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HB 07015

To allow a physician to dispense or prescribe medication at the request of a mentally competent patient that has a terminal illness that such patient may self-administer to bring about his or her death.

I.

In order to better prepare myself to testify I have been studying the reports gathered and archived in the [dwda.info@state.or.us](http://dwda.info@state.or.us) website.

During my correspondence with Dr. Jennifer Woodward [<mailto:jennifer.a.woodward@state.or.us>] in February 2015. She provided a great deal of data. I am attaching the serial e-mail as a separate attachment to share all the Data I have acquired.

I wanted to know about their record of complications:

According to our annual reports Dr. Woodward reports:

We had 22 cases of vomit/emesis

1 case in each year for 2000, 2001, 2009, 2010, 2011;

2 cases in each year for 2002, 2005;

3 cases each for 2003, 2004, 2007; and

4 cases in 2006

We had 1 patient died in 2013 described a painful feeling in her "esophagus" and "in my mid-section" and then quickly became sleepy.

EMS involvement: only three cases, all to pronounce/ certify death (death years: 2003, 2005, and 2006)

I will provide all of information and contextualize this process of enquiry.

II

I reviewed the reports available at the [dwda.info@state.or.us](http://dwda.info@state.or.us) website and generated the data that follows to more clearly understand the process the characteristics of the persons with terminal illness including a control group and those who chose to apply to participate in the DWD Act process, physicians and outcomes

**Characteristics of Index Patients, Process and outcomes.**

**Year of report 1999:** 23 persons requested. Median age : 69 years, [Range 3<sup>rd</sup> to 10<sup>th</sup> decade.] Males 52% 4/21 had psychiatric disorders. They were ultimately cleared to go through with the process. Majority is white, male and had a high school diploma, and some had a college degree. Of the 23, 15 took the prescribed meds and died, 6 died of underlying illness and 2 were alive at the end of 1998.

20/21, 95% were ordered 9 G of Secobarbital or Pentobarbital; one took 1 gram of Secobarbital and oral Narcotic. Several received not lethal injections in addition to facilitate gastric emptying and alleviate Nausea and vomiting. Median time to unconsciousness was 5 minutes [range 3-20min for 11/15.] Median time to death was 26minutes. [Range 15minutes to 11.5 hours.] For 8/15 persons Physician was at bed side when meds were taken. For 6 of 15 persons their Physician was present when they died. No complications such as seizures or nausea were reported.

The 15 who chose to end their lives in 1997-98 with the provisions of the DWD Act account for 5/100,000 that occurred based on the almost 30,000 deaths in the year previous to the DWD Act. 13 persons with Cancer in this group represent 19/100,000 of Cancer Deaths based on roughly 7,000 who died of Cancer.

12/15 graduated from high school and 4/12 has Baccalaureates. This is similar to the proportions of 5,604 control subjects. The Key Differences between the people who chose to engage with the DWD procedures to its completion and the controls are: Divorced and Never married Individuals are about 7 xs and 24 xs more likely to choose the DWD Act process than the controls in 1993. This holds true even in 2013 when 121 applied to enter the process and 71 met their end through the process. In 2013 those who chose the DWD Act process were not disproportionately suffering from pain, or burden of disease or financial distress. In fact those who chose to enter the DWD Act process were significantly less likely than controls to be ridden and disabled. In developing a control group out of the 64 potential control subjects, 10 were excluded because they were not competent to participate, 7 died before they could enter the Program- the restrictions in the Law appeared to serve a purpose. 2 were not residents. 2 couldn't swallow the pills so disqualified.

**With respect to Physicians:** 67% of those who were treating the Controls were not inclined to participate in the process if requested. 21% of Physicians were willing to participate in the process. There were no significant differences in the specific characteristics of the Physicians who treated the Control and Index patients. 6% of Controls had discussed applying for the DWD program.

**Comparisons Index Patients and Controls:** In 1993, and more recently there are no significant differences in level of financial distress or being a burden on their families or the end of life of Pain. Early in the process in 1993 it appears that the group who chose the DWD Act process was not involved with Hospice, [Oregon is third in Nation in Hospice enrollment] had no Advance Directives and died at home. In 2013, 85% of the persons who chose the DWD Act process were involved in Hospice, 94 % are white 53% have a College Degree, 97 % had Insurance. Throughout the past approximately 20 years these three concerns were the most important factors influencing the decision to apply to engage in the DWD ACT process. 1. Loss of Autonomy- control of bodily functions etc, 2. Loss of Dignity, and 3. Loss of ability to engage in activities that made life enjoyable. 2/71 persons in 2013 who sought assistance were referred to MH specialist.

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