

# Washington State Department of Health 2009 Death with Dignity Act Report

## Executive Summary

Washington's Death with Dignity Act 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 six months (180 days) or less to live. 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 focuses on the 63 participants for whom medication was dispensed between March 5, 2009, when the act became law, and December 31, 2009. It includes data from the documentation received by the Department of Health as of February 3, 2010.

Medication was dispensed to 63 individuals:

- Prescriptions were written by 53 different physicians
- Prescriptions were dispensed by 29 different pharmacists

Of the 63 people to whom medication was dispensed:

- 47 individuals have died
  - 36 of these people died after ingesting the medication
  - Seven of these people died without having ingested the medication
  - For the remaining four people who died, ingestion status is unknown
- Status is unknown for the remaining 16 people

Of the 47 participants who have died, their characteristics and underlying illnesses include:

- Age range, between 48 and 95 years
- 94 percent lived west of the Cascades
- 79 percent had cancer
- 9 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 12 percent had respiratory disease or other illnesses
- 89 percent had private, Medicare or Medicaid insurance

Of the 47 participants who have died, Death Certificates were received for 41 of these individuals; their characteristics include:

- 98 percent were white, non-Hispanic
- 46 percent were married
- 61 percent had some college education

Of the 47 participants who have died, After Death Reporting Forms were received for 44 of these individuals; their end-of-life concerns include:

- All were concerned about loss of autonomy, 82 percent about loss of dignity, and 91 percent about losing the ability to participate in activities that made life enjoyable

Of the 36 participants who ingested the medication and died:

- 94 percent were at home and 72 percent were enrolled in hospice care when they ingested the medication
- Complications of ingesting the medication were reported in three individuals
- Emergency Medical Services (EMS) were not called for any intervention after ingestion of the medication; EMS was called to pronounce death for two participants

## **Overview of Death with Dignity Act**

The Washington State Death with Dignity Act (RCW 70.245) 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's Web site ([www.doh.wa.gov/dwda](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 of Health. 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 a prescription being written for medication under this act the attending physician must file the following forms with the Department of Health:

1. Written Request for Medication to End Life Form (completed by the patient)
2. Attending Physician Compliance Form (completed by the attending physician)
3. 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 RCW 70.245, no forms have to be submitted to the Department of Health.

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 RCW 70.245, physicians and pharmacists must make a good faith effort to file required documentation in a complete and timely manner.

Under Washington state law, a Death Certificate must be completed within 72 hours of death of an individual and filed with the local health agency where the death occurred. Local health agencies hold Death Certificates for 30 to 60 days before filing them with the state Department of Health. As a result, the state health department may receive an After Death Reporting Form before the Death Certificate is filed with the state.

## Data about the Death with Dignity Participants in 2009

For the purposes of this report, a participant of the Death with Dignity Act in 2009 is defined as someone to whom medication was dispensed under the terms of the act in 2009. The Department of Health received the following documentation for 2009 Death with Dignity participants as of February 3, 2010:

**Table 1. Documentation Received for 2009 Participants**

Form	Number
Written Request to End Life Form	61
Attending Physician Compliance Form	61
Consulting Physician Compliance Form	61
Psychiatric/Psychological Consulting Form	3
Pharmacy Dispensing Record Form	63
After Death Reporting Form	44
Death Certificate	41

In 2009, lethal doses of medication were dispensed to 63 participants under the law. These prescriptions were written by 53 different physicians and dispensed by 29 different pharmacists.

