



OREGON DEATH WITH DIGNITY ACT: ANNUAL REPORT FOR 2016

A SELECTION OF DATA PUBLISHED ON FEBRUARY 21, 2017 BY THE OREGON HEALTH AUTHORITY'S PUBLIC HEALTH DIVISION
IN THE REPORT "OREGON DEATH WITH DIGNITY ACT: DATA SUMMARY 2016"



Under the Oregon Death with Dignity Act, the Oregon Health Authority issues annual reports on the use of the law. The 2016 report provides an overview of the data collected by OHA's Public Health Division in the 19th year of the Act's implementation. I'm proud to present you with our selection of the most important data.

Consistent with statistics reported in prior years, the data show flawless implementation of the Act. Similar to past years, a vast majority of patients died at home and were receiving hospice care before they died. The annual report once again demonstrates both the benefit of people dying in the comfort of their homes and the complementary nature of Death with Dignity and hospice.

In the year from the previous annual report, three more jurisdiction (California, Colorado, and Washington, D.C.) have enacted an assisted dying statute modeled on the Oregon Death with Dignity Act. The groundbreaking Oregon law thus not only brings peace of mind and relief to Oregonians facing the end of life, it continues to serve as a model for end-of-life policy reform in other states. It is my hope this summary proves similarly helpful in providing evidence to lawmakers and advocates working to enact Death with Dignity legislation.

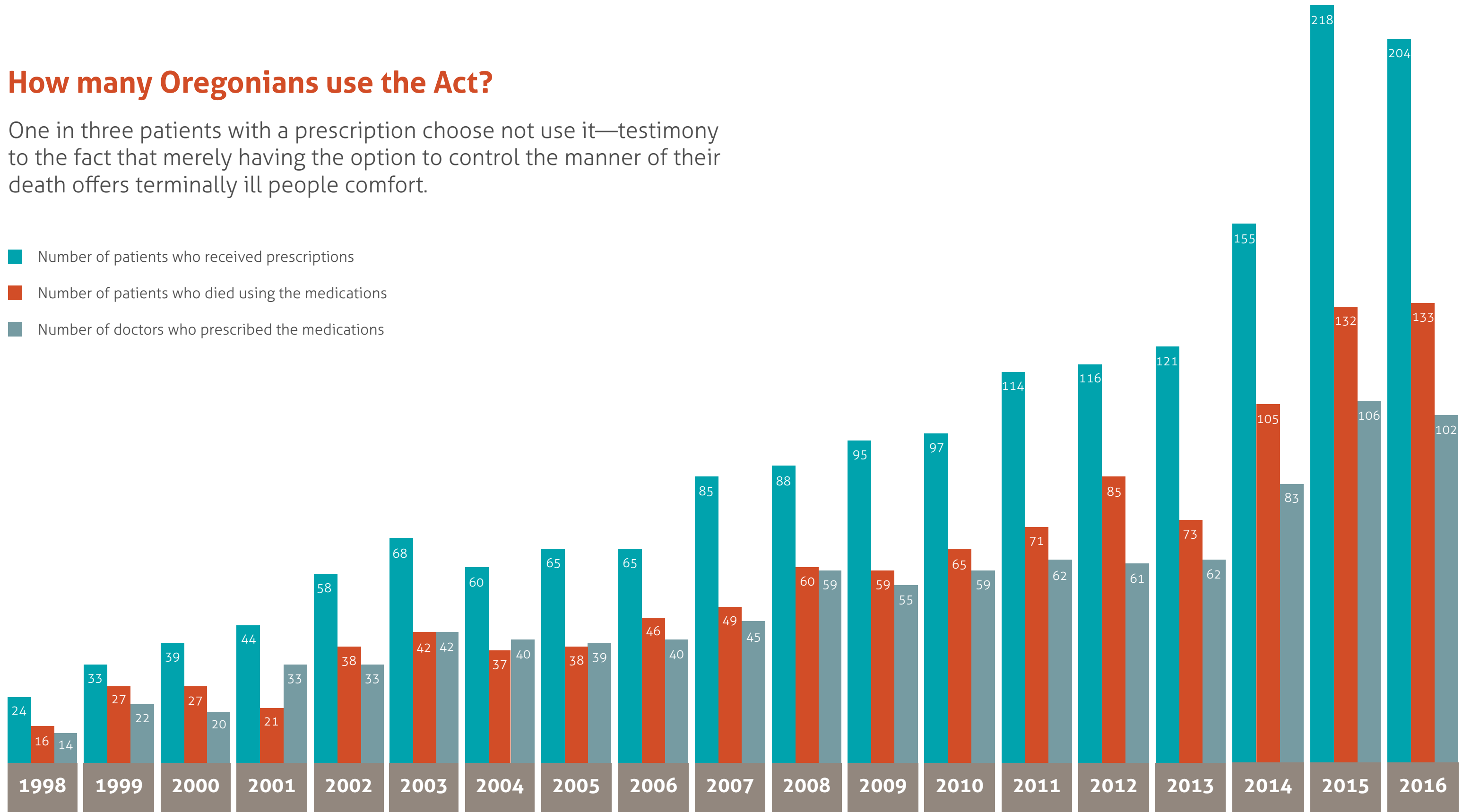
A handwritten signature in black ink, appearing to be 'PS' followed by a long horizontal stroke.

