

ELEVEN YEARS OF ASSISTED SUICIDE IN OREGON

Under Oregon's law permitting physician-assisted suicide, the Oregon Department of Human Services (DHS) – previously called the Oregon Health Division (OHD) – is required to collect information, review a sample of cases and publish a yearly statistical report.¹ Since the law, called the "Death with Dignity Act," went into effect in 1997, eleven official reports have been published. However, due to major flaws in the law and the state's reporting system, there is no way to know for sure how many or under what circumstances patients have died from physician assisted suicide.

Statements made by individuals who have been involved in assisted suicide in Oregon – those who implement it, compile official reports about it, or prescribe the lethal drugs – clearly show that the law's "safeguards" are not protective and that effective monitoring is close to non-existent.²

In 2004, members of a British House of Lords Committee traveled to Oregon seeking information regarding Oregon's assisted-suicide law for use in their deliberations about a similar proposal that was under consideration in Parliament.³ The public and press were not present during the closed-door hearings. However, the House of Lords published the committee's proceedings in three lengthy volumes, which included the exact wording of questions and answers.

Statements from portions of the 744-page second volume of those proceedings are included in this fact sheet. None of those included statements were made by opponents of Oregon's law.

Assisted-suicide deaths reported during the first eleven years

Official Reports: 401

Actual number: Unknown

The latest annual report indicates that reported assisted-suicide deaths in the eleventh year are 375% greater than those in the first year of legal assisted suicide in Oregon.⁴ The numbers, however, could be far greater. From the time the law went into effect, Oregon officials in charge of formulating annual reports have conceded "there's no way to know if additional deaths went unreported" because Oregon DHS "has no regulatory authority or resources to ensure compliance with the law."⁵

The DHS has to rely on the word of doctors who prescribe the lethal drugs.⁶ Referring to physicians' reports, the reporting division admitted: "For that matter the entire account [received from a prescribing doctor] could have been a cock-and-bull story. We assume, however, that physicians were their usual careful and accurate selves."⁷

The Death with Dignity law contains no penalties for doctors who do not report prescribing lethal doses for the purpose of suicide.

Complications occurring during assisted suicide

Official Reports: 20 (19 instances of vomiting & 1 patient who did not die from the lethal dose)

Actual number: Unknown

Prescribing doctors may not know about all complications since they were present at only 18.3% of reported deaths in year eleven.⁸ Information they provide might come from secondhand accounts of those present at the deaths⁹ or may be based on guesswork.

When asked if there is any systematic way of finding out and recording complications, Dr. Katrina Hedberg who was a lead author of most of Oregon's official reports said, "Not other than asking physicians."¹⁰ She acknowledged that, "after they write the prescription, the physician may not keep track of the patient."¹¹ Dr. Melvin Kohn, a lead author of the eighth annual report, noted that, in every case that they hear about, "it is the self-report, if you will, of the physician involved."¹²

Complications contained in news reports are not included in official reports

- Patrick Matheny received his lethal prescription from Oregon Health Science University via Federal Express. He had difficulty when he tried to take the drugs four months later. His brother-in-law, Joe Hayes, said he had to "help" Matheny die. According to Hayes, "It doesn't go smoothly for everyone. For Pat it was a huge problem. It would have not worked without help."¹³

Referring to the Matheny case, Dr. Hedberg said that "we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted..."¹⁴ The annual report did not take note of this situation.

- Speaking at Portland Community College, pro-assisted-suicide attorney Cynthia Barrett described a botched assisted suicide. "The man was at home. There was no doctor there," she said. "After he took it [the lethal dose], he began to have some physical symptoms. The symptoms were hard for his wife to handle. Well, she called 911. The guy ended up being taken by 911 to a local Portland hospital. Revived. In the middle of it. And taken to a local nursing facility. I don't know if he went back home. He died shortly – some....period of time after that..."¹⁵

Overdoses of barbiturates are known to cause vomiting as a person begins to lose consciousness. The patient then inhales the vomit. In other cases, panic, feelings of terror and assaultive behavior can occur from the drug-induced confusion.¹⁶ But Barrett would not say exactly which symptoms had taken place in this instance. She has refused any further discussion of the case. Annual reports do not reflect this case.

