

Last year 383 people used Oregon Death With Dignity Act

By Ellen Waldman

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We have the good fortune of having a local abundance of community-minded experts in their fields who share their knowledge with anyone who signs up for their classes at Osher Lifelong Learning Institute at Southern Oregon University.

If it's a stretch to pay for classes, OLLI offers a scholarship to help out — another great example of local generosity.

Dr. William Southworth put together a four-part series of classes on medical aid in dying, or MAID. The class was very well attended, and clearly many people want to understand how this law, called the Oregon Death With Dignity Act, functions.

First, some statistics from the booklet "2021 Data Summary of the Oregon Death With Dignity Act." It is published each year by Oregon Health Authority. You can get a copy of the 18-page booklet, with lots more information and statistics, by emailing healthoregon.org/dwd or calling 503-378-3486.

In 2021, 383 residents of Oregon received prescriptions under the Death With Dignity Act; 57% ingested and died from the medication. Most (81%) were 65 or older, and cancer was the most common diagnosis (61%). Most patients died at home (95%), and 98% were enrolled in hospice.

Here is some additional important information related to this service. Much of it was provided by Southworth in his class.

- To qualify to utilize the Oregon Death With Dignity Act, an individual must have decision-making ability and a verifiable terminal illness with less than six months of life remaining. In addition, they must be at least 18 years of age, a resident of Oregon and capable of making and communicating health care decisions to health care practitioners.
- Two physicians must determine whether a patient meets these requirements. This, plus additional information, gets reported to Oregon Health Authority.
- It's likely the six-month diagnosis to qualify was arrived at based on the six-month requirement for hospice services that Medicare requires. Qualifying for hospice does not automatically qualify a person for medical aid in dying. It still requires that two independent physicians certify the terminal diagnosis and prognosis.
- Hospice staff may be present when the patient ingests the medicine, if this is the choice of both the patient and the hospice organization.
- There is a cost for this medicine that's not covered by insurance. It varies from \$500 to \$800. The prescribing physician selects the compounding pharmacy. The one frequently used is in Portland. The Death With Dignity Act requires the physician must hand-deliver, or send by mail or courier, the prescription to the pharmacy.
- It's recommended patients have end-of-life conversations with their current providers and ask if they would participate in MAID. There is language that's helpful for this conversation on the

End-of-Life Choices Oregon website, eolcoregon.org/. Only the patient can make this request to the provider.

- There is no problem with life insurance companies paying out benefits, as this is not suicide. The cause of death is the terminal diagnosis the person received from the physician.

For more help on this topic, see compassionandchoices.org.

So far 19 states have passed a medical aid in dying act, which allows for this choice. Oregon's became effective in 1997. For those who wish to access this option, learning more now might be helpful later.