Death With Dignity in Oregon's Laboratory of the States:
An Interactive Discussion to Add Your Voice and Experience to Oregon’s Story
Ann Jackson, MBA

What I’d like to learn from Oregon’s hospice workers...
Please let me know if there’s anything you’d like to ask me.
Thanks.
Ann

1. Are most hospice social workers able to assess depression or another mental condition that may compromise a patient’s judgment to make and communicate (his/her own) health care decisions? Are hospice teams able to monitor a patient’s decisional “capacity” as the disease progresses? Do they? Should they?

2. In 1999, the only year in which the State Health Division asked this question, the median length of hospice stays of those patients who ingested a lethal dose of medication was 49 days. The median length of all hospice patients that year was less than 20. Are those people who ask for or use a prescription admitted earlier to hospice care?

3. What are the reasons people give for deciding that “today’s the day”, for instance, to use the ODDA?

4. What should hospice policies for patients who are considering a hastened death look like? How often should they be reviewed and/or revised?

5. A surviving spouse of a patient in a Washington filed a suit against a hospice because they did not inform her husband (or her) that PAD was an available option. A woman in Oregon received a letter from the State of Oregon that advised her that PAD would be covered under the Oregon Health Plan but that the experimental drug she wanted would not. (The State provided a list of covered options, including hospice.) How should people be informed about end-of-life options?

6. Should someone be with a patient at the time he/she ingests a lethal prescription? Who?

7. Should inpatient hospices allow PAD on their premises? Nursing or foster homes? Hospitals?