

2018 Death with Dignity Act Report

July 2019

Chapter 70.245 RCW

Disease Control & Health Statistics
Center for Health Statistics



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Publication Number

DOH 422-109

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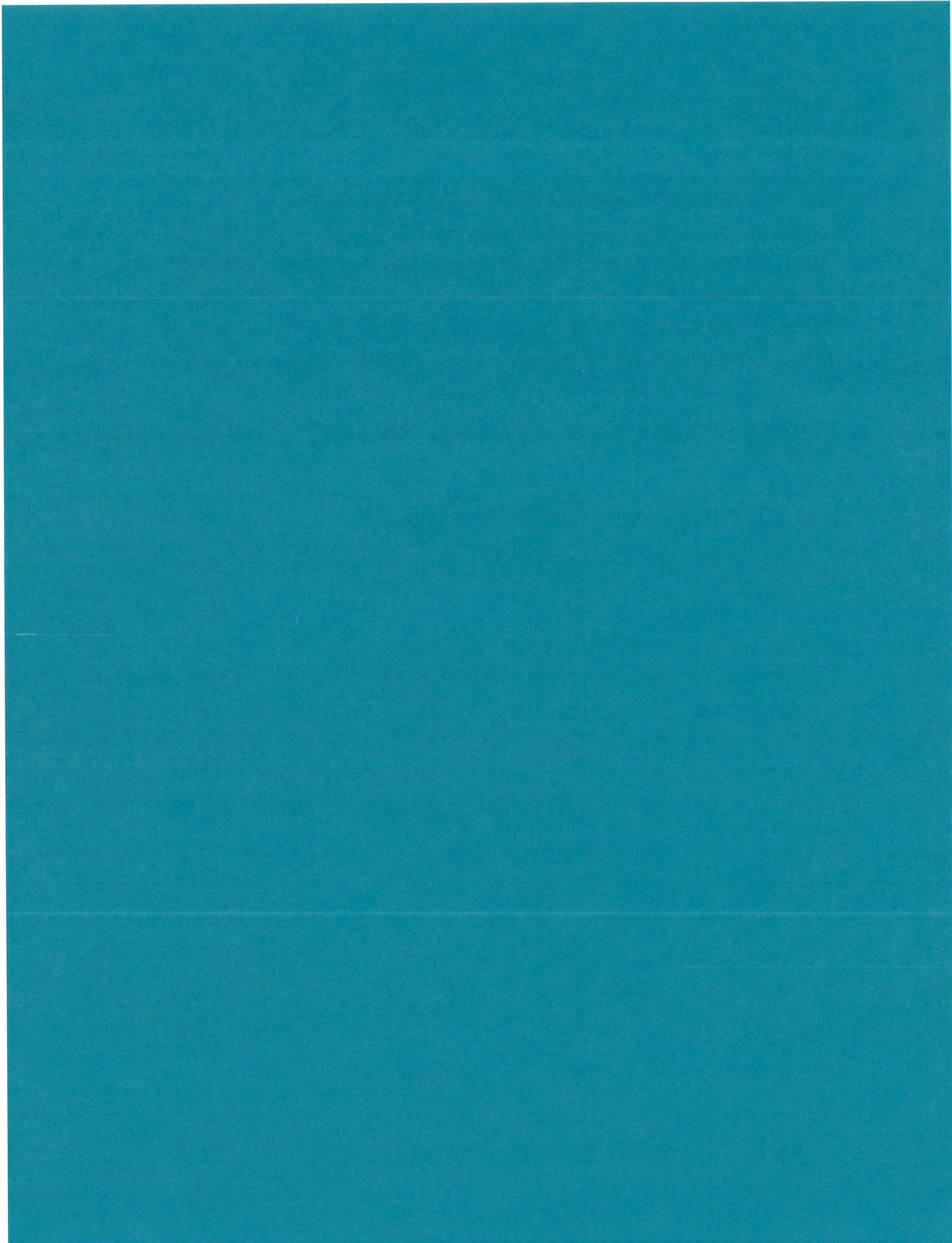
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Contents

