

Washington State Department of Health 2015 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 213 participants for whom medication was dispensed between January 1, 2015 and December 31, 2015. It includes data from the documentation received by the Department of Health as of March 25, 2016.

In 2015, medication was dispensed to 213 individuals (defined as 2015 participants):

- Prescriptions were written by 142 different physicians
- Medications were dispensed by 49 different pharmacists

Of the 213 participants in 2015:

- 202 are known to have died
 - 166 died after ingesting the medication
 - 24 died without having ingested the medication
 - For the remaining 12 people who died, ingestion status is unknown
- For the eleven participants not included among those known to have died, the state health department has received no documentation that indicates death has occurred

The 202 participants who died in 2015 ranged in age from 20 to 97 years old. Ninety-five percent lived west of the Cascades. Of the 202 participants in 2015 who died:

- 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

Of the 199 participants in 2015 who died for whom a death certificate was provided to the state:

- 98 percent were white, non-Hispanic
- 47 percent were married
- 74 percent had at least some college education

Of the 197 participants in 2015 who died and for whom an After Death Report was received:

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

Of the 166 participants in 2015 who died after ingesting the medication:

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

Death with Dignity Participation in 2015

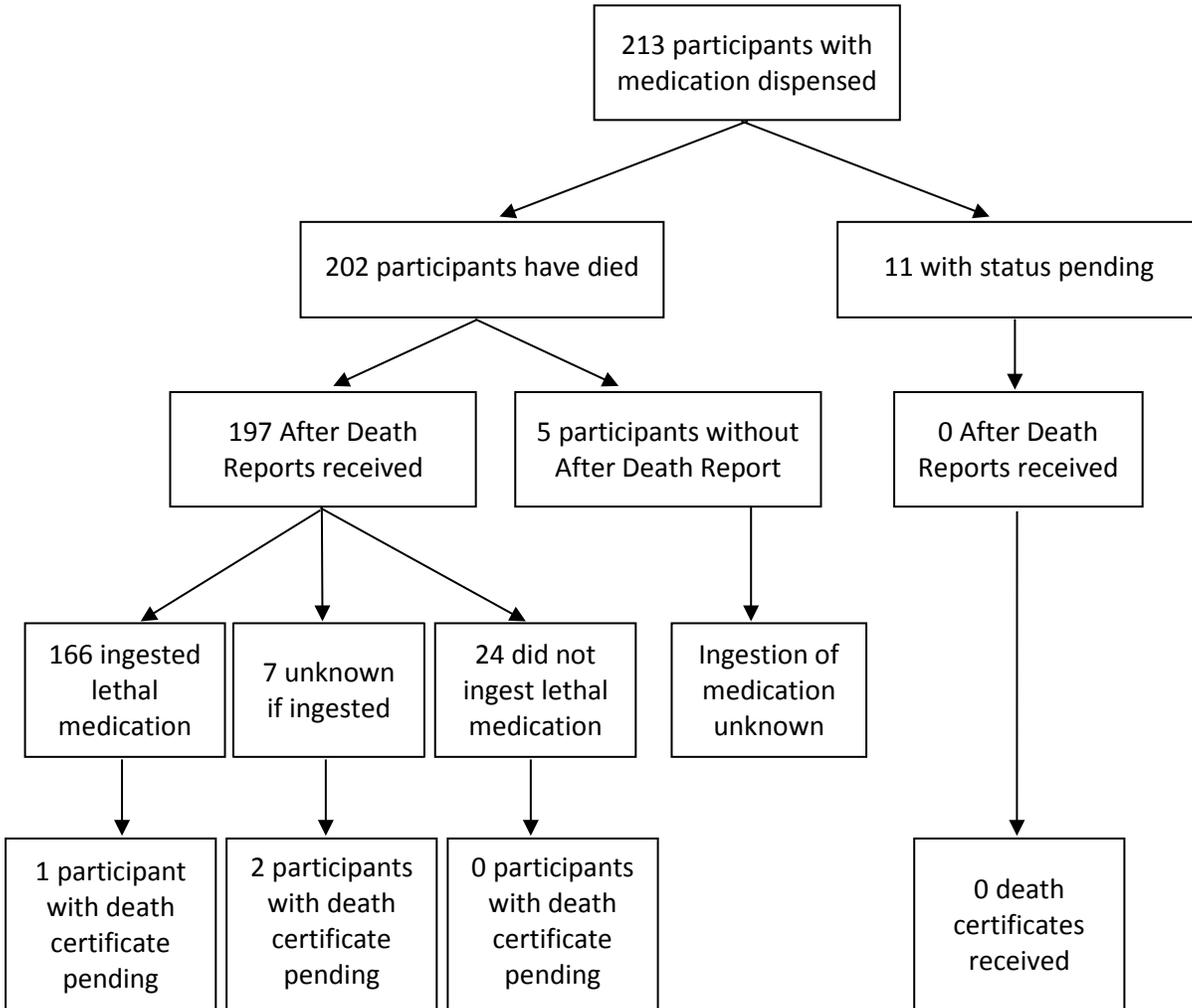
For the purposes of this report, a participant of the Death with Dignity Act in 2015 is defined as someone to whom medication was dispensed in 2015 under the terms of the act. Details of the act are included in Appendix A.

