



OREGON DEATH WITH DIGNITY ACT: ANNUAL REPORT FOR 2015

A SELECTION OF DATA PUBLISHED ON FEBRUARY 4, 2016 BY THE OREGON HEALTH AUTHORITY'S PUBLIC HEALTH DIVISION
IN THE REPORT "OREGON DEATH WITH DIGNITY ACT: 2015 DATA SUMMARY"



Oregon Health Authority's Public Health Division issues annual reports on the usage of the state's Death with Dignity Act. The 2015 report, "Oregon Death with Dignity Act: 2015 Data Summary," provides an overview of the data collected by OHA under the Act in the 18th year of the Act's implementation. I'm proud to present you with a selection of the most important data.

The data are consistent with statistics reported in prior years, showing a flawless implementation of the Act. Thanks to positive media attention Death with Dignity legislation received in the course of the year—26 state legislatures considered Oregon-style bills in the 2015 session after Brittany Maynard courageously shared her story—more Oregonians than ever realized they did not have to suffer needlessly.

Similar to past years, a vast majority of patients died at home and were receiving hospice care before they died. The 2015 report thus demonstrates both the benefit of people dying in the comfort of their homes and the complementary nature of Death with Dignity and hospice.

We are honored to see the results of our work passing and defending the groundbreaking physician-assisted dying law bring ease of mind and relief to Oregonians facing the end of life. The report proves the law protects the vulnerable while offering comfort to people at the end of life. It is our hope this summary proves similarly helpful in providing evidence to lawmakers and advocates working to enact Death with Dignity legislation.

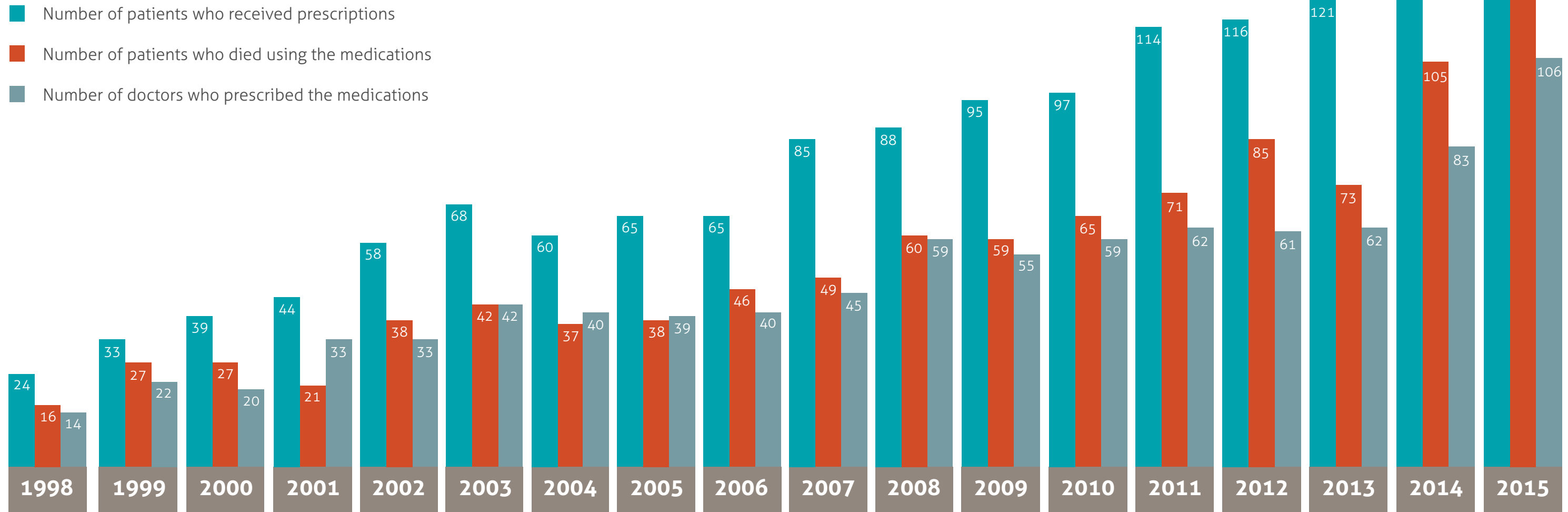
A handwritten signature in black ink, appearing to read 'Peg Sandeen'.

