

## Washington State Department of Health 2013 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 physicians. 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 173 participants for whom medication was dispensed between January 1, 2013 and December 31, 2013. It includes data from the documentation received by the Department of Health as of February 28, 2014.

In 2013, medication was dispensed to 173 individuals (defined as 2013 participants):

- Prescriptions were written by 89 different physicians
- Medications were dispensed by 23 different pharmacists

Of the 173 participants in 2013:

- 159 are known to have died
  - 119 died after ingesting the medication
  - 26 died without having ingested the medication
  - For the remaining 14 people who died, ingestion status is unknown
- For the remaining 14 people, the department has received no documentation that indicates death has occurred

The 159 participants who died in 2013 ranged in age from 29 to 95 years old. Ninety-six percent lived west of the Cascades. Of the 159 participants in 2013 who died:

- 77 percent had cancer
- 15 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 8 percent had other illnesses, including heart and respiratory disease

Of the 151 participants in 2013 who died and for whom we have received a death certificate:

- 97 percent were white, non-Hispanic
- 52 percent were married
- 76 percent had at least some college education

Of the 145 participants in 2013 who died and for whom we have received an After Death Report:

- 95 percent had private, Medicare, Medicaid, or a combination of health insurance
- 91 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
- 89 percent reported to their health care provider concerns about loss of the ability to participate in activities that make life enjoyable

Of the 119 participants in 2013 who died after ingesting the medication:

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

## **Death with Dignity Participation in 2013**

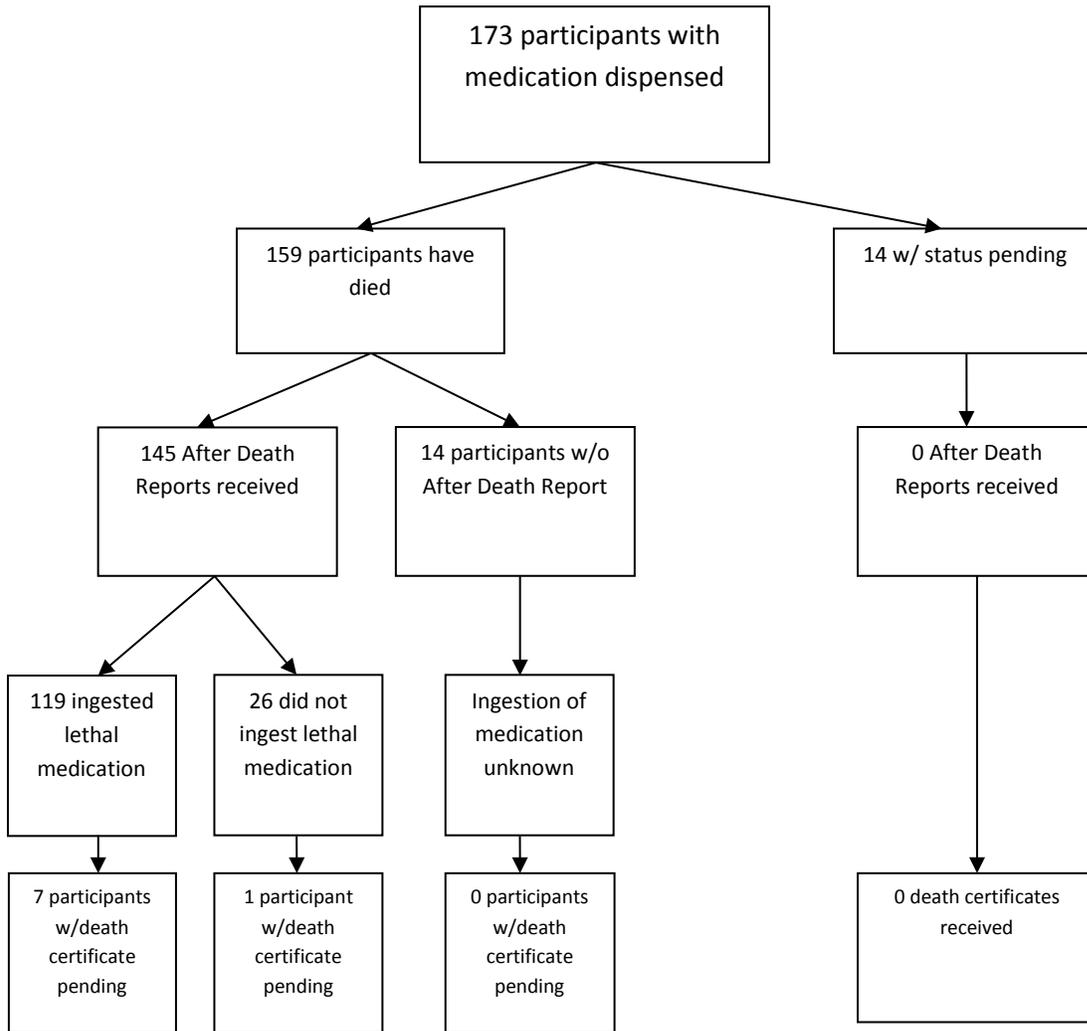
For the purposes of this report, a participant of the Death with Dignity Act in 2013 is defined as someone to whom medication was dispensed in 2013 under the terms of the act. Details of the act are included in Appendix A.

