

## 2008 Annual PAS Report Press Release

The annual report from the Oregon Department of Human Services regarding physician-assisted suicide (PAS) in Oregon for the 2008 year was released yesterday, March 3, 2009.

It reports that 88 prescriptions were written in 2008 by 59 doctors. The 60 PAS deaths represent a 22% increase in PAS deaths compared to 2007. In the 11 years from 1998 to 2008 there have been 401 reported PAS deaths in Oregon.

PCCEF is concerned with several areas of the DHS report:

- The report is very brief, consisting of a two-page summary report and a 2 ½ page Table. This is not consistent with the “surveillance” responsibility of the DHS regarding assisted suicide in Oregon. There are no true investigations of assisted suicides in Oregon by the DHS.
- Only two of the 60 PAS death patients were referred for psychiatric evaluation. This is in marked contrast to the report by OHSU researchers in 2008 in the British Medical Journal that 25% of patients requesting assisted suicide were considered depressed. Over the past two years in Oregon, less than 2% of patients committing assisted suicide were referred for psychiatric evaluation.
- Only three of the 60 PAS death patients had “inadequate pain control or concern about it” as an end-of-life concern. As has been reported previously, pain is not a major reason for assisted suicide.
- The prescribing physician was present at the time of lethal overdose ingestion for only 11 of the 60 deaths. Medical details of that time and knowledge of complications for the other 49 patients was obtained second- or third-hand. How do we really know what happened in the majority of deaths?
- The median duration of patient-physician relationship was only 8 weeks. Some patients had no prior relationship with the prescribing physician. Many patients have prescriptions for lethal drugs written by other than their personal physician.
- The range of time between ingestion and death ranged from 2 minutes to 25 hours. Both of those times are problematic. It is very unlikely that someone would die within 2 minutes of taking an overdose of sleeping medication. Likewise, the major effect of the short-acting sleeping medication would have worn-off by 25 hours. So, what was the cause of death in these circumstances?
- Two referrals were made to the Oregon Medical Board for incorrectly completed reporting forms. The report indicates that “the Oregon Medical Board found no violations of 'good faith compliance' with the assisted suicide Act and did not sanction any physicians for 'unprofessional conduct' regarding the Act". The low standard of 'good faith compliance' is below the usual standard of 'medical professional conduct'.

The lack of specificity and true oversight is a cause for concern. PCCEF promotes the ethic 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 physician from healing to medical killing
- Endangers the value that society places on life, specifically for those who are most vulnerable.