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Usage of Oregon's Death With Dignity Act (DWDA).

Permalink

<https://escholarship.org/uc/item/5281g5s2>

Journal

Journal of Clinical Oncology, 34(26_suppl)

ISSN

0732-183X

Authors

Blanke, Charles David
LeBlanc, Michael Leo
Hershman, Dawn L
[et al.](#)

Publication Date

2016-10-09

DOI

10.1200/jco.2016.34.26_suppl.44

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Peer reviewed

Usage of Oregon's Death With Dignity Act (DWDA).

, Michael Leo LeBlanc, Dawn L. Hershman, Lee M. Ellis, Frank L. Meyskens

Abstract

44

Background: In 1997, OR enacted a voter initiative allowing terminally ill residents to self-administer physician-prescribed medication to end their lives. Statute requires prescriptions written for lethal medications be reported; the state also collects demographic and intended use data. We wished to evaluate and report participation trends. **Methods:** OR's Public Health Division gathers compliance forms from prescribing/consulting physicians, pharmacists, and psychiatrists, prescribing physician follow-up forms, and death certificates. Data from 1998-early 2016 were reviewed, collated, and interpreted. **Results:** 1,545 prescriptions were written; 991 pts died from legally-prescribed lethal medication. The % of prescription recipients dying from drug use per yr ranged from 48-82, with no significant trend (logistic regression 2-sided $p = .90$) The prescribing rate increased 12%/yr on average through 2013, with a 28% increase in 2014 and 40% in 2015, not explainable by growth in population. Characteristics of 991 pts dying from drug: Most recipients had cancer (77%); 8% had ALS, 4.5% lung disease, 2.6% heart disease, and 0.9% HIV. 5.3% were sent for psychiatric evaluation. M/F (%) 51.4/48.6; median age (years) 71 (range 25-102); race white/black/asian/hispanic (%) 97/0.1/1.3/1; hospice Y/N (%) 90.5/9/5. 94% died at home. Estimated median time between intake and coma (min): 5 (range 1-38); to death (min): 25 (range 1-6240). 3.3% had known complications. Reasons for DWD (%): ADL not enjoyable 90; loss of autonomy 92, dignity 79, or bodily functions 48; inadequate pain control 25; financial 3. **Conclusions:** The number of prescriptions written for ORDWDA medications increased annually since enactment. The % of recipients self-

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