Complications are not investigated

- David Prueitt took the prescribed lethal dose in the presence of his family and members of Compassion & Choices. [Note: In early 2005, Compassion in Dying (CID) merged with the Hemlock Society. The combined organization is now called Compassion & Choices (C & C).] After being unconscious for 65 hours, he awoke.

It was only after his family told the media about the botched assisted suicide that C & C publicly acknowledged the case.¹⁷ DHS issued a release saying it "has no authority to investigate individual Death with Dignity cases."¹⁸

- Referring to DHS's ability to look into complications, Dr. Hedberg explained that "we are not given the resources to investigate" and "not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves."¹⁹
- David Hopkins, Data Analyst for the Eighth Annual Report, said, "We do not report to the Board of Medical Examiners if complications occur; no, it is not required by law and it is not part of our duty."²⁰

In the Netherlands, assisted-suicide complications and problems are not uncommon. One Dutch study found that, because of problems or complications, doctors in the Netherlands felt compelled to intervene (by giving a lethal injection) in 18% of cases.²¹ This led Dr. Sherwin Nuland of Yale University of Medicine to question the credibility of Oregon's lack of reported complications. Nuland, who favors physician-assisted suicide, noted that the Dutch have had years of practice to learn ways to overcome complications, yet complications are still reported. "The Dutch findings seem more credible [than the Oregon reports]," he wrote.²²

*Similarly, a member of the British Parliament questioned the lack of reported complications associated with assisted suicide in Oregon. After hearing witnesses from Oregon claim that there had been no complications (other than "regurgitation") associated with more than 200 assisted-suicide deaths, Lord McColl of Dulwich, a surgeon, questioned that assertion. He said that, in his practice as a physician, "If any surgeon or physician had told me that he did 200 procedures without any complications, I knew he possibly needed counseling and had no insight. **We come here and I am told there are no complications. There is something strange going on.**"²³*

Assisted-suicide deaths of patients with dementia

Official Reports: 0 (Official reports do not contain this category.)

Actual number: **Unknown**

- Kate Cheney, 85, died of assisted suicide under Oregon's law even though she reportedly was suffering from early dementia. Her own physician declined to provide the lethal prescription. When counseling to determine her capacity was sought, a psychiatrist determined that she was not eligible for assisted suicide since she was not explicitly seeking it, and her daughter seemed to be coaching her to do so. She was then taken to a psychologist who determined that she was competent but possibly under the influence of her daughter who was "somewhat coercive." Finally, a managed care ethicist who was overseeing her case determined that she was qualified for assisted suicide and the drugs were prescribed.²⁴
- Even if a patient is competent when the prescription is written, that may not be the case when the lethal drugs are taken. Dr. Hedberg acknowledged that there is no assessment of patients after the prescribing is completed. "Our job is to make sure that all the steps happened *up to the point the prescription was written*,"²⁵ she said.

"In fact, after they write the prescription, the physician may not keep track of that patient....[T]he law itself only provides for writing the prescription, *not what happens afterwards*."²⁶

Assisted-suicide deaths of depressed patients

Official Reports: 0 (Official reports do not contain this category.)

Actual number: Unknown

- The first known assisted-suicide death under the Oregon law was that of a woman in her mid-eighties who had been battling breast cancer for twenty-two years. Two doctors, including her own physician who believed that her request was due to depression, refused to prescribe the lethal drugs. Then Compassion in Dying (CID), now called Compassion and Choices, became involved. Dr. Peter Goodwin, medical director of CID,²⁷ determined that she was an "appropriate candidate" for death and referred her to a doctor who provided the lethal prescription. In an audiotape, made two days before her death and played at a CID press conference, the woman said, "I will be relieved of all the stress I have."²⁸
- In 2001, Dr. Peter Reagan, an assisted-suicide advocate affiliated with CID, gave Michael Freeland a prescription for lethal drugs under Oregon's law. Freeland, 64, had a 43-year history of acute depression and suicide attempts. However, when Freeland and his daughter went to see Dr. Reagan about arranging a legal assisted suicide, Reagan said he didn't think that a psychiatric consultation was "necessary."²⁹

