



The Oregon Death with Dignity Act: Twenty Years Experience

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What is the Oregon Death with Dignity Act?

- ▶ Allows a physician to prescribe a lethal dosage of medication for a competent, terminally-ill patient for the purposes of self-administration
- ▶ Patient must be 18 years or older
- ▶ Patient must be a resident of the state of Oregon
- ▶ Patient must make two oral requests and one written request over 15 days, the latter signed by two witnesses

Roles of Attending and Consulting Physician

- ▶ Attending and second physician consultant must confirm:
 - ▶ Patient has a disease that, within reasonable judgment, will cause death within six months.
 - ▶ Patient is capable of making and communicating health care decisions.
 - ▶ Decision is voluntary.
 - ▶ Patient must be informed of all feasible alternatives including hospice and comfort care.
 - ▶ Must request (but not require) that patient notify family of request.
 - ▶ If the physician or consultant is concerned that the request is influenced by a mental disorder or depression, the patient must be evaluated by a psychiatrist or psychologist

Legal Requirements of ODDA

- ▶ All physicians who prescribe under the ODDA are required to notify the Oregon Health Division and provide documentation that legal requirements are met.
- ▶ If legal requirements not met, reported to the state licensing board.
- ▶ Not considered suicide under the law.
- ▶ 1127 deaths between 1998-2016
- ▶ Washington (2008), Vermont (2013), Colorado (2016) and California (2016) laws are almost identical
- ▶ Data from Washington state very similar.

Why Oregon?

- ▶ Demographics
 - ▶ Few Ethnic Minorities
 - ▶ Low proportion church-affiliated
- ▶ Politics
 - ▶ Opposition caught unaware—ballot measures in neighboring Washington and California failed in the early 1990s
 - ▶ Long history of political innovation through ballot measure
- ▶ Culture
 - ▶ Ethos of rugged individualism
- ▶ Medical
 - ▶ Already a well developed hospice system and low rate of deaths in hospital

Oregon end of life policy innovations--POLST

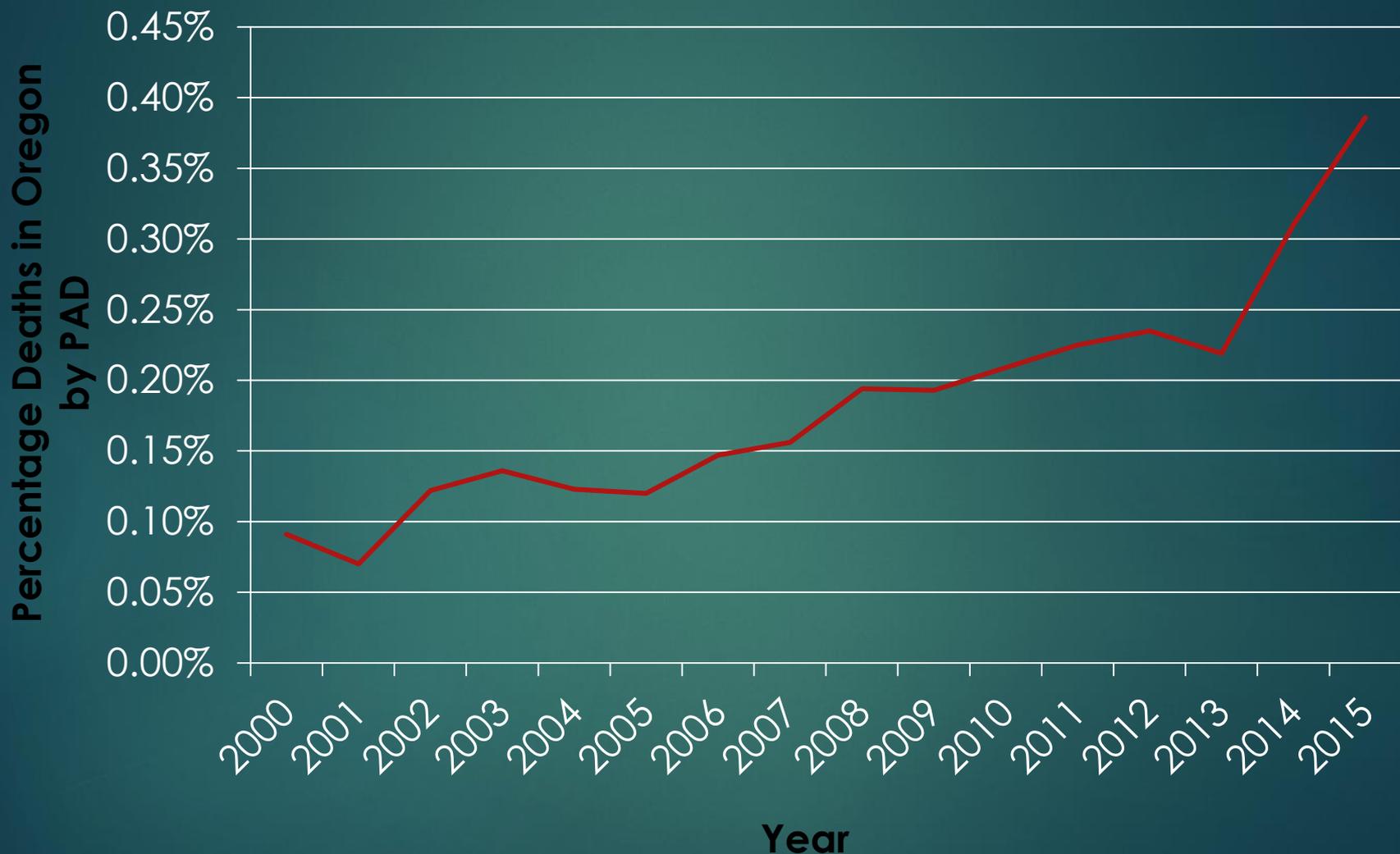
- ▶ POLST—Physician Oder for Life-sustaining Treatment
- ▶ A medical order that conveys a patient's treatment preferences that can be transferred across settings
- ▶ Pioneered in Oregon in 1995, now available in 19 states
- ▶ Includes sections on resuscitation preferences, level of interventions, and specific preferences for antibiotics and nutrition