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

How many Oregonians use the Act?

In late 2014, Brittany Maynard’s story spiked the interest and attention in physician-assisted dying as an end-of-life option, leading to an increase in the number of Oregonians using the Act.

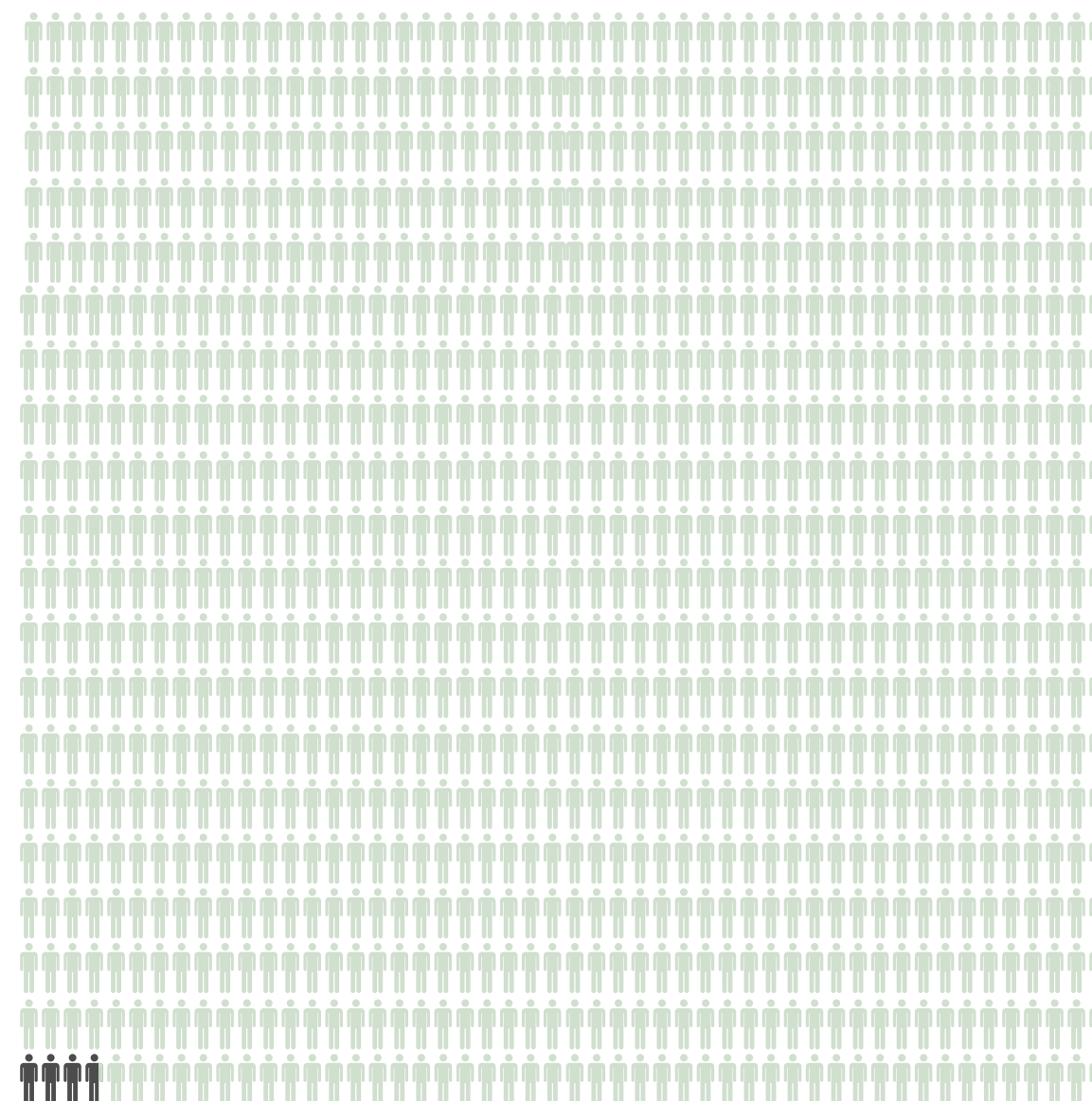
