

Washington State

2016 Death With Dignity Act Report

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Washington State Department of Health 2016 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 248 participants for whom medication was dispensed between January 1, 2016 and December 31, 2016. It includes data from the documentation received by the Department of Health as of June 30, 2017.

In 2016, medication was dispensed to 248 individuals (defined as 2016 participants):

- Prescriptions were written by 140 different physicians
- Medications were dispensed by 47 different pharmacists

Of the 248 participants in 2016:

- 240 are known to have died
 - 192 died after ingesting the medication
 - 36 died without having ingested the medication
 - For the remaining 12 people who died, ingestion status is unknown
- For the 8 participants not included among those known to have died, the state health department has received no documentation (death certificate or after death form) that indicates death has occurred

The state has received death certificates for 239 participants in 2016; we are awaiting death certificate information on 1 additional participant.

Of the 239 participants in 2016 who died and for whom we have death certificates:

- The youngest was 33 years and the oldest was 98 years
- 94 percent lived west of the Cascades
- 97 percent were White
- 43 percent were married at time of death
- 67 percent had at least some college education
- 77 percent had cancer
- 8 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 16 percent had other illnesses, including heart and respiratory disease, and unknown illnesses

Of the 240 participants in 2016 who died, an After Death Report was provided for 236 participants. Of these 236 participants:

- 92 percent had private, Medicare, Medicaid, other insurance, or a combination of health insurance
- 87 percent reported to their health care provider concerns about loss of autonomy
- 66 percent reported to their health care provider concerns about loss of dignity

- 84 percent reported to their health care provider concerns about loss of the ability to participate in activities that make life enjoyable

Of the 192 participants in 2016 who died after ingesting the medication:

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

Death with Dignity Participation in 2016

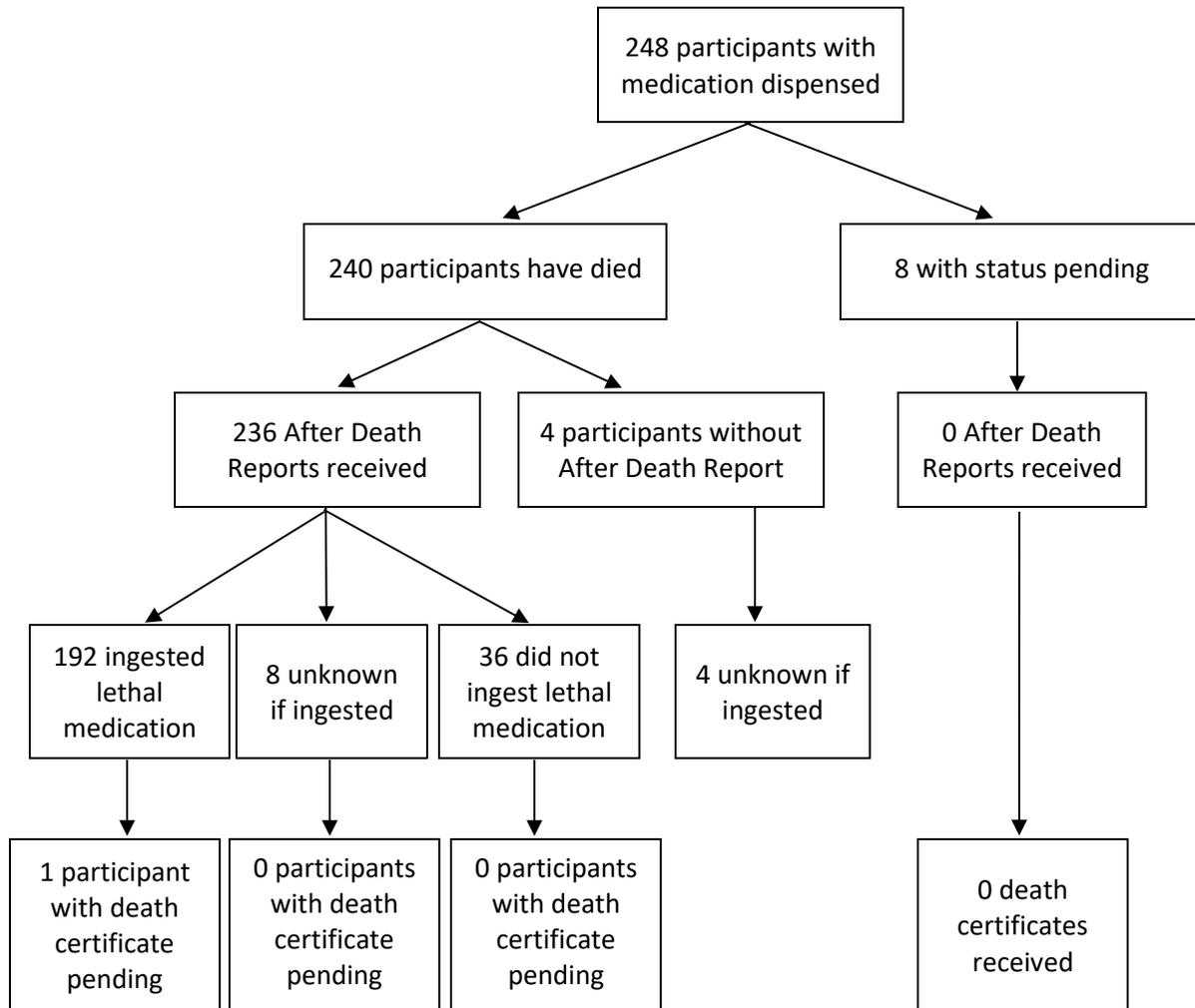
For the purposes of this report, a participant of the Death with Dignity Act in 2016 is defined as someone to whom medication was dispensed in 2016 under the terms of the act. Details of the act are included in Appendix A.

