

Washington State

Death With Dignity Act Report

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Washington State Department of Health 2017 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 212 participants for whom medication was dispensed between January 1, 2017 and December 31, 2017. It includes data from the documentation received by the Department of Health (department) as of February 6, 2018.

In 2017, medication was dispensed to 212 individuals (defined as 2017 participants):

- Prescriptions were written by 115 different physicians.
- Medications were dispensed by 51 different pharmacists.

Of the 212 participants in 2017:

- 196 are known to have died.
 - 164 died after ingesting the medication.
 - 19 died without having ingested the medication.
 - For the remaining 13 people who died, ingestion status is unknown.
- For the 16 participants not included among those known to have died, the department has received no documentation (death certificate or after death form) that indicates death has occurred.

The department has received death certificates for 196 participants in 2017.

Of the 196 participants in 2017 who died and for whom we have death certificates:

- The youngest was 33 years and the oldest was 98 years.
- 90 percent lived west of the Cascades.
- 94 percent were white.
- 47 percent were married at time of death.
- 75 percent had at least some college education.
- 72 percent had cancer.
- 8 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS).
- 20 percent had other illnesses, including heart and respiratory disease, and unknown illnesses.

Of the 196 participants in 2017 who died, an After Death Report was provided for 186 participants. Of these 186 participants:

- 97 percent had private, Medicare, Medicaid, other insurance, or a combination of health insurance .
- 90 percent reported to their health care provider concerns about loss of autonomy.
- 87 percent reported to their health care provider concerns about loss of the ability to participate in activities that make life enjoyable .

- 73 percent reported to their health care provider concerns about loss of dignity.

Of the 164 participants in 2017 who died after ingesting the medication:

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

Death with Dignity Participation in 2017

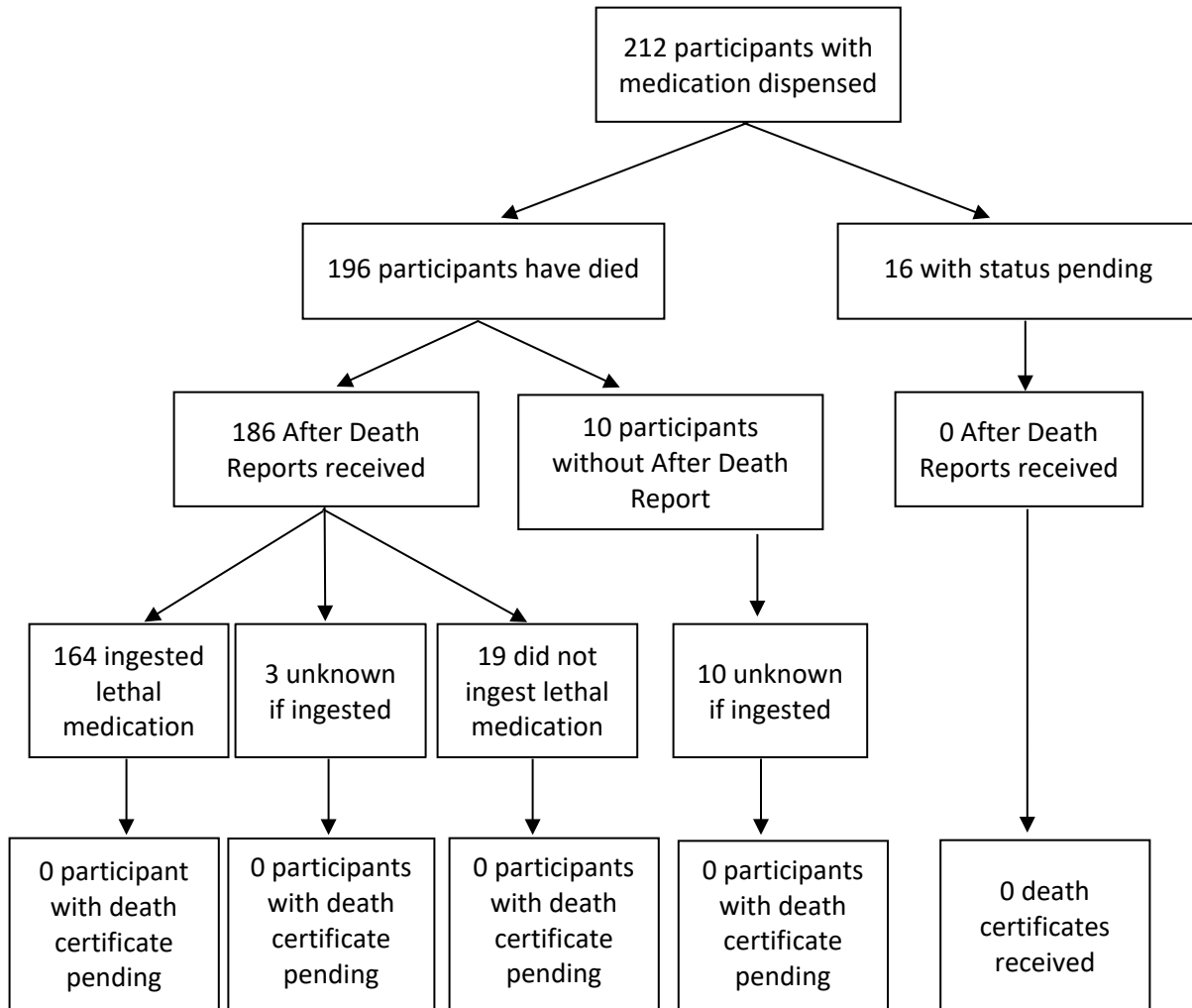
For the purposes of this report, a participant of the Death with Dignity Act in 2017 is defined as someone to whom medication was dispensed in 2017 under the terms of the act. Details of the act are included in Appendix A.