To date, the department has received documentation indicating that lethal doses of medication were dispensed to 173 participants under the law in 2013. These prescriptions were written by 89 different physicians and dispensed by 23 different pharmacists. The department has not yet received all of the required paperwork for all 173 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, the department contacts health care providers to obtain the documentation.

Among the 173 participants who received medication in 2013, the department has confirmed that 159 have died. One hundred nineteen ingested the medication, 26 did not ingest, and the ingestion status is unknown for 14 (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 14 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.

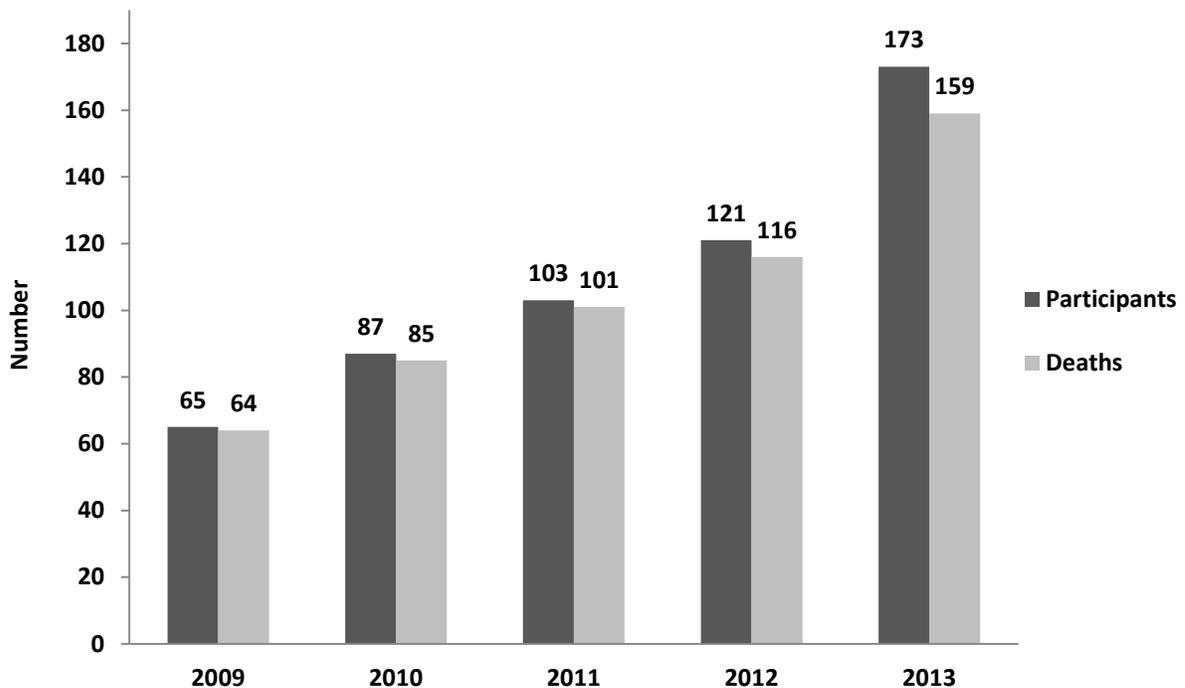
**Figure 1. Outcome of the 173 participants who received medication in 2013 under the terms of the Death with Dignity Act**