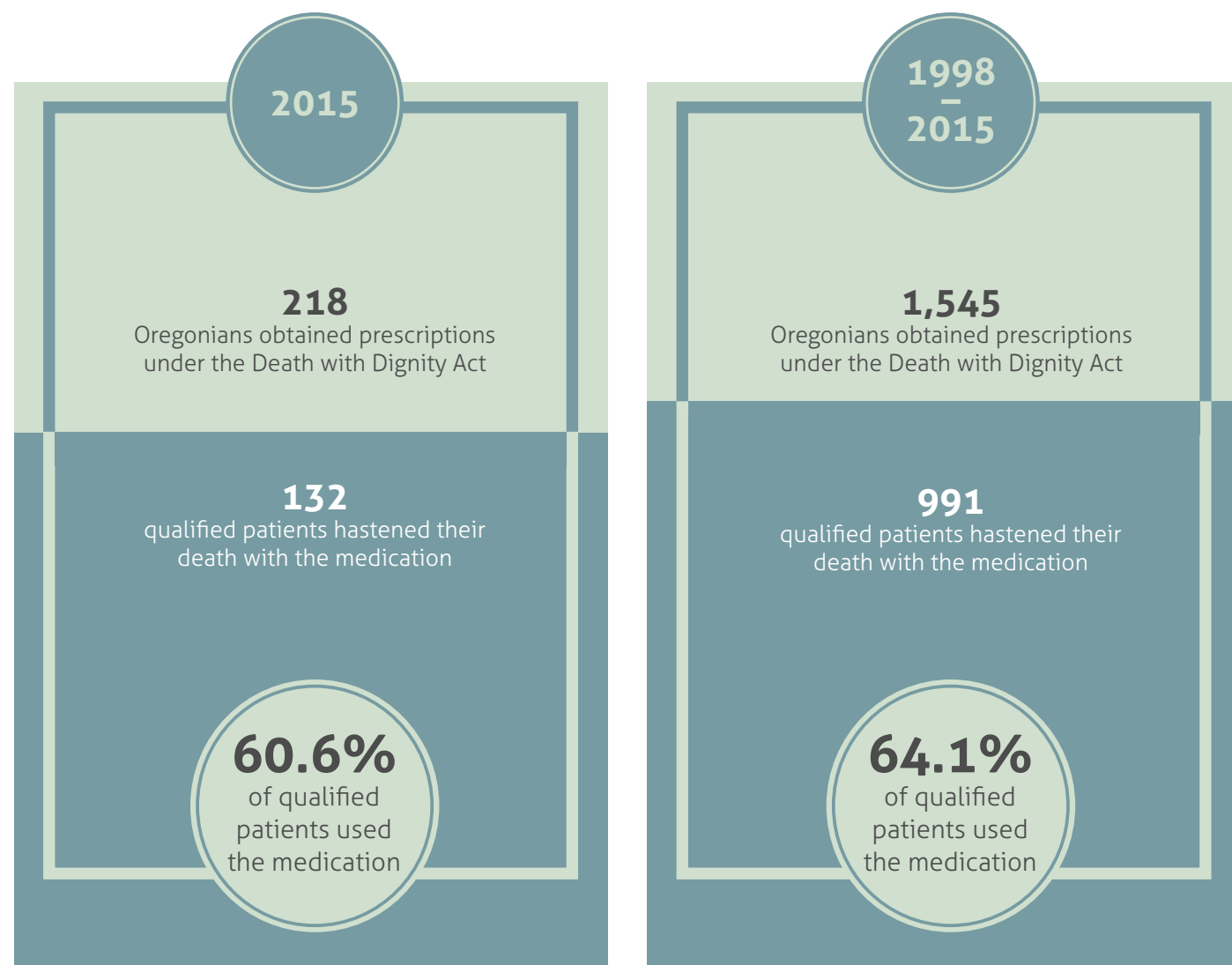
As in years past, one in three patients with a prescription chose not use it—testimony to the fact that merely having the option to control the manner of their death offers terminally ill people comfort.



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.