Executive Summary.....	5
Death with Dignity Act Participation in 2018	6
<i>Figure 1. Outcome of the Death with Dignity Act Participants, 2018</i>	7
Update on Death with Dignity Participation 2009-2017	8
<i>Figure 2. Number of Death with Dignity Participants and Known Deaths, 2009-2018</i>	8
Data Tables: 2016-2018	9
<i>Table 1. Characteristics of Participants Who Died, 2016-2018</i>	9
<i>Table 2. End of Life Concerns of Participants Who Died, 2016-2018</i>	11
<i>Table 3. Death with Dignity Act Process for Participants Who Died, 2016-2018</i>	12
<i>Table 4. Circumstances and Complications Related to Ingestion of Medication Prescribed for Participants Who Died, 2016-2018</i>	13
Appendix A.....	14
<i>Table 5. Documentation Received for 2019 Participants</i>	15



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, 2018 and December 31, 2018. The data in the report are from documentation received by the Washington State Department of Health as of May 17, 2019. In this report, a participant is defined as someone to whom medication was dispensed under the terms of the law.

A total of 267 individuals were dispensed the medication in 2018.

- 158 different physicians prescribed the medication.
- 61 different pharmacists dispensed the medication.

The department received death certificates for 251 participants and After Death Reporting Forms for 238 participants.

- 251 participants are known to have died.
 - 203 died after ingesting the medication.
 - 29 died without having ingested the medication.
 - Ingestion status is unknown for the remaining 19 participants.
- The department has not received documentation (death certificate or After Death Reporting Form) that indicates death has occurred for the additional 16 participants.

Out of the 203 that died after ingesting the medication:

- 86 percent were at home at the time of death.
- 92 percent were enrolled in hospice care when they ingested the medication.

Characteristics of participants (as indicated in death certificates, 251 participants):

- The youngest was 28 years and the oldest was 98 years.
- 86 percent lived west of the Cascades.
- 96 percent were white.
- 44 percent were married at time of death.
- 70 percent had at least some college education.
- 75 percent had cancer.
- 10 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS).
- 15 percent had other illnesses, including heart and respiratory disease, and unknown illnesses.
- 94 percent had private, Medicare, Medicaid, other insurance, or a combination of health insurance (as indicated in After Death Reporting Forms, 238 participants).

Participants shared the following concerns with their health care providers (as indicated in After Death Reporting Forms, 238 participants):

- Loss of autonomy (85 percent)
- Loss of the ability to participate in activities that make life enjoyable (84 percent)
- Loss of dignity (69 percent)