Under the assisted-suicide law, depressed or mentally ill patients can receive assisted suicide if they do not have "impaired judgment."³⁰ Concerning the decision to refer for a psychological evaluation, Dr. Kohn said, "[I]t's up to the docs' discretion."³¹ According to the eleventh annual report, 88 prescriptions for assisted suicide were written during 2008 but, of those, *only two patients were referred for a psychological evaluation before receiving the prescription for assisted suicide*.³²

Even when an evaluation is done, it may be done for the protection of the physician, not for the patient. Furthermore, there is no way to know if the evaluation meets any degree of professional standards since the only details about such assessments have come from media interviews with physicians or family members who are willing to discuss an assisted death. The circumstances surrounding the death of Joan Lucas illustrates the cavalier reasoning about psychological evaluations and the casual manner in which they are carried out.

- After several doctors had refused to prescribe assisted suicide for Lucas, a willing physician was found. The physician asked Lucas to undergo a psychological test. The Minnesota Multiphasic Personality Inventory (MMPI), ordered by a psychologist and administered at her home by Lucas' children, consisted of questions such as, "How is your sex life? How many times have you been on the cover of a magazine?" Without ever seeing her in person and, based on her reported answers to the MMPI, the psychologist determined that Lucas' judgment was not impaired.

The lethal prescription was written, and Lucas died a short time later. In a newspaper interview, the prescribing physician described his motivation for ordering the evaluation. "I elected to get a psychological evaluation because I wanted to cover my ass," he said.³³

Assisted-suicide requests based on financial concerns

Official Reports: 11

Actual number: Unknown

Data regarding reasons for requests is based on prescribing doctors' report of their patients' motivations for requesting assisted suicide. It is possible that financial concerns were much greater than reported. According to official reports, 98.8% of the patients who died from assisted suicide were covered by either private or government health insurance.³⁴ However, having health insurance does not mean that patients were not under financial pressure to request assisted suicide.

The Oregon Department of Human Services web site states that it is up to individual insurers to determine whether they will or will not cover assisted suicide.³⁵ It is a matter of public record that Oregon's governmental health insurance program, called the Oregon Health Plan, does cover services and prescriptions associated with assisted suicide while it denies life-extending treatment for some patients.

- In May 2008, 64-year-old retired school bus driver Barbara Wagner received bad news from her doctor. She found out that her cancer, which had been in remission for two years, had returned. Then, she got some good news. Her doctor gave her a prescription that would likely slow the cancer's growth and extend her life. She was relieved by the news and also by the fact that she had health care coverage through the Oregon Health Plan. However, she was notified by letter that the Plan would not cover her life-extending prescription, but that it would cover assisted suicide.³⁶
- When news about Wagner's experience became public, another patient, 54-year-old Randy Stroup, came forward. Stroup had received a similar letter and Oregonians soon learned that Wagner's and Stroup's cases were not isolated.³⁷ Many Oregon patients have received similar letters.

If – instead of taking their cases to the media – Wagner and Stroup had opted for assisted suicide, they would have been statistics in an official Oregon report. And it would have been assumed that they had not been under any financial pressure because they had health insurance.

Patients who received lethal dose more than 6 months before death

Official Reports: 2 or 4 (After the 2nd year, official reports stopped including this category however it does include an overall time range.)

Actual number: Unknown

Lethal prescriptions under the Oregon law are supposed to be limited to patients who have a life expectancy of six months or less.³⁸

- One patient was still alive 17 months after the lethal drugs were prescribed,³⁹ and, during the first two years of the law's implementation, at least one lethal dose was prescribed more than eight months before the patient took it.⁴⁰ The DHS is not authorized to investigate how physicians determine their patients' diagnoses or life expectancies.⁴¹
- According to the tenth official report, the time between writing the assisted-suicide prescription and death ranged from 0 to 698 days. (This category was omitted in the eleventh annual report.) Thus, some patients (number unknown) lived for almost two years after receiving the lethal drugs – well beyond the required six months life expectancy.⁴²
- Dr. Peter Rasmussen, an advisory board member of the Oregon chapter of C & C,⁴³ has been involved in Oregon assisted-suicide deaths numbering into double digits. He said life expectancy predictions for a person entering the final phase of life are inaccurate. He dismissed this as unimportant, saying, "Admittedly, we are inaccurate in prognosticating the time of death under those circumstances, *we can easily be 100 percent off, but I do not think that is a problem.* If we say a patient has six months to live and we are off by 100 percent and it is really three months or even twelve months, I do not think the patient is harmed in any way...."⁴⁴

