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SWOG Publishes Key Statistics on 18 Years of Physician-Aid-in-Dying in Oregon

PORTLAND, OR – Researchers have analyzed and reported on a sweeping data set on the Death with Dignity Act, Oregon’s first-in-the-nation law that allows physicians to provide terminally ill patients with a lethal dose of medication.

The Death with Dignity Act became Oregon law in 1997, and today, the states of Washington, Vermont, Colorado, and California have passed similar legislation, as has the District of Columbia. Assisted dying is also legal in Montana through a state Supreme Court ruling. According to the non-profit Death with Dignity National Center, legislators in at least 20 other states are expected to consider assisted dying bills this year.

SWOG, part of the National Cancer Institute’s National Clinical Trials Network, conducted the research using data provided by the Oregon Health Authority, results of which appear in *JAMA Oncology*. For California and Colorado, where assisted dying laws went into effect in 2016, and in the District of Columbia, where the law took effect in 2017, Oregon’s experience offers a potential preview:

- **Not everyone takes the lethal drugs.** In Oregon, 1,545 prescriptions were written between the years 1998-2015, and 991 people – 64 percent – ingested the medication and subsequently died.
- **Older white, educated people use the law most frequently.** State health data showed that 97 percent of people who opted for physician-aided dying were white, and 91 percent were over the age of 55. Along gender lines, the split was roughly even – 51 percent male, 49 percent female – and 72 percent had at least some college attendance.
- **Use of the law increases over time.** From 1998-2013, the number of Oregon prescriptions written annually increased an average of 12 percent. During both 2014 and 2015, the number increased 24 percent.
- **The medication is effective.** Only six patients awakened after getting a lethal dose, making the medications 99.4 percent effective. Relatively few patients experienced side effects such as vomiting.

- **Patients with cancer predominantly use the law.** According to the data, 77 percent of patients who died had cancer as an underlying terminal illness, followed by amyotrophic lateral sclerosis, respiratory and cardiac disease, and HIV/AIDS.

Dr. Charles D. Blanke is SWOG group chair and lead author of the *JAMA Oncology* article. An oncologist and professor of medicine at Oregon Health & Science University, Blanke said he was surprised at the reasons people cited for opting for assisted dying. Untreatable pain was not the main reason people used the law, Blanke said. The most common reasons were the loss of autonomy and dignity and the inability to enjoy life.

“You can’t easily palliate loss of dignity,” Blanke said. “Patients’ end of life concerns can’t always be addressed through direct medical treatment.”

Blanke said the research points up rich areas for future study. “If we knew more about how patients make decisions about assisted dying,” he said, “we might be able to use that information data to ease end-of-life concerns and either delay the use of assisted dying or reduce the numbers altogether.”

The study team also included Michael LeBlanc, Ph.D. of Fred Hutchinson Cancer Research Center; Dr. Dawn Hershman of Columbia University; Dr. Lee Ellis of University of Texas MD Anderson Cancer Center; and Dr. Frank Meyskens of the University of California Irvine.

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SWOG designs and conducts cancer clinical trials as part of the publicly funded National Cancer Institute’s National Clinical Trials Network and the NCI Community Oncology Research Program and is a major part of the cancer research infrastructure in the U.S. and the world. SWOG has over 12,000 members at more than 1,000 sites in 46 states and six foreign countries. Founded in 1956, SWOG trials have led to the approval of 14 cancer drugs, changed more than 100 standards of cancer care, and saved more than 2 million years of human life. SWOG is headquartered at the Knight Cancer Institute at Oregon Health & Science University in Portland, Ore., and its statistics and data management center is based at Fred Hutchinson Cancer Research Center in Seattle. SWOG’s operations office is located in San Antonio, Texas. Learn more at swog.org.