

|| A GRAPHIC REPRESENTATION: 10 YEARS OF PHYSICIAN-ASSISTED SUICIDE ||

Oregon still stands alone

Who opts for assisted suicide and why

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Changing the conversation

How other states have attempted aid-in-dying laws

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The rise of palliative care

How the focus on end-of-life care has impacted hospice

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Who uses the Oregon law?

Characteristics of the 341 patients who committed suicide with a doctor's aid between 1998 and 2007. (Percentages are portion of total. Some percentages do not add up to 100% due to rounding.)

AGE

18-34	1.2%
35-44	2.9%
45-54	9.1%
55-64	21.4%
65-74	27.3%
75-84	28.7%
85-plus	9.4%

RACE

White	97.4%
Asian	1.8%
American Indian	0.3%
Hispanic	0.6%

EDUCATION

Less than high school	7.9%
High school graduate	27.9%
Some college	23.2%
College graduate	20.8%
Advanced degree	20.2%

INSURANCE STATUS

Private	62.9%
Medicare/Medicaid	36.2%
Uninsured	0.9%

HOSPICE STATUS

In hospice care	85.8%
Not in hospice	14.2%

UNDERLYING ILLNESSES

All cancers	82.1%
Amyotrophic lateral sclerosis	7.6%
Chronic lower respiratory disease	4.4%
HIV/AIDS	2.1%
Heart disease	1.5%
Other	2.3%

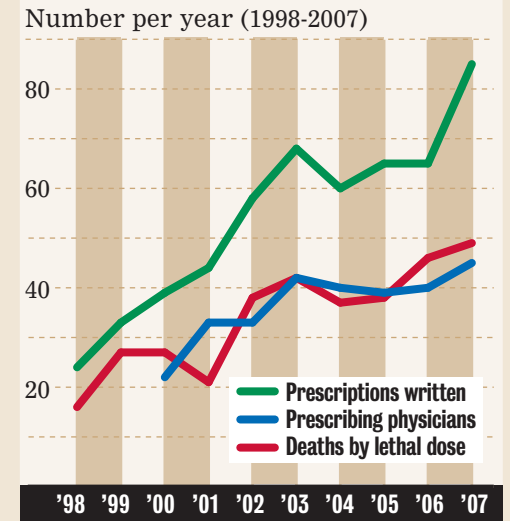
Why do patients use the law?

Interviews done with prescribing physicians after patients died showed a variety of reasons for requesting physician-assisted suicide.

89.0%	feared losing autonomy	58.2%	feared loss of control of bodily functions
86.6%	were concerned about being less able to engage in enjoyable life activities	39.2%	worried about becoming a burden on family, friends and caregivers
81.6%	feared loss of dignity	27.3%	had inadequate pain control or had concerns about it
		2.7%	were concerned about financial implications of treatment

Assisted suicide sought, but not always used

Use of Oregon's Death With Dignity Act has grown steadily, but more prescriptions for lethal medications are being written than are being used.



Note: The number of prescribing physicians was not tracked during 1998-99.

SOURCE: "PRESCRIPTION HISTORY — OREGON DEATH WITH DIGNITY ACT," OREGON DEPT. OF HUMAN SERVICES, MARCH

SOURCE: CHARACTERISTICS AND END-OF-LIFE CARE OF 341 DWDA PATIENTS WHO DIED AFTER INGESTING A LETHAL DOSE OF MEDICATION, OREGON, 1998-2007, OREGON DEPT. OF HUMAN SERVICES, MARCH

Other states pass on Oregon approach

During the decade since the first patient ended her life with a doctor's help under Oregon's Death With Dignity Act, advocates and legislators in more than a dozen states have tried to enact similar laws.

Those efforts have failed.

No bill went to a governor's desk for a signature, and few bills even got close. While state medical societies sometimes played a role in defeating physician-assisted suicide proposals, moral arguments generally took center stage.

Proponents of Oregon-like laws say the religious right, and especially the Catholic Church, have been most effective in stopping the spread of legal physician-assisted suicide to other states. The Catholic Church spent more than \$3.4 million to help defeat ballot initiatives in Michigan in 1998 and Maine in 2000, records show.

Many state legislators were hesitant to push legislation until the Supreme Court ruled in 2006 that the U.S. attorney general could not ban Oregon doctors from prescribing life-ending drug dosages.

Advocates of legal access to physician-assisted suicide say Washington — where the issue will likely be on the ballot this November — is the state most likely to follow Oregon's lead.

