



Physician-Assisted Death: Scanning the Landscape and Potential Approaches— A Workshop

**OREGON HOSPICE &
PALLIATIVE CARE
ASSOCIATION**



*Improving quality of life
at the end of life*



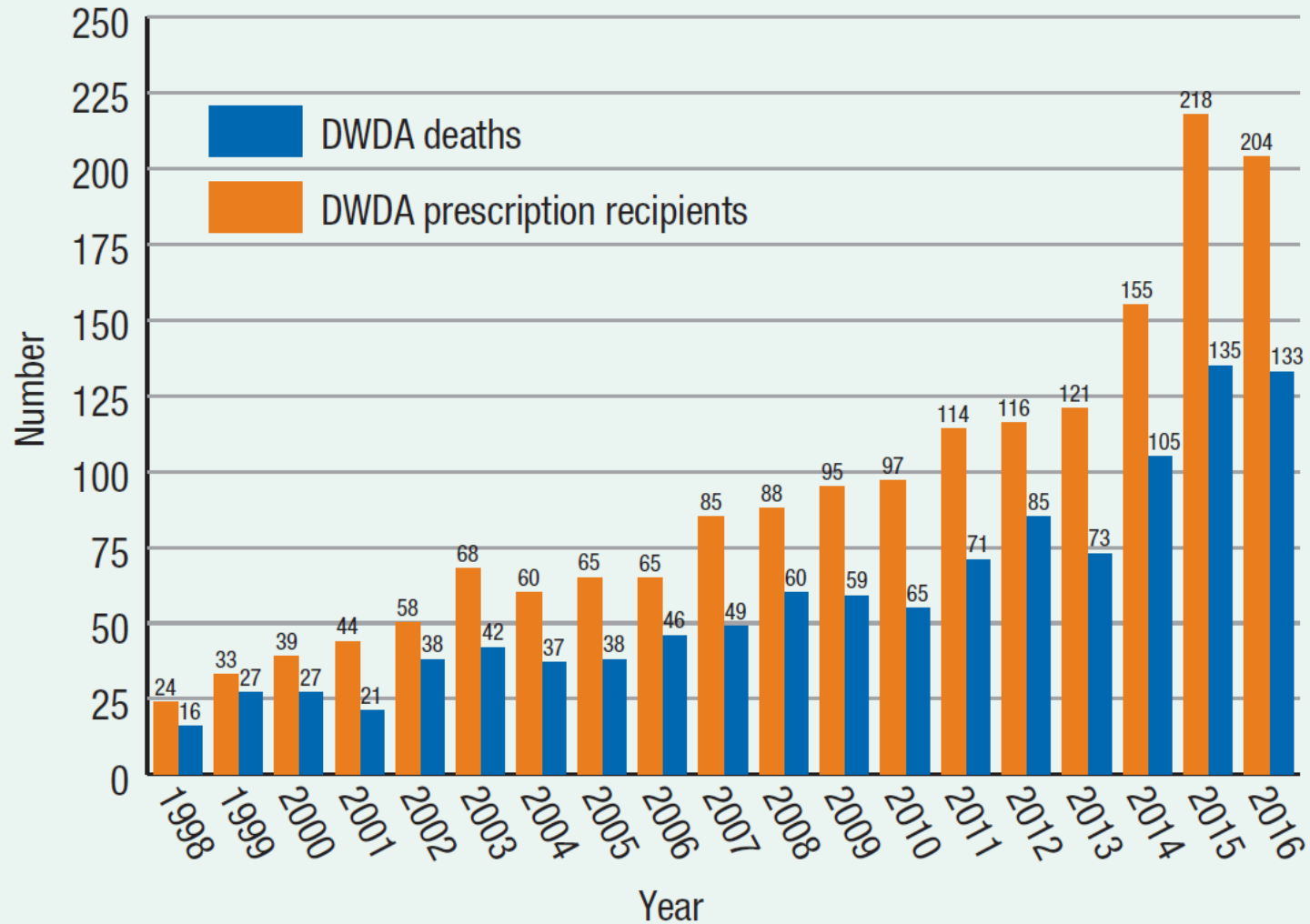
**SESSION III: PHYSICIAN-ASSISTED
DEATH IN THE BROADER CONTEXT**

Long-Term Services and Supports

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Hospice & Palliative Care Association**

How many Oregonians utilize DWD?