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



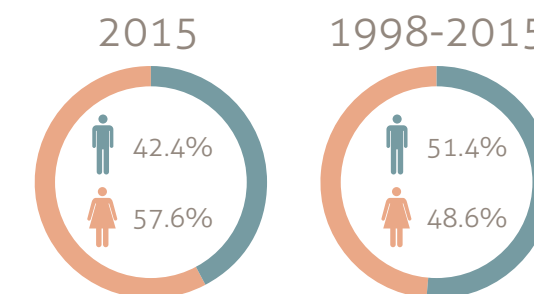
Fewer than **4 in 1,000*** Oregonians die using the Act.

* 3.86 / 1,000

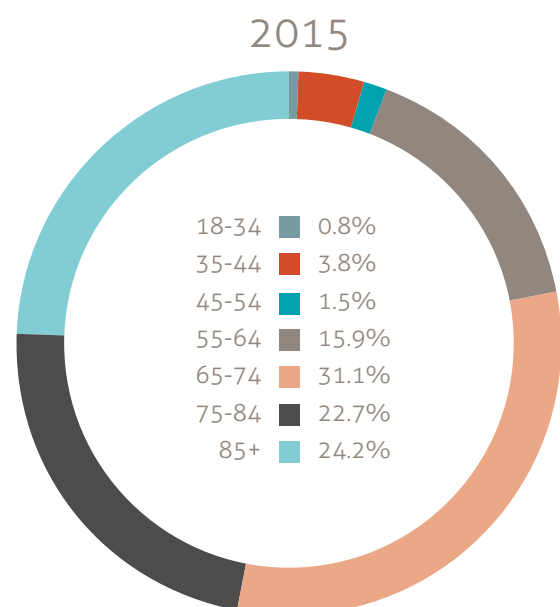
Who uses the Act?