"They're right next door, and they've seen how things have played out in Oregon over the last 10 years," said Barbara Coombs Lee, president of the advocacy group Compassion & Choices. "Given the way that right-to-life and medical organizations have exerted influence over state legislatures, to succeed we need a vote of the people in 2008."

The Washington State Medical Assn. opposes physician-assisted suicide.

Attempts at aid-in-dying laws

ARIZONA: A House bill introduced this year has yet to reach the floor. Similar bills in 1999, 2003, 2006 and 2007 did not leave committee.

CALIFORNIA: Bills were proposed in 1999, 2005, 2006 and 2007. Most failed to leave committee. One proposal advanced to the Senate in 2006 through a parliamentary maneuver, replacing the text of an unrelated bill the House approved in 2005. The Senate Judiciary Committee deadlocked on the bill, stopping further action.

HAWAII: Three bills were introduced in 2007. None moved out of committee but all may be considered this year. Between 2003 and 2006, five other bills failed to leave committee. A 2002 bill passed the House by a 30-20 vote but failed 14-11 in the Senate. A separate 2002 Senate bill was stuck in committee. In 1999, six bills failed to get out of committee.

LOUISIANA: A Senate bill was introduced in 1999 but later withdrawn.

MAINE: Voters defeated by 51% to 49% a November 2000 ballot initiative, the Maine Death With Dignity Act, following several

unsuccessful legislative attempts.

MICHIGAN: A March 1998 House bill lost a 69-38 vote. Voters then defeated by 71% to 29% a November 1998 ballot initiative to legalize assisted suicide. Two months earlier, the state enacted a law making assisted suicide a crime in an attempt to stop the actions of Jack Kevorkian, MD. In 1999, Dr. Kevorkian was convicted of second-degree murder and sentenced to 10 to 25 years in prison. He was released in 2007.

NEBRASKA: Bills proposed in 1998 and 1999 failed.

NEW HAMPSHIRE: A 1998 House bill was referred for study but never went anywhere. A 1999 bill was deemed "inexpedient to legislate."

NEW YORK: Bills in 1999 and 2000 failed.

RHODE ISLAND: Senate bills introduced in 1998 and 2006 went nowhere. A 2007 House bill also was stuck in committee.

VERMONT: A 2007 House bill lost by an 82-63 vote. Similar legislation was introduced in 1999, 2003 and 2005, but stalled.

WASHINGTON: Ex-Washington Gov. Booth Gardner is heading an effort to get an Oregon-like proposal on the ballot this November. The campaign needs to gather 224,880 valid voter signatures by July 3 to qualify, but has already raised more than \$400,000 to help pay for signature-gatherers. Earlier legislative attempts in 1998 and 2006 went nowhere.

WISCONSIN: Bills were introduced in the House and Senate in 2007 but failed this year. Similar bills proposed in 1999, 2001, 2003 and 2005 also were unsuccessful.

SOURCES: DEATH WITH DIGNITY NATIONAL CENTER; INTERNATIONAL TASK FORCE ON ASSISTED SUICIDE & EUTHANASIA; NEWS ACCOUNTS; PUBLIC RECORDS. ADDITIONAL RESEARCH BY ADAM L. SCHEFFLER, AMNEWS CORRESPONDENT

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Hospice care grows, but unevenly

Since Medicare began reimbursing hospice services in 1982, the number of patients choosing this end-of-life care option has grown steadily. One in three Americans now dies under the care of a hospice program, and the number of programs has grown almost 50% since 1997. In Oregon, overall hospice use has jumped 84% since the use of the Death With Dignity Act in 1998. Nearly six in 10 dying Medicare-age patients there received hospice care in 2005, the most recent year for which data are available. Oregon placed ninth among states on hospice utilization in 2005.

HOSPICE UTILIZATION RANKINGS, BASED ON 2005 RATES

TOP FIVE	1998 rate	2005 rate	BOTTOM FIVE	1998 rate	2005 rate
Utah	23%	82%	New York	17%	28%
Arizona	46%	78%	Wyoming	12%	27%
Oklahoma	29%	74%	Hawaii	20%	27%
Alabama	27%	72%	District of Columbia	14%	24%
Mississippi	18%	67%	Alaska	6%	21%

SOURCE: CENTERS FOR MEDICARE & MEDICAID SERVICES DATA ON HOSPICE PATIENTS SERVED AND DEATHS OF PATIENTS 65 AND OLDER, 1998 AND 2005, PROVIDED BY STEPHEN R. CONNOR, PHD, OF THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION. ADDITIONAL RESEARCH BY ADAM L. SCHEFFLER, AMNEWS CORRESPONDENT.