Death with Dignity Act Participation in 2018

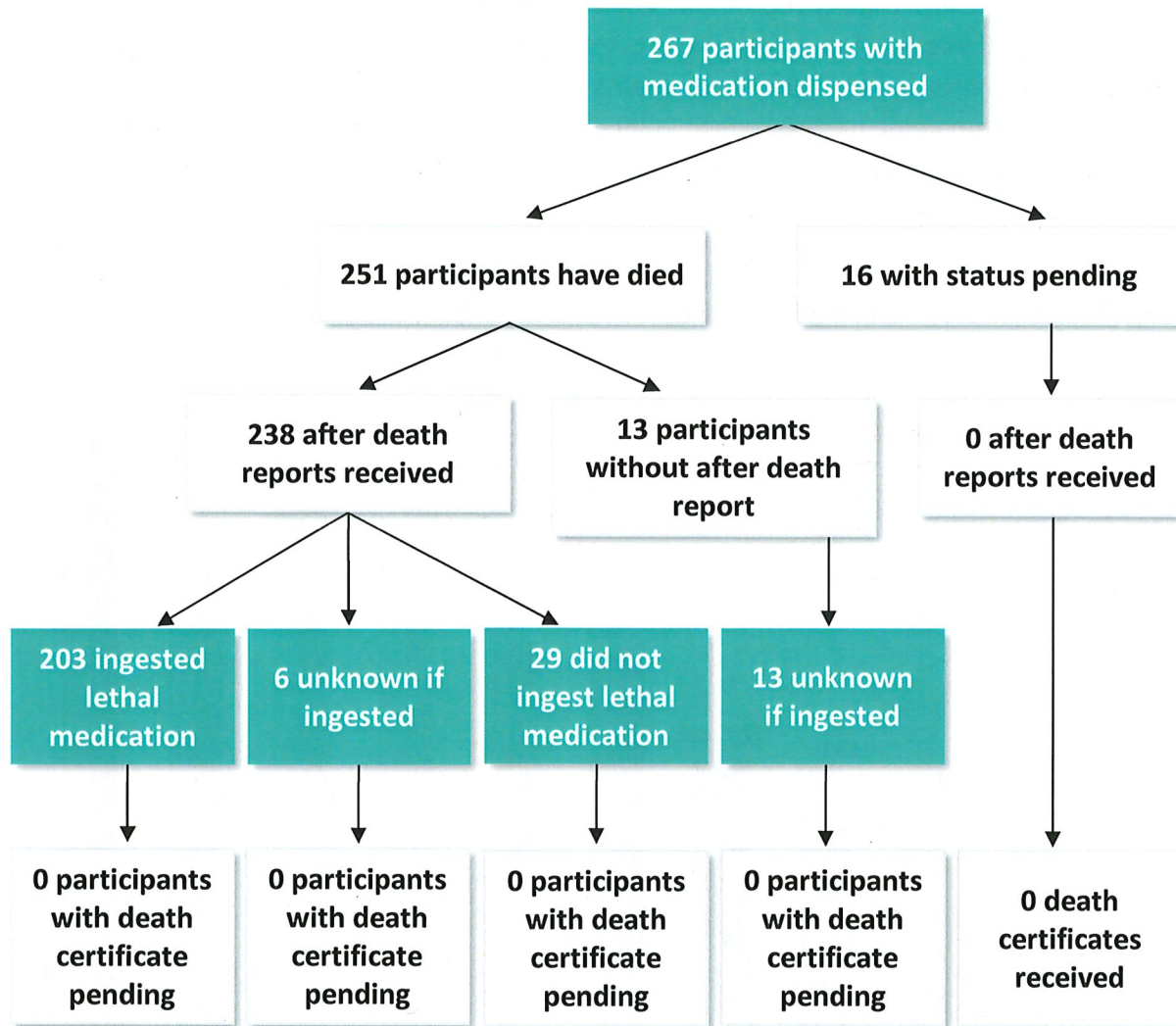
For the purposes of this report, a participant of the Death with Dignity Act in 2018 is defined as someone to whom medication was dispensed in 2018 under the terms of the act. Details of the act are included in Appendix A.

As of May 17, 2019, the department has received documentation indicating that lethal doses of medication were dispensed to 267 participants under the law in 2018. These prescriptions were written by 158 different physicians and dispensed by 61 different pharmacists. The department has not yet received all of the 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 267 participants who received medication in 2018, the department has received confirmation that 251 have died; 203 ingested the medication, 29 did not ingest, and the ingestion status is unknown for 19 (*Figure 1*). Death of a participant is established through receipt of the After Death Reporting Form and/or a death certificate.

The status of the remaining 16 participants is unknown at the time of this report. Some participants may still be alive since they may wait to use the medication or choose not to use it. It is also possible that some participants have taken the medication and died, but notification has not yet been received by the department because the After Death Reporting Form is due 30 days after death and the death certificate is due 60 days after death.

