Assisted suicide in Oregon—what you don't know can kill you

William L Toffler MD
Professor Emeritus, OHSU Dept of Family Medicine
National Director, Physicians for Compassionate Care
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Goals

- Review PAS* paradigm over the past 30 years
  - Politics
  - Public perceptions versus reality
- Shifts in drugs used
  - Cost/profit issues
  - Efficacy in killing; lingering deaths; failures
  - Adverse outcome; side effects
- Persistent problems
  - Oversight
  - Dispassionate care
  - Inherent conflict of interest

*PAS = Physician-assisted suicide

Arguments for and against PAS

	FOR	Against
1.	Autonomy--"rational suicide"	Involves causing a person's death (killing).
2.	Intractable pain	"Safeguards" only protect the physician
3.	Fear/reassurance	Fundamentally incompatible with the physician's role as healer.
4.	Control/safeguards	Doctors are fallible; they can make medical errors and misdiagnose conditions
5.	"Dignified "death	Legalization pressures physicians who then pressure patients/Coercion

Catherine's question…

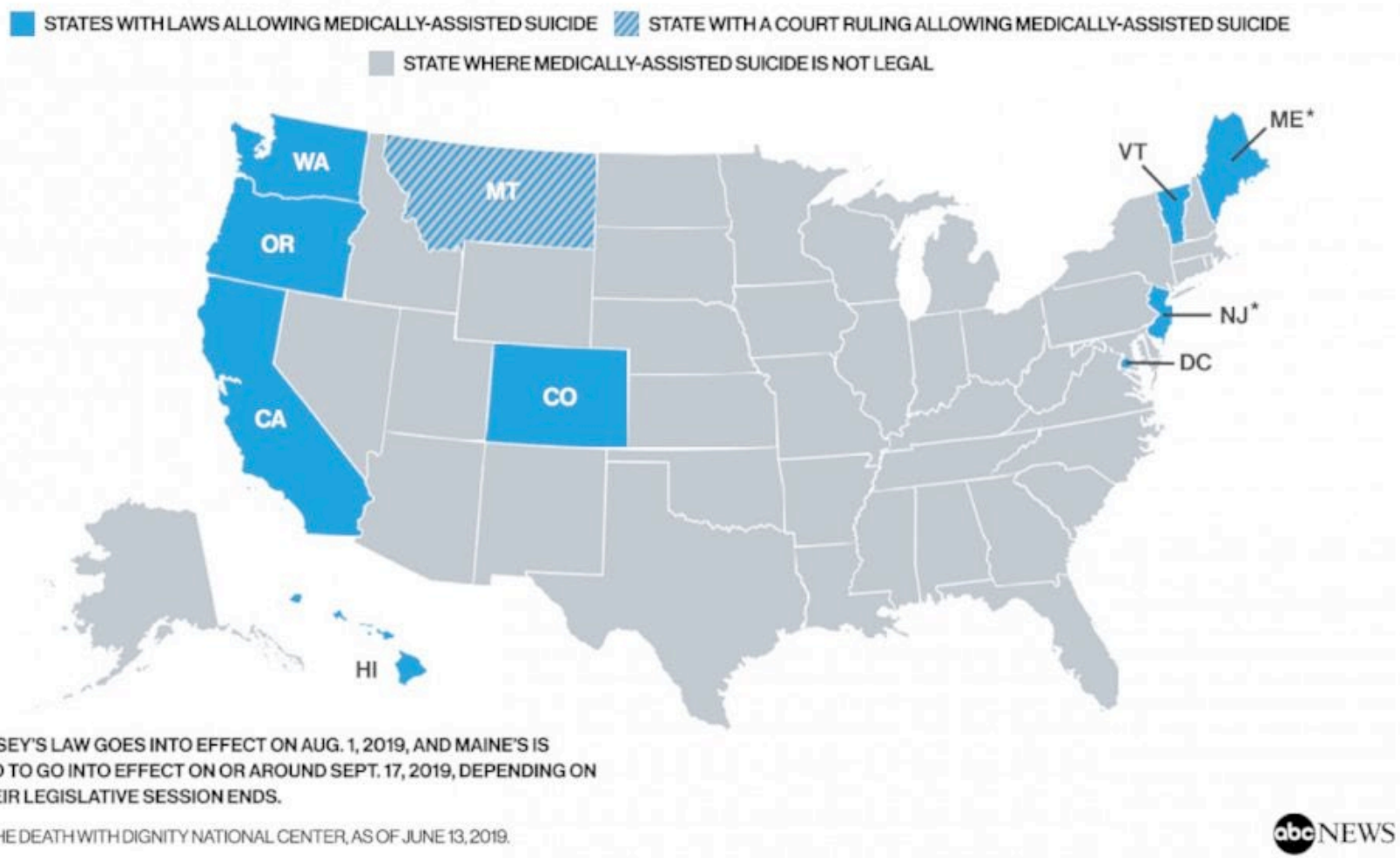
Am trying to get figures for particularly challenging terminal symptoms in malignancy care—such as terminal life—ending bleed, faecal vomiting, pain difficult to control e.g., leptomeningeal mets. These are some of the 'hard' cases that will be used by proponents of euthanasia/assisted suicide but are clinically rare I would have thought. However, unless definite research figures it is difficulty to effectively present alternative options in these extremely sad cases—which will also be highly emotive for elected representatives & the public

