

Oregon's Death With Dignity Act Raises Many Questions

by Susan Brinkmann, OCDS

Staff Writer.

(Marcy 24, 2008) Since its passage 10 years ago, 341 people have chosen to die by physician assisted suicide under Oregon's Death With Dignity Act. However, experts cite a variety of problems with the law that make it almost impossible to know the real numbers.

"The latest annual report indicates that reported assisted-suicide deaths have increased by more than 306 percent since the first year of legal assisted suicide in Oregon," said a report by the International Task Force on Euthanasia and Assisted Suicide, a non-religious public advocacy group.

"The number of deaths, however, could be far greater. From the time the law went into effect, Oregon officials in charge of formulating annual reports have conceded 'there's no way to know if additional deaths went unreported' because Oregon DHS (Department of Human Services) 'has no regulatory authority or resources to ensure compliance with the law.'"

State officials rely on reports from doctors who prescribe the drugs used in the suicides to collect their data, but there is no system in place to monitor these reports. A member of the DHS reporting division publicly admitted that ". . . (T)he entire account [received from a prescribing doctor] could have been a cock-and-bull story. We assume, however, that physicians were their usual careful and accurate selves."

Because doctors are not penalized for the failure to report the writing of prescriptions for a lethal overdose, many doctors may simply choose not to do so, thus making it nearly impossible to know how many people have actually die by physician-assisted suicide.

The state also does not monitor what happens to the drugs once a patient has filled their prescription. The Task Force quotes Dr. Katrina Hedberg, who has been the lead author of Oregon's Death With Dignity Act annual reports as admitting "[W]e do not have a way to track if there was a big bottle [of lethal drugs] sitting in somebody's medicine cabinet and they died or whether or not somebody else chose to use it."

Along with the obvious problems to be expected from this kind of deficient reporting system, it also raises the question about the number of complications caused by lethal overdoses that are not being documented.

Contrary to what most right-to-die enthusiasts claim, death by ingestion of a lethal overdose is not the blissful experience they want the public to believe. Overdoses of barbiturates are known to cause vomiting as a person begins to lose consciousness, which may cause death by aspiration. In other cases, panic, feelings of terror and assaultive behavior can occur from the drug-induced confusion.

After 10 years in effect, Oregon reports the total number of reported complications to be 20, a

figure many experts believe is much too low. It even raised eyebrows among members of a British House of Lords Committee who traveled to Oregon in 2005 in search of information regarding the state's assisted-suicide law for use in deliberations about a similar law they were considering.

According to the Task Force report, "After hearing witnesses claim that there have been no complications associated with more than 200 assisted-suicide deaths, committee member Lord McColl of Dulwich, a surgeon, said, 'If any surgeon or physician had told me that he did 200 procedures without any complications I knew that he possibly needed counseling and had no insight. We come here and I am told there are no complications There is something strange going on.'"

His suspicions are backed up by the media, which has reported on several cases of assisted suicides gone wrong, none of which appeared in the state's official report.

In one case, the press reported on a talk by pro-assisted suicide attorney Cynthia Barrett at the Portland Community College where she was quoted as describing a botched assisted suicide.

"The man was at home. There was no doctor there. After he took it [the lethal dose], he began to have some physical symptoms. The symptoms were hard for his wife to handle. Well, she called 911. The guy ended up being taken by 911 to a local Portland hospital. Revived. In the middle of it. And taken to a local nursing facility. I don't know if he went back home. He died shortly – some....period of time after that..."

Another case, that of Patrick Matheny received his lethal prescription from Oregon Health Science University via Federal Express. Four months later, when he went to take the drugs, he had difficulty doing so. His brother-in-law, Joe Hayes, said he had to 'help' Matheny die.' According to Hayes, "It doesn't go smoothly for everyone. For Pat it was a huge problem. It would have not worked without help."

Even though Oregon's law requires that the dose be self-administered, and not given by another person, Dr. Hedberg commented about the case, saying that "we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted . . ."

Oregon officials openly admit they do not track complications and say it's not their responsibility to do so.

David Hopkins, Data Analyst for Oregon's Center for Health Statistics, reportedly said, "We do not report to the Board of Medical Examiners if complications occur; no, it is not required by the law and it is not part of our duty."

The state relies exclusively on doctors to report information about complications, in spite of the fact that doctors are not required to be present when patients swallow the drugs, and have only been present in a little over 21 percent of the cases thus far.

According to proponents of the law, there are many safeguards in place to protect people from abuse, such as being coerced by others into killing themselves or who have impaired judgement due to depression or dementia. However, attorney Rita L. Marker, president of the Task Force, said that the only requirement for assisted suicide in the state of Oregon is that a person be an adult, a resident, and that two doctors have diagnosed them as having six months to live.

“It has nothing to do with pain or anything else,” Marker said. “The law says that if your doctor believes you have a mental illness or depression that is causing impaired judgement, the doctor is to refer you for counseling, which is defined as one session with a psychiatrist or psychologist.”

In fact, the very first known assisted-suicide death under the Oregon law involved a depressed woman in her mid-eighties who had been battling breast cancer for twenty-two years. Two doctors, including her own physician who believed that her request was due to depression, refused to prescribe the lethal drugs. Then a prominent right-to die group became involved and had one of their doctors declare the patient to be an “appropriate candidate.” The drugs were dispensed and she committed suicide.

Involvement by right-to-die groups is another alarming issue raised by the Task Force. Compassion & Choices, a right-to-die group that now includes the former Hemlock Society, is reported to be involved in almost 90 percent of Oregon’s assisted suicide cases.

This involvement is even more complicated when HMO’s get involved as well. The Task Force cites one HMO, Kaiser Permanente, that responded to the lack of physicians willing to write lethal prescriptions in Oregon by sending an e-mail to their doctors asking them to consider becoming attending physicians for patients requesting suicide.

Gregory Hamilton, MD, a Portland psychiatrist, expressed concern to the Task Force about an HMO putting out such a call for doctors. “This is what we’ve been worried about,” he said. “Assisted suicide would be administered through HMO’s and by organizations with a financial stake in providing the cheapest care possible.”

Furthermore, he said, despite claims that assisted suicide would be strictly between patients and their long time, trusted doctors, the overt recruitment of physicians to prescribe the lethal drugs indicated that those claims were not accurate. Instead, “if someone wants assisted suicide, they go to an assisted-suicide doctor – not their regular doctor.”

Even though Kaiser Permanente called these comments “ludicrous and insulting,” they are apparently true. The Task Force reports that Barbara Farmer of the Visiting Nurses Association said that if a person's own doctor doesn't want to participate, “we have advised them to work with Compassion in Dying (now known as Compassion and Choices) . . .”

Although right-to-die enthusiasts claim that physician assisted suicide is necessary for those who want to avoid dying in unbearable pain, in reality, pain is the least reported factor in why people chose PAS in Oregon. Losing autonomy was the most prevalent reason at 85 percent; decreased ability to enjoy life was a factor in 77 percent; losing control of bodily functions was 63 percent and being a burden on family was 34 percent.

It's been ten years since the passage of the Death With Dignity Act, the only such law in the United States, and the program is receiving failing grades.

“ . . . (D)ue to major flaws in the law and the state's reporting system,” the Task Force concluded, “there is no way to know for sure how many or under what circumstances patients have died from physician-assisted suicide.”

© All Rights Reserved, Living His Life Abundantly/Women of Grace.

<http://www.womenofgrace.com>

Don't wait until it's too late to get the facts on end-of-life issues. See “What You Don't Know Can Kill You,” available for the special price of \$5 in our store at

www.womenofgrace.com/catalog