

# 2021 Death with Dignity Act Report

July 15, 2022

Chapter 70.245 RCW

Disease Control & Health Statistics

Center for Health Statistics



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# Executive Summary

Washington State'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. This report provides information about people who participated in the program between January 1, 2021, and December 31, 2021. The data in this report comes from documentation that the Washington State Department of Health (DOH) received as of May 26, 2022.

In this report, a participant is defined as someone who was dispensed medication under the terms of the law (see Appendix A).

A total of 400 individuals were dispensed the medication in 2021.

- 186 different physicians prescribed the medication.
- 62 different pharmacists dispensed the medication.

DOH received death certificates for 387 participants and After Death Reporting Forms for 348 participants.

- 387 participants are known to have died.
  - 291 died after taking the medication.
  - 44 died without having taken the medication.
  - For the remaining participants, it is unknown if they took the medication before dying.

Out of the 291 that died after taking the medication:

- 91% were enrolled in hospice care when they took the medication.
- 95% had some form of health insurance.
- 88% died at home or in a private residence.

Demographics of participants (as shown in death certificates, 387 participants):

- The average age of participants was 75 years.
- 92% of participants were White, and 5% were Asian.
- 88% of participants lived west of the Cascade Mountains<sup>1</sup>.

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<sup>1</sup> Based on death certificate information. Counties west of the Cascades: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom.

# 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 is available on the Department of Health website (<http://www.doh.wa.gov/dwda/>).

The Department of Health (DOH) defines a program participant as someone who was dispensed medication under the terms of the law. DOH identified program participants based on one of the following types of documentation:

- A valid prescription date for the lethal medication on the Pharmacy Dispensing Form (used before 2019).
- A valid prescription date on either the Attending Physician's Compliance Form or the After Death Reporting Form.
- An After Death Reporting Form showing they took the lethal medication and a death certificate.

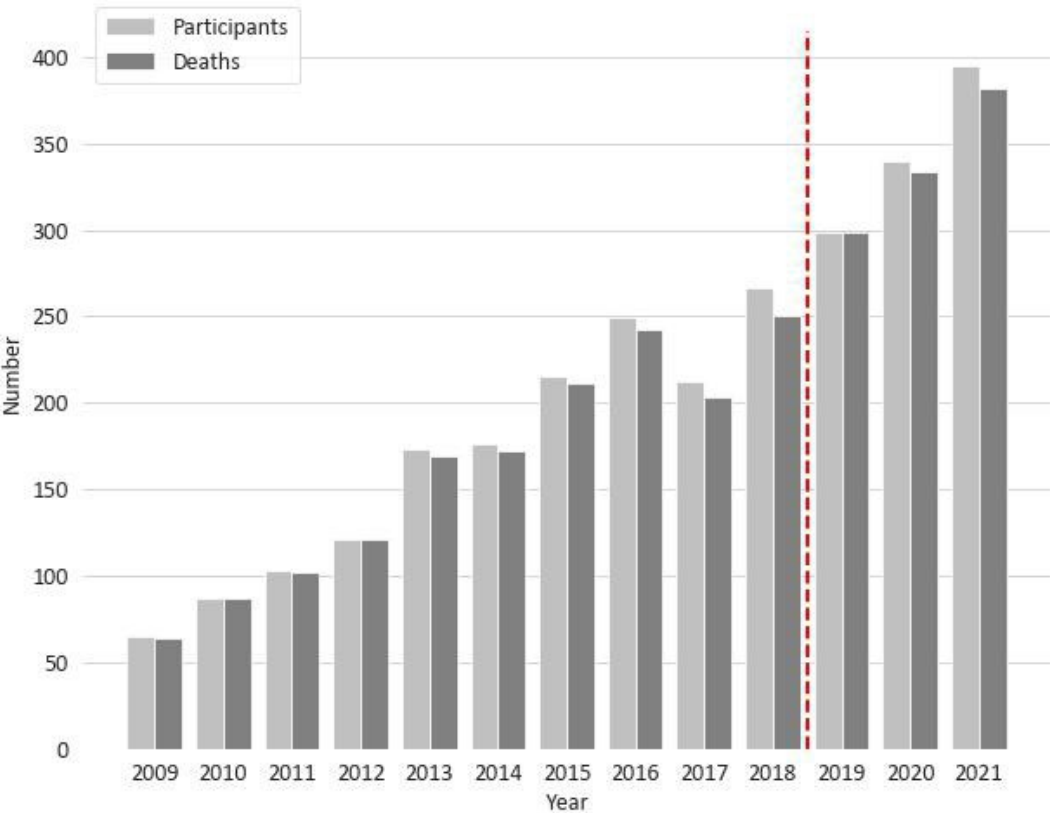
Under the Death with Dignity Act, the Department of Health collects information from healthcare providers, reviews this information for compliance with reporting requirements, contacts the healthcare provider if the information is incomplete or inadequate, and produces this annual statistical report.

# Death with Dignity Act Participation Data

## Participation Over Time

Figure 1 shows the known number of participants and deaths for 2009 through 2021, as of May 26, 2022. The status of the remaining participants in prior years is still unknown. These participants may have died, but DOH has not received documentation of the deaths.