Shortest length of time reported for prescribing doctor-patient relationship

Official Reports: Less than one week

Actual number: Unknown

Oregon's assisted-suicide law requires that there be at least 15 days between the patient's first and last requests for lethal drugs.⁴⁵ Nonetheless, for the third through the eleventh years, the doctor-patient relationship in some reported assisted-suicide cases was under one week.⁴⁶ Thus, official reports indicate that either some physicians are not complying with the 15 day requirement or they step in to write an assisted-suicide prescription after the first request was made to another physician who declined to prescribe.

Dr. Hedberg stated that there have been a number of cases over the years in which guidelines were not followed, including cases where doctors prescribed the lethal drugs without waiting for fifteen days as the law requires.⁴⁷

First physician asked agreed to write prescription

Official Reports: 27 (41%) in the first three years (After the 3rd year, official reports stopped including this category.)

Actual number: Unknown

"Many patients who sought assistance with suicide had to ask more than one physician for a prescription for lethal medication."⁴⁸ Patients or their families can "doctor shop" until a willing physician is found. There is no way to know, however, why the previous

physicians refused to lethally prescribe (i.e., the patient was not terminally ill, had impaired judgment, etc.) since non-prescribing physicians are not interviewed for the official state reports. The only physicians interviewed for official reports are those who actually wrote lethal drug prescriptions for patients.⁴⁹

The unwillingness of many physicians to write lethal prescriptions led one HMO to issue a plea for physicians to facilitate assisted suicide and has also resulted in an assisted-suicide advocacy organization's involvement in most assisted-suicides cases.

HMO's efforts to facilitate assisted suicide

On August 6, 2002, Administrator Robert Richardson, MD, of Oregon's Kaiser Permanente sent an e-mail to doctors affiliated with Kaiser, asking doctors to contact him if they were willing to act as the "attending physician" for patients requesting assisted suicide. According to the message, the HMO needed more willing physicians because, "Recently our ethics service had a situation where no attending MD could be found to assist an eligible member in implementing the law for three weeks...."⁵⁰

Gregory Hamilton, MD, a Portland psychiatrist pointed out that the Kaiser message caused concern for several reasons. "This is what we've been worried about: Assisted suicide would be administered through HMOs and by organizations with a financial stake in providing the cheapest care possible," he said. Furthermore, despite promoters' claims that assisted suicide would be strictly between patients and their long time, trusted doctors, the overt recruitment of physicians to prescribe the lethal drugs indicated that those claims were not accurate. Instead, "if someone wants assisted suicide, they go to an assisted-suicide doctor – not their regular doctor."⁵¹

Kaiser's Northwest Regional Medical Director Allan Weiland, MD, called Hamilton's comments "ludicrous and insulting."⁵² However, it appears that Hamilton was correct, as the involvement of an assisted-suicide advocacy group indicates.

Assisted-suicide advocacy group involved in majority of assisted-suicide deaths

If a physician opposes assisted suicide or believes the patient does not qualify under the law, Compassion & Choices or its predecessor organizations has often arranged the death. According to Dr. Peter Goodwin, the group's former medical director, about 75% of those who died using Oregon's assisted-suicide law through the end of 2002 did so with the organization's assistance.⁵³ During the 2003 calendar year, it was involved in 79% of such deaths.⁵⁴ According to Dr. Elizabeth Goy of Oregon Health Science University, the assisted-suicide advocacy organization sees "almost 90% of requesting Oregonians."⁵⁵

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OTHER TROUBLING ASPECTS OF ASSISTED SUICIDE IN OREGON

No family notification required before a doctor helps a loved one commit suicide

Family notification is only recommended, but not required, under Oregon's assisted-suicide law.⁵⁶ The first time that a family learns that a loved one was considering suicide could be after the death has occurred.