Timeline for PAS passage in US

- 1992 – California ballot measure* defeated 54–46
- 1993 – Washington ballot measure* defeated 54–46
- 1994 – Oregon Measure 16 passes
- 1998 – 15 deaths; 21 Rxs: 20 secobarbital (1 with oral narcotic), 1 pentobarbital
- 2019 – 188 deaths; 290 Rxs

*both WA & CA measures allowed for injection

STATES WITH MEDICALLY-ASSISTED SUICIDE



Domino effect?

- **Between January 1994 and February 2020***
- **284 proposals**
- **More than 43 states and the District of Columbia**

Yet, over and over again, bills were either defeated, tabled for the session, withdrawn by sponsors, or languished with no action taken.

*http://www.patientsrightscouncil.org/site/failed-attempts-usa/

Why?

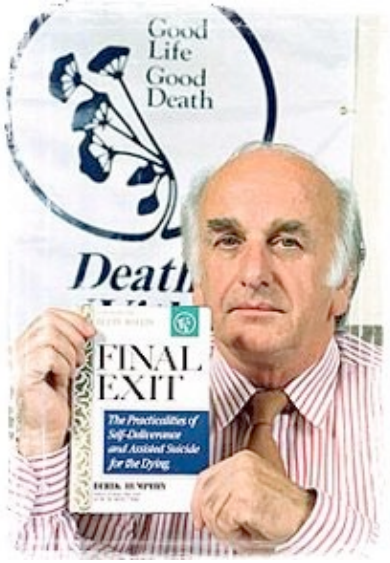
PAS is a problematic paradigm

Problematic PAS outcomes:

- Lingering deaths:
  - Nausea and vomiting
  - Timing issues
  - Unconscious: 5 to 32 minutes (15 patients)
  - Death: 15 minutes to 11.5 hours (14 patients)

- In fact, subsequently… some abject failures:
  - Abject failure case in 2005: David Pruitt with lung cancer
  - Prescribed usual dose
  - Wife “respected” his choice
  - He woke 65 hours later

Derek Humphry*
commentary** on David Pruitt case:



- "Miserable path to death…"
- "Doctors prescribing not there at death"
- "Doctor should be able to give lethal injection"
- "Lingering deaths of up to two days"
- Shared a case of man "still alive at seven hours—his father then took a pillow and smothered him."

*Founder of Hemlock Society; author of Final Exit and Lawful Exit
**http://self-deliverance.blogspot.com/2005/03/weaknesses-in-oregon-assisted-suicide.html

So, why did the public swallow PAS?

- Euphemisms
- Individual perceived as being in control
- Perceived as “passive” act for the doctor (just honoring the patient’s wishes)
- Hollywood image: take a pill and peacefully pass away

Even the death doctors know this isn't so: Dr. Lonny Shavelson…

The dark side of PAS

- In his 1995 book, A Chosen Death, Shavelson describes watching a Hemlock Society leader, “Sarah”, murder a disabled man named Gene who changed his mind about being assisted in suicide.

