

PRESS RELEASE - March 10, 2005

OREGON'S PHYSICIAN ASSISTED SUICIDE YEAR 2004 - SEVENTH ANNUAL REPORT -

Many Areas of Concern

Members of Physicians for Compassionate Care express regret that 37 of our fellow Oregonians needlessly died by overdoses of barbiturates in 2004. These overdoses were prescribed by a few dozen Oregon doctors-many of whom are actively promoting assisted suicide. For example, it was reported in today's The Oregonian that Dr. Crumpacker of CID has participated directly or indirectly in more than 100 doctor-assisted suicide deaths.

Furthermore, our members lament the continued shroud of secrecy that restricts everyone from really knowing what is happening. Specifically, we have many serious concerns about the latest report on doctor-assisted suicide in Oregon published by the Oregon Department of Human Services. The concerns are about both the information in the report as well as the report itself. These include:

- Inadequate and sloppy reporting-The filing of an incomplete Attending Physician's Compliance Form and witnessing of signatures on a patient request form were reasons why one case was referred to the Oregon Board of Medical Examiners for investigation. What is the outcome of that investigation?
- Inadequate evaluation-Sadly, psychiatric evaluation was performed for only 5% of those dying of assisted suicide in 2004, the same percentage as for the 2003 year. People who feel their continued living has no meaning deserve psychiatric evaluation and help. The guidelines of Guidebook for Health Care Professionals regarding the Oregon Death with Dignity Act "strongly recommend mental health consultation for any person desiring a prescription under the Act". (www.ohsu.edu/ethics/guidebook/chapter9.pdf) Why aren't patients getting this help? Have some Oregon doctors devalued their patients' lives?
- Inconsistent reporting-There is no information regarding the number of doctors writing prescriptions for those who died from ingesting lethal drugs during 2004, whereas that information was previously provided for the 2003 year.
- Many prescriptions by a few doctors-For the first time the annual report divulges information regarding the numbers of prescriptions written by physicians. It is obvious that some doctors are very involved in assisted suicide in Oregon by writing a lot of assisted suicide prescriptions. Of the 40 physicians who wrote the 60 prescriptions in 2004, 28 wrote one prescription, 9 wrote 2 prescriptions, one wrote 3 prescriptions, one wrote 4 prescriptions, and one wrote 7 prescriptions.
- No real monitoring-What happens at the time of ingestion of the barbiturates? We don't know? How could we? In 2004 the prescribing doctor was present at the time of ingestion for only 6 of the 37 deaths (16%). As we have said in previous years, this

information is obtained second or even third hand -predominantly from non-physicians present.

- Who's telling the truth?-While this annual report states that 6 patients had the prescribing physician present at the time of taking the drugs, George Eighmey of Compassion in Dying (CID) has publicly reported that the patient's physician was present at the time of taking the medication for 8 of the 29 CID clients who died in 2004. Which is the correct number of doctors present, 6 or 8? The CID people appear to be controlling the information about assisted suicide in Oregon.
- Complications (both reported and unreported)-This year's report revealed three patients with vomiting complications. While these likely occur in up to 20% of cases, these are complications that the CID people have repeatedly claimed would never happen. Are patients being told the truth by CID suicide advocates about this risk (or other risks) of massive overdoses of sleeping pills?
- Secrecy about drugs and route of administration-Pentobarbital is the most commonly used (68%) barbiturate used for assisted suicide. This drug is only available in a liquid injectable formulation. Is it being injected? Is it being misused by giving it orally? If Seconal is used, where is it coming from? Seconal is not currently available in the United States.
- Mixing issues-Pain can be controlled by modern medicine. Assisted suicide being used for untreatable pain has not been reported. Yet CID suicide advocates continue to promulgate intractable pain as a reason to promote assisted suicide.
- Inadequate background information-The report failed to mention a 2004 study in Oregon that indicated that those dying between June 2000 and March 2002 were approximately twice as likely to be in moderate or severe pain or distress, as compared to patients dying during the time from November 1996 to December 1997. Oregon's assisted suicide law became operational in January 1998. (This was reported by Fromme et al, "Increased family reports of pain or distress in dying Oregonians 1996 to 2002" in Journal of Palliative Medicine, 2004: 7:431-442.) Oregonians deserve to know the truth-assisted suicide has not improved pain control in terminal patients in Oregon.

Finally, this annual report did not include the recent case of Mr. David Prueitt who proved the reality that dying by overdose is not easy, comfortable, and certainly not dignified. After Mr. Prueitt's failed assisted suicide in February 2005 (he awoke after 65 hours of coma), "he chose to die naturally." "He wisely did not choose to attempt assisted suicide again." says Dr. Kenneth Stevens, a cancer doctor in Portland, Oregon. "Physician assisted suicide is not needed and is not natural."

Physician assisted suicide is not medicine. It is contrary to and is not compatible with the doctor's proper role in caring for patients.