

Oregon's Death with Dignity Act: Spurious Safeguards

- Spurious Safeguard #1: Assisted suicide will be limited to patients diagnosed as terminally ill with no more than only six months to live.¹

In Fact: The number of days between an initial request for life-ending prescriptions and patients' deaths has ranged as long as 737 days or two years. This demonstrates the inaccuracy of six-month prognoses.²

There is extensive documentation that medical prognoses of a short life expectancy are very unreliable.³

- Spurious Safeguard #2: Patients will not be coerced into choosing assisted suicide.

In Fact: Both a psychiatrist and a psychologist felt Kate Cheney, an 85-year-old dying of cancer, was being pressured by her daughter to end her life. In the psychiatrist's opinion, she was also mentally and legally incompetent to choose suicide due to dementia.⁴

Nonetheless: A medical ethicist/administrator at her HMO decided she was mentally competent, and she received a lethal medication.⁵

- Spurious Safeguard #3: Patient is determined to be free from clinical depression.⁶

In Fact: First patient to die under Act was refused a lethal prescription by her doctor and a second physician. The latter diagnosed her as "depressed."⁷

Nonetheless, a doctor affiliated with pro-suicide group Compassion in Dying wrote the prescription after knowing her a short time.⁸

In Fact: Only 6% of Oregon psychiatrists are confident they can diagnose depression after 1 visit.⁹

In Fact: Guidelines only "strongly recommend mental health consultation for any person desiring a prescription under the Act." As a result, psychiatric evaluation of individuals who die from assisted suicide dropped from 31% in 1998 to a mere 5% in 2003-2004.¹⁰

- Spurious Safeguard #4: Doctors will be held legally accountable.

In Fact: Oregon's law establishes a standard that protects doctors from legal liability if they act in "good faith." This is almost impossible to disprove. It legalizes negligence.

Why did the proponents promise to create a system that would regulate assisted suicide, but instead fashioned one in which it is practiced without oversight? Bills in other states duplicate Oregon law's unregulated system of assisted suicide.

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 2. Oregon Department of Human Services, *Seventh Annual Report*, 25; K. Hedberg, "Five years of legal physician-assisted suicide in Oregon," *New England Journal of Medicine* volume 348 (2003): 961-4.
 3. Lamont, E.B., et al. 1999. *Oncology* (Huntington). August 13 (8): 1165-70.
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 5. Barnett, "Is Mom capable of choosing to die?"; Wesley J. Smith, "Suicide Unlimited in Oregon," *Weekly Standard* (November 8, 1999).
 6. Oregon Department of Human Services, *Seventh Annual Report*, 8.
 7. K. Foley, H. Hendin, "The Oregon report: Don't ask, don't tell," *Hastings Center Report* (May-June 1999): 37-42.
 8. Foley, Hendin, "The Oregon report: Don't ask, don't tell."
 9. L. Ganzini, et al., "Attitudes of Oregon psychiatrists towards assisted suicide," *American Journal of psychiatry* vol. 153 (1996): 1469-75.
 10. www.ohsu.edu/ethics/guidebook/chapter9.pdf; Oregon Department of Human Services, *Fourth Annual Report on Oregon's Death with Dignity Act* (Portland, 2002), 16; Oregon DHS, *Sixth Annual Report on Oregon's Death with Dignity Act* (Portland, 2004), 11; Oregon DHS, *Seventh Annual Report*, 13.

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