Prescribing doctors decide what "residency" means

Under Oregon's law, a patient must be a resident of Oregon. Residence can be demonstrated by means that include, but are not limited to, a driver's license or a voter registration.⁵⁷ According to Dr. Hedberg, "It is up to the doctor to decide" whether the person is a resident. There is no time element during which one must have lived in Oregon. "If somebody really wanted to participate, they could move from their home state," she said. "I do not think it happens *very much*..."⁵⁸

Data on which official reports are based is destroyed

Information used to formulate official reports is routinely destroyed. According to the official web site of the Oregon Department of Human Services, "Approximately one year from the publication of the Annual Report, all source documentation is destroyed."⁵⁹

Endnotes:

¹ ORS 127.865 §3.11.

² See: "The Oregon Experience."

³ On May 12, 2006, the British proposal was defeated in the House of Lords by a vote of 148-100.

⁴ DHS, "2008 Summary of Oregon's Death with Dignity Act," March 3, 2009.

⁵ Linda Prager, "Details emerge on Oregon's first assisted suicides," *American Medical News*, Sept. 7, 1998.

⁶ Joe Rojas-Burke, "Suicide critics say lack of problems in Oregon is odd," *Oregonian*, Feb. 24, 2000.

⁷ Oregon Health Division, *CD Summary*, vol. 48, no. 6 (March 16, 1999), p. 2.

⁸ DHS, "Characteristics and end-of-life care of 401 DWDA patients who died after ingesting a lethal dose of medication, by year, Oregon, 1998-2008," March 3, 2009, Table I.

⁹ DHS, "Ninth Annual Report on Oregon's Death with Dignity Act," March 8, 2007, "Methods."

¹⁰ Testimony of Dr. Katrina Hedberg before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, p. 263, question 597. Note: The hearings were held in Portland, Oregon during December 2004, however they were published in April 2005.

¹¹ *Ibid*, p. 259, question 567.

¹² Testimony of Dr. Melvin Kohn before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, p. 263, question 598.

¹³ Erin Hoover, "Dilemma of assisted suicide: When?" *Oregonian*, January 17, 1999 and Erin Hoover, "Man with ALS makes up his mind to die," *Oregonian*, March 11, 1999.

¹⁴ *Supra* note 10, p. 267, question 621.

¹⁵ Audio tape on file with author. Also see: David Reinhard, "The pills don't kill: The case, First of two parts," *Oregonian*, March 23, 2000 and David Reinhard, "The pills don't kill: The cover-up, Second of two parts," *Oregonian*, March 26, 2000.

¹⁶ Johanna H. Groenewoud *et al*, "Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands," 342 *New England Journal of Medicine* (Feb. 24, 2000), pp. 553-555.

¹⁷ Associated Press, "Assisted suicide attempt fails," March 4, 2005.

¹⁸ DHS news release, "No authority to investigate Death with Dignity case, DHS says," March 4, 2005.

¹⁹ *Supra* note 10, p. 266, question 615.

²⁰ Testimony of David Hopkins before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, pp. 259-260, question 568.

²¹ *Supra* note 16.

²² Sherwin Nuland, "Physician-Assisted Suicide and Euthanasia in Practice," 342 *New England Journal of Medicine* (February 24, 2000), pp. 583-584.

²³ Remarks by Lord McColl of Dulwich, a member of the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, p. 334, question 956. (Emphasis added.)

²⁴ Erin Barnett, "A family struggle: Is Mom capable of choosing to die?" *Oregonian*, Oct. 17, 1999.

²⁵ *Supra* note 10, p. 259, question 566. (Emphasis added.)

²⁶ *Ibid.*, p. 259, question 567. (Emphasis added.)

²⁷ Dr. Peter Goodwin was an Associate Professor (now professor emeritus) in the Department of Family Medicine at the Oregon Health Science University in Portland, Oregon and was Chair of Oregon Right to Die during the campaign to pass Oregon's assisted-suicide law. He had been active in the Hemlock Society. Speaking at a 1993 Hemlock conference in Orlando, Florida, he explained that he favored both the lethal injection and assisted suicide, but he realized that most people were not yet ready to accept the former so incremental steps would need to be taken.