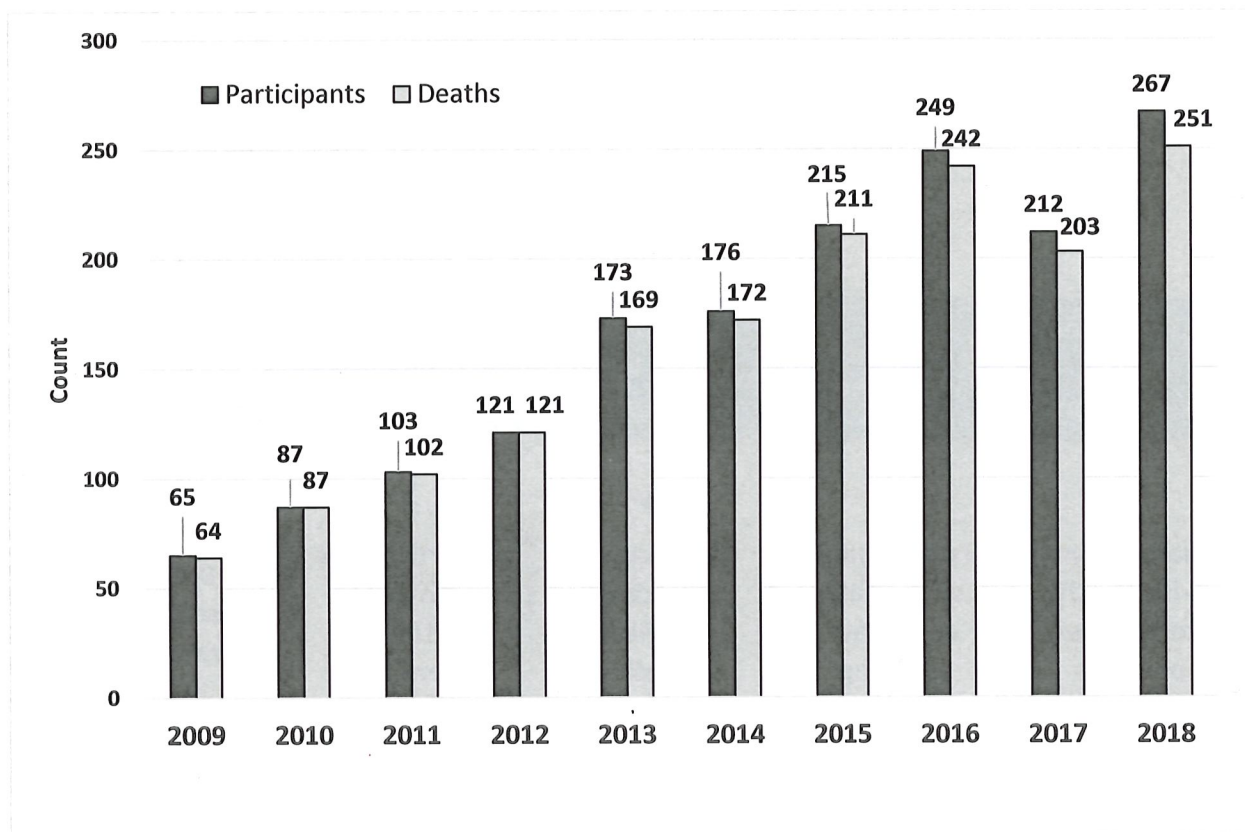
Figure 1. Outcome of the Death with Dignity Act Participants, 2018



Update on Death with Dignity Participation 2009-2017

Since the last Death with Dignity report was published in February of 2018, the department received additional information on participants from prior years. *Figure 2* shows the known number of participants and the number of deaths as of May 17, 2019, for 2009 through 2018. The status of the remaining participants in 2009, 2011, 2013, 2014, 2015, 2016, 2017, and 2018 remains unknown. These participants may have died, but no documentation of the death has been received.

