

Washington State Department of Health 2014 Death with Dignity Act Report

Executive Summary

Washington'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. In this report, a participant of the act is defined as someone to whom medication was dispensed under the terms of this law. This report describes available information for the 176 participants for whom medication was dispensed between January 1, 2014 and December 31, 2014. It includes data from the documentation received by the Department of Health as of March 16, 2015.

In 2014, medication was dispensed to 176 individuals (defined as 2014 participants):

- Prescriptions were written by 109 different physicians
- Medications were dispensed by 57 different pharmacists

Of the 176 participants in 2014:

- 170 are known to have died
 - 126 died after ingesting the medication
 - 17 died without having ingested the medication
 - For the remaining 27 people who died, ingestion status is unknown
- For the six participants not included among those known to have died, the state health department has received no documentation that indicates death has occurred

The 170 participants who died in 2014 ranged in age from 21 to 101 years old. Ninety-five percent lived west of the Cascades. Of the 170 participants in 2014 who died:

- 73 percent had cancer
- 13 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 14 percent had other illnesses, including heart and respiratory disease

Of the 169 participants in 2014 who died for whom a death certificate was provided to the state:

- 92 percent were white, non-Hispanic
- 56 percent were married
- 76 percent had at least some college education

Of the 143 participants in 2014 who died and for whom an After Death Report was received:

- 93 percent had private, Medicare, Medicaid, or a combination of health insurance
- 89 percent reported to their health care provider concerns about loss of autonomy
- 79 percent reported to their health care provider concerns about loss of dignity
- 94 percent reported to their health care provider concerns about loss of the ability to participate in activities that make life enjoyable

Of the 126 participants in 2014 who died after ingesting the medication:

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

Death with Dignity Participation in 2014

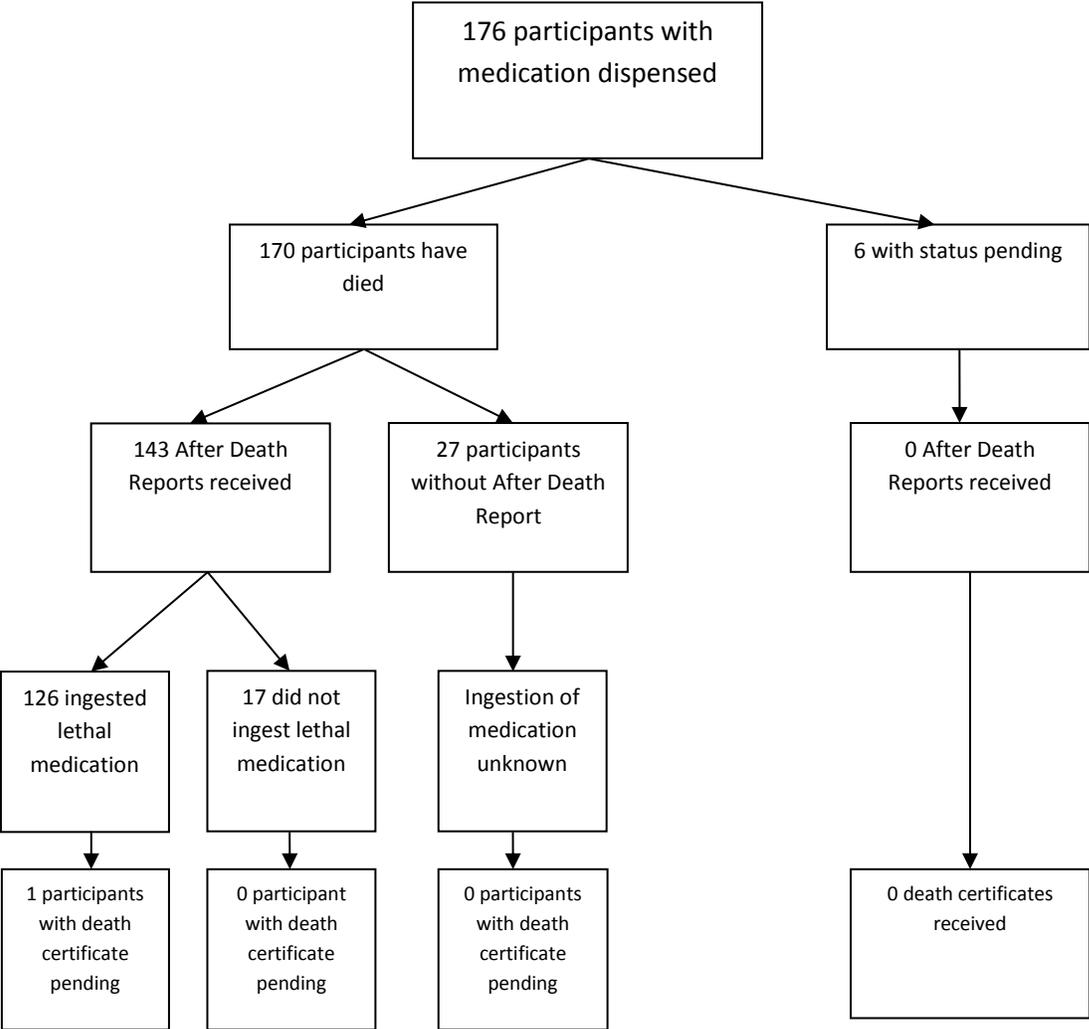
For the purposes of this report, a participant of the Death with Dignity Act in 2014 is defined as someone to whom medication was dispensed in 2014 under the terms of the act. Details of the act are included in Appendix A.

