

2020 Death with Dignity Act Report

October 21, 2021

Chapter 70.245 RCW

Disease Control & Health Statistics
Center for Health Statistics



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Executive Summary

Washington State's Death with Dignity Act allows adult residents in the state with six months or less to live to request lethal doses of medication from a physician. This report provides available information about people who participated in the program between January 1, 2020 and December 31, 2020. This report includes data received by the Washington State Department of Health as of October 21, 2021. In this report, a participant is defined as someone to whom medication was given under the terms of the law.

Beginning in 2019, the number of participants who received medication was calculated using expanded criteria. In addition to individuals with a valid prescription date on the pharmacy dispensing form, individuals with a valid prescription date on either the Attending Physician's Compliance Form or the After Death Reporting Form were also included¹.

A total of 340 individuals received the medication in 2020.

- 169 different physicians prescribed the medication.
- 50 different pharmacists provided the medication.

The department received death certificates for 333 participants and After Death Reporting Forms for 301 participants.

- 334 participants are known to have died.
 - 252 died after taking the medication.
 - 41 died without having taken the medication.
 - Ingestion status is unknown for the remaining participants.

Out of the 252 that died after ingesting the medication:

- 90% were enrolled in hospice care when they ingested the medication.
- 97% had some form of health insurance.
- 91% died at home/in a private residence.

Demographics of participants (as indicated in death certificates, 333 participants):

- The average age of participants was 73 years.
- 93% of participants were white. We are unable to report other races due to the small numbers involved, and the need to protect participant confidentiality.
- 86% of participants lived west of the Cascade mountains².

¹ These dates were used in a hierarchical manner in the order stated. Any participants with multiple available dates were only counted once.

² Based on death certificate information. Counties west of the Cascades: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom.

For the purposes of this report, a participant of the Death with Dignity Act in 2020 is defined as someone who received medication in 2020 under the terms of the act. Details of the act are included in Appendix A.

As of October 21, 2021, the department has received documentation indicating that lethal doses of medication were given to 340 participants under the law in 2020. These prescriptions were written by 169 different physicians and provided by 50 different pharmacists. The department has not yet received all required paperwork for all participants. Table 5 in Appendix A shows details of the documentation that has been received by the department. When all the required paperwork is not received, department staff contact health care providers to obtain the documentation.

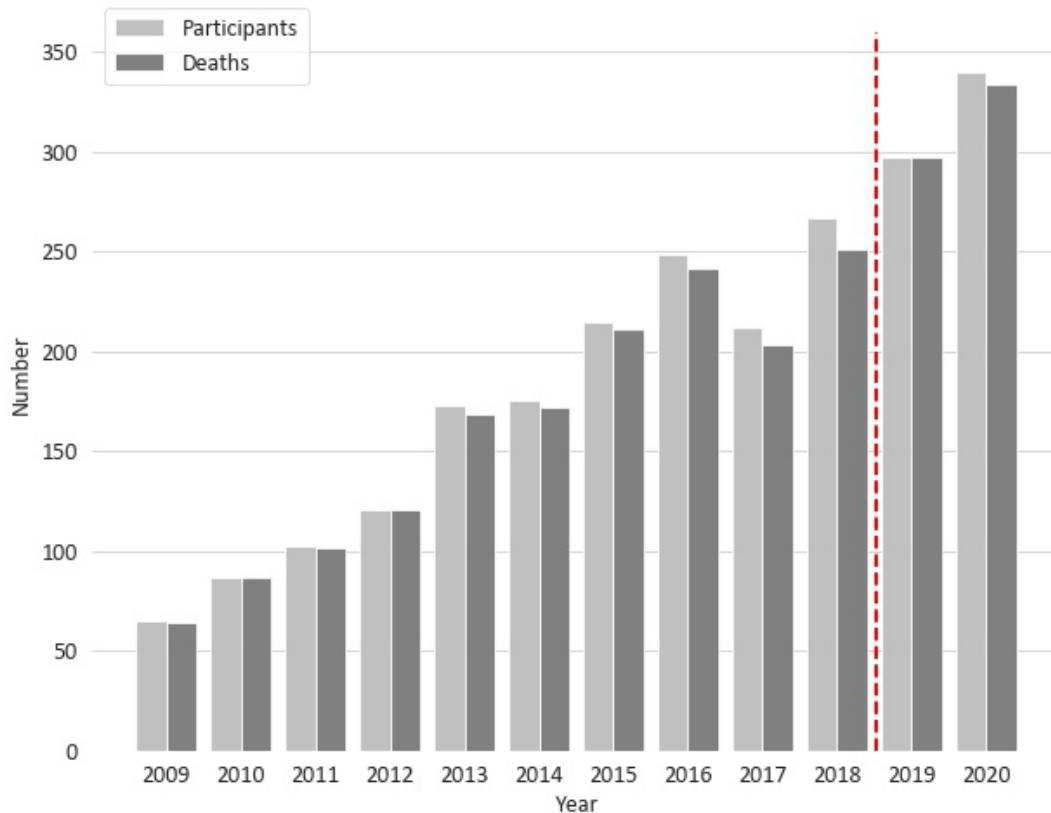
Among the 340 participants who received medication in 2020, the department has confirmed that 334 have died; 252 ingested the medication, 41 did not ingest, and the ingestion status is unknown for the remaining participants (Figure 2). We established through receipt of the After Death Reporting Form and/or a registered death certificate.