To date, the state health department has received documentation indicating that lethal doses of medication were dispensed to 213 participants under the law in 2015. These prescriptions were written by 142 different physicians and dispensed by 49 different pharmacists. The department has not yet received all of the required paperwork for all 213 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 213 participants who received medication in 2015, the department has received confirmation that 199 have died. One hundred sixty-six ingested the medication, 24 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 eleven 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 213 participants who received medication in 2015 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 on July 28, 2015 the department received additional information on participants from prior years. As of March 25, 2016, 172 of the 176 2014 participants, 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 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 2009-2015, and the number of these participants who are known to have died as of March 25, 2016, is shown in Figure 2.

Figure 2. Number of Death with Dignity Participants and Known Deaths, 2009-2015

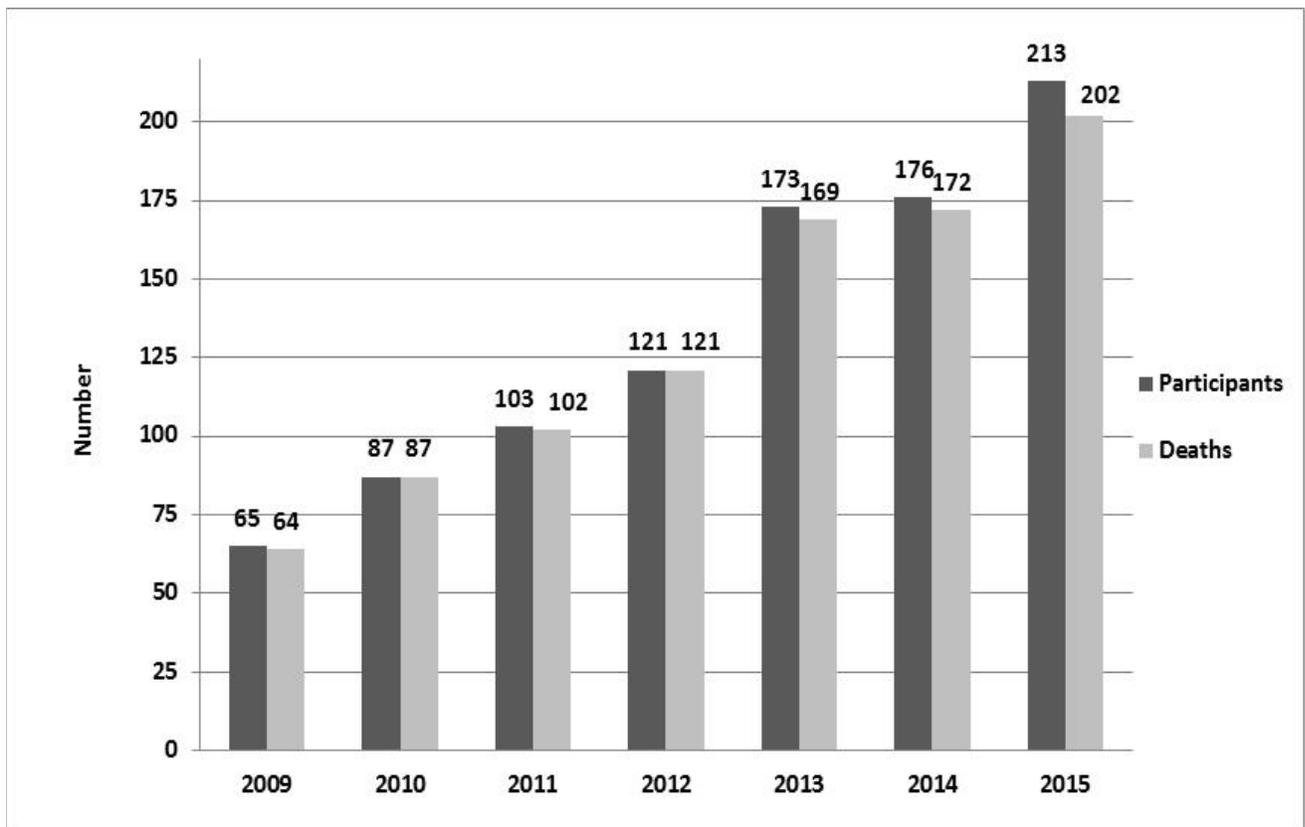


Table 1. Characteristics of the participants of the Death with Dignity Act who have died

