

LEGISLATIVE STUDY FINDS NO EVIDENCE TO SUPPORT CLAIMS AGAINST OREGON’S DEATH WITH DIGNITY LAW; CONCLUDES LAW HAS PROVIDED POSITIVE IMPACT

At the request of over 70 lawmakers, the Vermont Legislative Council conducted a comprehensive, independent investigation into the Oregon experience with end-of-life laws and the Death with Dignity Act.

The report contains a fair, balanced and thorough analysis of the Oregon law. The report proves two major points:

- The seven-year Death with Dignity Act experience in Oregon has been good.
- The main claims by people opposed to the Act are baseless.

The most significant finding of the Report is:

“In conclusion, it is [quite] apparent from credible sources in and out of Oregon that the Death with Dignity Act has not had an adverse impact on end-of-life care and in all probability has enhanced the other options.” (page 30)

For all Vermonters interested in this important end-of-life choices reform discussion, the Legislative Council Report provides a solid factual foundation – we no longer have to have this debate amidst innuendo and fear-based claims from the opponents.

The report authors considered every argument the opponents make and found no evidence to support their claims. Not only does the report reveal the lack of evidence to support opponents’ claims, but in several instances it cites facts, studies and experts contradicting the opponents’ claims.

The following are some examples:

The Opponents claim that the agency charged with monitoring the law, the Oregon Department of Human Services, is ineffective and that not all cases of physician aid-in-dying are reported.

The report finds, “There is no empirical evidence specifically on underreporting, although studies done on the Oregon law have surveyed hospice nurses and hospice social workers, in addition to physicians, and have found similar utilization statistics among these provider groups who are often at the death of a patient. Although there is no study specifically on underreporting, one recent study of family members of deceased Oregonians did not identify any unreported cases of assisted suicide.” (page 16)

Additionally, the researchers conducted a review of the process used to monitor the law by the Oregon Department of Human Services and found that “a thoroughly comprehensive examination takes place in the case of each patient” including referrals to the Oregon Board of Medical Examiners to examine any irregularities found through the reporting process. The researchers conclude that, “In each case, the Medical Practice Board determined that the Death with Dignity Act was not violated.” (page 36)

The Opponents have claimed over and over that the Oregon figures could not be believed because there were no penalties for doctors who failed to report cases of physician assisted death.

The report finds, “The law does require that the death be reported, and failure to do so is a legal violation. Although the law does not state a specific penalty for failure to report, the general penalties apply. The physician could be prosecuted under Oregon law or be reported to the professional conduct board if a case is not reported [emphasis added], as he or she would not have met the statutory requirements for legally assisting in a suicide. It is also important to note that academic studies interviewing physicians, hospice nurses, and hospice social workers come to similar conclusions as the state studies.” (page 16)

The Opponents claim that good pain medication eliminates the need for a law like Oregon’s.

The report finds, “In a study of hospice nurses, it was reported that among patients who had received prescriptions for lethal medications from a physician, the most important reasons cited for wanting assistance with suicide were a ‘desire to control the circumstances of death, a desire to die at home, the belief that continuing to live was pointless and being ready to die.’” (pages 17-18)

The Opponents claim that terminal patients without health insurance will feel compelled to use the law.

The report finds, “In addition, the type of health insurance was not correlated with whether the patient received a lethal prescription nor with whether another type of intervention, such as a referral to hospice, was made by the physician.” (page 19)

The Opponents claim that passage of an Oregon-style bill in Vermont would delay improvements in end-of-life care or that the state needs to improve these systems before even considering such an option.

The report provides indisputable evidence that “. . .after the law was passed, hospice nurses reported that physicians in Oregon were doing better at managing pain. More physicians attended continuing education classes in palliative care after passage of the Act than before. These classes were offered by Oregon Health and Science University (OHSU) which trains medical students, interns, and residents in end-of-life care. Ms. Jackson also determined that prior to 1994, hospice organizations which sponsored pain programs for physicians in 2001[sic] in eastern Oregon were not well attended by area doctors.” (page 26)

Additionally, **the researchers cite evidence** from Ann Jackson, Executive Director of the Oregon Hospice Association, who states that “. . .Opponents often state that it would be essential to have the kind of infrastructure that Oregon had when such a law is considered. I think the law has been a catalyst in many respects in Oregon, even though we already had good palliative care here.” (page 27)

Finally, **the researchers cite further evidence** of the impact on end-of-life care, “William Lamers, M.D. is a medical consultant to the Hospice Foundation of America and a practicing physician in Malibu, California. He has had over 30 years of experience with end-of-life care. It is his position that Oregon is at the forefront of end-of-life care and that the Oregon law has not diminished that care but rather, has enhanced it. His

remarks were not intended as an endorsement of assisted suicide but a factual representation of its consequences. He additionally stated that he considers Ann Jackson and the work of her office to be of the highest quality and credibility.” (page 30)

The Opponents claim that in Oregon people are coerced into shortening their own lives.

The report cites evidence from Ann Jackson, Executive Director of the Oregon Hospice Association, who states that “...There is no evidence to suggest that anyone has been coerced into using it. People who are depressed do not use it, probably because depression makes it difficult to carry out many actions. High hospice utilization also means that mental health is constantly monitored by hospice social workers. There have been no botched cases. There have been no calls to 911 related to the use of medication.” (pages 26-27)

The Opponents claim that the law is used as an escape by depressed patients.

The report finds that, “In a 1996 random sample of 625 Oregon psychologists, of which 423 were included in the final sample, a majority of the respondents felt that, for a competent individual, both suicide and assisted suicide were acceptable under some circumstances, or the decision should be left to the individual involved. Seventy-eight percent of the respondents favored the enactment of the Death with Dignity Act [emphasis added].” (pages 33-34)

Additionally, **the report finds** that, “When asked if they felt a request for assisted suicide from a terminally ill patient was prima facie evidence of a mental disorder, 13 of the respondents (3%) agreed or strongly agreed with this assertion, whereas 21% disagreed and 76% strongly disagreed.” (page 34)

In sum, the credibility of the opposition claims has been called into question in a significant way by this independent analysis. The statistics and studies from Oregon are consistent, credible and come from a variety of reputable sources. The opposition claims are the same arguments opponents have made for a decade, rehashed and repeated by a Vermont source.

Supporters of the Death with Dignity Act understand that some people are morally opposed to this law, and we seek, not to change people’s morals, but rather to create neutral space in the law for those whose beliefs allow them to make this choice. By empowering terminally ill, mentally competent adults in this way we will improve end-of-life care for every Vermonter faster and more comprehensively than any other method.