## Update on Death with Dignity Participation 2009-2013

Since the last Death with Dignity report was published on May 2, 2013, the department received additional information on participants from prior years. As of February 28, 2014, 116 of the 121 participants in 2012, 101 of the 103 participants in 2011, 85 of the 87 participants in 2010, and 64 of the 65 participants in 2009 had died. The status of the five remaining participants in 2012, the two remaining participants in 2011, the two remaining participants in 2010, and the one remaining participant in 2009 remains unknown. These participants may have died, but the department has not received documentation of the death. The number of participants in 2009-2013, and the number of these participants who are known to have died as of February 28, 2014, is shown in Figure 2.

**Figure 2. Number of Death with Dignity Participants and Known Deaths, 2009-2013**



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

	2013		2012 <sup>1</sup>	
	Number	(%)	Number	(%)
<b>Sex<sup>3</sup></b>				
Male	80	53	60	52
Female	71	47	55	47
<b>Age (years)<sup>2</sup></b>				
18-44	5	3	1	1
45-54	9	6	4	3
55-64	28	17	33	29
65-74	47	30	41	35
75-84	38	24	25	22
85+	32	20	12	10
Range (min-max)	29-95		35-95	
<b>Race and Ethnicity<sup>3</sup></b>				
Non-Hispanic White	146	97	110	96
Hispanic and/or Non-White	5	3	5	4
<b>Marital Status<sup>3</sup></b>				
Married	78	52	47	41
Widowed	26	17	18	16
Divorced	36	24	35	30
Domestic partner (state-registered)	0	0	3	3
Never married	11	7	12	10
<b>Education<sup>3</sup></b>				
Less than high school	1	1	2	2
High school graduate	34	23	17	15
Some college	39	26	31	27
Baccalaureate or higher	76	50	64	56
Missing	1	1	1	1
<b>Residence<sup>2,4</sup></b>				
West of the Cascades	153	96	94	90
East of the Cascades	6	4	10	10
<b>Underlying illness<sup>2</sup></b>				
Cancer	123	77	76	73
Neuro-degenerative disease (including ALS <sup>5</sup> )	24	15	10	10
Respiratory disease (including COPD <sup>6</sup> )	7	5	10	10
Heart disease	3	2	5	4
Other illnesses	2	1	3	3
<b>Insurance Status<sup>7</sup></b>				
Private only	27	19	22	22
Medicare or Medicaid only	86	59	55	55
Combination of private and Medicare/Medicaid	24	17	12	12
None	0	0	0	0
Unknown	8	5	11	11

Notes:

<sup>1</sup> Data derived from the death certificate (sex, age, race/ethnicity, marital status, and education) have been updated for 27 of the 2012 participants with information received since the 2012 report was published. At time of publication, death certificate data are available for 115 of the 2012 participants.

<sup>2</sup> Data are collected from multiple documents. At time of publication, data are available for all 159 of the participants in 2013 who died.

<sup>3</sup> Data are collected from the death certificate. At time of publication, data are available for 151 of the 159 participants in 2013 who died.

<sup>4</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>5</sup> Amyotrophic Lateral Sclerosis (ALS).

<sup>6</sup> Chronic Obstructive Pulmonary Disease (COPD).

<sup>7</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 145 of the 159 participants in 2013.

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

	2013		2012 <sup>1</sup>	
	Number	(%)	Number	(%)
<b>End of Life Concerns<sup>2,3</sup></b>				
Losing autonomy	132	91	94	94
Less able to engage in activities making life enjoyable	129	89	90	90
Loss of dignity	115	79	84	84
Burden on family, friends/caregivers	88	61	63	63
Losing control of bodily functions	75	52	56	56
Inadequate pain control or concern about it	53	36	33	33
Financial implications of treatment	19	13	5	5

Notes:

<sup>1</sup> Data published in 2012 report

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

<sup>2</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 145 of the 159 participants in 2013 who died.

