and incomplete, and much of the past narrative-type information is not present in this year’s report.

PCCEF is concerned with several areas of the report:

- This year’s report does not enumerate the number of prescriptions written by doctors, i.e. how many doctors wrote one, two, three, etc. prescriptions. This information was in prior reports.
- Only two of the 46 patients dying from assisted suicide in 2006 were referred for psychiatric evaluation, yet depression is the most common cause of suicidal ideation.
- The prescribing physician was present when medication was ingested for only 15 of the 46 deaths; knowledge of complications for the other 31 patients is obtained second or third-hand.
- Emergency medical services were called for a patient who had fallen, yet that fall was not listed as a complication of the lethal prescription for the physician-assisted suicide.
- The median duration of the patient-physician relationship was only 15 weeks, with a range from one to 767 weeks. We know that many of these patients are receiving prescriptions for lethal medications from doctors that are new to them, rather than from their usual doctor.
- The time between the first request and death ranged from 15 to 747 days. As we have previously noted, many non-terminal patients are dying from assisted suicide.
- The Summary statement reports that more patients were concerned about inadequate pain control, yet the details of Table 1 of the report identifies that category of End-of-Life Concerns as “inadequate pain control or concern about it”. We don’t know if this is “inadequate pain control” or fear of future inadequate pain control.

PCCEF believes that all human life has inherent value and that physician-assisted suicide:

- undermines trust in the patient-physician relationship
- changes the societal role of the physicians from healer to executioner,
- endangers the value that society places on life, specifically for those who are most vulnerable.

PCCEF members will continue to assist individual patients and their families to access excellent palliative care at the end of life.