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

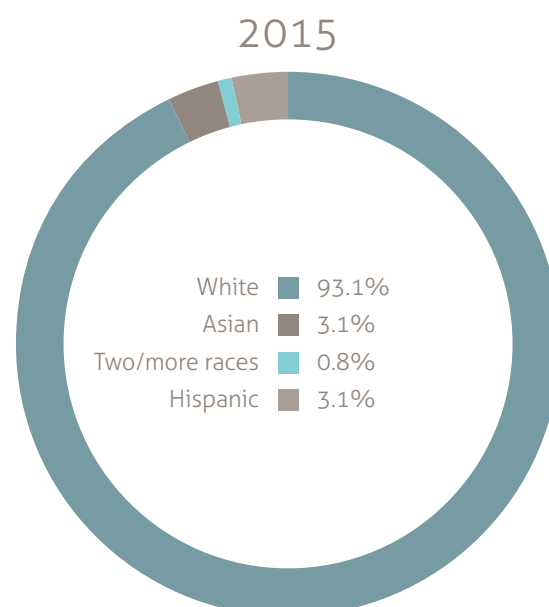
SEX



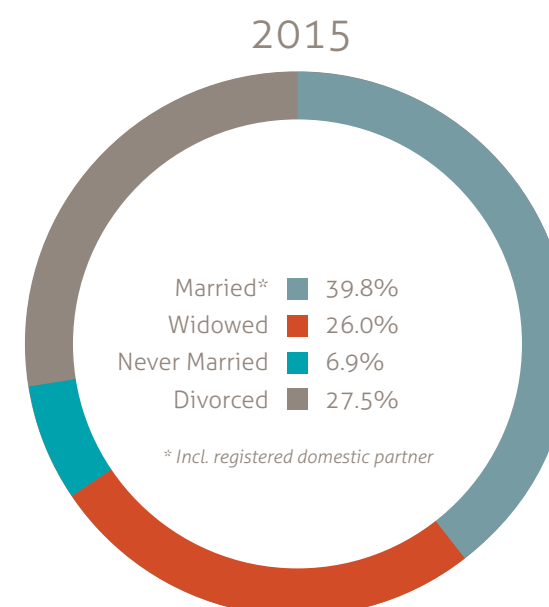
AGE AT DEATH



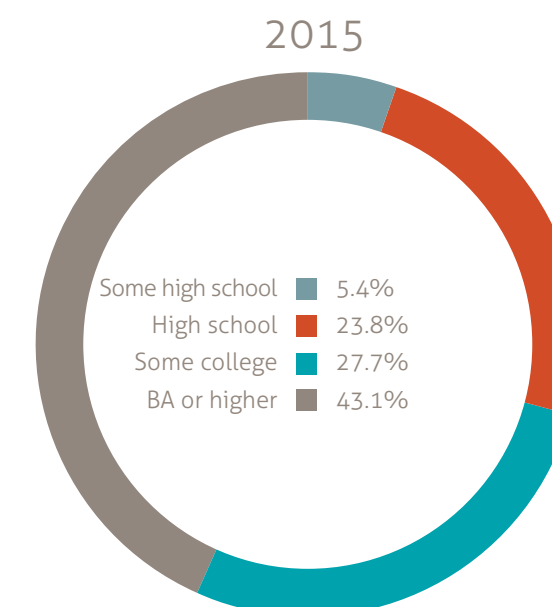
RACE