As of February 6, 2018, the department has received documentation indicating that lethal doses of medication were dispensed to 212 participants under the law in 2017. These prescriptions were written by 115 different physicians and dispensed by 51 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 212 participants who received medication in 2017, the department has received confirmation that 196 have died; 164 ingested the medication, 19 did not ingest, and the ingestion status is unknown for 13 (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 212 participants who received medication in 2017 under the terms of the Death with Dignity Act



Update on Death with Dignity Participation 2009-2016

Since the last Death with Dignity report was published in September of 2017, the department received additional information on participants from prior years. As of February 6, 2018, 242 of the 249 participants in 2016, 211 of the 215 participants in 2015, 172 of the 176 participants in 2014, 169 of the 173 participants in 2013, 121 of the 121 participants in 2012, 102 of the 103 participants in 2011, 87 of the 87 participants in 2010, and 64 of the 65 participants in 2009 had died. The status of the seven remaining participants in 2016, four remaining participants in 2015, four remaining participants in 2014, four remaining participants 2013, one remaining participant in 2011, and one remaining participant in 2009 remains unknown. These participants may have died, but no documentation of the death has been received. The number of participants in 2009-2017, and the number of these participants who are known to have died as of February 6, 2017, are shown in Figure 2.

Figure 2. Number of Death with Dignity Participants and Known Deaths, WA 2009-2017

