

## Oregon Physicians' Attitudes About and Experiences With End-of-Life Care Since Passage of the Oregon Death with Dignity Act

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**Prepared by:** : Dr. Debra Slade

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### Abstract:

**Context:** The Oregon Death with Dignity Act, passed by ballot measure in 1994 and enacted in October 1997, legalized physician-assisted suicide for competent, terminally ill Oregonians, but little is known about the effects of the act on clinical practice or physician perspective.

**Objective:** To examine Oregon physicians' attitudes toward and practices regarding care of dying patients since the passage of the Death with Dignity Act.

**Design, Setting, and Participants:** A self-administered questionnaire was mailed in February 1999 to Oregon physicians eligible to prescribe under the act. Of 3981 eligible physicians, 2641 (66%) returned the questionnaire by August 1999.

**Main Outcome:** Measures physicians' reports of their efforts to improve care for dying patients since 1994, their attitudes, concerns, and sources of information about participating in the Death with Dignity Act, and their conversations with patients regarding assisted suicide.

**Results:** A total of 791 respondents (30%) reported that they had increased referrals to hospice. Of the 2094 respondents who cared for terminally ill patients, 76% reported that they made efforts to improve their knowledge of the use of pain medications in the terminally ill. 949 responding physicians (36%) had been asked by a patient if they were potentially willing to prescribe a lethal medication. Seven percent of all survey participants reported that 1 or more patients became upset after learning the physician's position on assisted suicide, and 2% reported that 1 or more patients left their care after learning the physician's position on assisted suicide. Of the 73 physicians who were willing to write a lethal prescription and who had received a request from a patient, 20 (27%) were not confident they could determine when a patient had less than 6 months to live.

**Conclusion:** Most Oregon physicians who care for terminally ill patients report that since 1994 they have made efforts to improve their ability to care for these patients and many have had conversations with patients about assisted suicide

### Comments:

**Strengths/uniqueness:** This study is one of the first to examine whether there has been an attitudinal shift for Oregon physicians following the passage of the Oregon Death with Dignity Act. A response rate of 66% (2641 physicians) is reasonable for this type of survey. The statistical analysis of the results appears to be thorough.

**Weakness:** Although the assisted suicide rate for 1999 is given, no figures are given for previous years, which would have aided in assessing the impact of this law. The article mentions that some patients who

presented to their doctors for a prescription for lethal medication changed their minds and instead opted for palliative treatment, but again, we are given no sense of the significance of these patient numbers. For those physicians who felt their knowledge of pain and symptom management had improved, no information as to the acquisition of specific skills was provided.

**Relevance to Palliative Care:** This study suggests that contrary to expectations of diversion of resources away from palliative care, the passage of the Death with Dignity Act has instead improved awareness of palliative options and stimulated many physicians to improve their knowledge of the management of pain and other symptoms at the end of life. The fact that a proportion of patients who went to their doctors requesting a prescription for a lethal medication decided instead on a palliative approach is particularly encouraging.