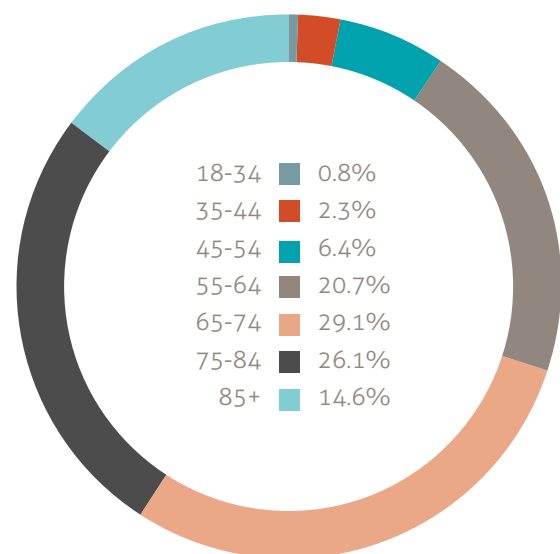
MARITAL STATUS



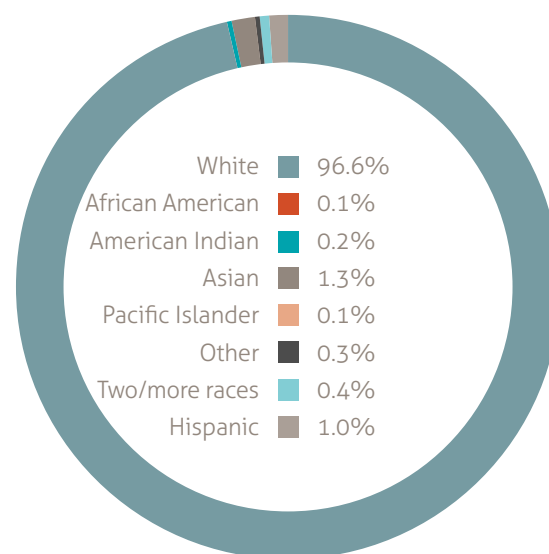
EDUCATION



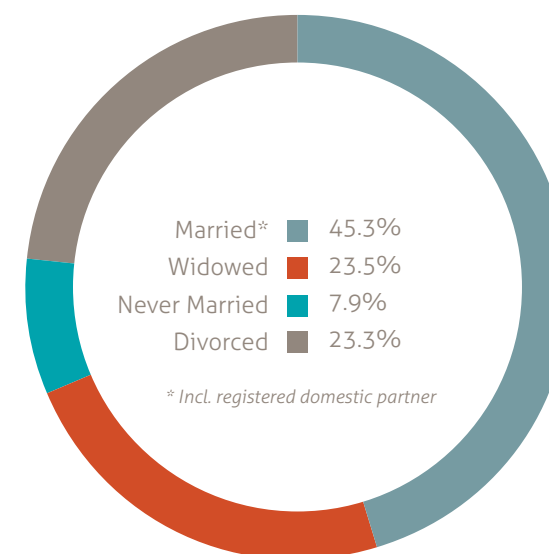
2015



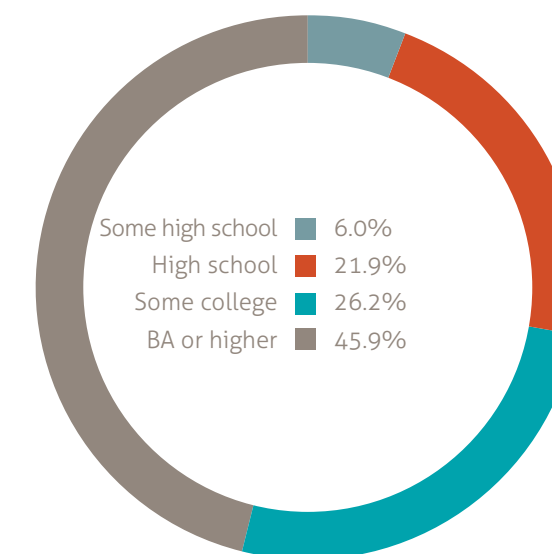
2015



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