Peg Sandeen, PhD, MSW
Executive Director, Death with Dignity National Center

How many Oregonians use the Act?

One in three patients with a prescription choose not use it—testimony to the fact that merely having the option to control the manner of their death offers terminally ill people comfort.

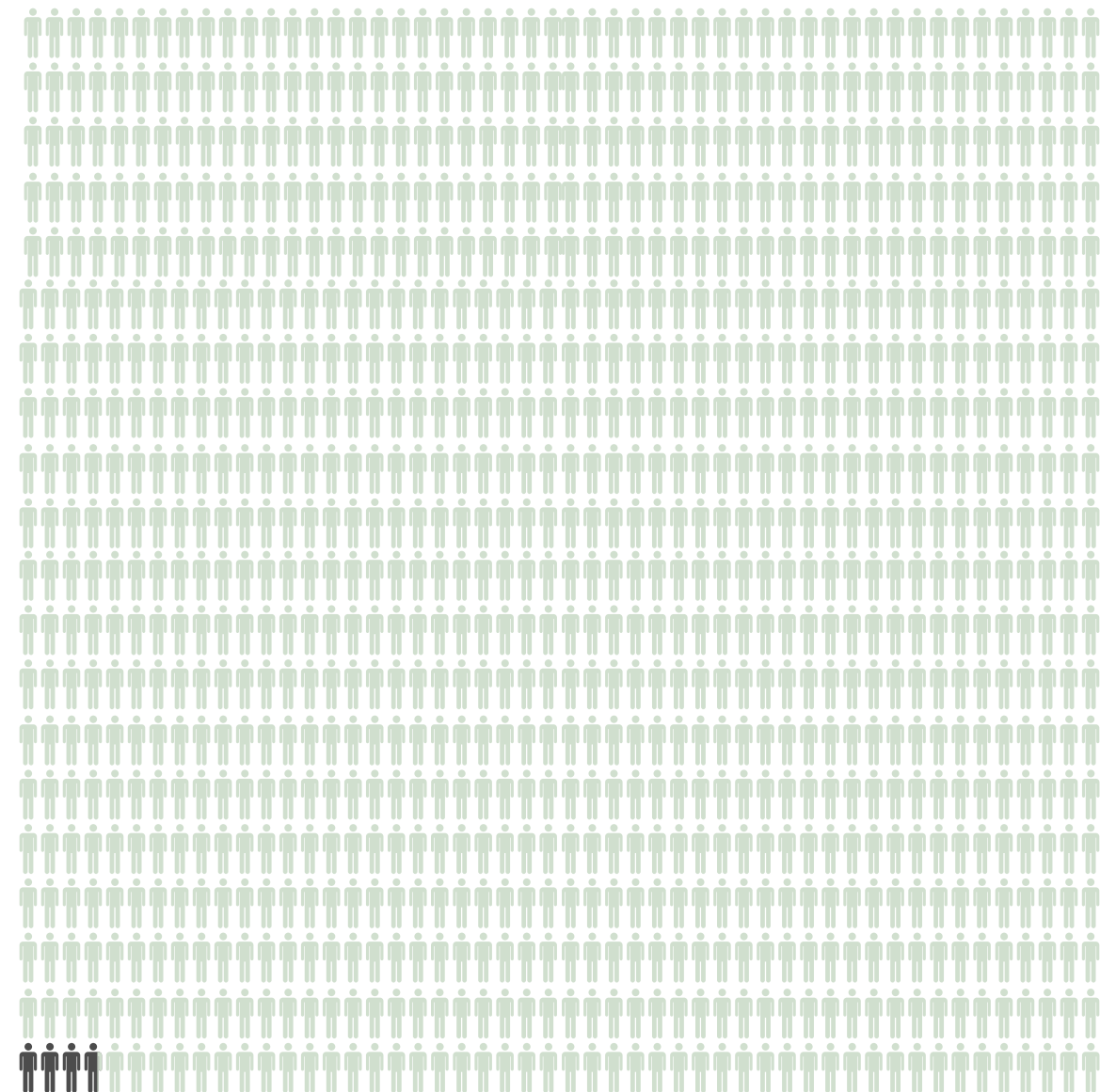
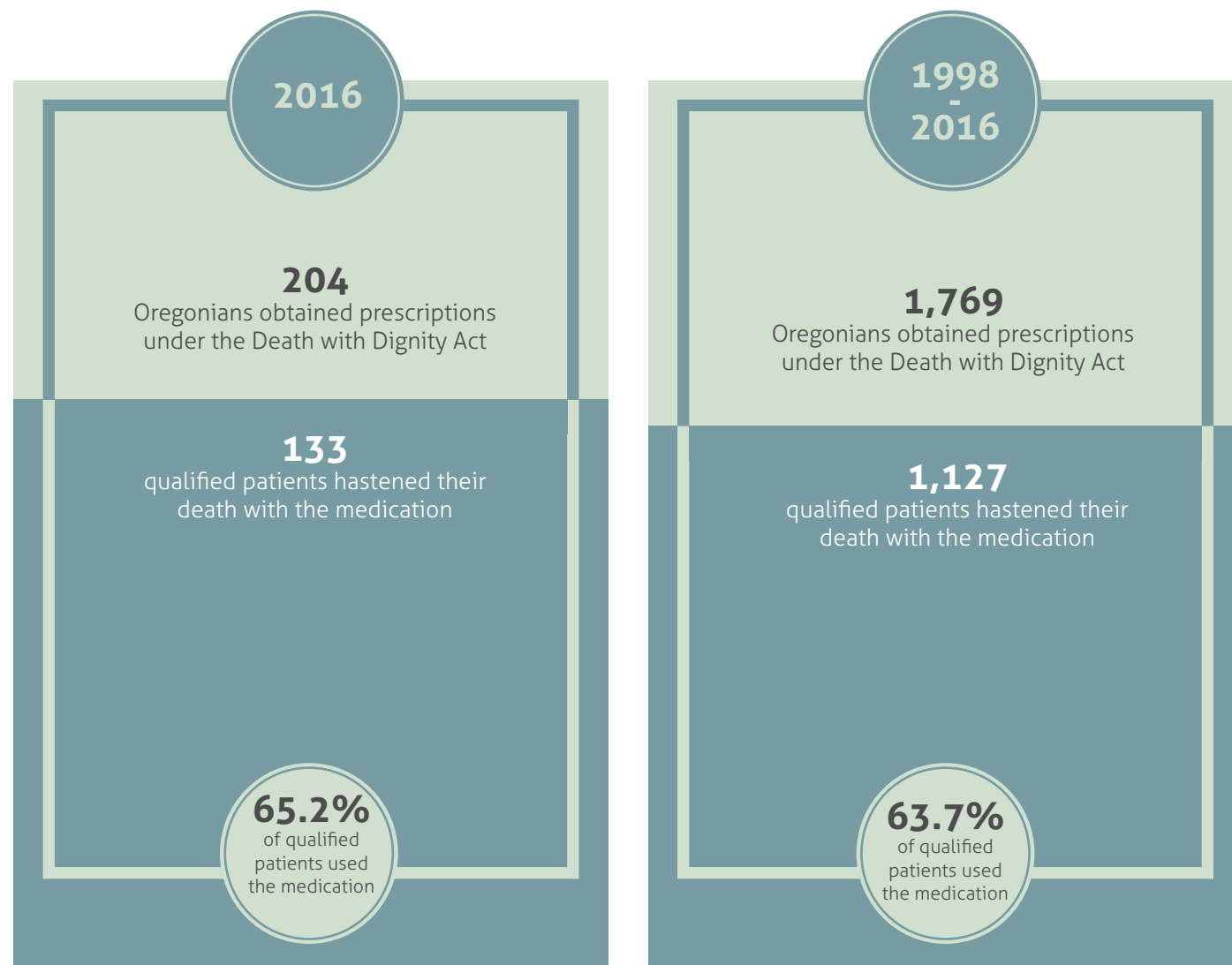
- Number of patients who received prescriptions
- Number of patients who died using the medications
- Number of doctors who prescribed the medications



How many people die under the Act?

Two out of three qualified patients who obtained a prescription under the Act use it to hasten their death; one in three choose not to use it.

Only a small number of deaths in Oregon are attributable to the Death with Dignity Act.