Figure 2. Number of Death with Dignity participants and known deaths, 2009-2018



Data Tables: 2016-2018

Table 1. Characteristics of participants who died, 2016-2018

	2018		2017 ¹		2016 ²	
	Number	%	Number	%	Number	%
Sex³						
Male	140	44	98	48	121	50
Female	111	56	105	52	120	50
Age (years)³						
18-54	15	6	20	10	18	8
55-64	36	14	31	15	54	22
65-74	100	40	64	32	59	24
75-84	64	25	43	21	68	28
85+	36	14	45	22	42	17
Range (min-max)	28 - 98		33-98		33-98	
Race and Ethnicity³						
White	241	96	192	5	232	96
Other	10	4	10	5	9	4
Unknown	0	0	1	<1	0	0
Marital Status³						
Married	110	44	93	46	103	43
Widowed	50	20	42	20	47	20
Divorced	67	27	52	26	65	27
Never married/single, Other, Unknown	24	9	16	8	26	11
Education³						
Less than high school	11	4	10	5	11	4
High school graduate	63	25	38	19	65	27
Some college	61	24	45	22	85	35
Baccalaureate or higher	116	46	108	53	77	32
Unknown	0	0	2	1	3	1
Residence^{4,5}						
West of the Cascades	216	86	177	90	224	93
East of the Cascades	29	12	19	10	17	7
Unknown	6	2				
Underlying illness⁶						
Cancer	186	75	135	72	185	77
Neuro-degenerative disease (including ALS ⁷)	25	10	15	8	18	7
Respiratory disease (including COPD ⁸)	12	5	16	9	19	8
Heart disease	15	6	15	8	14	6
Other illnesses	10	4	6	3	5	2
Insurance Status⁹						
Private only	38	16	40	22	45	19
Medicare or Medicaid only	156	66	100	54	109	46
Combination of private & Medicare/Medicaid	21	9	31	17	40	17
None, Other, Unknown	23	10	15	8	44	18

Table 1 Notes

1. Data derived from the death certificate (sex, age, race/ethnicity, marital status, and education) have been updated for 2017. Data were updated to include seven additional participants since the 2017.
2. Data published in 2017 report:
www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx
3. Data are collected from the death certificates. At time of publication, data were available for all 251 participants in 2018 who died.
4. Data are collected from multiple documents (After Death Reporting Form, Attending Physician Compliance Form, and death certificate). At time of publication, residence data were available for 245 of 251 participants in 2018 who died.
5. Counties west of the Cascades include: 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 include: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.
6. Data are collected from multiple documents (After Death Reporting Form and Attending Physician Compliance Form). At time of publication, data were available for 248 of the 251 participants in 2018 who died.
7. Amyotrophic Lateral Sclerosis (ALS)
8. Chronic Obstructive Pulmonary Disease (COPD)
9. Data are collected from After Death Reporting Forms. At the time of publication, data were available for 238 of the 251 participants in 2018 who died.

Table 2. End of life concerns of participants who died, 2016-2018

	2018		2017 ¹		2016 ¹	
	Number	%	Number	%	Number	%
End of Life Concerns^{2,3}						
Loss of autonomy	203	85	167	90	208	87
Less able to engage in activities making life enjoyable	199	84	162	87	201	84
Loss of dignity	165	69	135	73	157	65
Burden on family, friends/caregivers	121	51	105	56	122	51
Losing control of bodily functions	108	45	86	46	102	43
Inadequate pain control or concern about it	90	38	70	38	97	40
Financial implications of treatment	22	9	19	10	18	8

Table 2 Notes

1. Data published in 2017 report:
www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx.
2. Data are collected from the After Death Reporting form. At the time of publication, data were available for 238 of the 251 participants in 2018 who died.
3. Participants may have selected more than one end of life concern, thus the totals are greater than 100 percent.

Table 3. Death with Dignity Act process for participants who died, 2016-2018

	2018		2017 ¹		2016 ¹	
	Number	%	Number	%	Number	%
Family and Psychiatric/Psychological involvement						
Referred for psychiatric/psychological evaluation	10	4	-- ⁷	--	11	5
Patient informed family of decision ³	222	92	174	94	224	95
Medication⁴						
Secobarbital	56	22	66	34	77	32
Phenobarbital/Chloral Hydrate Combination	0	0	0	0	106	44
Morphine sulfate	195	78	130	66	53	22
Other	0	0	0	0	5	2
Timing						
Duration of patient-physician relationship ⁵						
<25 weeks	118	50	94	51	125	52
25 weeks – 51 weeks	25	11	21	11	25	10
1 year or more	90	38	71	38	88	37
Unknown	5	2	0	0	2	1
Range (min – max)	<1 wk – 23 yrs		<1 wk – 38 yrs		<1 wk – 31 yrs	
Duration between first oral request and death ⁶						
<25 weeks	200	86	167	90	209	88
25 weeks or more	27	12	18	10	28	12
Unknown	5	2	0	0	0	0
Range (min – max)	2 wks –115 wks		2 wks – 81 wks		2 wks –112 wks	

