

# Oregon Reviews 10 Years of 'Death With Dignity'

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PHILADELPHIA — While physicians in much of the United States struggle with issues surrounding end-of-life care, those in Oregon may help their terminally ill patients end their lives because of the state's groundbreaking, 10-year-old Death With Dignity Act.

Under the law, terminally ill patients may obtain prescriptions for lethal doses of medication that they can self-administer, explained Robert L. Schwartz, a professor of law at the University of New Mexico, Albuquerque, who teaches and writes about bioethics. The law was passed in 1997, and the Oregon Department of Health recently issued a 10-year report on its use.

So far, 341 patients have made use of the law. The number of prescriptions (85) written under the law last year was much higher than in any previous year, "and maybe most significantly, the number of doctors willing to write those prescriptions



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MR. SCHWARTZ

in Oregon was considerably higher [in 2007] than in any year in the past," Mr. Schwartz said. Of those 85 patients, 46 took the medications, 26 died of their underlying disease, and 13 were alive at the end of 2007.

Many of the concerns expressed about the act when it was first passed don't seem to have occurred, Mr. Schwartz said at a meeting of the American Society of Law, Medicine, and Ethics.

Opponents feared that women would be overwhelmingly the ones using the act, but 53% of patients have been men. In addition, although opponents feared that uninsured patients who couldn't afford health care would be forced into using the act, the percentage of uninsured patients who have availed themselves of it is lower than the percentage of uninsured patients in the state, he noted.

Another fear was that the act would "short-circuit" the hospice system, but that also hasn't come to pass: 85% of those using the act were enrolled in a hospice program. And for those who were concerned that disenfranchised groups such as ethnic minorities would be forced into using it, not a single African American patient has used the act, although there has been significant use by Asian Americans, he said.

On the other hand, opponents of the statute might feel justified by some of the other statistics, he said—disproportionate numbers of people who make use of the statute are divorced, suggesting that it may be those with a looser social network who end up choosing physician-assisted death. In addition, the statute calls for patients who seek the prescriptions to be re-

ferred for psychiatric evaluation, but fewer than 10% have been referred, Mr. Schwartz said. And although 90% of the patients availing themselves of physician-assisted death cited "loss of autonomy" as one reason for their choice, 40% also said that becoming a burden on their families and others played a part in the decision, "which might be a reason to give us some concern," he added.

But the most surprising thing about the statute, according to Mr. Schwartz, is that

other states have not adopted similar measures, although several have tried. One bill now being considered in the California legislature would allow terminally ill patients to request information on the options available to them, including hospice care, palliative care, and refusal or withdrawal of life-sustaining treatment. Physicians who do not want to provide patients with this information are required to refer the patient elsewhere for it or tell the patient how to find another provider. The bill has

passed the California state assembly but is still being considered in the state senate.

By floating this bill rather than one that allows for physician-assisted death—which would certainly be more controversial—"the supporters have taken a page from the right-to-life movement" with the idea that if people at least have access to the information, they will end up doing the right thing, said Mr. Schwartz. Opponents of the bill call it the "Kill the Ill Bill," he added. ■

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