- Shavelson was in Gene’s home by invitation as Sarah hands Gene a poisonous brew she prepared, saying, “O.K., toots, here you go.” Gene drank the liquid and began to fall asleep as Sarah put a plastic bag over his head.

The dark side of PAS (cont)

- But then, suddenly, faced with the prospect of immediate death, Gene screamed, “I’m cold!” and tried to rip the bag off his face. But Sarah wouldn’t allow it.

- “His good hand flew up to tear off the plastic bag. Sarah’ s hand caught Gene’s wrist and held it. His body thrust upwards. She pulled his arm away and lay across Gene’s shoulders. Sarah rocked back and forth, pinning him down, her fingers twisting the bag to seal it tight at his neck as she repeated, “the light, Gene, go toward the light.” Gene’s body pushed against Sarah’s. Then he stopped moving."

Other reasons PAS is problematic:

- No tracking (2nd and 3rd hand reports)
- Lethal medications not ingested
- Ulterior motives (e.g. life insurance, inheritance)

Tami Sawyer—Fraud against Thomas Middleton

- Middleton—ALS patient
- Named Sawyer trustee
- Instructed to rent home
- Instead within two days of death
  - Listed home and deposited $90,000 into her own account
  - Only came to light because of Federal prosecution—NOT from state reporting system
- Do doctors ever ask, “Who stands to benefit when you die?”

Health care cost pressures…

Barbara Wagner's Story

- 64-year-old retired school bus driver
- Metastatic lung cancer after two years remission
- Oncologist prescribed chemotherapy to slow cancer growth, reduce symptoms, extend her life
- **Oregon Health Plan** letter to Barbara: Chemotherapy not covered, ***but***…assisted suicide drugs 100% covered!
- OHP medical director: Necessary "to point out the options available" and **PAS could be considered a "comfort care" measure**

**Eugene Register-Guard* June 3, 2008

Food for thought…

- Too much care…or…too little?
  - Prior authorizations
  - Approvals for referral
- Care manager or cost Manager?
  - Limits on length of stay
  - Transfer to another facility
- Goals of care questions versus quality of care
  - “Ethics” consultation
  - QLYs to determine who gets care (or vaccinated or a respirator)

Practical problems—PAS drugs

- Bitter taste led to:
  - Nausea
  - Vomiting
  - Need for ancillary drugs
    - Ondansetron
    - Metaclopropamide
- Lingering or failed deaths
- Cost of drugs rose exponentially

Secobarbital (Seconal) cost

- 1998: <$100
- 2016: $1500
- 2020: $3600

Oregon 1998 to 2016

- Time from ingestion of medication
  - Median: 25 minutes
  - Range: 1 minute to 104 hours (4.3 days)

- 2016: 7 minutes to 9 hours
  - BUT…only 25 of 133 patients reported (108 deaths unknown)

Evolution of medications…

- Premedication antiemetic:
  - Ondansetron 8 mg + metoclopramide 20 mg*
  - Secobarbital 100mg, #90; over in 2-3 minutes.*

- Secobarbital (Seconal)
  - Developed 1930; sold for pennies/pill
  - Bought by Valeant, 2015 (why buy an old, cheap med?)