The information presented in this report is subject to the Department of Health Agency Standards for Reporting Data with Small Numbers. Some fields have, therefore, been suppressed due to their small numbers. For more information, the guidelines can be accessed here: <https://www.doh.wa.gov/Portals/1/Documents/1500/SmallNumbers.pdf>.

Death with Dignity Participation Over Time

Since publication of the last Death with Dignity report, the department received additional information on participants from prior years. Figure 1 shows the known number of participants and the number of deaths as of October 21, 2021, for 2009 through 2020. The status of the remaining participants in prior years remains unknown. These participants may have died, but no documentation of the death has been received.

Figure 1. Number of Death with Dignity participants and known deaths, 2009-2020³. The dotted line represents a change in inclusion criteria.⁴



³ Participants prior to 2019 were counted based on receipt of the pharmacy dispensing form. Deaths prior to 2019 were counted based on registered death certificates.

⁴ Participants from 2019 onwards were counted using the receipt of the pharmacy dispensing form, or receipt of another form that indicates that medication was dispensed. Deaths were counted based on receipt of a registered death certificate or a valid date of death on an After Death Reporting Form. This was done due to ensure counting all participants; due to COVID-19 the Center for Health Statistics lacked staffing capacity to track down forms that were not submitted.

Table 1. Death with Dignity Act Participation: 2020

Participant Characteristic	Number	Percent
Sex⁵		
Male	183	55.0
Female	150	45.0
Total	333	100.0
Age (years)⁵		
18-54	22	6.6
55-64	41	12.3
65-74	122	36.6
75-84	87	26.1
85+	61	18.3
Total	333	100.0
Marital Status⁵		
Married	160	48.0
Divorced	76	22.8
Widowed	62	18.6
Never married	31	9.3
Other/unknown	4	1.2
Total	333	100.0
Education⁵		
Some College/College Degree	253	76.0
Some High School/High School Degree	78	23.4
Unknown	2	0.6
Total	333	100.0
Residence⁶		
West of Cascades	288	86.5
East of Cascades	45	13.5
Total	333	100.0

⁵ Based on death certificate information.

⁶ Based on death certificate information. Counties west of the Cascades: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom. Counties east of the Cascades: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.

Insurance Status ⁷		
Insured	**	>95.0 ⁸
Uninsured	**	<5.0
Total	301	100.0
Patient Race ⁹		
White	309	92.8
Asian	14	4.2
Other	**	**
Unknown	**	**
Black	**	**
Hispanic	**	**
Total	333	100.0

Table 2. Death with Dignity Act Participants' Underlying Illness(es)

	2020	
	Number	%
Illness Reported ¹⁰		
Cancer	229	74.8
Respiratory disease	29	9.5
Neurodegenerative	20	6.5
Other illness(es) only	19	6.2
Heart disease	17	5.6

⁷ Data are collected from After Death Reporting Forms.

⁸ All counts for insured have been suppressed to ensure participant confidentiality.

⁹ Based on death certificate information.

¹⁰ Data are collected from the Attending Physician Compliance Form. Please note that a patient may have multiple diagnoses, so illnesses are not mutually exclusive. "Other illness only" indicates that a diagnosis was reported without an obvious diagnosis of a cancer, respiratory disease, cardiac disease, or neurodegenerative condition.

Table 3. End of life concerns of participants who died, 2020

	2020	
	Number	%
End of Life Concerns¹¹		
Less able to engage in activities making life enjoyable	269	90.6
Loss of autonomy	267	89.6
Loss of control of bodily functions	143	48.8
Burden on family, friends/caregivers	174	58.6
Loss of dignity	220	74.8
Financial implications of treatment	23	7.8
Inadequate pain control/Concerns about pain control	113	38.4
Total	301	--

¹¹ Data are collected from the After Death Reporting form. Participants may report more than one concern. Total concerns therefore can exceed the total number of participants.

Table 4. Time Intervals

	2020	
	Number	%
Time Between First Oral Request and Death¹²		
0-14 days	**	**
15-30 days	107	36.3
31-60 days	67	22.7
61-90 days	38	12.9
91-120 days	18	6.1
More than 120 days	49	16.6
Not Known	**	**
Total	295	100.0
Time between Ingestion and Loss of Consciousness¹³		
0 to 5 minutes	87	34.5
10 to 20 minutes	20	7.9
6 to 10 minutes	73	29.0
More than 20 minutes	15	6.0
Not known	57	22.6
Total	252	100.0
Time between Ingestion and Death¹³		
0 to 30 minutes	65	25.8
31 to 60 minutes	51	20.2
61 to 120 minutes	43	17.1
More than 120 minutes	48	19.0
Not known	45	17.9
Total	252	100.0

¹² Based on Pharmacy Dispensing Report. Some counts suppressed to maintain participant confidentiality.