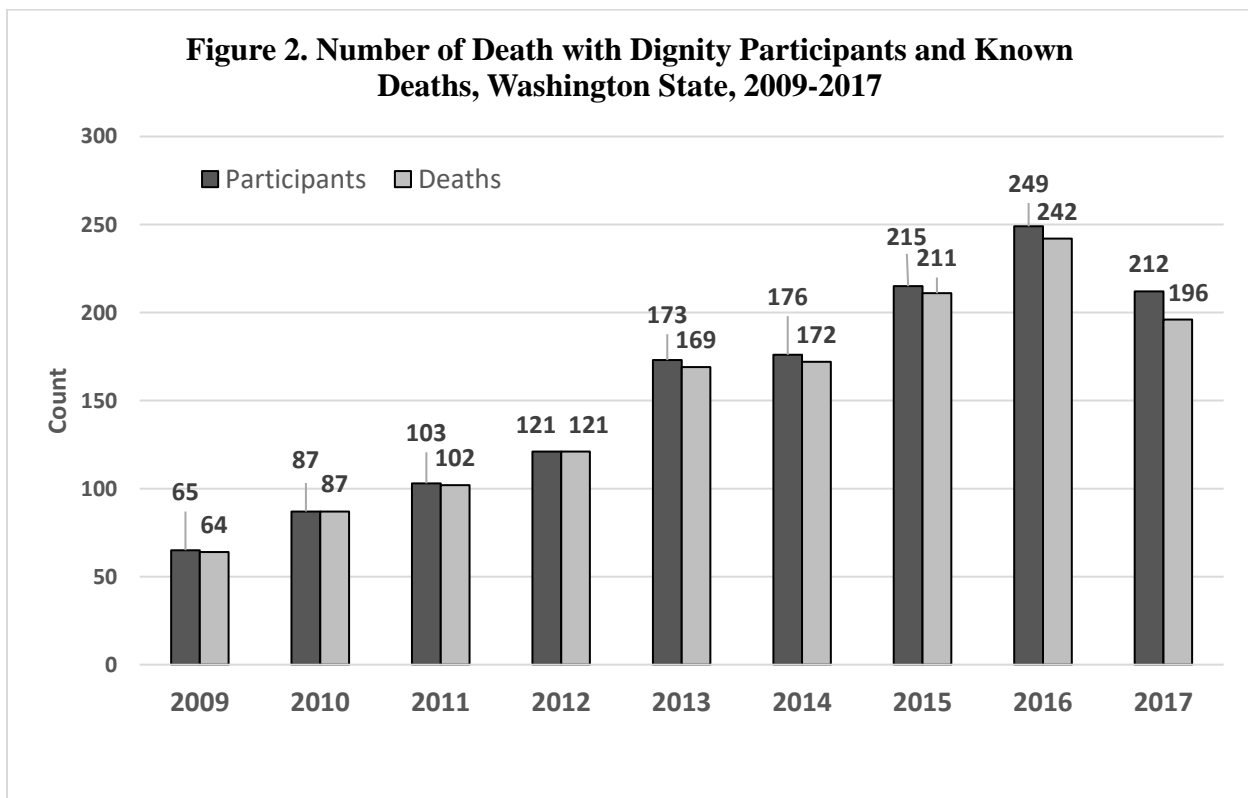


Table 1. Characteristics of the participants of the Death with Dignity Act who have died

	2017		2016 ¹		2015 ²	
	Number	%	Number	%	Number	%
Sex³						
Male	94	48	121	50	113	54
Female	102	52	120	50	97	46
Age (years)³						
18-44	6	3	6	3	5	2
45-54	13	7	12	5	12	6
55-64	31	16	54	22	39	19
65-74	63	32	59	24	65	31
75-84	40	20	68	28	42	20
85+	43	22	42	17	47	22
Range (min-max)	33-98		33-98		20-97	
Race and Ethnicity³						
White	185	94	232	96	205	98
Other	10	5	9	4	5	2
Unknown	1	<1	0	0	0	0
Marital Status³						
Married	91	47	103	44	99	47
Widowed	40	20	47	20	45	21
Divorced	50	26	65	27	54	26
Domestic partner (state-registered)	0	0	2	1	0	0
Never married/single	15	8	17	7	12	6
Unknown	0	0	7	1	0	0
Education³						
Less than high school	9	5	11	4	8	4
High school graduate	38	19	65	27	46	22
Some college	43	22	85	35	55	26
Baccalaureate or higher	104	53	77	32	99	47
Unknown	2	1	3	1	2	1
Residence^{4,5}						
West of the Cascades	177	90	224	93	199	95
East of the Cascades	19	10	17	7	11	5
Underlying illness⁶						
Cancer	135	72	185	77	148	72
Neuro-degenerative disease (including ALS ⁷)	15	8	18	7	17	8
Respiratory disease (including COPD ⁸)	16	9	19	8	18	9
Heart disease	15	8	14	6	11	5
Other illnesses	6	3	5	2	11	5
Insurance Status⁹						
Private only	40	22	45	19	28	14
Medicare or Medicaid only	100	54	109	46	102	50
Combination of private & Medicare/Medicaid	31	17	40	17	20	10
None	1	<1	1	<1	3	1
Unknown	5	3	16	6	29	14
Other (including VA and other insurance)	9	5	27	11	20	10

Notes:

1. Data derived from the death certificate (sex, age, race/ethnicity, marital status, and education) have been updated for 2016. Data have been updated for 2 of the 2016 participants with information received since the 2016 report was published. At time of publication, death certificate data are available for 241 of the 2016 participants.
2. Data published in 2016 report:
<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx>
3. Data are collected from the death certificate. At time of publication, data are available for all 196 participants in 2017 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 are available for all 196 participants in 2017 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 are available for 187 of the 196 participants in 2017 who died.
7. Amyotrophic Lateral Sclerosis (ALS).
8. Chronic Obstructive Pulmonary Disease (COPD).
9. Data are collected from the After Death Reporting form. At the time of publication, data are available for 186 of the 196 participants in 2017 who died.

