



Assisted Suicide Laws in Oregon and Washington: What Safeguards?

Executive Summary

Oregon's law allowing physician-assisted suicide, the first in the United States, took effect late in 1997; Washington's similar law took effect late in 2008. In both states, deaths as well as departures from the original "safeguards" against abuse have greatly expanded over the years.

Oregon: In all, 4,881 lethal prescriptions and at least 3,243 deaths from the drugs. In 2024, 607 prescriptions, and at least 376 drug-induced deaths (over twice the number in 2019, and 20 times the number in 1998).

Washington: In all, 3,703 lethal prescriptions and at least 2,768 drug-induced deaths. In 2023, 545 prescriptions and at least 427 drug-induced deaths, 12 times as many as in 2009.

Reporting is by the prescribing physician, who submits a compliance form (claiming a competent patient with a terminal illness) and the patient's signed and witnessed request. In about 300 cases in Washington, the required forms are missing but the state lists them as legally valid.

In both states, this physician is almost never present when the drugs are ingested, so cannot know whether the patient was seriously ill, competent, or acting voluntarily then. But he or she can sign the death certificate, which lists death by natural causes.

The patient is evaluated for depression or other conditions impairing judgment only if the prescribing physician or consulting physician requests this. They almost never do. Patients who suffered from suicidal depression when otherwise healthy have received the lethal drugs.

Both states have a waiting period between first request and lethal prescription, giving patients time to reconsider. Oregon now waives this period when the doctor says a patient may die before the waiting period ends, allowing drug-induced deaths the same day as that request.

The illnesses certified as "terminal" have expanded, including ailments commonly associated with aging. Oregon cites arthritis, anorexia (a psychological condition), diabetes, "benign" tumors, and "others." Washington records unspecified "other," "unknown," and "missing."

In both states, patients diagnosed as likely to die in less than six months have lived for years after receiving the lethal drugs. Since 2019, Washington no longer reports maximum survival time, and 82 patients who participated over the 15 years are not yet reported to have died.

In both states, patients wanting the drugs cite reasons like being less able to engage in enjoyable activities. About half say they are a "burden" on others; far fewer cite concerns about pain.

In both states, patients have experienced seizures and other complications from the drugs or have taken days to die; Washington has simply stopped reporting complications.

Together, the two states have authorized distribution of about 2,500 lethal drug overdoses that remain unaccounted for.

For more detailed information and sources, see <https://www.usccb.org/resources/assisted-suicide-laws-oregon-and-washington-what-safeguards> (updated June 2025).