

# Opening statement

Tom Jeanne, MD, MPH

Deputy State Health Officer & Epidemiologist

Oregon Health Authority, Public Health Division

The Oregon Death with Dignity Act was a citizen's initiative passed by Oregon voters in November 1994. The law was the first of its kind in the world. Implementation was delayed by a legal injunction, and the law went into effect in October 1997. Since then, nine other US states and the District of Columbia have passed similar legislation.

The Death with Dignity Act allows terminally ill patients to end their lives through voluntary self-administration of a lethal dose of medications prescribed by a physician for that purpose. The Act outlines specific patient requirements to participate. A patient must be 18 years of age or older, capable of making and communicating health care decisions to health care practitioners, and diagnosed with a terminal illness that will lead to death within six months. Two physicians must determine whether a patient meets these requirements and report that fact to the Oregon Health Authority at the time a prescription is written.

The Death with Dignity Act is a permissive law that allows qualified patients to request a prescription and allows a physician to write the prescription. Determinations related to disease treatment—and, if appropriate, end-of-life care options—are made between the patient and the physician. The law does not include any medical oversight or regulation that is distinct from what is done for other medical care.

The Act requires the Oregon Health Authority (OHA) to collect information about the patients and physicians who participate in the Act and to publish an annual report. OHA does not investigate whether patients met the Act's criteria, nor how their diagnosis, prognosis, and treatment options were determined. OHA does not have specific regulatory or enforcement responsibilities in the statute, other than the portion related to the reporting requirements. However, if an instance of non-compliance is found in the information received by OHA, it is reported to the Oregon Medical Board for further investigation.

The Act specifically prohibits euthanasia and states that ending one's life in accordance with its provisions does not constitute suicide. The Act protects from criminal or civil liability or professional censure any person who in good faith compliance with the Act assists a patient to end his or her life.

Since the law was passed in 1997, a total of 3,712 people have received prescriptions under the Act and 2,454 people (66%) have died from ingesting the medications. Since 1997, the number of patients and physicians participating in the Act has increased but remains low, with fewer than 0.6% of Oregon decedents and about 1% of physicians participating in 2022.

Among all deaths under the Act through 2022, most patients were aged 65 years or older (76%) and white (96%). The median age at death was 73 years. Patients' most common underlying illness was cancer (72%), followed by neurological disease (11%) and heart disease (7%). Most patients died at home (93%), and most were enrolled in hospice care (92%). Excluding unknown cases, all patients had some form of health insurance. The three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (90%), loss of autonomy (90%), and loss of dignity (72%).

Oregon's experience indicates that concerns about whether participating patients are uneducated or have financial concerns have not been borne out by the data. Most participants had at least some college education, and financial implications of treatment were reported as a concern by only 5% of participants. Processes outlined in the Act are meant to safeguard patients from abuse. After making two verbal requests separated by a 15-day waiting period, patients must make one written request in the presence of two witnesses. The patient must be able to ingest the medication on their own. A physician or person other than the patient cannot directly administer the medication to end the patient's life; only the patient can do this. Coercion of a patient to participate is punishable as a Class A felony. After 26 years of the Death with Dignity Act, there have been no cases of abuse or coercion, nor any civil or criminal charges filed related to a participant in the Act.