- Now: Secobarbital price (100 tabs): ~$3600

J of Palliative Med; Vol18m Number X 2015

Led to "trial and error" approach to PAS drugs*: DDMP1 and DDMP2

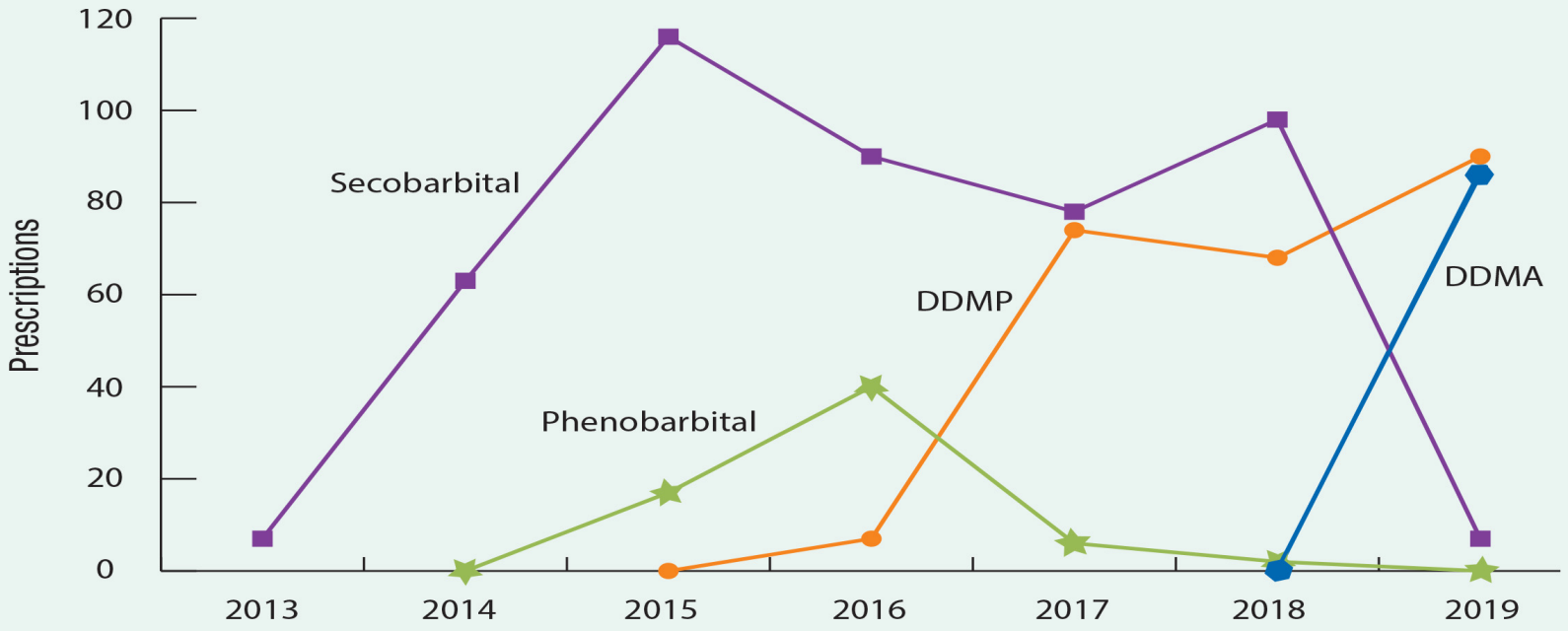
- DDMP1—25 mg digoxin (100x), 1g diazepam (100-200x, 15 g morphine (100-150x) and 2 g propranolol (100-200x)**
  - Average time to sleep – 9 minutes
  - Death – 187 minutes
  - Some deaths – 1860 minutes (1.3 days)

- Prompted reformulation of the mixture DDMP2—doubling the digoxin dose to 50 mg
  - Average time to sleep – 8 minutes
  - Death – 145 minutes
  - Some deaths – 450 minutes (7.5 hours)

*Developed by 4-state task force: WA, VT, OR, MT
**Can substitute massive dose of amitriptyline for propranolol—DDMA

Oregon PAS meds used: 2013–2019*

Figure 3: Medication used in DWDA ingestions, 2013-2019



ODWDA 2019 Report, Oregon Health Division, Feb 25, 2020

Persistent Problems

- Lingering deaths still occur – commonly
- So called “death with dignity” by overdose is not what was sold to the public
- Oversight missing as are physicians at the time of ingestion and death
- Wide open door for abuse

Current PAS paradigm and drug "research" is:

- Dispassionate care by biased doctors who (often) promote PAS
- Many individuals/groups are engaged in and experimenting with unethical drug research on humans
- Clearly it is a dangerous practice—numerous problems; no real oversight, standards, and safeguards

Summary…PAS fatally flawed

- Intertwined with financial incentives
- Concept of “six months to live” mythical
- Invites pressure and coercion
- Shroud of secrecy
- Depression screening not required and not done!
- No requirement for hospice/palliative care expert

Summary…PAS fatally flawed (cont)

- Physician absent at time of death
- No requirement to notify family
- Adversely affects refinement of hospice
- Undermines doctor-patient trust
- Vulnerable and underserved at risk
- Inherent conflict of interest