To date, the state health department has received documentation indicating that lethal doses of medication were dispensed to 248 participants under the law in 2016. These prescriptions were written by 140 different physicians and dispensed by 47 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 contacts health care providers to obtain the documentation.

Among the 248 participants who received medication in 2016, the department has received confirmation that 240 have died; 192 ingested the medication, 36 did not ingest, and the ingestion status is unknown for 12 (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 8 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 248 participants who received medication in 2016 under the terms of the Death with Dignity Act



Update on Death with Dignity Participation 2009-2015

Since the last Death with Dignity report was published in July of 2016 the department received additional information on participants from prior years. As of August 15, 2017, 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 four remaining participants in 2015, four remaining participants in 2014, the four remaining participants 2013, the one remaining participant in 2011, and the 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 2009-2016, and the number of these participants who are known to have died as of August 15, 2017, are shown in Figure 2.

Figure 2. Number of Death with Dignity Participants and Known Deaths, WA 2009-2016

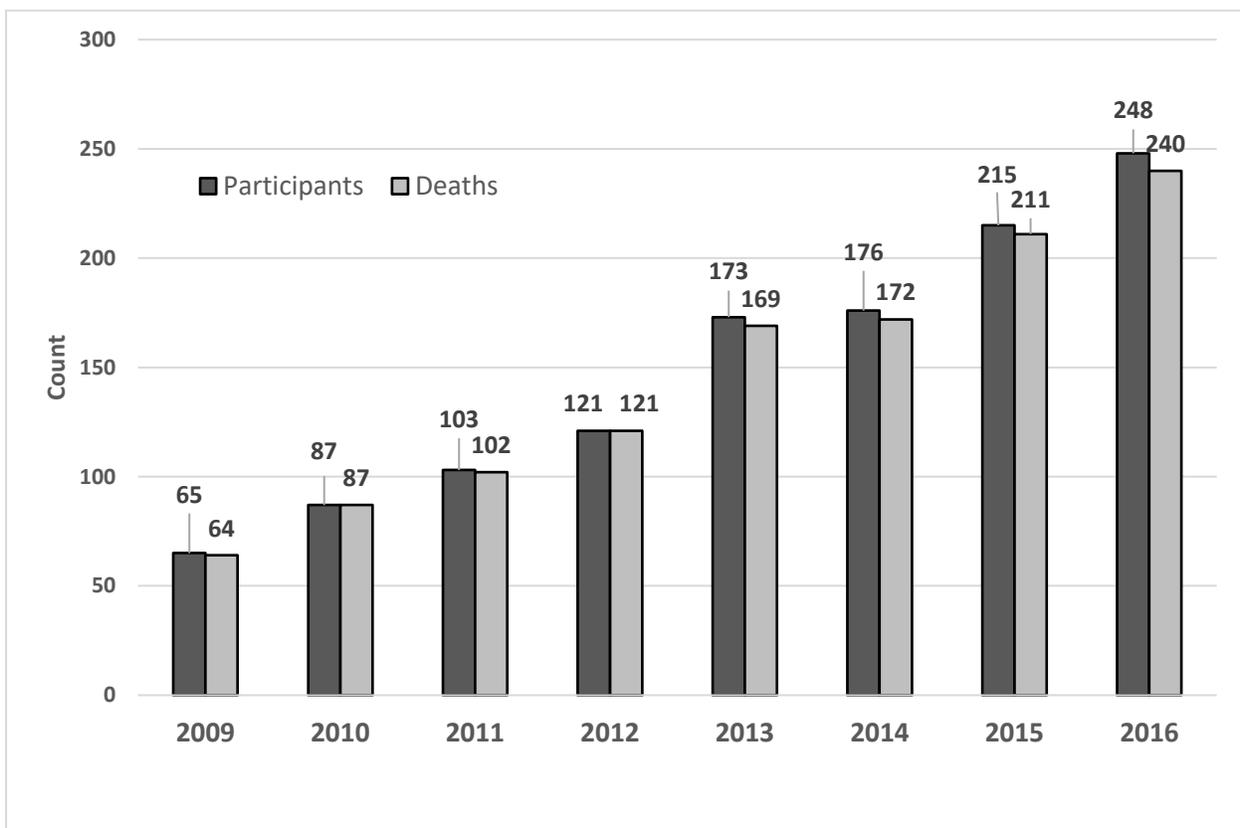


Table 1. Characteristics of the participants of the Death with Dignity Act who have died

	2016		2015 ¹		2014	
	Number	%	Number	%	Number	%
Sex²						
Male	120	50	113	54	75	44
Female	119	50	97	46	97	56
Age (years)²						
18-44	6	3	5	2	7	4
45-54	12	5	12	6	10	6
55-64	53	22	39	19	33	19
65-74	59	25	65	31	53	31
75-84	67	28	42	20	40	23
85+	42	18	47	22	29	17
