

PRESS RELEASE - February 6, 2002

## **2001 REPORT ON OREGON ASSISTED-SUICIDE EXPERIMENT**

Today, February 6, 2002, the Oregon Health Division (OHD) reported 21 assisted suicides in 2001. Once again, the report gathered information only from those needing to justify recent participation in a suicide -- the assisted-suicide doctors themselves. There was no independent verification of the adequacy of pain care, palliative care, or psychiatric treatment in any of the cases.

OHD reporting in this area is a travesty. It discredits what was once a fine public health organization. National medical experts have observed that those responsible for monitoring the Oregon assisted-suicide law have become its advocats (Foley & Hendin, Hastings Center Report May-June, 1999) and biased their data collection. In a new book, scheduled to be released in March by Johns Hopkins Press, Drs. Kathleen Foley of Project on Death in America and Herbert Hendin of New York University have concluded, "Even more troublesome has been the restrictive manner in which the Oregon Health Division (OHD), charged with monitoring the law, has interpreted its mandate." This restrictive interpretation has resulted in biased data collection, false assurances, and the failure to disclose known cases of patients with depression and patients under pressure from their families being given assisted suicides. Neither has OHD revealed the admitted involvement of HMOs in assisted suicides. The U.S. Department of Justice submitted an advance copy of the Foley and Hendin critique of OHD reports to federal Judge Jones. Advance copies of the book are now available for press review from Johns Hopkins Press.

What little useful information one can glean from the report all points to one conclusion, according to Dr. Hamilton, spokesman for PCC. "Assisted suicide isn't necessary! 99.9% of Oregonians who died last year did so without assisted suicide. And the other 0.1% could have, too, given the availability of pain treatment and palliative care," Hamilton said.

The predominate concerns that led to the suicides were psychological fears and social concerns. Only one assisted-suicide victim this year even mentioned pain care as a possible concern. There is no evidence that any of the victims was suffering from actual substantial pain. That's because doctors can treat pain. No one in America needs to die in unrelieved pain.

"The psychological and social fears of the assisted suicide victims all point to low self-esteem and anxiety often associated with depression," according to Dr. Hamilton, a Portland psychiatrist. "Medical studies demonstrate that most patients even inquiring about assisted suicide suffer from depression, often unrecognized by the doctor. Yet only 3 of the Oregon assisted-suicide victims were even referred for a psychiatric opinion! Such neglect of the mental health concerns of suicidal patients would be considered malpractice in any other state."