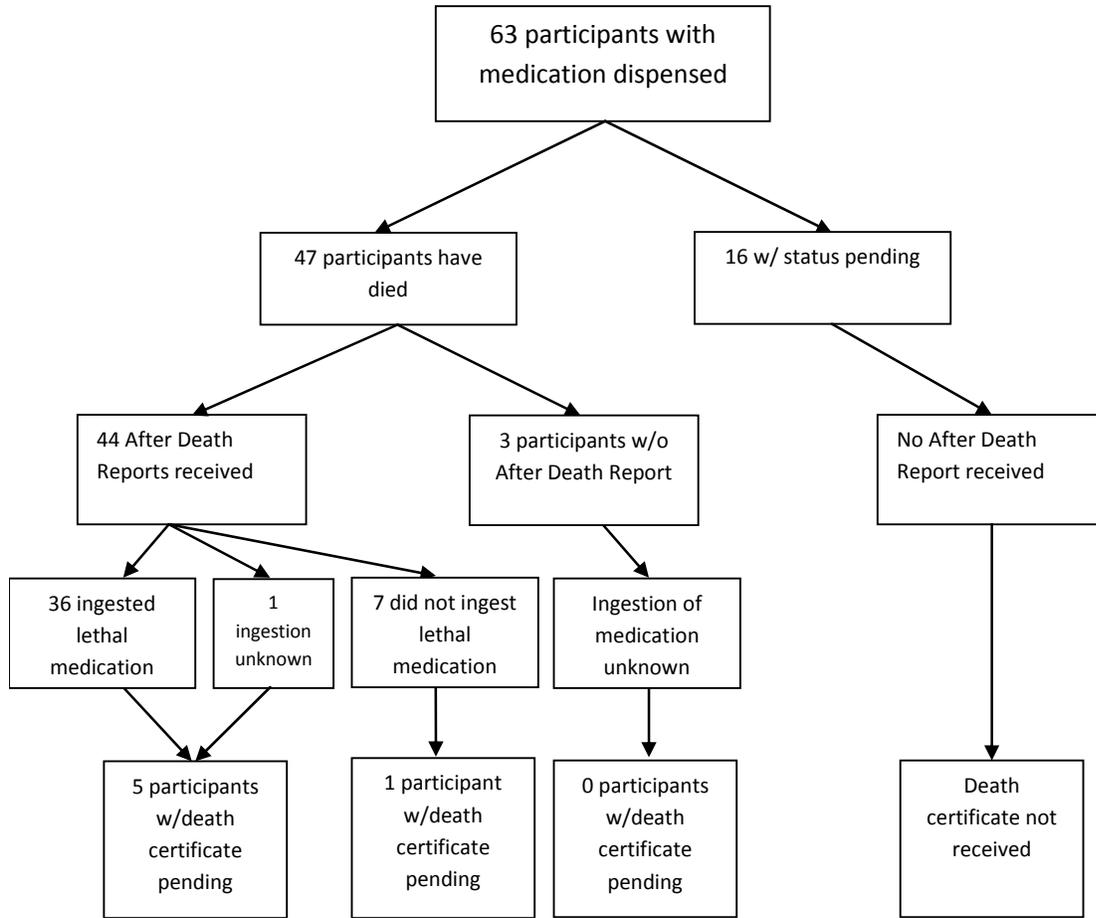
To date, the Department of Health has received fewer Written Requests and Attending and Consulting Physician Compliance Forms than Pharmacy Dispensing Records for the 2009 participants. When all the required paperwork is not received, department staff contacts health care providers to obtain the documentation.

Table 1 only includes the documentation received for individuals defined as participants (i.e., they received medication). The information posted on the Department of Health's Death with Dignity Web site about the number of forms received in 2009 includes all documentation received, including forms for people who did not go on to fill a prescription (and so are defined as non-participants). As a result, the numbers of documents listed in Table 1 do not match the numbers of documents received on the Department of Health Web site.

The Department of Health has received notification that 47 of the 63 participants have died (Figure 1). Death of a participant is established through receipt of the After Death Reporting form and/or the Death Certificate.

The status of the remaining 16 participants is unknown at this time. Some participants may still be alive since they may wait to use the medication or choose not to use it. It's also possible that some participants have taken the medication and died, but the Department of Health has not yet been notified 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 63 participants with medication dispensed under the terms of the Death with Dignity Act in 2009:**



The data in Table 2 of this report describe the 47 participants who received medication under the terms of the Death with Dignity Act in 2009 and are known to have died.

**Table 2. Characteristics of the participants of the Death with Dignity Act in 2009 who died:**

	Number	%
<b>Sex<sup>1</sup></b>		
Male	26	55
Female	21	45
<b>Age (years)<sup>1</sup></b>		
18-34	0	0
35-44	0	0
45-54	6	13
55-64	6	13
65-74	18	38
75-84	10	21
85+	7	15
Range (min-max)	48-95	
<b>Race and Ethnicity<sup>2</sup></b>		
Non-Hispanic White	40	98
Hispanic and/or Non-White	1	2
<b>Marital Status<sup>2</sup></b>		
Married	19	46
Widowed	11	27
Divorced	9	22
Never married	2	5
<b>Education<sup>2</sup></b>		
Less than high school	1	2
High school graduate	15	37
Some college	9	22
Baccalaureate or higher	16	39
<b>Residence<sup>1,3</sup></b>		
West of the Cascades	44	94
East of the Cascades	3	6
<b>Underlying illness<sup>1</sup></b>		
Cancer	37	79
Neuro-degenerative disease (incl. ALS <sup>4</sup> )	4	9
Respiratory disease (incl. COPD <sup>5</sup> )	4	9
Other illnesses	2	3
<b>Insurance Status<sup>6</sup></b>		
Private only	12	28
Medicare or Medicaid only	19	43
Combination of private and Medicare/Medicaid	8	18
None	0	0
Unknown	5	11

Notes:

<sup>1</sup> Data are collected from multiple documents. At time of publication, data are available for all 47 of the participants in 2009 who died.