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998–2016



Where DWD Takes Place:



Patient died at	2016; N (%)*	1998-2015; N (%)*	Total
Home (patient, family or friend) (%)	117 (88.6)	931 (94.0)	1,048 (93.4)
Long term care, assisted living or foster care facility (%)	9 (6.8)	46 (4.6)	55 (4.9)
Hospital (%)	3 (2.3)	1 (0.1)	4 (0.4)
Other (%)	3 (2.3)	12 (1.2)	15 (1.3)
Unknown (%)	1	4	5

*N having DWD in 2016 was 133, and N in 1998-2015 was 994.

Source: Oregon Death with Dignity Act Data Summary 2016, Oregon Public Health Division, Center for Health Statistics

<http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year19.pdf>

Most PAD Patients in Oregon are enrolled in Hospice

Hospice	2016	1998-2015	Total
Enrolled	118 (88.7%)	868 (90.4%)	986 (90.2%)
Not enrolled	15 (11.3%)	92 (9.6%)	107 (9.8%)
Unknown	0	34	34

Source: Oregon Death with Dignity Act Data Summary 2016, Oregon Public Health Division, Center for Health Statistics

<http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year19.pdf>

A 2016 DWD Patient “snapshot”:

State	Oregon PAD Deaths (2016 N=133)	OR Hospice Patients 2015* N=19,594
Age	➤ 65 (median age 73)	82.9 (average age)
Gender	Women: 57.6% Men: 42.4%	Women: 57.8% Men: 42.2%
Race	96.2% were white	96.1% were white
Education	>50% had baccalaureate degree 74% had at least some college	Data not readily available (37.7% of OR residents have BA/BS)
Diagnosis	78.9% had cancer 6.8% ALS	30% had cancer
Location of death	90% died at home	Data not readily available; “site of service” of “home” = 78.7%
% on hospice	88.7%	52% of Medicare deaths
Provider* present @ time of death? (*= physician)	10%: prescribing physician 79%: no provider present	Data not readily available
% married	40%	Data not readily available
% with health insurance	99.2%	50.6% Medicare Advantage; 23.8% Medicaid eligible

*Source: CMS Hospice 2015 Provider Use Files <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Hospice.html>

Barriers to PAD in Long Term Care:

- Lacking an attending physician makes it difficult to pursue PAD;
- Faith-based providers do not allow physicians to participate (& 65% of Hospices do not, regardless of faith base);
- Lack of family/friends can make it hard to find witnesses;
- Lack of mental capacity: this is especially true for some nursing home residents;



Barriers to PAD in Long Term Care (cont.):

- “Waiting too long” = lose capacity or ability to self medicate;
- Location: “NIMBY”: majority of health-care facilities do not allow it to happen on site;
- Cost of the medication: price ranges from \$600-\$3600

February 2018 Survey of Oregon Hospices: N=22

ANSWER CHOICES –

RESPONSES –

–I don't know of any facilities in our service area who would knowingly allow a patient to take the DWD medication in their room at the facility.	61.90% 13
–<10%	4.76% 1
–<25%	14.29% 3
–About half might allow this for a resident of the facility	0.00% 0
–I think the majority of facilities in our service area would allow this for a resident.	19.05% 4

Suggested Opportunities for Research:

- Do any patients actually complete PAD because symptoms are not being managed? (Pain, nausea, SOB, agitation, anxiety)
- Is there a difference in the grief process for survivors of a person who completed Physician-Assisted Death compared to survivors of a person who died a “natural” death?
- How does caring for a person who completed PAD impact healthcare providers in the long term?
 - Does it contribute to more or less “burnout”?

Suggested Opportunities for Research (cont.):

- How does the impact of PAD on families and healthcare workers compare to when patients use VSED or a more violent cause of self-inflicted death?
- What is the impact on patients and families if their Hospice program has a policy which does not allow their staff to be present in the home when the patient takes the medication?

February 2018 Survey of Oregon Hospices: N=22

ANSWER CHOICES –

–Yes, we allow staff to be present in the home, **but not in the room** with the patient when the medication is being taken.

–Yes, we allow staff to be present in the home, **including in the room** with the patient when the medication is taken.

–No, **we do not allow staff to be present in the home** but the family can call us after the patient has died and we will then make a visit, if requested, just as we would for any other hospice death.

–No, we do not allow staff to be present in the home and we will not visit after the patient's death. (We ask the family to call the funeral home directly and we notify the physician.)

RESPONSES –

33.33%
7

47.62%
10

19.05%
4

0.00%
0

In closing...

- Are there any questions?
- My contact information:
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- Thank you.



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