Figure 1: Number of Death with Dignity participants and known deaths, 2009-2021<sup>2</sup>



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<sup>2</sup> Participants prior to 2019 were counted based on receipt of the pharmacy dispensing form. Deaths prior to 2019 were counted based on registered death certificates. The dotted line represents a change in inclusion criteria.

## Participation Demographics

Table 1: Death with Dignity Act Participation, 2021

Participant Characteristic	Number	Percent (%)
<b>Sex<sup>3</sup></b>		
Male	214	55.0
Female	173	45.0
Total	387	100.0
<b>Age (years)<sup>4</sup></b>		
18-54	23	6.0
55-64	52	13.0
65-74	118	30.0
75-84	106	27.0
85+	88	23.0
Total	387	100.0
<b>Marital Status<sup>5</sup></b>		
Married	189	49.0
Divorced	85	22.0
Widowed	81	21.0
Never married	<50 <sup>6</sup>	<10.0
Other/unknown	<10	<5.0
Total	387	100.0
<b>Education<sup>7</sup></b>		
Some College/College Degree	300	77.5
Some High School/High School Degree	85	22.0
Other/Unknown	2	0.5
Total	387	100.0

<sup>3</sup> Based on death certificate information.

<sup>4</sup> Based on death certificate information.

<sup>5</sup> Based on death certificate information.

<sup>6</sup> Data represented with a "<" is suppressed to protect participant confidentiality.

<sup>7</sup> Based on death certificate information.



Participant Characteristic	Number	Percent (%)
<b>Residence<sup>8</sup></b>		
West of Cascades <sup>9</sup>	341	88.0
East of Cascades <sup>10</sup>	46	12.0
Total	387	100.0
<b>Insurance Status<sup>11</sup></b>		
Insured	330	95.0
Uninsured	18	5.0
Total	348	100.0
<b>Race<sup>12</sup></b>		
White	358	92.0
Asian	19	5.0
Other	10	3.0
Total	387	100.0

<sup>8</sup> Based on death certificate information.

<sup>9</sup> Counties west of the Cascades: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom.

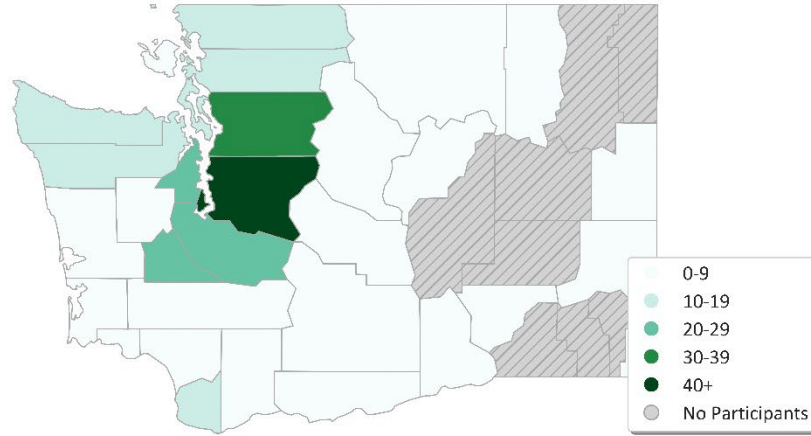
<sup>10</sup> Counties east of the Cascades: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.

<sup>11</sup> Data are collected from After Death Reporting Forms.

<sup>12</sup> Based on death certificate information.

## Participation by County

Figure 2: Participation by county, 2021



## Underlying Illness

Table 1: Death with Dignity Act participants' underlying illness(es), 2021

Illness Reported <sup>13</sup>	Number	Percent (%)
Cancer	267	73.2
Heart and/or vascular disease	31	8.5
Neurodegenerative	30	8.2
Respiratory disease	29	7.9
Other illness(es) only	8	2.2
Total <sup>14</sup>	365	--

<sup>13</sup> Data are collected from the Attending Physician Compliance Form. Please note that a patient may have multiple diagnoses, so illnesses are not necessarily mutually exclusive. "Other illness only" indicates that a diagnosis was reported without an obvious diagnosis of a cancer, respiratory disease, cardiac disease, or neurodegenerative condition.

<sup>14</sup> More than one illness may be reported. Total illnesses therefore can exceed the total number of participants.

## End of Life Concerns

Table 2: End of life concerns of participants who died, 2021

End of Life Concerns <sup>15</sup>	Number	Percent (%)
Less able to engage in activities making life enjoyable	293	85.0
Loss of autonomy	295	85.0
Loss of control of bodily functions	172	50.0
Burden on family, friends, or caregivers	194	56.0
Loss of dignity	251	73.0
Financial implications of treatment	<10 <sup>16</sup>	<5.0
Inadequate pain control or concerns about pain control	160	46.0
Total <sup>17</sup>	348	--

<sup>15</sup> Data are collected from the After Death Reporting Form.

<sup>16</sup> Data represented with a "<" is suppressed to protect participant confidentiality.

<sup>17</sup> Participants may report more than one concern. Total concerns therefore can exceed the total number of participants.