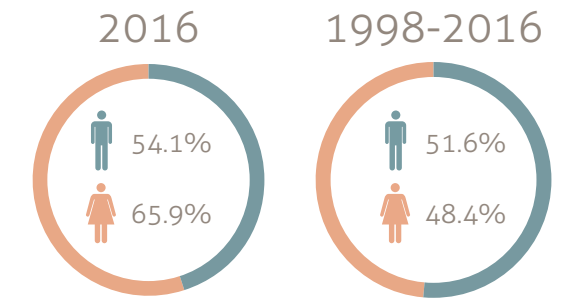


Fewer than **4 in 1,000*** Oregonians die using the Act.
* 3.72 / 1,000

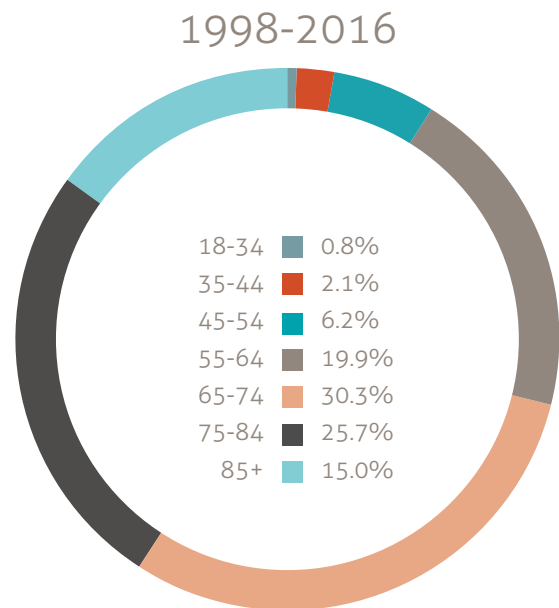
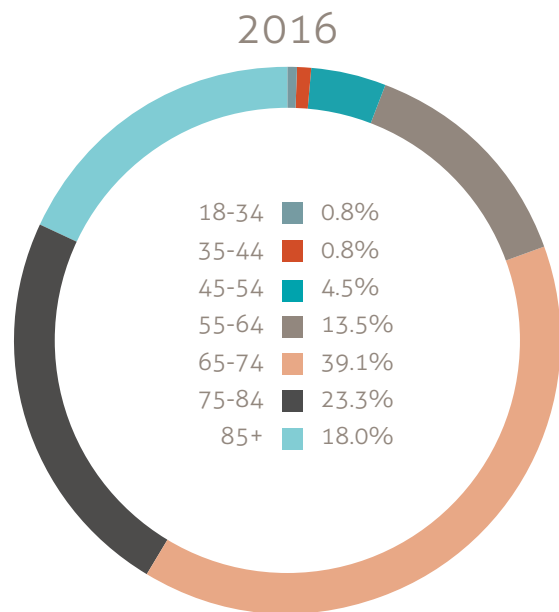
Who uses the Act?

Oregonians using the Act are older, white/Caucasian, more likely to not be married, and educated.

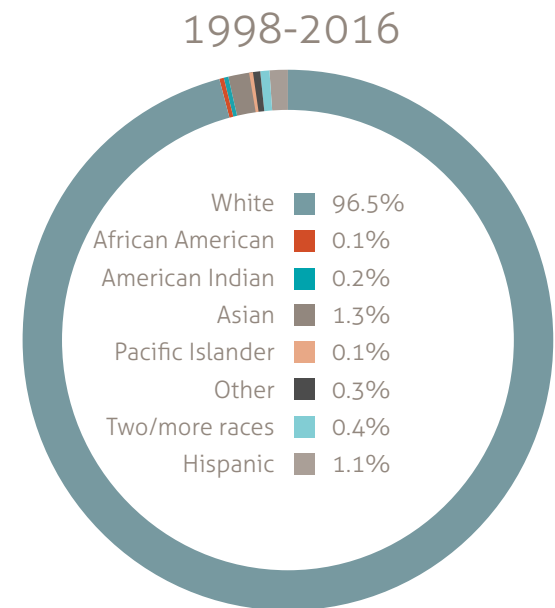
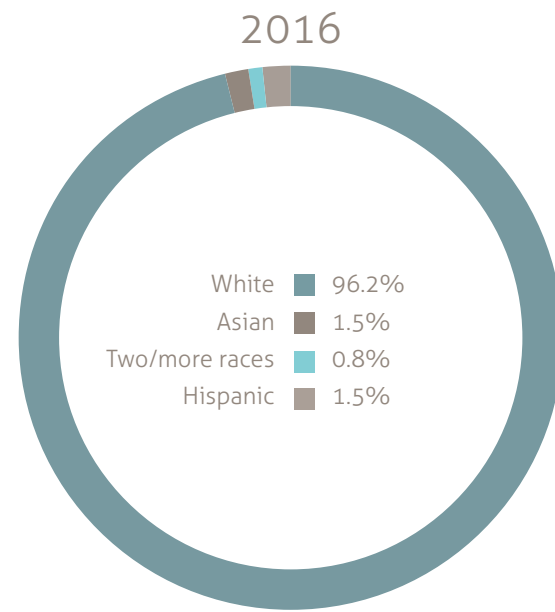
SEX