To date, the state health department has received documentation indicating that lethal doses of medication were dispensed to 176 participants under the law in 2014. These prescriptions were written by 109 different physicians and dispensed by 57 different pharmacists. The department has not yet received all of the required paperwork for all 176 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 contacts health care providers to obtain the documentation.

Among the 176 participants who received medication in 2014, the department has received confirmation that 170 have died. One hundred twenty-six ingested the medication, 17 did not ingest, and the ingestion status is unknown for 27 (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 six 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 176 participants who received medication in 2014 under the terms of the Death with Dignity Act



Update on Death with Dignity Participation 2009-2014

Since the last Death with Dignity report was published on June 4, 2014 the department received additional information on participants from prior years. As of March 16, 2015, 169 of the 173 participants in 2013, 121 of the 121 participants in 2012, 102 of the 103 participants in 2011, 86 of the 87 participants in 2010, and 64 of the 65 participants in 2009 had died. The status of the four remaining participants in 2013, the one remaining participant in 2011, the one remaining participant in 2010, and the one remaining participant in 2009 remains unknown. These participants may have died, no documentation of the death has been received. The number of participants in 2009-2014, and the number of these participants who are known to have died as of March 16, 2015, is shown in Figure 2.

Figure 2. Number of Death with Dignity Participants and Known Deaths, 2009-2014

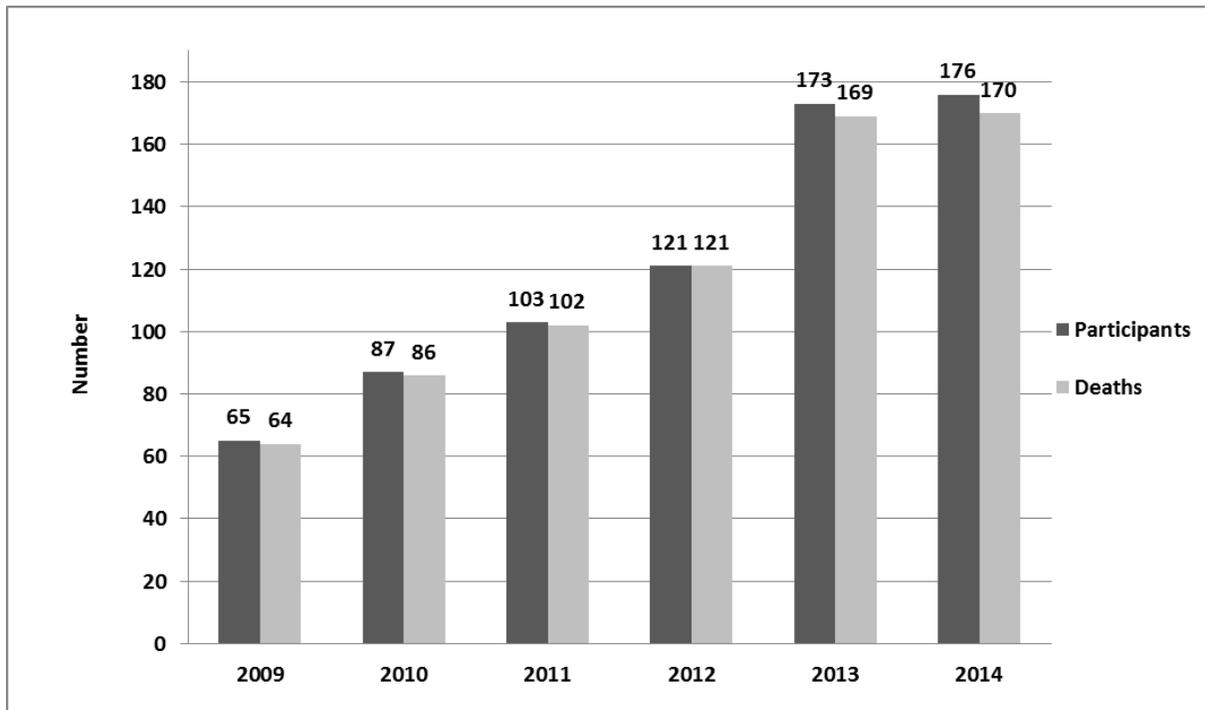


Table 1. Characteristics of the participants of the Death with Dignity Act who have died

	2014		2013 ¹	
