

Depression and Physician-Assisted Suicide in Oregon

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According to the World Health Organization, depression is the leading global cause of years lived with disability and the fourth leading cause of disability-adjusted life-years.

An estimated 90% of suicides in the U.S. are associated with mental illness, most commonly depression.

Diagnosing depression can be challenging; even in patients with cancer and other serious illnesses. A survey of 1109 cancer patients and their physicians reported that the physicians accurately classified only 20 of the 159 moderately to severely depressed patients, and rated 78 of these patients as having essentially no depressive symptoms. In other words, the patients' cancer physicians were accurate in diagnosing moderate or severe depression only 13% of the time.

Suicide is a leading cause of death in Oregon, particularly among the elderly. Oregon ranks 6th in the nation for annual rate of elderly suicide, and has an elderly suicide rate that is 156% of the national average. The Oregon Department of Human Services has recommended active screening for depression in the elderly as an important factor in reducing suicides.

With that background, it is extremely troubling that none of the 49 patients, who were reported to have died of physician-assisted suicide in Oregon in 2007, were referred for psychiatric evaluation. Overall in the 10 years, 1998-2007 only 11% (36/341) of the reported physician-assisted suicide deaths in Oregon were referred for psychiatric evaluation.

It is a tragedy that none of these 49 physician-assisted suicide patients received such an important evaluation. None of these patients, who were considered to be terminally-ill by their physicians, were granted the standard of health care that other patients are expected to receive. In that sense, they were discriminated against. This is another example of how physician-assisted suicide patients in Oregon are receiving inadequate and sub-standard care from their physicians.

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