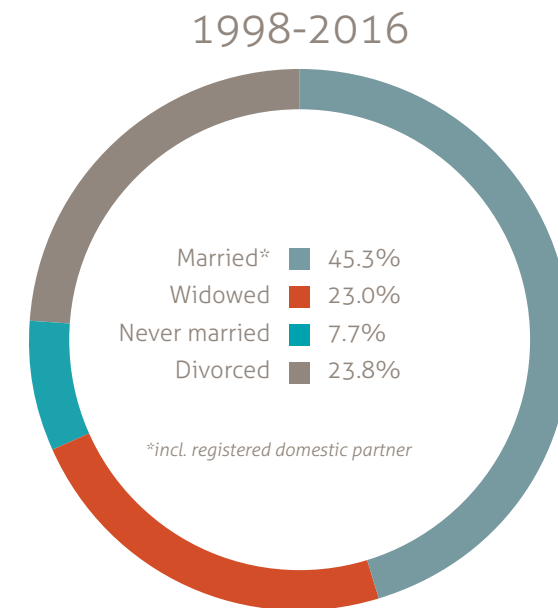
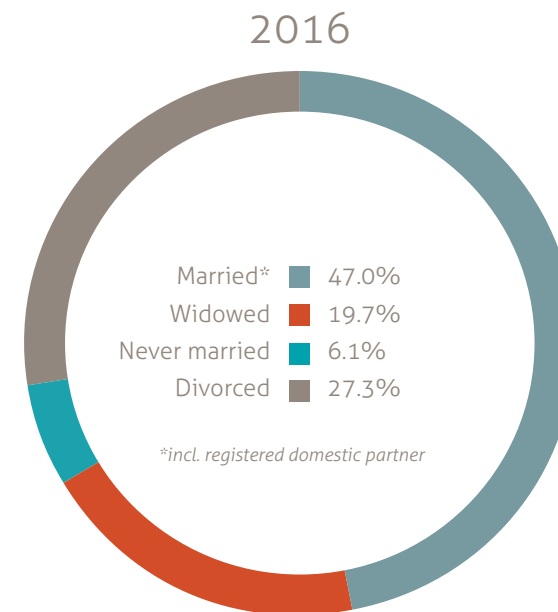
AGE AT DEATH



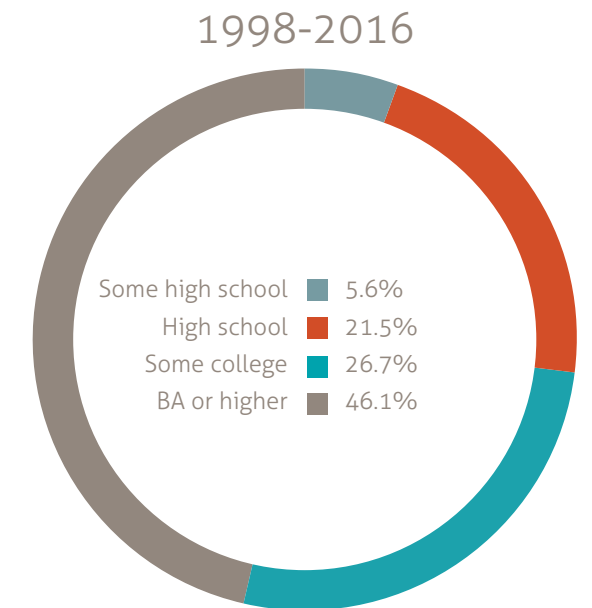
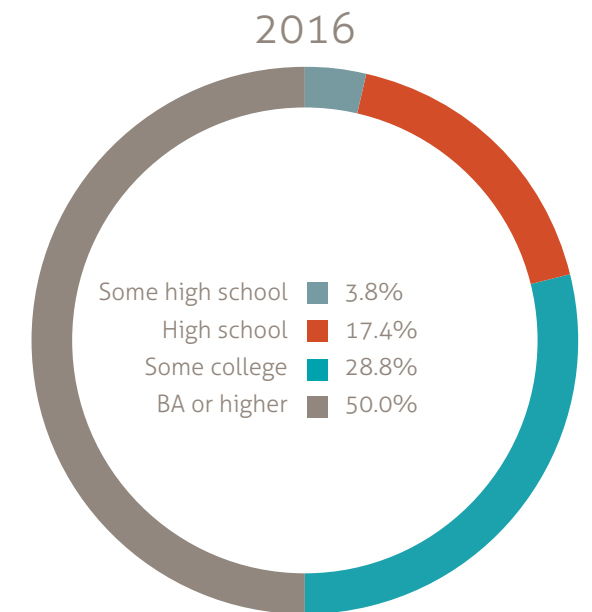
RACE