<sup>2</sup> Data are collected from the Death Certificate. At time of publication, data are available for 41 of the 47 participants in 2009 who died (see Figure 1).

<sup>3</sup> 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.

<sup>4</sup> Amyotrophic Lateral Sclerosis (ALS).

<sup>5</sup> Chronic Obstructive Pulmonary Disease (COPD).

<sup>6</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

**Table 3. End of life concerns of the participants of the Death with Dignity Act in 2009 who died:**

	<b>Number</b>	<b>%</b>
<b>End of Life Concerns<sup>1,2</sup></b>		
Losing autonomy	44	100
Less able to engage in activities making life enjoyable	40	91
Loss of dignity	36	82
Losing control of bodily functions	18	41
Burden on family, friends/caregivers	10	23
Inadequate pain control or concern about it	11	25
Financial implications of treatment	1	2

Notes:

<sup>1</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

<sup>2</sup> Participants may have selected more than one end of life concern. Thus the totals are greater than 100 percent.

**Table 4. Death with Dignity Act process for the participants in 2009 who died:**

	Number	%
<b>Family and Psychiatric/Psychological involvement</b>		
Referred for psychiatric/psychological evaluation <sup>1</sup>	3	7
Patient informed family of decision <sup>2</sup>	40	89
<b>Medication<sup>3</sup></b>		
Secobarbital	42	89
Pentobarbital	5	11
Other	0	0
<b>Timing</b>		
Duration of patient-physician relationship <sup>4</sup>		
3 weeks – 24 weeks	23	
25 weeks – 51 weeks	4	
1 year or more	17	
Unknown	0	
Range (min – max)	3 weeks –	
	27 years	
Duration between first oral request and death <sup>5</sup>		
3 weeks – 24 weeks	41	
25 weeks or more	3	
Unknown	0	
Range (min – max)	3 weeks –	
	43 weeks	

Notes:

<sup>1</sup> Data are collected from the Attending Physician’s Compliance form. At the time of publication, data are available for 45 of the 47 participants in 2009 who died.

<sup>2</sup> Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 45 of the 47 participants in 2009 who died.

<sup>3</sup> Data are collected from the Pharmacy Dispensing Form. At the time of publication, data are available for all 47 of the participants in 2009 who died.

<sup>4</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

<sup>5</sup> Data are collected from multiple documents. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

**Table 5. Circumstances and complications related to ingestion of the medication prescribed under the Death with Dignity Act of the participants in 2009 who died:**

	Number	%
<b>Circumstances when medication ingested</b>		
Health-care provider present		
Prescribing physician	3	8
Other provider, prescribing physician not present	17	47
No provider	12	34
Unknown	4	11
Location of patient		
Home (patient, family, friend)	34	94
Long term care, assisted living or foster care facility	0	0
Hospital	0	0
Other	0	0
Unknown	2	6
Hospice care		
Enrolled	26	72
Not enrolled	10	28
<b>Timing</b>		
Minutes between ingestion and unconsciousness		
1 min. - 10 min.	27	
11 min or more	4	
Unknown	5	
Range (min – max)	1 min. – 20 min.	
Minutes between ingestion and death		
1 min - 90 min	25	
91 min or more	6	
Unknown	5	
Range (min – max)	9 min. – 28 hours	
<b>Complications</b>		
Regurgitation	1	3
Seizures	0	0
Awakened after taking prescribed medication	2	5
None	28	78
Unknown	5	14
<b>Emergency Medical Services involvement</b>		
Called for intervention after lethal medication ingested	0	0
Calls for other reason (including to pronounce death)	2	6
Not called after lethal medication ingested	31	86
Unknown	3	8

Notes:

Data are collected from the After Death Reporting form. At the time of publication, data are available for 36 participants in 2009 who are known to have ingested the medication and died.

## **Confidentiality**

The Death with Dignity Act requires that the Washington State Department of Health 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. Consistent with that statutory mandate, the Department of Health 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.