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PRESS RELEASE: 2023 Oregon Report Reveals Further Devaluation of Terminally Ill
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The most recent Oregon (OR) Report reveals that lethal drug prescriptions increased 30% in 2023 and deaths from lethal drugs increased 21%. This large increase is likely multifactorial, including: dropping the residency requirement allows people from out-of-state to obtain lethal drugs; more people had the waiting period waived when they are most vulnerable with a high likelihood of brain dysfunction—making them more likely to rashly take lethal drugs when they are least capable of doing so; more people were not in hospice care whereby holistic care tends to improve patients' sense of well-being and make them less likely to request or take lethal drugs; and legalization of assisted suicide may gradually push more people to succumb to the false idea that disabilities associated with terminal illness make their remaining lives worthless. The meager statistics shared in the OR Report demonstrate devaluation of those with terminal illness:

- Allowing out-of-state residents to come to Oregon for evaluation by a doctor who may not know them and has an even greater chance of missing depression and coercion shows lack of respect for these patients. They may experience pressure to take the drugs quickly without the company of loved ones, given the time and effort of travel and the complications that might ensue if they take them in their home state. A rash decision becomes their last one.
- 154 patients (an increase from 20 to 28% since this provision was instituted in 2020) whose waiting period for lethal drugs was waived were treated with reckless disregard, given that patients close to death rarely can provide valid consent and often have swallowing difficulty. Eliminating the waiting period should constitute malpractice and ethics violations—but the law protects doctors and not patients.
- Despite the high incidence of depression among the elderly and terminally ill, only 3 patients were referred for mental health evaluation. Evidence suggests that physicians are missing the diagnosis of depression, and patients are inappropriately being given lethal drugs.
- 17 patients (4.6%) outlived their 6-month prognosis, with a maximum of 4.5 years beyond their initial diagnosis. How many other patients who took lethal drugs might have lived longer, given the inaccuracy of doctors' predictions?
- Hospice enrollment declined, depriving patients of holistic treatment that may improve well-being and lessen the desire for a hastened death.
- Financial fears increased as a reason to seek lethal drugs.
- The duration of time between ingestion and unconsciousness ranged from 1 minute to more than 8 hours. Time from ingestion to death ranged from 3 minutes to almost 6 days. Over 120 patients had unknown times between ingestion and loss of consciousness and death. These statistics are concerning given the drug pharmacokinetics.
    - None of the lethal drugs used have a time of onset sooner than 15 minutes and may take up to 60 minutes. How are people becoming unconscious in 1 minute and dying within 3 minutes? Is it because it is taking a long time to ingest the bitter mouth-burning liquid? Or, as nausea and vomiting and seizures are potential side effects, are these people a bit drowsy or seizing and they aspirate the lethal potion and die quickly of asphyxiation?
    - Most of these drugs would wear off within 6-8 hours, with some persisting in the body for days, but often without clinical effect. So, what is causing patients' deaths many days after

ingestion? Did they have hypoxia from slow breathing that damaged their brains, but their breathing recovered, and they died from starvation and dehydration?

- Since most patients do not have a health care practitioner in attendance at ingestion and death, and those who did had a 2.7% rate of complications (some serious), the Death With Dignity protocol allows patient abandonment and does not treat patients with "dignity."
- The specifics of "other" terminal diagnoses are no longer being included—but non-terminal diagnoses (e.g., anorexia, arthritis, hernia, medical complications) have been listed in the past. Although no cases have ever been reported for violations of the law, every one of these non-terminal diagnoses should have been investigated.
- Data calculations were skewed by leaving out the unknowns for patients having persons in attendance when ingesting lethal drugs, making it appear that more patients had someone present.

For further explanations of these point, including references, see Dr. Quick's comments on PCCEF's website.