MARITAL STATUS



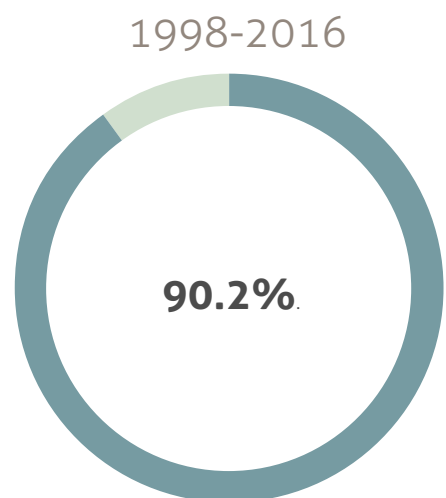
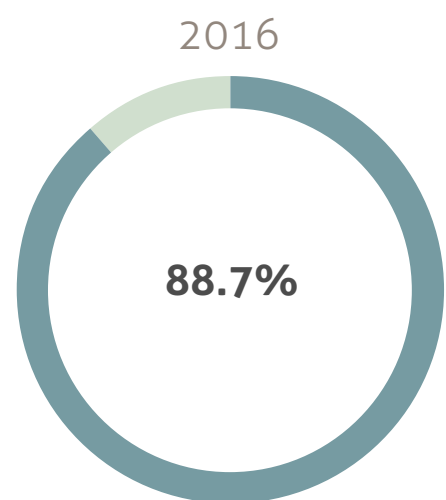
EDUCATION



How do patients who use the Act die?

Whereas 45% of Americans die while enrolled in hospice, nearly 90% of Oregonians who use the Act do; and whereas only 20% of Americans die at home, more than 90% of Oregonians using the Act do.

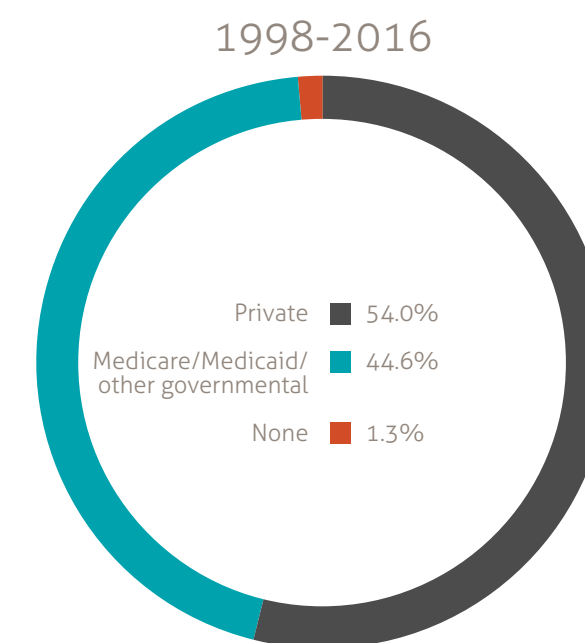
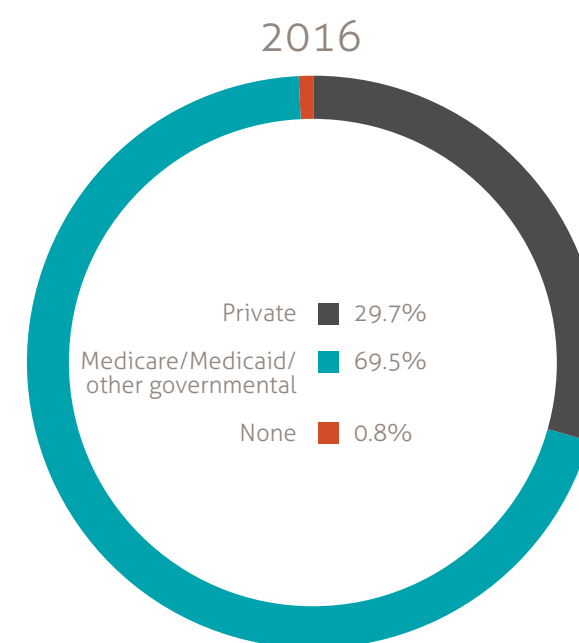
ENROLLED IN HOSPICE