POLST—Oregon Innovations

- ▶ Order is transmitted to a large electronic data base the interacts with the EPIC Electronic health record
- ▶ Available immediately to Emergency Medical System Personnel and Emergency Department Staff
- ▶ Can be signed by a physician, nurse practitioner or physician assistant.
- ▶ Prepared by nurses and social workers in hospice and nursing facilities.
- ▶ Positively regarded by EMTs.

Hickam JAGS, 2015; Zive J Med Syst, 2016

Deaths in Oregon by PAD



Comparison of Laws in Canada and Oregon

Oregon

- ▶ Life expectancy of less than six months
- ▶ Mental disorder that is impacting decision may result in exclusion
- ▶ Only oral self administration
- ▶ Physician must prescribe
- ▶ No requirement to facilitate finding a willing provider.
- ▶ 15 day wait period
- ▶ No requirement for suffering
- ▶ Must be competent when lethal medication prescribed

Canada

- ▶ Natural death is reasonably foreseeable
- ▶ Psychological suffering is one type of suffering that is a requirement
- ▶ Both self administration and clinician administration
- ▶ Physician or nurse practitioner may prescribe or administer.
- ▶ Some provinces require transfer of care if clinician has objection.
- ▶ 10 day reflection period
- ▶ Physical or psychological suffering
- ▶ Must be competent when MAID provided

Oregon Surveys

- ▶ 418 Oregon psychiatrists (Ganzini, et al, Am J Psych, 1995)
- ▶ 625 Oregon psychologists (Fenn and Ganzini, 1996)
- ▶ 4000 eligible physicians (Ganzini et al, NEJM, 1999)
 - ▶ 5% had received a request
- ▶ 545 hospice nurses and social workers (Ganzini et al, NEJM 2001)
 - ▶ 45% had cared for a requesting client
 - ▶ 30% had cared for a client who had received a lethal prescription
- ▶ 58 Oregonians in process of requesting PAD (Ganzini Arch Intern Med, 20098; Ganzini et al BMJ, 2008)
- ▶ 83 family members of patients who requested PAD (Ganzini et al, JPSM, 2009)

Oregon Health Care Practitioners' Attitudes Toward ODDA



Attitude toward ODDA or PAD	Generalist Physicians N=2641	Hospice Nurses N=307	Hospice Social Workers N=90	Hospice Chaplains N=50
Support	51%	48%	70%	40%
Neutral	17%	16%	16%	18%
Oppose	31%	36%	13%	42%

Actions of Health Care Practitioners

- ▶ 34% of physicians willing to prescribe
- ▶ Only 3% of hospice nurses and 14% of chaplains would actively oppose a client's choice for PAD (62% of nurses neither support nor oppose, 34% of nurses support)
- ▶ 12% of hospice nurses and no chaplains would transfer a patient who received a lethal prescription

Data from Oregon Health Division

- ▶ 1127 deaths by Physician assisted death (PAD) 1998-2016
 - ▶ 97% white, 1% Asian, 1% Hispanic
 - ▶ 52% men
 - ▶ Terminal diseases—77% cancer, 8% ALS
 - ▶ 90% hospice enrolled
 - ▶ 93% died at home (increased numbers in LTC or hospital)
 - ▶ 1 % lacked health insurance
 - ▶ Median 56 days between first request and death
- ▶ Risk factors for dying by PAD
 - ▶ B.A college degree or higher— RR 8.3 (5.0-13.7)
 - ▶ ALS—RR 31 (14.4-73.5), Cancer RR 4.6 (2.5-8.4)
 - ▶ Younger age and being unmarried

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>

Requesting Patients (N=56): Physical Symptoms as Reasons for Requests

	Current symptoms median (IQR)	Future Symptoms median (IQR)
Pain	1 (1,3)	5 (4,5)
Dyspnea	1 (1,2)	3 (1,5)
Fatigue		3 (1,5)
Loss of bowel/ bladder control	1 (1,1)	3 (1,5)
Confusion	1 (1,1)	3.5 (1,5)

1= not important, 5 = very important

Requesting Patients' (N=56) Reasons: Independence, Control, Self-sufficiency

	Current State median (IQR)	Future State median (IQR)
Loss of independence		5 (3,5)
Inability to care for self	1 (1,2)	5 (3,5)
Control circumstances of death		5 (4,5)
Not wanting to be cared for by others		3 (1,5)
Wanting to die at home		3 (1,5)

1 = not important, 5 = very important

Summary



- ▶ Potentially important differences between Canadian and American laws on PAD
 - ▶ may render Oregon data on PAD not generalizable to Canada
 - ▶ Canadian law has fewer barriers to PAD
- ▶ Oregon law invites persons who want control and independence at the end of life
- ▶ Most Oregonians do not have substantial suffering at the time they begin the process of obtaining PAD.