

# OREGON'S PHYSICIAN-ASSISTED SUICIDE LAW

## How well is it REALLY working?

"Death with Dignity" supporters in Vermont would like to convince us that physician-assisted suicide is safe from abuses or exploitations because it is supposedly going well in Oregon. But, consider the following:

While Oregon's Physician-Assisted Suicide law mandates that all physicians who participate in assisted suicide deaths report each case to the state, the law does not penalize doctors who fail to do so, and the Oregon Health Division has no authority to enforce the reporting requirement.

Consequently, there is no way to know the exact number of deaths and the actual circumstances prompting a patient to request assisted-suicide. **And, since there is no requirement that a physician be present when the lethal prescription is taken, there is no evidence to show that when patients actually take the lethal prescription they are competent, free from coercion, and self-administer the drug.**

OHD acknowledged early on that it is "difficult, if not impossible, to detect accurately and comment on underreporting." They further state, "**We cannot determine whether physician-assisted suicide is being practiced outside the framework of the [law].**" [Chin et al., "Legalized Physician-Assisted Suicide in Oregon-The First Year's Experience," *NEJM*, 2/18/99]

The Oregon Health Division can only report data that is reported voluntarily to them. They have no authority or resources to look for abuses.

**Read about Michael Freeland here:**

N. Gregory Hamilton, MD and Catherine A. Hamilton, MA, "Competing Paradigms of Response to Assisted Suicide Requests in Oregon," *American Journal of Psychiatry*, June 2005, pp. 1060 – 1065.<http://ajp.psychiatryonline.org/data/journals/ajp/4009/1060.pdf>

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## Abused and Exploited

### {CASE IN POINT: MICHAEL FREELAND}

Mr. Freeland requested and received a lethal prescription from Dr. Peter Reagan, a suicide advocate, a few months after being diagnosed with lung cancer. Dr. Reagan offered to refill it when he outlived his 6 month limit.

Over a year after receiving the first prescription, he was admitted to a psychiatric treatment facility with depression and suicidal intent. He was treated and improved. His professional caregivers ensured that his 32 guns and all his ammunition were removed from his home before he was allowed to return, but they knowingly allowed him to keep his lethal prescription. His treating psychiatrist wrote a letter to the court the day after his discharge saying he was not competent and needed a guardian.

Mr. Freeland called Physicians for Compassionate Care (he called them accidentally; he was actually trying to contact the suicide advocacy organization Compassion in Dying).

Physicians for Compassionate Care volunteers helped him through his last several months of life, saw that his depression and his symptoms were treated aggressively, and assisted him in reconciling with his estranged daughter. He died naturally and comfortably nearly 2 years after receiving his first lethal prescription. Before he died, he signed an authorization releasing his medical records for public review.

#### **The safeguards failed to protect Michael Freeland:**

- Incorrect prognosis: Michael Freeland was not within six months of dying.
- The prescribing doctor offered a lethal prescription to a depressed patient.
- Even after courts determined that Michael Freeland was not competent and in need of a guardian, he was allowed to keep his lethal prescription.