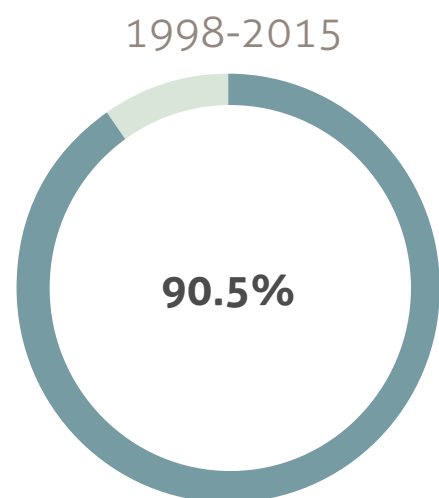
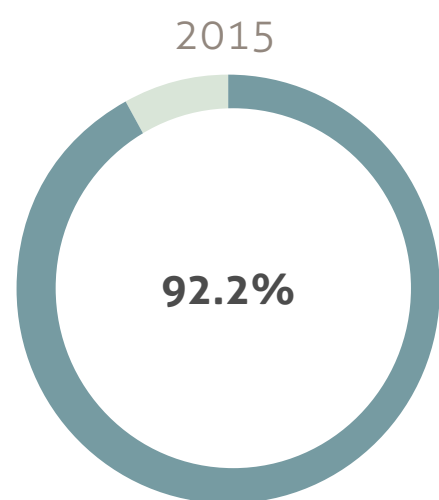
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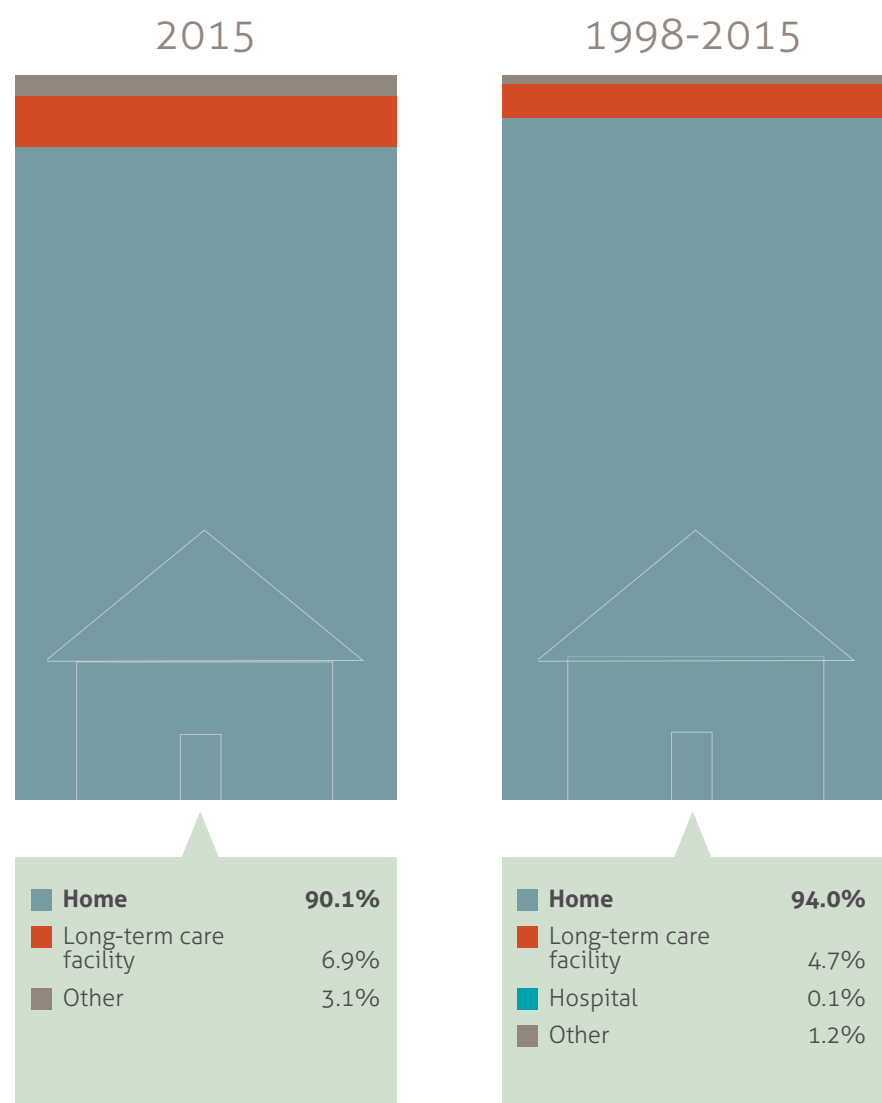
How do patients who use the Act die?