	Number	%	Number	%
Sex³				
Male	73	43	86	52
Female	96	57	79	48
Age (years)²				
18-44	6	3	5	3
45-54	10	6	9	5
55-64	32	19	29	17
65-74	53	31	53	32
75-84	40	24	41	24
85+	29	17	32	19
Range (min-max)	21-101		29-95	
Race and Ethnicity³				
Non-Hispanic White	156	92	159	96
Hispanic and/or Non-White	12	7	6	4
Unknown	1	1		
Marital Status³				
Married	80	47	84	51
Widowed	34	20	27	16
Divorced	36	21	43	26
Domestic partner (state-registered)	1	1	0	0
Never married	17	10	11	7
Unknown	1	1		
Education³				
Less than high school	4	2	1	1
High school graduate	34	20	40	24
Some college	42	25	44	26
Baccalaureate or higher	86	50	79	48
Unknown	3	3	1	1
Residence^{2,4}				
West of the Cascades	161	95	153	96
East of the Cascades	9	5	6	4
Underlying illness²				
Cancer	129	76	123	77
Neuro-degenerative disease (including ALS ⁵)	21	13	24	15
Respiratory disease (including COPD ⁶)	4	2	7	5
Heart disease	10	6	3	2
Other illnesses	6	3	2	1
Insurance Status⁷				
Private only	33	23	27	19
Medicare or Medicaid only	82	57	86	59
Combination of private and Medicare/Medicaid	18	13	24	17
None	3	2	0	0
Unknown	7	5	8	5

Notes:

¹ Data derived from the death certificate (sex, age, race/ethnicity, marital status, and education) have been updated for 14 of the 2013 participants with information received since the 2013 report was published. At time of publication, death certificate data are available for 165 of the 2013 participants.

² Data are collected from multiple documents. At time of publication, data are available for all 170 of the participants in 2014 who died.

³ Data are collected from the death certificate. At time of publication, data are available for 169 of the 170 participants in 2014 who died.

⁴ 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.

⁵ Amyotrophic Lateral Sclerosis (ALS).

⁶ Chronic Obstructive Pulmonary Disease (COPD).

⁷ Data are collected from the After Death Reporting form. At the time of publication, data are available for 143 of the 170 participants in 2014.

