



OREGON DEATH WITH DIGNITY LAW THE FACTS

Oregonians passed the Death with Dignity Law in 1994 by a 51-49% margin. In 1997 the U.S. Supreme Court declined to hear arguments against the law, and Oregon voters defeated 60-40% a legislature sponsored repeal effort. The law went into effect in 1997.

Since implementation, the Oregon law has been extensively scrutinized, attacked and defended and today serves as a legislative model for other states considering similar death with dignity laws.

WHAT THE LAW DOES

The law permits Oregon residents who are terminally ill and mentally competent to request a physician's help in hastening death and ending the patient's suffering. The law has several safeguards, specifically to protect the patient. The Oregon Department of Health and Human Services monitors and enforces compliance with the law and these safeguards.

Persons with a terminal illness must voluntarily request to use the law, and the patient: (1) must be a fully competent adult, (2) must be certified by two physicians to have 6 months or less to live and (3) must be aware of all other treatment options.

To comply with the law, physicians must report to the Oregon DHS all prescriptions for medication. Physicians and patients who adhere to the law's requirements are protected from criminal prosecution, and the choice of legal physician assisted dying cannot affect the status of a patient's health or life insurance policies. Physicians and health care systems are not obligated to participate in the Oregon Death with Dignity Law.

WHAT THE LAW DOES NOT DO

The Oregon Death with Dignity Law:

- *Does not* allow "euthanasia" or "mercy killing." The law requires the patient self-administer the lethal dose as a final act demonstrating the individual's choice and decision.
- *Does not* allow lethal injection, which in most cases would require another person's intervention, which makes self-administration impossible.
- *Does not* rush the dying process and circumvent important closure for individuals. In most cases, loved ones are able to be with the patient in the weeks leading up to and including the final moments.
- *Does not* encourage people to die. Most individuals who use the law express a desire for peace of mind, freedom from suffering and the ability to consciously enjoy their final moments with loved ones.
- *Does not* encourage marginalized persons to choose this option. No one is encouraged to use the law, and those who choose the option generally have access to quality care and are well educated and well insured.

- *Does not* encourage physician assisted death over comprehensive life saving measures if there is any hope of recovery. The law is specifically founded on patient choice and autonomy.

HOW THE LAW HAS WORKED IN OREGON

The law has worked as intended: It provides peace of mind to countless persons with terminal illness, it is used by very few and it is founded on several stringent safeguards to protect the patient above all else.

ODHS 2005 Report

Each spring, the Oregon Department of Health and Human Services reports on the law's use for the preceding year. According to the 2005 report:

- 37 Oregonians used the law in 2004 (208 since 1998),
- 60 ODWD prescriptions were written by 40 different physicians,
- The three most frequently cited end-of-life concerns for patients choosing to use the law are loss of autonomy, loss of dignity and inability to participate in activities that make life enjoyable,
- Most individuals were able to die at home,
- All had some form of health insurance and 89% were enrolled in hospice care,
- Men and women use the law equally and the median age was 64 (69 since 1998).

For more information and statistics regarding the Oregon Death with Dignity Law, go to www.deathwithdignity.org or contact:

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