<sup>3</sup> 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**

	2013		2012 <sup>1</sup>	
	Number	(%)	Number	(%)
<b>Family and Psychiatric/Psychological involvement</b>				
Referred for psychiatric/psychological evaluation <sup>2</sup>	6	4	3	3
Patient informed family of decision <sup>3</sup>	132	88	92	92
<b>Medication<sup>4</sup></b>				
Secobarbital	16	10	18	17
Pentobarbital	142	89	84	81
Secobarbital/Pentobarbital Combination	0	0	1	1
Other	1	1	1	1
<b>Timing</b>				
Duration of patient-physician relationship <sup>5</sup>				
<25 weeks	74	51	48	47
25 weeks – 51 weeks	15	10	14	14
1 year or more	56	39	39	39
Unknown	0	0		
Range (min – max)	<1 wk – 28 yrs		<1 wk – 26 yrs	
Duration between first oral request and Death <sup>2</sup>				
<25 weeks	130	89	82	83
25 weeks or more	16	11	17	17
Unknown	0	0	0	0
Range (min – max)	2 wks – 73 wks		3 wks – 150 wks	

Notes:

<sup>1</sup> Data published in 2012 report

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

<sup>2</sup> Data are collected from the Attending Physician’s Compliance form. At the time of publication, data are available for 146 of the 159 participants in 2013 who died.

<sup>3</sup> Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 150 of the 159 participants in 2013 who died.

<sup>4</sup> Data are collected from multiple documents. At the time of publication, data are available for all 159 of the participants in 2013 who died.

<sup>5</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 145 of the 159 participants in 2013 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**

	2013		2012 <sup>1</sup>	
	Number	(%)	Number	(%)
<b>Circumstances when medication ingested<sup>2</sup></b>				
Healthcare provider present				
Prescribing physician	2	2	5	6
Other provider, not prescribing physician, present	62	52	59	71
No provider	48	40	15	18
Unknown	7	6	4	5
Location of patient				
Home (patient, family, friend)	100	84	74	89
Long term care, assisted living or foster care facility	15	12	8	10
Hospital	1	1	0	0
Other	2	2	1	1
Unknown	1	1	0	0
Hospice care				
Enrolled	102	86	76	76
Not enrolled	16	13	7	7
Unknown	1	1	0	0
<b>Timing<sup>2</sup></b>				
Minutes between ingestion and unconsciousness				
1 min – 10 min	80	67	65	78
11 min or more	5	4	8	10
Unknown	34	29	10	12
Range (min – max)	1 min – 180 min		1 min – 45 min	
Minutes between ingestion and death				
1 min – 90 min	90	76	66	78
91 min or more	4	3	9	10
Unknown	25	21	8	12
Range (min – max)	2 min – 41hrs		3 min – 16 hrs	
<b>Complications<sup>2</sup></b>				
Regurgitation	3	3	0	0
Seizures	0	0	0	0
Awakened after taking prescribed medication	0	0	0	0
Other	0	0	1	1
None	106	89	79	95
Unknown	10	8	3	4
<b>Emergency Medical Services involvement<sup>2</sup></b>				
Called for intervention after lethal medication ingested	0	0	0	0
Called for other reason (including to pronounce death)	3	3	3	4
Not called after lethal medication ingested	108	91	77	92
Unknown	8	7	3	4

Notes:

<sup>1</sup> Data published in 2012 report

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

<sup>2</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 119 participants in 2013 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's 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 jurisdiction where the death occurred. Local health officials may hold death

certificates for 30 to 60 days before filing them with the department. As a result, the department may receive an After Death Reporting Form before the death certificate arrives.

The department received the following documentation for 2013 Death with Dignity participants (people who received medication) as of February 28, 2014:

**Table 5. Documentation Received for 2013 Participants**

Form	Number
Written Request to End Life Form	153
Attending Physician Compliance Form	158
Consulting Physician Compliance Form	160
Psychiatric/Psychological Consulting Form	6
Pharmacy Dispensing Record Form	171
After Death Reporting Form	147
Death Certificate	151

### **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.