Table 3 Notes

1. Data published in 2017 report:
www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx.
2. Data are collected from the Attending Physician’s Compliance Form. At the time of publication, data were available for 238 of the 251 participants in 2018 who died.
3. Data are collected from the Written Request for Medication to End Life. At the time of publication, data were available for 240 of the 251 participants in 2018 who died.
4. Data are collected from the Pharmacy Dispensing Record Form. At the time of publication, data were available for all 251 participants in 2018 who received medication and died. Changes in medications from year to year reflect changes, updates, and developments of new medication combinations over time.
5. Data are collected from the After Death Reporting Form. At the time of publication, data were available for 233 of the 251 participants in 2018 who died.
6. Data are collected from the After Death Reporting form and the Attending Physician Compliance form. At the time of publication, data were available for 227 of the 251 participants in 2018 who died.
7. Redacted due to department Small Numbers Guidelines.

Table 4. Circumstances and Complications Related to Ingestion of Medication Prescribed for Participants Who Died, 2016-2018

	2018		2017 ¹		2016 ¹	
	Number	%	Number	%	Number	%
Circumstances when medication ingested²						
Health care provider present						
Prescribing physician	20	10	13	8	17	9
Other provider, not prescribing physician, present	136	67	84	51	99	51
No provider	16	8	24	15	25	13
Unknown	31	15	43	26	53	27
Location of patient						
Home (patient, family, friend)	175	86	144	88	169	87
Long term care, assisted living or foster care facility	17	8	15	9	14	7
Hospital, Other, Unknown	11	5	5	3	11	6
Hospice care						
Enrolled	186	92	145	88	150	77
Not enrolled	11	5	10	6	27	14
Unknown	6	3	9	5	17	9
Timing²						
Minutes between ingestion and unconsciousness						
1 min – 10 min	134	66	109	66	111	57
11 min or more	30	15	21	13	44	23
Unknown	39	19	34	21	39	20
Range (min – max)	1 min – 1 hrs		1 min – 6 hrs		1 min – 11 hrs	
Minutes between ingestion and death						
Less than 90 min	110	54	106	64	102	53
91 min or more	62	31	31	19	58	30
Unknown	31	15	27	16	34	17
Range (min – max)	7 min to 30 hrs		5 min to 35 hrs		1 min to 22 hrs	
Complications²						
Regurgitation, Seizures, Awakening, Other	8	4	4	2	9	5
None	179	88	144	88	163	84
Unknown	16	8	16	10	22	11
Emergency Medical Services involvement²						
Called for intervention after lethal medication ingested	0	0	0	0	0	0
Unknown or Called for other reason (including to pronounce death)	9	4	11	7	22	12
Not called after lethal medication ingested	194	96	153	93	172	89

Table 4 Notes

1. Data published in 2017 report:
www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx.
2. Data are collected from the After Death Reporting Form. At the time of publication, data were available for 203 of the participants in 2018 who are known to have ingested the medication.

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](http://www.doh.wa.gov/dwda/) 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 have to be submitted to the department.

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

Within 30 days of a qualified patient's death from ingestion of 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.

Under Washington law, a death certificate must be completed within 72 hours of death and filed with the local health agency where the death occurred. Local health officials may hold death certificates for 30 to 60 days before filing them with the state health department. As a result, an Attending Physician After Death Reporting Form may reach the state before the death certificate arrives.

The department received the following documentation for 2018 Death with Dignity participants (people who received medication) as of May 17, 2019:

Table 5. Documentation Received for 2019 Participants

Form	Number
Written Request to End Life Form	244
Attending Physician Compliance Form	242
Consulting Physician Compliance Form	242
Psychiatric/Psychological Consulting	-- ¹
Pharmacy Dispensing Form	267
After Death Reporting Form	238
Death Certificate	251

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 otherwise 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. The information presented in this report is limited to items with sufficient numbers in a reporting field to ensure that confidentiality is protected.

¹ Redacted due to Department Small Numbers Guidelines.

