



Oregon's Death with Dignity Act - Overview

Oregon's law was crafted and initially voted into law in 1994. Following a second vote in 1997 in which a ballot measure to repeal it was voted down by a larger (60% to 40%) margin, implementation began in 1998. Valuable data has been gathered every year since it went into effect.

Many Ohioans are not familiar with the concept behind Oregon's Death with Dignity law. Death with Dignity statutes allow mentally capable adult state residents who have a terminal illness, with 6 or fewer months to live, to voluntarily request and receive a prescription medication to hasten their imminent death. By adding a voluntary option to the continuum of end-of-life care, these laws give people dignity, control, and peace of mind during their final days with family and loved ones.

Safeguards of the law address relevant concerns:

1. An adult (18 years or older) is given a terminal diagnosis by his or her physician and given 6 months or less to live. A consulting physician must confirm the diagnosis.
2. The mentally capable person must verbally request the life-ending medication twice – separated by a minimum period of 15 days.
3. The person must fill out a third written request for the prescription that is witnessed by 2 people, one of whom must not be related and not able to benefit in any way from the decision.
4. The physician must determine the person's mental capacity and **either** physician can refer for mental health evaluation if there is concern about competency, depression or other mental health issue.
5. The person must be counseled on end-of-life options that include hospice care, pain management and comfort care.
6. The person may change his/her mind at any time during this process and must be given the opportunity to rescind the request.
7. This prescription may not be requested or administered by anyone other than the patient.
8. Participation is voluntary by the person making the request as well as by the physician, the pharmacist and any involved healthcare provider.
9. Physicians' and pharmacists' identities are confidential and they are immune from any criminal or civil legal action provided that all of the procedures have been followed.
10. The cause of death is listed as the underlying illness and no insurance company can deny settlement of an otherwise payable insurance policy or annuity.

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Ohio End of Life Options is a 501(c)(3), non-profit organization.

Donations are tax deductible to the full extent allowed by law.

3/12/17



Oregon's Death with Dignity Act – 2016 Annual Report

Review of Data gathered since 1998

(As of 2/17)

Initial concerns were that the people choosing this option would be the disadvantaged and disabled (those lacking healthcare access, minorities, uneducated, uninsured, women and elderly). It was thought that uncontrolled pain would be the primary motivator. Coercion was also one of the biggest concerns. Data gathered about those who've used the law have shown that the people using it are well educated and have insurance giving them access to health care. Rather than pain, use was attributed to, "Losing autonomy (91.4%), being "Less able to engage in activities making life enjoyable (89.7%), and "Loss of dignity (77%)."

Since the Acts have been implemented in Oregon (1998), Washington (2008), Vermont (2013), California (2016) and Colorado (2016) there have been NO reported cases of abuse or misuse.

1. 1,749 people have had the prescription written. A total of 1,127 people have died since 1998 after ingesting the medication as prescribed under the law. This is less than 1% of all deaths during this period.
2. Only 64% of the people who receive the prescription actually use it. A third of the people never use it. It has been found that just having the prescription provides a comforting sense of control.
3. In 2016, 204 had the prescription written, 133 died after ingesting the medication.
4. Cancer was the largest terminal diagnosis (77.4%), followed by ALS (7.9%), chronic lower respiratory disease (4.1%), heart disease (3.1%) and other illnesses (6.7%).
5. 90.2% of persons were enrolled in hospice and 93.4% died at home.
6. 71% of people were at least 65 years old.
7. Most people were well educated (73% had at least a baccalaureate degree). 98.6% had some form of health insurance and most were white (96.5%).

Please refer to the [2016 Annual Report](#) for further details.

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

Important national organizations working on End of Life care and decisions:

Death with Dignity National Center – www.deathwithdignity.org

Compassion & Choices – www.compassionandchoices.org

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