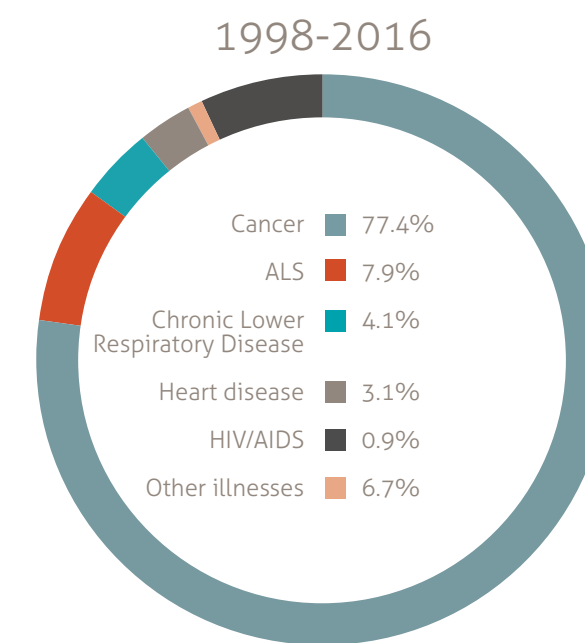
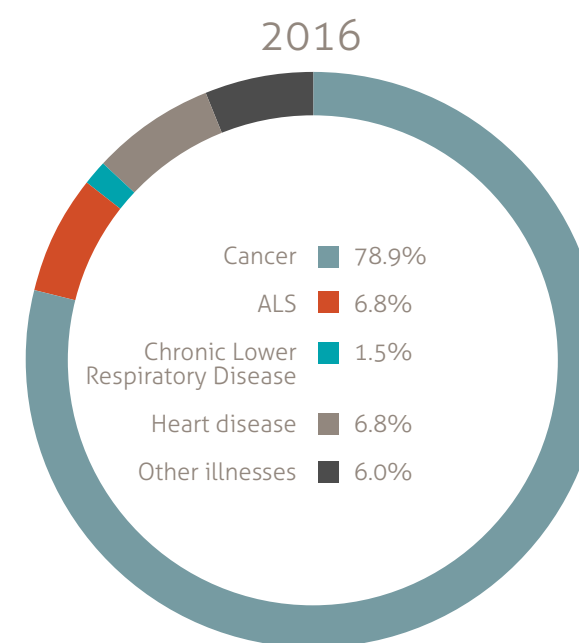
PATIENT DIED AT:



INSURANCE



UNDERLYING ILLNESSES



What are the patients' end-of-life concerns?

Oregonians using the Act use the option because of quality-of-life and personal freedom concerns.

