

Methods

The Reporting System

The Oregon Health Authority (OHA) is required by the Death with Dignity Act (DWDA) to develop and maintain a reporting system for monitoring and collecting information on participation. To fulfill this mandate, OHA uses a system involving physician and pharmacist compliance reports, death certificate reviews, and follow-up questionnaires from providers.

When a prescription for lethal medication is written, the physician must submit to OHA information that documents compliance with the law. We review all physician reports and contact physicians regarding missing or discrepant data. OHA Vital Records files are searched periodically for death certificates that correspond to physician reports. These death certificates allow us to confirm patients' deaths and provide patient demographic data (e.g., age, place of residence, educational attainment).

In addition, using our authority to conduct special studies of morbidity and mortality, we ask prescribing physicians to complete a follow-up questionnaire after the patient's death from any cause. Each physician is asked to confirm whether the patient took the lethal medications. If the patient took the medications, we ask for information that was not available from previous physician reports or death certificates – including insurance status and enrollment in hospice. We ask why the patient requested a prescription, including concerns about the financial impact of the illness, loss of autonomy, decreasing ability to participate in activities that make life enjoyable, being a burden, loss of control of bodily functions, uncontrollable pain, and loss of dignity. We collect information on the time from ingestion to unconsciousness and death, and ask about any adverse reactions. We do not interview or collect any information from patients prior to their death.

Because physicians are not legally required to be present when a patient ingests the medication, not all have information about what happened when the patient ingested the medication. Currently, the physician's follow-up questionnaire can be completed based on information from others who were present at the time of ingestion and death, such as trained volunteers or family members.