Physicians for Compassionate Care Education Foundation

Return to www.pccef.org

Physicians for Compassionate Care Education Foundation

Press Release

March 8, 2012

Physician-Assisted Suicides in Oregon Increasing in Number with Less Information

The Public Health Department of the Oregon Health Authority released their report for physician-assisted suicides for the 2011 year. Their report is available at: http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx

PCCEF is concerned with multiple areas of the report:

- There were more prescriptions and deaths than in any previous year; the number of prescriptions written for lethal doses of barbiturates increased from 97 in 2010 to 114 in 2011, and the reported deaths from assisted suicide increased from 65 to 71. This is indicative of an increase in hopelessness and despair among a vulnerable population with serious illness.
- 62 doctors wrote 114 prescriptions, with some writing up to 14 prescriptions each. Some doctors knew the patient for only one week before writing the prescriptions. It is known that some doctors are prominent prescribers of lethal barbiturates for assisted suicide.
- The report states "9 people with prescriptions written in previous years ingested medication during 2011". The term "previous years" indicates that some received prescriptions during multiple years prior to 2011 (such as in 2010, 2009 or earlier). In short, some individuals had the prescription for longer than a year before ingesting the drugs, far longer than the law's 6-months life expectancy guidelines. Some patients lived as long as 872 days after requesting assisted suicide. Clearly, the law's guidelines are meaningless; not all who receive these prescriptions are terminal.
- As has occurred in prior years, not all who attempt to take the drugs will die. Two patients ingested the medication but failed to die. Each regained consciousness and died more than a day later, 30 hours and 38 hours respectively, of their underlying illness; they were not considered to have died from the ingested drugs. These are not easy drugs to take, they are bitter and foul-tasting, and vomiting does occur despite anti-emetics..
- As in previous years, there was virtually no formal evaluation for underlying depression, anxiety or other serious mental health issue. Only one of the 71 patients was referred for psychiatric evaluation. OHSU researchers in 2008 reported that 25% of patients requesting assisted suicide were considered to be depressed. Are we failing to recognize and address the despair that is frequently found in patients near the end of life? What are we doing to protect these vulnerable Oregonians?
- As in previous years, pain has not been a major concern; only one third of patients had inadequate pain control or concern about it. The most commonly expressed concerns of those

dying from physician-assisted suicide were unchanged from previous reports: less able to engage in activities making life enjoyable, losing autonomy, and loss of dignity.

- In only 6 cases was the prescribing physician present at the time of ingestion, in 3 other cases another provider was present. Thus, very little is known or reported regarding events at the time of ingestion of the medications. For 62 patients there was either no provider present or the information regarding presence of a provider was unknown. Physicians appear to be disengaged with patients at the end.
- In essence then, complications were unknown for 59 patients, and any information regarding minutes between ingestion and unconsciousness and death was unknown for 63 patients.
- The shroud of secrecy surrounding assisted suicide is heavier than ever. With each passing year, Oregonians know less and less about what is really happening with assisted suicides in the state. The proper practice of all aspects of medicine requires adequate oversight and peer review. We do not have that with physician-assisted suicide in Oregon.

Physicians for Compassionate Care Education Foundation 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 physician from healing to medical killing.
- Endangers the value that society places on life, specifically for those who are most vulnerable, those who are frail, elderly, and at the end of life.