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

	2017		2016		2015 ¹	
	Number	%	Number	%	Number	%
End of Life Concerns^{2, 3}						
Losing autonomy	167	90	208	87	170	84
Less able to engage in activities making life enjoyable	162	87	201	84	170	84
Loss of dignity	135	73	157	65	135	67
Burden on family, friends/caregivers	105	56	122	51	96	48
Losing control of bodily functions	86	46	102	43	102	51
Inadequate pain control or concern about it	70	38	97	40	71	35
Financial implications of treatment	19	10	18	8	25	12

Notes:

1. Data published in 2016 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 186 of the 196 participants in 2017 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

	2017		2016		2015 ¹	
	Number	%	Number	%	Number	%
Family and Psychiatric/Psychological involvement						
Referred for psychiatric/psychological evaluation ²	4	2	11	5	8	4
Patient informed family of decision ³	174	94	224	95	174	93
Medication⁴						
Secobarbital	66	34	77	32	109	51
Pentobarbital	0	0	2	1	4	2
Secobarbital/Pentobarbital Combination	0	0	0	0	0	0
Phenobarbital	0	0	2	<1	10	5
Phenobarbital/Chloral Hydrate Combination	0	0	106	44	88	41
Chloral Hydrate	0	0	1	<1		
Morphine sulfate	130	66	53	22	4	2
Other	0	0	1	<1	0	0
Timing						
Duration of patient-physician relationship ⁵						
<25 weeks	94	51	125	52	99	49
25 weeks – 51 weeks	21	11	25	10	18	9
1 year or more	71	38	88	37	81	40
Unknown	0	0	2	1	4	2
Range (min – max)	<1 wk – 38 yrs		<1 wk – 31 yrs		<1 wk – 2 yrs	
Duration between first oral request and death ⁶						
<25 weeks	167	90	209	88	164	81
25 weeks or more	18	10	28	12	33	16
Unknown	0	0	0	0	5	2
Range (min – max)	2 wks – 81 wks		2 wks – 112 wks		0 wks – 95 wks	

Notes:

1. Data published in 2016 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 186 of the 196 participants in 2017 who died.
3. Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 185 of the 196 participants in 2017 who died.
4. Data are collected from the Pharmacy Dispensing Record Form. At the time of publication, data are available for all 196 participants in 2017 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 are available for 186 of the 196 participants in 2017 who died.
6. Data are collected from the After Death Reporting form and Attending physician Compliance Form. At the time of publication, data are available for 185 of the 196 participants in 2017 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

	2017		2016		2015 ¹	
	Number	%	Number	%	Number	%
Circumstances when medication ingested²						
Healthcare provider present						
Prescribing physician	13	8	17	9	9	5
Other provider, not prescribing physician, present	84	51	99	51	117	69
No provider	24	15	25	13	23	14
Unknown	43	26	53	27	20	12
Location of patient						
Home (patient, family, friend)	144	88	169	87	146	86
Long term care, assisted living or foster care facility	15	9	14	7	17	10
Hospital	0	0	0	0	0	0
Other	0	0	3	2	1	1
Unknown	5	3	8	4	5	3
Hospice care						
Enrolled	145	88	150	77	138	82
Not enrolled	10	6	27	14	19	11
Unknown	9	5	17	9	12	7
Timing²						
Minutes between ingestion and unconsciousness						
1 min – 10 min	109	66	111	57	122	72
11 min or more	21	13	44	23	9	5
Unknown	34	21	39	20	38	22
Range (min – max)	1 min – 6 hrs		1 min – 11 hrs		1 min– 72 min	
Minutes between ingestion and death						
Less than 90 min	106	64	102	53	104	62
91 min or more	31	19	58	30	36	21
Unknown	27	16	34	17	29	17
Range (min – max)	5 min to 35 hrs		1 min to 22 hrs		5 min– 72 hrs	
Complications²						
Regurgitation	2	1	7	4	3	2
Seizures	0	0	0	0	0	0
Awakened after taking prescribed medication	0	0	0	0	0	0
Other	2	1	2	1	2	1
None	144	88	163	84	150	89
Unknown	16	10	22	11	14	8
Emergency Medical Services involvement²						
Called for intervention after lethal medication ingested	0	0	0	0	0	0
Called for other reason (including to pronounce death)	1	1	3	2	2	1
Not called after lethal medication ingested	153	93	172	89	151	89
Unknown	10	6	19	10	16	9

Notes:

1. Data published in 2016 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 164 of the participants in 2017 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 2017 Death with Dignity participants (people who received medication) as of Feb 6, 2018:

Table 5. Documentation Received for 2017 Participants.

Form	Number
Written Requests to End Life	193
Attending Physician Compliance	194
Consulting Physician Compliance	194
Psychiatric/Psychological Consulting	10
Pharmacy Dispensing Form	212
After Death Reporting Form	186
Death Certificates	196

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.