

# Study finds most Oregon hospices do not fully participate in the Death with Dignity Act

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A survey in the latest issue of the [Hastings Center Report](#) found that most hospices in Oregon, the first state to legalize physician-assistance in dying, either do not participate in or have limited participation in requests for such assistance. Both legal and moral reasons are identified.

This finding is significant because hospices are considered important for assuring that physician-assisted death is carried out responsibly, write the authors, Courtney S. Campbell, the Hundere Professor of Religion and Culture at Oregon State University, and Jessica C. Cox, the Hundere Program Assistant and a second year graduate student at Oregon State. Most patients in Oregon who choose physician-assisted death are enrolled in [hospice](#) care. Hospices' role is largely confined to providing information about the law in a neutral manner, the study found. Patients must then work on their own to find physicians who are willing to help them die.

The survey report was based on responses from 55 hospice programs in Oregon, or 86 percent of the total. It compared their policy statements, program guidelines, and staff education materials to address patient inquiries about the Death with Dignity Act. The act, passed in 1995, permits physicians to prescribe a fatal dose of medication to a terminally ill patient who requests it, as long as several criteria are met. Twenty-five percent of the hospices surveyed did not participate in the law at all and 27 percent had limited participation, meaning that when patients asked

about physician-assisted death a staff member merely referred them to the attending physician without any conversation.

All of the hospices prohibited staff from helping patients obtain and take medications to end their lives. Few of the programs had a policy allowing staff to be with patients when they took life-ending medication.

The study identified legal and moral reasons for these restrictions. Since Oregon's Death with Dignity Act sanctions aid in dying from a physician only, a compassionate hospice staff member who offers assistance risks violating laws against assisting suicide, mercy killing, active euthanasia, or homicide. Certain values also inhibit hospices from participating more fully in physician-assisted death. "Core values (such as commitments not to abandon patients and to neither hasten nor postpone death) are necessarily in tension and do not lend themselves to a clear consensual conclusion for hospice providers," the authors write.

The authors conclude that hospices can avoid the legal and moral obstacles by adopting a position of "studied neutrality," which recognizes a diversity of views among providers and patients about physician-assisted [death](#) and encourages open discussion about the issue. "This approach can bring much-needed dialogue and transparency to a process that is unnecessarily opaque, permit hospice programs to acknowledge tensions in their core values, and promote efforts to assure congruence among values, policies, and procedures," they write.

Provided by The Hastings Center

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