Range (min-max)	33-98		20-97		21-101	
Race and Ethnicity²						
White	232	97	205	98	159	92
Other	7	3	5	2	12	7
Unknown	0	0	0	0	1	1
Marital Status²						
Married	103	43	99	47	81	47
Widowed	47	20	45	21	34	20
Divorced	65	27	54	26	37	21
Domestic partner (state-registered)	2	1	0	0	18	10
Never married/single	17	7	12	6	1	1
Unknown	5	1	0	0	1	1
Education²						
Less than high school	10	4	8	4	4	2
High school graduate	65	27	46	22	37	22
Some college	84	35	55	26	42	24
Baccalaureate or higher	77	32	99	47	86	50
Unknown	3	1	2	1	3	2
Residence^{3,4}						
West of the Cascades	224	94	199	95	161	95
East of the Cascades	15	6	11	5	9	5
Underlying illness³						
Cancer	184	77	148	72	129	76
Neuro-degenerative disease (including ALS ⁵)	18	8	17	8	21	13
Respiratory disease (including COPD ⁶)	18	8	18	9	4	2
Heart disease	14	6	11	5	10	6
Other illnesses	5	2	11	5	6	3
Insurance Status⁷						
Private only	43	18	28	14	33	23
Medicare or Medicaid only	109	46	102	50	82	57
Combination of private & Medicare/Medicaid	40	17	20	10	18	13
None	1	<1	3	1	3	2
Unknown	16	6	29	14	7	5
Other (including VA and other insurance)	27	11	20	10		

Notes:

¹ Data derived from the death certificate (sex, age, race/ethnicity, marital status, and education) have been updated for 2015. Data have been updated for 8 of the 2015 participants with information received since the 2015 report was published. At time of publication, death certificate data are available for 210 of the 2015 participants.

² Data are collected from the death certificate. At time of publication, data are available 239 of the 240 participants in 2016 who died.

³ Data are collected from multiple documents (After Death Reporting Form, Attending Physician Compliance Form, and Death Certificate). At time of publication, data are available for 239 of the 240 participants in 2016 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 236 of the 240 participants in 2016.