	2015		2014 ¹	
	Number	%	Number	%
Sex³				
Male	106	53	75	44
Female	93	47	97	56
Age (years)²				
18-44	5	2	7	4
45-54	12	6	10	6
55-64	38	19	33	19
65-74	63	31	53	31
75-84	42	21	40	23
85+	42	21	29	17
Range (min-max)	20-97		21-101	
Race and Ethnicity³				
Non-Hispanic White	194	98	159	92
Hispanic and/or Non-White	5	2	12	7
Unknown			1	1
Marital Status³				
Married	93	47	81	47
Widowed	41	20	34	20
Divorced	53	27	37	21
Domestic partner (state-registered)	0	0	18	10
Never married	12	6	1	1
Unknown			1	1
Education³				
Less than high school	8	4	4	2
High school graduate	42	21	37	22
Some college	55	27	42	24
Baccalaureate or higher	93	47	86	50
Unknown	1	1	3	2
Residence^{2,4}				
West of the Cascades	191	95	161	95
East of the Cascades	11	5	9	5
Underlying illness²				
Cancer	146	72	129	76
Neuro-degenerative disease (including ALS ⁵)	17	8	21	13
Respiratory disease (including COPD ⁶)	11	6	4	2
Heart disease	18	9	10	6
Other illnesses	10	5	6	3
Insurance Status⁷				
Private only	28	14	33	23
Medicare or Medicaid only	140	71	82	57
Combination of private and Medicare/Medicaid	20	10	18	13
None	4	2	3	2
Unknown	5	3	7	5

Notes:

¹ Data derived from the death certificate (sex, age, race/ethnicity, marital status, and education) have been updated for 3 of the 2014 participants with information received since the 2014 report was published. At time of publication, death certificate data are available for 172 of the 2014 participants.

² Data are collected from multiple documents. At time of publication, data are available for all 202 of the participants in 2015 who died.

³ Data are collected from the death certificate. At time of publication, data are available for 199 of the 202 participants in 2015 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 197 of the 213 participants in 2015.

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

	2015		2014 ¹	
	Number	%	Number	%
End of Life Concerns^{2,3}				
Losing autonomy	169	86	127	89
Less able to engage in activities making life enjoyable	170	86	135	94
Loss of dignity	135	69	113	79
Burden on family, friends/caregivers	105	52	85	59
Losing control of bodily functions	96	49	73	51
Inadequate pain control or concern about it	70	35	59	41
Financial implications of treatment	25	13	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 197 of the 202 participants in 2015 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

	2015		2014 ¹	
	Number	%	Number	%
Family and Psychiatric/Psychological involvement				
Referred for psychiatric/psychological evaluation ²	8	4	6	4
Patient informed family of decision ³	170	94	146	88
Medication⁴				
Secobarbital	106	52	112	64
Pentobarbital	2	1	64	36
Secobarbital/Pentobarbital Combination	0	0	0	0
Phenobarbital	92	46	0	0
Other	1	1	0	0
Timing				
Duration of patient-physician relationship ⁵				
<25 weeks	100	51	62	43
25 weeks – 51 weeks	15	8	18	13
1 year or more	80	40	57	40
Unknown	2	1	6	4
Range (min – max)	<1 wk– 2 yrs		<1 wk–23 yrs	
Duration between first oral request and death ²				
<25 weeks	163	84	145	87
25 weeks or more	32	16	15	9
Unknown	0	0	7	4
Range (min – max)	2 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 195 of the 202 participants in 2015 who died.

³ Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 183 of the 202 participants in 2015 who died.

⁴ Data are collected from the Pharmacy Dispensing Record Form. At the time of publication, data are available for all 213 of the participants in 2015 who received medication.

⁵ Data are collected from the After Death Reporting form. At the time of publication, data are available for 197 of the 202 participants in 2015 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

	2015		2014 ¹	
	Number	%	Number	%
Circumstances when medication ingested²				
Healthcare provider present				
Prescribing physician	9	5	7	6
Other provider, not prescribing physician, present	116	70	78	62
No provider	39	24	21	16
Unknown	2	1	20	16
Location of patient				
Home (patient, family, friend)	143	86	116	92
Long term care, assisted living or foster care facility	17	10	7	5
Hospital	0	0	0	0
Other	1	1	2	2
Unknown	5	3	1	1
Hospice care				
Enrolled	135	81	86	69
Not enrolled	19	12	35	28
Unknown	12	7	5	4
Timing²				
Minutes between ingestion and unconsciousness				
1 min – 10 min	120	72	84	67
11 min or more	9	6	11	9
Unknown	37	22	31	24
Range (min – max)	1 min–72 min		1 min–60 min	
Minutes between ingestion and death				
5 min – 90 min	104	63	91	72
91 min or more	33	20	10	8
Unknown	29	17	25	20
Range (min – max)	5 min–30hrs		3 min–18hrs	
Complications²				
Regurgitation	2	1	2	2
Seizures	0	0	1	1
Awakened after taking prescribed medication	0	0	0	0
Other	1	1	0	0
None	149	90	121	96
Unknown	14	8	2	1
Emergency Medical Services involvement²				
Called for intervention after lethal medication ingested	0	0	0	0
Called for other reason (including to pronounce death)	2	1	2	2
Not called after lethal medication ingested	149	90	117	93
Unknown	15	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 166 participants in 2015 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 2015 Death with Dignity participants (people who received medication) as of March 25, 2016:

Table 5. Documentation Received for 2015 Participants

Form	Number
Written Requests to End Life	183
Attending Physician Compliance	195
Consulting Physician Compliance	189
Psychiatric/Psychological Consulting	8
Pharmacy Dispensing Form	213
After Death Reporting Form	197
Death Certificates	199

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.