²⁸ Erin Hoover and Gail Hill, "Two die using suicide law; Woman on tape says she looks forward to relief," *Oregonian*, March 26, 1998; Kim Murphy, "Death Called 1st under Oregon's New Suicide Law," *Los Angeles Times*, March 26, 1998; and Diane Gianelli, "Praise, criticism follow Oregon's first reported assisted suicides," *American Medical News*, April 13, 1998.

²⁹ N. Gregory Hamilton, M.D. and Catherine Hamilton, M.A., "Competing Paradigms of Responding to Assisted-Suicide Requests in Oregon: Case Report," presented at the American Psychiatric Association Annual Meeting, New York, New York, May 6, 2004.

³⁰ ORS 127.825 §3.03.

³¹ Andis Robeznieks, "Assisted-suicide numbers in Oregon," *American Medical News*, April 5, 2004.

³² *Supra* note 8.

³³ Bill Kettler, "A death in the family: 'We knew she would do it,'" *Mail Tribune* (Medford, OR), June 25, 2000.

³⁴ *Supra* note 8.

³⁵ Oregon Department of Human Services, "FAQs about the Death with Dignity Act."

³⁶ "The Gift of Treatment," *Register-Guard* (Eugene, OR), June 6, 2008.

³⁷ Dan Springer, "Oregon Offers Terminal Patients Doctor-Assisted Suicide Instead of Medical Care," *FOX News*, July 28, 2008, and

Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," *ABC News*, Aug. 6, 2008.

³⁸ ORS 127.800 §1.01(12), ORS 127.815 §3.01 (a), and ORS 127.820 §3.02.

³⁹ *Supra* note 29.

⁴⁰ Department of Human Services (DHS), Oregon Health Division (OHD), "Oregon's Death with Dignity Act: The Second Year's Experience," February 23, 2000, Table 2.

⁴¹ Katrina Hedberg *et al.*, Letter to the editor in response to "The Oregon Report: Neutrality at OHD?," *Hastings Center Report*, January-February 2000, p. 4.

⁴² DHS, "Tenth Annual Report on Oregon's Death with Dignity Act," March 18, 2008, Table I.

⁴³ Compassion and Choices of Oregon web site.

⁴⁴ Testimony of Peter Rasmussen before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, p. 312, question 842. (Emphasis added.)

⁴⁵ ORS 127.840 §3.06 and ORS 127.850 §3.08.

⁴⁶ *Supra* note 8.

⁴⁷ *Supra* note 10, p. 257, question 555.

⁴⁸ Amy Sullivan, Katrina Hedberg, David Fleming, "Legalized Physician-Assisted Suicide in Oregon – The Second Year," 342 *New England Journal of Medicine* (February 24, 2000), p. 603.

⁴⁹ *Supra* note 9.

⁵⁰ Andis Robeznieks, "HMO query reignites assisted-suicide controversy," *American Medical News*, September 9, 2002.

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ Transcript of tape of Peter Goodwin, "Oregon" January 11, 2003, presented at 13th National Hemlock Biennial Conference, "Charting a New Course, Building on a Solid Foundation, Imagining a Brighter Future for America's Terminally Ill," January 9-12, 2003, Bahia Resort Hotel, San Diego California.

⁵⁴ "Compassion in Dying of Oregon Summary of Hastened Deaths," Data attached to Compassion in Dying of Oregon's IRS Form 990 for 2003.

⁵⁵ Testimony of Dr. Elizabeth Goy before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*, Apr. 4, 2005, p. 291, question 768. (Goy is an assistant professor, Dept. of Psychiatry, School of Medicine, OHSU, and has worked with Dr. Linda Ganzini in formulating results of surveys dealing with Oregon's law.)

⁵⁶ ORS 127.835 §3.05.

⁵⁷ ORS 127.860 §3.10.

⁵⁸ *Supra* note 10, p. 267, question 620. (Emphasis added.)

⁵⁹ *Supra* note 35.