Table 2. End of life concerns of participants of the Death with Dignity Act who have died

	2014		2013 ¹	
	Number	%	Number	%
End of Life Concerns^{2,3}				
Losing autonomy	127	89	132	91
Less able to engage in activities making life enjoyable	135	94	129	89
Loss of dignity	113	79	115	79
Burden on family, friends/caregivers	85	59	88	61
Losing control of bodily functions	73	51	75	52
Inadequate pain control or concern about it	59	41	53	36
Financial implications of treatment	12	8	19	13

Notes:

¹ Data published in 2013 report

<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx>

² Data are collected from the After Death Reporting form. At the time of publication, data are available for 143 of the 170 participants in 2014 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 the participants who have died

	2014		2013 ¹	
	Number	%	Number	%
Family and Psychiatric/Psychological involvement				
Referred for psychiatric/psychological evaluation ²	6	4	6	4
Patient informed family of decision ³	146	88	132	88
Medication⁴				
Secobarbital	112	64	16	10
Pentobarbital	64	36	142	89
Secobarbital/Pentobarbital Combination	0	0	0	0
Other	0	0	1	1
Timing				
Duration of patient-physician relationship ⁵				
<25 weeks	62	43	74	51
25 weeks – 51 weeks	18	13	15	10
1 year or more	57	40	56	39
Unknown	6	4	0	0
Range (min – max)	<1 wk – 23 yrs		<1 wk – 28 yrs	
Duration between first oral request and Death ²				
<25 weeks	145	87	130	89
25 weeks or more	15	9	16	11
Unknown	7	4	0	0
Range (min – max)	2 wks – 57 wks		2 wks – 73 wks	

Notes:

¹ Data published in 2013 report

<http://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 are available for 167 of the 170 participants in 2014 who died.

³ Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 165 of the 170 participants in 2014 who died.

⁴ Data are collected from the Pharmacy Dispensing Record Form. At the time of publication, data are available for all 176 of the participants in 2014 who received medication.

⁵ Data are collected from the After Death Reporting form. At the time of publication, data are available for 143 of the 170 participants in 2014 who died.

Table 4. Circumstances and complications related to ingestion of medication prescribed under the Death with Dignity Act of the participants who have died

	2014		2013 ¹	
	Number	%	Number	%
Circumstances when medication ingested²				
Healthcare provider present				
Prescribing physician	7	6	2	2
Other provider, not prescribing physician, present	78	62	62	52
No provider	21	16	48	40
Unknown	20	16	7	6
Location of patient				
Home (patient, family, friend)	116	92	100	84
Long term care, assisted living or foster care facility	7	5	15	12
Hospital	0	0	1	1
Other	2	2	2	2
Unknown	1	1	1	1
Hospice care				
Enrolled	86	69	102	86
Not enrolled	35	28	16	13
Unknown	5	4	1	1
Timing²				
Minutes between ingestion and unconsciousness				
1 min – 10 min	84	67	80	67
11 min or more	11	9	5	4
Unknown	31	24	34	29
Range (min – max)	1 min – 60 min		1 min – 180 min	
Minutes between ingestion and death				
1 min – 90 min	91	72	90	76
91 min or more	10	8	4	3
Unknown	25	20	25	21
Range (min – max)	3 min – 18hrs		2 min – 41hrs	
Complications²				
Regurgitation	2	2	3	3
Seizures	1	1	0	0
Awakened after taking prescribed medication	0	0	0	0
Other	0	0	0	0
None	121	96	106	89
Unknown	2	1	10	8
Emergency Medical Services involvement²				
Called for intervention after lethal medication ingested	0	0	0	0
Called for other reason (including to pronounce death)	2	2	3	3
Not called after lethal medication ingested	117	93	108	91
Unknown	7	5	8	7

Notes:

¹ Data published in 2013 report

<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx>.

² Data are collected from the After Death Reporting form. At the time of publication, data are available for 143 participants in 2014 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 After Death Reporting Form may reach the state before the death certificate arrives.

The department received the following documentation for 2014 Death with Dignity participants (people who received medication) as of March 16, 2015:

Table 5. Documentation Received for 2014 Participants

Form	Number
Written Request to End Life Form	165
Attending Physician Compliance Form	167
Consulting Physician Compliance Form	162
Psychiatric/Psychological Consulting Form	6
Pharmacy Dispensing Record Form	176
After Death Reporting Form	143
Death Certificate	169

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.