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2003 ASSISTED SUICIDE REPORT - STILL SHROUDED IN SECRECY; INJECTABLE DRUG USED

"There is a wall of secrecy around assisted suicide in Oregon." Says Dr. Kenneth Stevens, a cancer doctor in Portland, Oregon. "The proponents of assisted suicide and the Oregon Department of Human Services agency had promised that appropriate information would be provided to the public regarding what is happening with assisted suicide in what has been called the "Oregon Experiment". However, under the guise of confidentiality, assisted suicide is practiced covertly in Oregon."

Injectable liquid pentobarbital is now the most common drug used for assisted suicide in Oregon; it is only available as an injectable liquid. The state agency is not even aware that the injectable form of pentobarbital was used in 2003 and in prior years. How do we know it is not being used as a lethal injection for euthanasia? This is further evidence of the "slippery slope" from assisted suicide to euthanasia in Oregon.

The state agency is documenting that non-terminal patients are receiving prescriptions for lethal drugs. The Oregon Department of Human Services report for the 2002-year stated that two patients receiving prescriptions in 2001 were still alive at the end of 2002, indicating they were still alive over one year from receiving the prescriptions. This year's report documents only one 2001-year prescription recipient died in 2003. That means a second patient who received a prescription for lethal drugs in 2001 is still alive over 2 years later at the end of 2003; this patient is not described in the 2003-year report. Both of these patients obviously were not terminal when they received the prescription. This is a clear violation of the State law.

The prescribing doctor was present in only 29% of the cases when the drug was used. As such, we really don't know how these patients are dying. What is purported to have happened is obtained second- or even third-hand from those favoring assisted suicide. The reported time from ingestion to death ranges from 5 minutes to 48 hours. Oral barbiturate medication needs time to be absorbed and enter into the tissues of the brain, and it seems that 5 minutes is too soon for that to occur. This is more consistent with the time from a lethal injection to the time of death. The report describes a patient who drank one-half of the prescribed medication and about 30 seconds later vomited one-third of what was consumed, retaining only about 3 grams of the barbiturate. This patient is reported to have lived 48 hours before dying. This patient had a non-lethal dose of barbiturate. Two other patients also vomited some of their overdoses. Patients surviving beyond 6 hours are unlikely to die from the short-acting barbiturate. Such instances are clearly failures and lead to more questions. What is the true cause of death? Where is the so-called death with dignity?

Depression is the most common condition leading to suicide. It is a shame that only 5% of assisted suicide patients were referred for psychological evaluation. "Depressed Oregonians are being over-dosed", says Portland psychiatrist, Greg Hamilton. Patients with depression at the end of life deserve good mental health treatment --- not assisted suicide.

The following table represents information the Oregon Department of Human Services has and has not provided over the 6 years of physician-assisted suicide in Oregon. It is evident that the data regarding the numbers of doctors involved in assisted suicide in Oregon is not complete.

Year	1998	1999	2000	2001	2002	2003
# of prescriptions written in year	24	33	39	44	58	67
# of doctors writing prescriptions for lethal drugs	?	22	?	33	33	42
# of these doctors who had written prescriptions for lethal drugs in prior year/s	No Prior Year	6	?	?	?	?
# of physician-assisted suicide deaths in year	16	27	27	21	38	42
# of doctors writing prescriptions for those who died from physician-assisted suicide	14 of 15 deaths in first year report	?	22	?	?	30

The incomplete disclosure regarding assisted suicide in Oregon is alarming. Oregonians should demand that an independent expert panel be given access to what limited and incomplete data is available to discover what is really happening with assisted suicide in Oregon.

The issue of physician-assisted suicide is one of the most significant ethical challenges that the medical profession has faced since the time of Hippocrates, when the goal of the physician was "First do no harm". A siege upon the character identity and role of physicians is taking place right here in Oregon.

In contrast to the proponents of assisted suicide; Physicians for Compassionate Care affirm that all human life is inherently valuable. We affirm that physicians' roles are to heal illness, alleviate suffering, and provide comfort for the sick and dying. We have the duty to safeguard life, especially life of the most vulnerable: the sick, elderly, disabled, poor, ethnic minorities, and those whom society may consider the most unproductive and burdensome.