¹³ Based on After Death Reporting Form

Appendix A

Overview of Death with Dignity Act

The Washington State Death with Dignity Act, chapter 70.245 RCW, was passed by voter initiative on November 4, 2008, and became law on March 5, 2009. The law allows terminally ill adults seeking to end their lives in a humane and dignified manner to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have an estimated six months (180 days) or less to live. More information on the Death with Dignity Act is available on the Department of Health website (<http://www.doh.wa.gov/dwda/>).

Role of Department of Health in Monitoring Compliance with the Act

To comply with the act, attending physicians and pharmacists must file documentation with the department. Patient eligibility for participation in the act must be confirmed by two independent physicians (an attending physician and a consulting physician). Within 30 days of writing a prescription for medication under this act, the attending physician must file the following forms with the department:

- Written Request for Medication to End Life Form (completed by the patient)
- Attending Physician Compliance Form (completed by the attending physician)
- Consulting Physician Compliance Form (completed by the consulting physician)

A psychiatric or psychological evaluation is not required under the terms of the law. However, if the attending or consulting physician requests an evaluation, the psychiatrist or psychologist must complete a Psychiatric/Psychological Consultant Compliance Form and the attending physician must file this form within 30 days of writing the prescription.

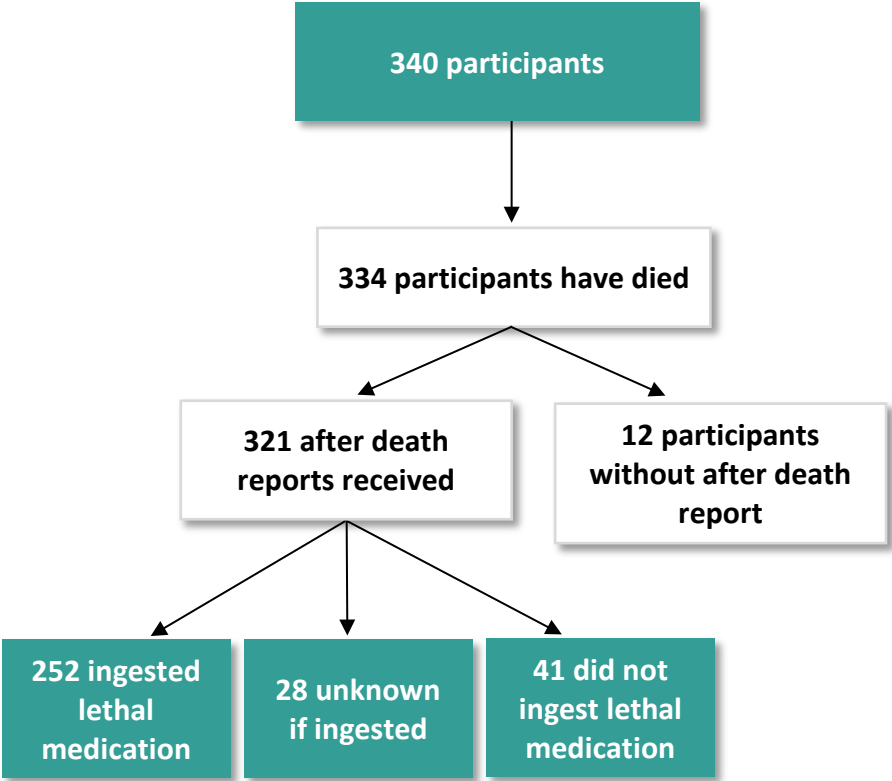
If the attending or consulting physician (or the psychiatrist or psychologist, if a referral is made) determines that a patient does not meet the qualifications to receive a prescription for medication under chapter 70.245 RCW, no forms must be submitted to the department.

Within 30 days of providing medication, the dispensing pharmacist must file a Pharmacy Dispensing Record Form.

Within 30 days of a qualified patient's death from taking a lethal dose of medication obtained under the act, or death from any cause, the attending physician must file an Attending Physician After Death Reporting Form.

To receive the immunity protection provided by chapter 70.245 RCW, physicians and pharmacists must make a good faith effort to file required documentation in a complete and timely manner.

Figure 2. Outcome of the Death with Dignity Act Participants, 2020



The department received the following documentation for 2020 Death with Dignity participants (people who received medication) as of October 21, 2021:

Table 5. Documentation Received for 2020 Participants

Form	Number
Written Request to End Life Form	295
Attending Physician Compliance Form	306
Consulting Physician Compliance Form	299
Psychiatric/Psychological Consulting	** ¹⁴
Pharmacy Dispensing Form	318
After Death Reporting Form	301
Death Certificate	333
Total Participants	340

Confidentiality

The Death with Dignity Act requires that the department collect information and make an annual statistical report available to the public (RCW 70.245.150). The law also states that, except as required by law, the information collected is not a public record. That means it is not subject to public disclosure. To comply with that statutory mandate, the department will not disclose any information that identifies patients, physicians, pharmacists, witnesses, or other participants in activities covered by the Death with Dignity Act.

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<https://www.doh.wa.gov/Portals/1/Documents/1500/SmallNumbers.pdf>

¹⁴ Redacted due to DOH Small Numbers Guidelines.

