

"Comment on Ganzini and Dobscha regarding Comparing Rates of  
Physician-Assisted Suicide in Oregon with that of Other States"

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The Journal of Clinical Ethics 15, No. 4 (2004):363-364

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This commentary article is in response to: L. Ganzini, S.K. Dobscha. "Clarifying Distinctions between Contemplating and Completing Physician-Assisted Suicide",

The Journal of Clinical Ethics 15, No. 2 (2004): 119-122.

There is a very serious error regarding the rates of assisted suicide in Oregon and in other states in an article by Ganzini and Dobscha, "Clarifying Distinctions between Contemplating and Completing Physician-Assisted Suicide" in the summer 2004 issue of this journal (volume 15, number 2). The authors imply that the rate of assisted suicide in other states apart from Oregon is known, and they compound this error by suggesting that the legalization of assisted suicide in Oregon has decreased the rate of assisted suicide in that state.

Specifically, Ganzini and Dobscha write,

it is worth noting that this would represent a rate of assisted suicide lower [in Oregon] than found in previous studies done in other states. Emanuel and coauthors estimate a rate of physician-assisted suicide (PAS) and euthanasia in other states in the United States as approximately one in 250,[1] as compared to Oregon's yearly rate of one in 1,000 PAS deaths under the ODDA [Oregon Death with Dignity Act].[2] If the rate in Oregon is similar to other states in the United States, approximately three in 1,000 cases of PAS or euthanasia in Oregon outside the law each year should be found. This raises the interesting question of whether legalization of assisted suicide can drive the rate of PAS down.

The authors' reported "rate" of four PAS deaths per 1,000 deaths in other states is based on a single event, *the PAS death of one person*, reported by E.J. Emanuel and colleagues.<sup>3</sup> The Emanuel article is based on a survey of patients with "a significant illness and a survival time of 6 months or less." In that survey, 988 terminally ill patients were interviewed; 256 had died, one patient died from PAS. It is impossible, and completely unscientific, to claim a valid PAS rate based on a single event taken from a survey of a non-representative sampling of patients in six locations. Ganzini and Dobscha have clearly gone far beyond what was stated in the Emanuel article and have misrepresented Emanuel's data in claiming his survey established a rate of PAS of four per 1,000 in states other than Oregon.

Even if it were possible to support the claimed rate of PAS in other states from Emanuel's data, there are other serious problems with Ganzini and Dobscha's attempt at making a comparison with Oregon's PAS rate. Clearly, if PAS death rates among states are to be compared, then the rates have to be based on a comparable population base. Ganzini and Dobscha made no effort to ensure that the populations were comparable before making their claim for a decrease in the rate of PAS in Oregon.

While it is true that there is approximately one PAS death per 1,000 deaths in Oregon,<sup>4</sup> this includes deaths from all causes (newborns, children, sudden deaths and deaths from "non-terminal" conditions). However, the Oregon PAS death rate compared to deaths from the same underlying diseases is more than three times greater than 1/1000. The sixth annual Oregon Department of Human Services report indicates that, over the six years of legalized PAS in Oregon, there were 171 PAS deaths per 53,544 Oregonians dying from the same underlying diseases as those who died from PAS: a 3.2 per 1,000 rate.<sup>5</sup>

In summary, Ganzini and Dobscha are wrong to imply that legalization of PAS in Oregon has decreased the rate of PAS. The rate of illegal PAS in other states cannot be established from Emanuel's article. Most importantly, there is no evidence that legalization of assisted suicide in Oregon has decreased the rate of PAS in Oregon.

We believe Ganzini and Dobscha should acknowledge their inappropriate use of the Emanuel data to claim that the rate of PAS in other states is known, and should acknowledge that the rates of PAS they stated for Oregon and other states are not comparable.

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## NOTES

1. E.J. Emanuel, D.L. Fairclough, and L.L. Emanuel, "Attitudes and Desires Related to Euthanasia and Physician-Assisted Suicide Among Terminally Ill Patients and Their Caregivers", *Journal of the American Medical Association* 284, no. 19 (2000): 2460-8.
2. Oregon Department of Human Services, "Physician-Assisted Suicide, Death with Dignity, Annual Report 2002," <http://www.dhs.state.or.us/publichealth/chs/pas/year5/ar-index.cfm>, (2003).
3. See note 1 above.
4. See note 2 above.
5. Oregon Department of Human Services, Physician-Assisted Suicide, Death with Dignity, Annual Report 2003, <http://www.dhs.state.or.us/publichealth/chs/pas/ar-index.cfm>, (2004).