Whereas 45% of Americans die while in hospice, more than 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.

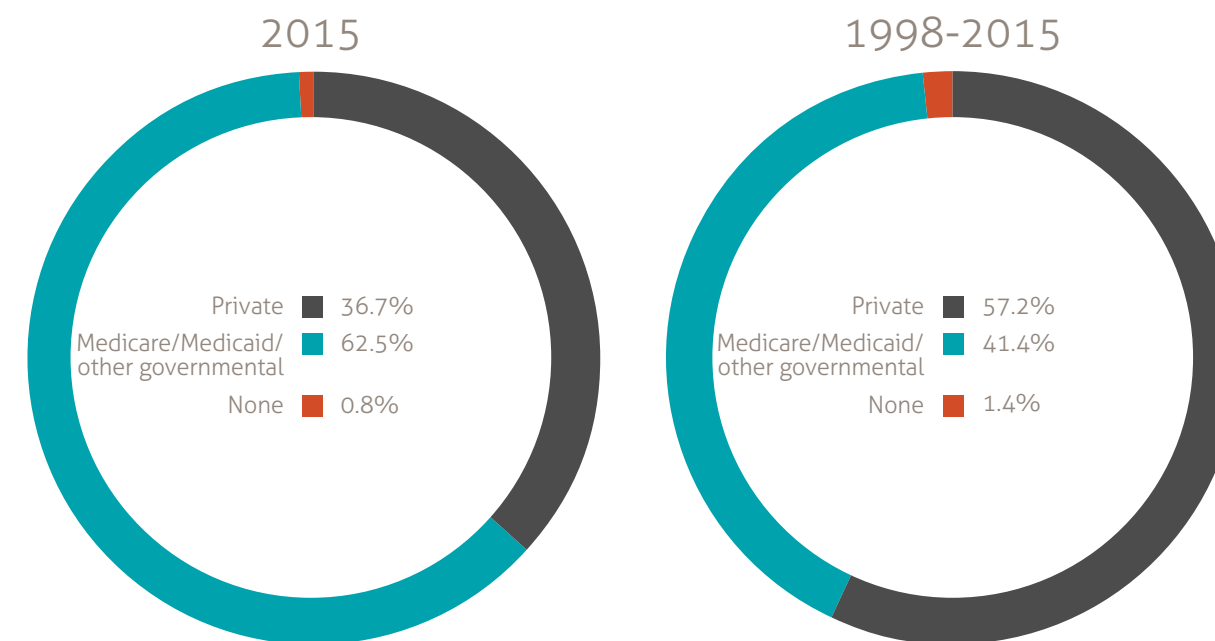
IN HOSPICE



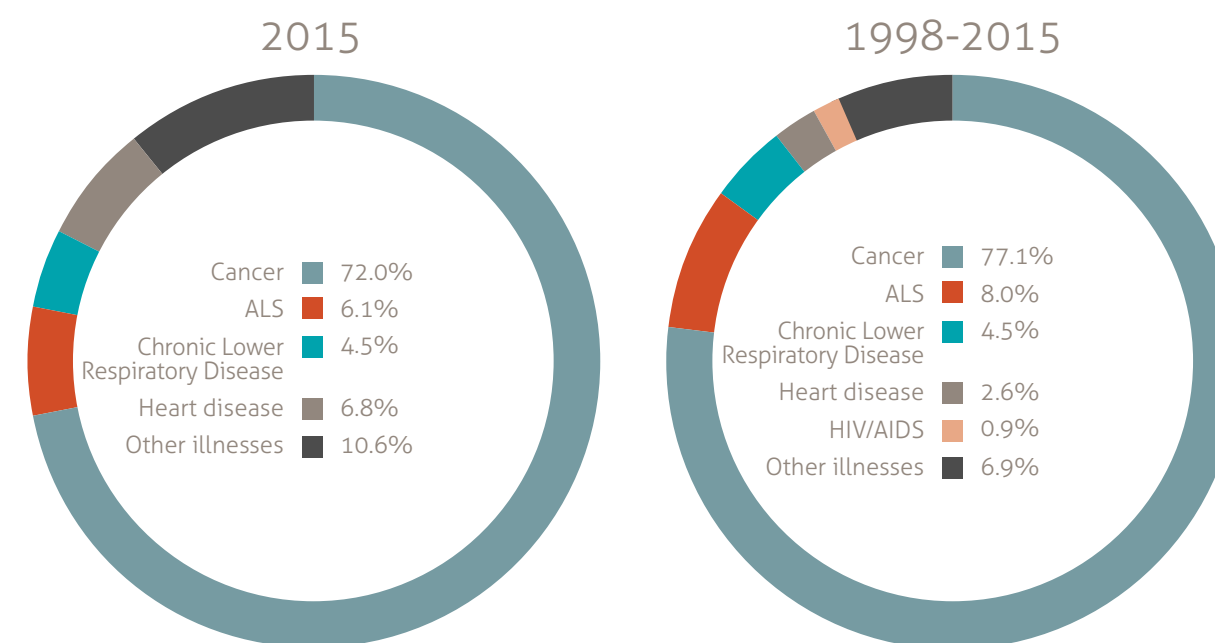
PATIENT DIED AT



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 opportunity to die at his own time of choice, with medication prescribed under the Oregon Death with Dignity Act, gave my stepfather 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



The Right to Continue Being the Same Person

by Nora Miller

My husband Rick and both agreed we'd prefer to control the conditions of our own deaths. In early 1999 Rick's diagnosis of lung cancer left no room for doubt or hope for something less final. He said, "I will be using the Oregon law."

We were able to keep Rick at home. He made his first oral request under the Oregon Death with Dignity Act, followed by a written request, and the final verbal request in early November. Rick's oncologist was reasonable and sympathetic; he agreed Rick was of sound mind, not depressed, and definitely terminal, and wrote the prescription on a cold, rainy Friday in early November.

Rick told me he thought he'd be a lot sicker when he'd be making the decision to use the prescription. He was, in fact, a lot sicker than he thought. The day he made his decision had been a hard one. He was ready to go. I challenged his intention. He was sure, calmer than he'd been in weeks, almost jovial,

relieved. He needed the control and the ability to choose, and he needed to know that, in the end, we'd have joy and love in the midst of our sorrow.

This was a last loving gift we gave each other. I wanted nothing more than to make that possible for him. I've never once regretted it. It was his life and it was his death—he needed the right to decide how it would happen. To provide real dignity in dying, we must unconditionally respect the unique and inherent personhood of the person at the center of the process.

The dignity people seek in the dying process is unique to them. But for every single person who is dying, Death with Dignity means having the right to continue to be the person they've always been.

A former Oregon resident, Nora Miller is a Death with Dignity advocate in Phoenix, Arizona.

“For every single person who is dying, Death with Dignity means having the right to continue to be the person they've always been.”