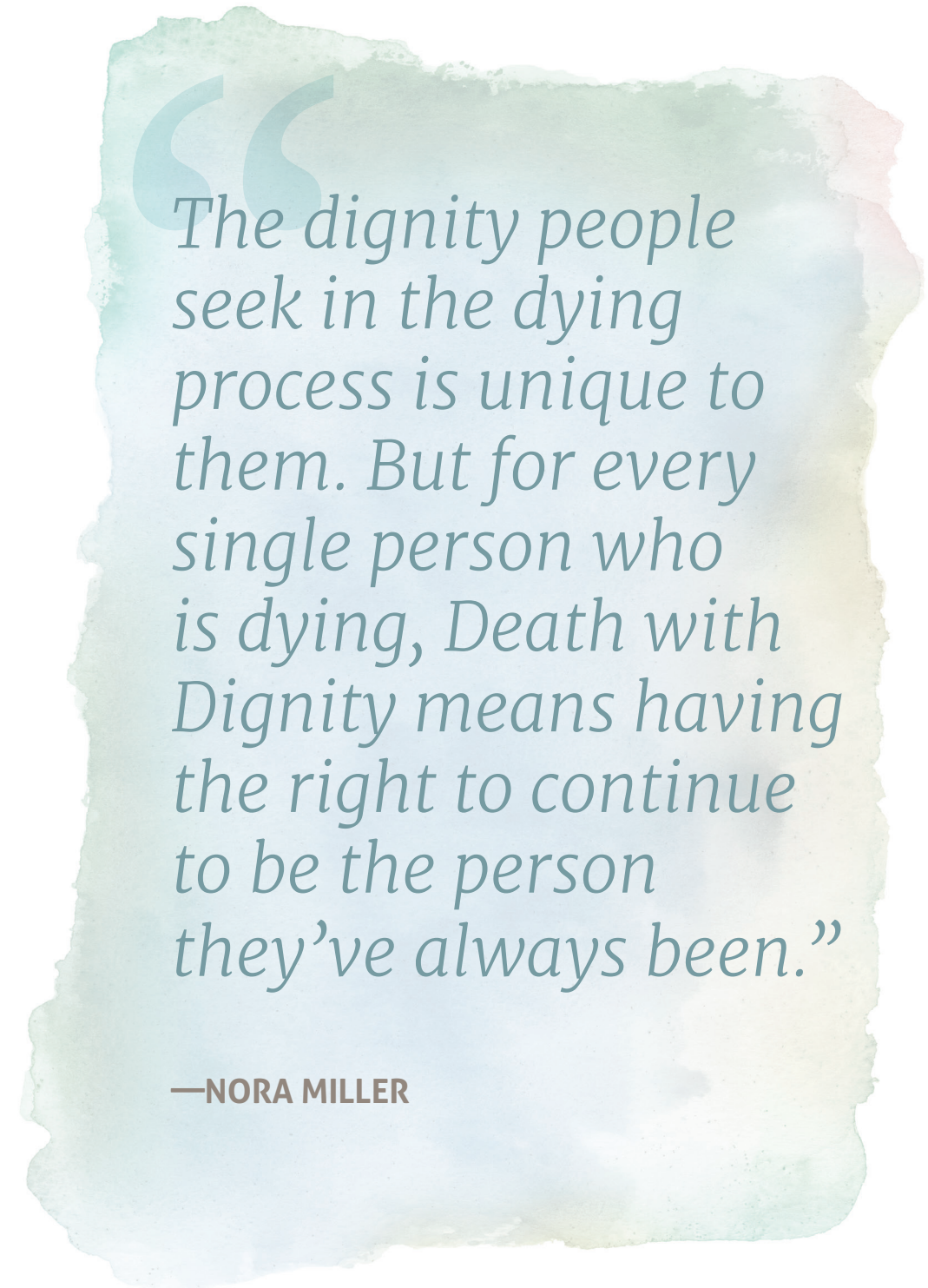
Less Able to Engage in Activities Making Life Enjoyable



Losing Autonomy



Loss of Dignity





The Peace that Death with Dignity Brings

by Lisa Vigil Schattinger

To everyone outside my family, my stepfather was Dr. Melvin John Rowe III, a neurologist, author, lecturer, and epilepsy researcher. But to us he was always Grandpa Jack. We enjoyed lots of family dinners around our table since my parents came to visit us every winter in Cleveland, Ohio. Grandpa Jack would recruit my son for various projects: One year they built a crystal radio in the attic, stringing wires around the house and trees for better reception; another year they built a clock with what seemed like millions of gears. They tinkered until everything worked as planned.

In September of last year, just before his 73rd birthday, Grandpa Jack was diagnosed with a bone marrow disorder that would kill him within six months. As he fought a losing battle with his illness, he informed his family and friends that he would request medication under the Oregon Death with Dignity Act. The decision did not come quickly or easily to him as he considered what he would be missing, how he would suffer, what he would be putting his family through. He decided to die free of what the illness would bring, free of losing his autonomy, and free of concern over how his dying would affect his loved ones.

The morning of his death, on a crisp November day in Oregon, some of the family sat with Grandpa Jack around the breakfast table. We talked about how strange and surreal that moment was and we all expressed our love and respect for him and his decision. Then he said, "Well, it's time," walked into his bedroom and got into bed as his favorite classical guitar music played. My mother and his son each held one of his hands while my brother and I sat nearby. After he drank the medication, Grandpa Jack talked for a while, then became drowsy and fell asleep. Ten minutes or so later his body stopped working. It was that painless and very peaceful. Grandpa Jack died exactly the way he had planned.

Grandpa Jack / Dr. Rowe was adamant that, in the face of a life-ending medical diagnosis, it was his right to choose his own fate. He believed, as do I, that every terminally ill person should have that option. The opportunity to die at his own time of choice, with medication prescribed under the Oregon Death with Dignity Act gave him great peace of mind. For those who value control and choice in the face of a terminal illness, the peace that Death with Dignity brings is invaluable.

Lisa Vigil Schattinger is the co-founder of Ohio End of Life Options.