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

	2016		2015		2014 ¹	
	Number	%	Number	%	Number	%
End of Life Concerns^{2, 3}						
Losing autonomy	206	87	170	84	127	89
Less able to engage in activities making life enjoyable	199	84	170	84	135	94
Loss of dignity	156	66	135	67	113	79
Burden on family, friends/caregivers	120	51	96	48	85	59
Losing control of bodily functions	101	43	102	51	73	51
Inadequate pain control or concern about it	97	41	71	35	59	41
Financial implications of treatment	18	8	25	12	12	8

Notes:

¹ Data published in 2014 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 236 of the 240 participants in 2016 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

	2016		2015		2014 ¹	
	Number	%	Number	%	Number	%
Family and Psychiatric/Psychological involvement						
Referred for psychiatric/psychological evaluation ²	11	5	8	4	6	4
Patient informed family of decision ³	221	94	174	93	146	88
Medication⁴						
Secobarbital	77	32	109	51	112	64
Pentobarbital	2	1	4	2	64	36
Secobarbital/Pentobarbital Combination	0	0	0	0	0	0
Phenobarbital	1	<1	10	5	0	0
Phenobarbital/Chloral Hydrate Combination	106	44	88	41		
Chloral Hydrate	1	<1				
Morphine sulfate	52	22	4	2	0	0
Other	1	<1	0	0	0	0
Timing						
Duration of patient-physician relationship ⁵						
<25 weeks	125	53	99	49	62	43
25 weeks – 51 weeks	25	11	18	9	18	13
1 year or more	84	36	81	40	57	40
Unknown	2	1	4	2	6	4
Range (min – max)	<1 wk – 31 yrs		<1 wk – 2 yrs		<1 wk – 23 yrs	
Duration between first oral request and death ²						
<25 weeks	209	89	164	81	145	87
25 weeks or more	24	10	33	16	15	9
Unknown	3	1	5	2	7	4
Range (min – max)	2 wks – 112 wks		0 wks – 95 wks		2 wks – 57 wks	

Notes:

¹ Data published in 2014 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 236 of the 240 participants in 2016 who died.

³ Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 234 of the 240 participants in 2016 who died.

⁴ Data are collected from the Pharmacy Dispensing Record Form. At the time of publication, data are available for all 240 participants in 2016 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 236 of the 240 participants in 2016 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

	2016		2015		2014 ¹	
	Number	%	Number	%	Number	%
Circumstances when medication ingested²						
Healthcare provider present						
Prescribing physician	17	9	9	5	7	6
Other provider, not prescribing physician, present	97	51	117	69	78	62
No provider	25	13	23	14	21	16
Unknown	53	28	20	12	20	16
Location of patient						
Home (patient, family, friend)	168	88	146	86	116	92
Long term care, assisted living or foster care facility	14	7	17	10	7	5
Hospital	0	0	0	0	0	0
Other	3	2	1	1	2	2
Unknown	7	3	5	3	1	1
Hospice care						
Enrolled	148	77	138	82	86	69
Not enrolled	27	14	19	11	35	28
Unknown	17	9	12	7	5	4
Timing²						
Minutes between ingestion and unconsciousness						
1 min – 10 min	110	57	122	72	84	67
11 min or more	44	23	9	5	11	9
Unknown	38	20	38	22	31	24
Range (min – max)	1 min – 11 hours		1 min–72 min		1 min–60 min	
Minutes between ingestion and death						
Less than 90 min	102	53	104	62	91	72
91 min or more	57	30	36	21	10	8
Unknown	33	17	29	17	25	20
Range (min – max)	1 min to 22 hrs		5 min–72 hrs		3 min–18hrs	
Complications²						
Regurgitation	7	4	3	2	2	2
Seizures	0	0	0	0	1	1
Awakened after taking prescribed medication	0	0	0	0	0	0
Other	2	1	2	1	0	0
None	162	84	150	89	121	96
Unknown	21	11	14	8	2	1
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)	3	2	2	1	2	2
Not called after lethal medication ingested	171	89	151	89	117	93
Unknown	18	9	16	9	7	5

Notes:

¹ Data published in 2014 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 192 participants in 2016 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 2016 Death with Dignity participants (people who received medication) as of June 30, 2017:

Table 5. Documentation Received for 2016 Participants.

Form	Number
Written Requests to End Life	236
Attending Physician Compliance	238
Consulting Physician Compliance	237
Psychiatric/Psychological Consulting	10
Pharmacy Dispensing Form	248
After Death Reporting Form	236
Death Certificates	239

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.