## Lethal Medication and Timing

Table 3: Lethal Medication and Timing, 2021

	Number	Percent (%)
Time between first oral request and death <sup>18</sup>		
0-14 days	<10 <sup>19</sup>	<5.0
15-30 days	126	36.0
31-60 days	97	28.0
61-90 days	28	8.0
91-120 days	17	5.0
More than 120 days	67	19.0
Not Known	<10	<5.0
Total	346	100.0
Time between ingestion and loss of consciousness <sup>20</sup>		
0 to 5 minutes	139	48.0
6 to 10 minutes	65	22.0
10 to 20 minutes	<50	<10.0
More than 20 minutes	<10	<5.0
Not known	55	19.0
Total	291	100.0

<sup>18</sup> Based on Pharmacy Dispensing Report

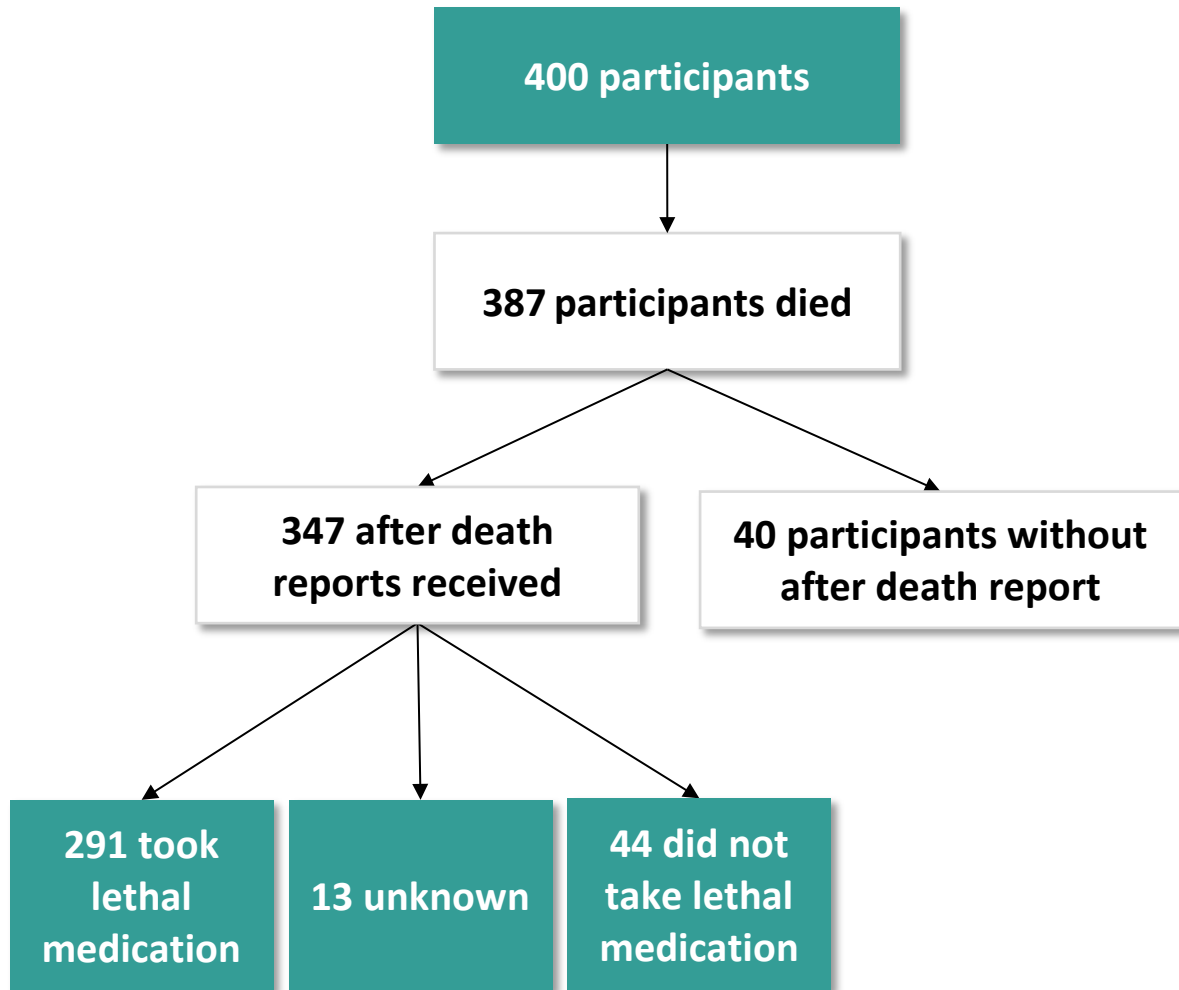
<sup>19</sup> Data represented with a "<" is suppressed to protect participant confidentiality.

<sup>20</sup> Based on After Death Reporting Form

	<b>Number</b>	<b>Percent (%)</b>
<b>Time between ingestion and death<sup>20</sup></b>		
0 to 30 minutes	90	31.0
31 to 60 minutes	67	23.0
61 to 120 minutes	45	16.0
More than 120 minutes	48	16.0
Not known	41	14.0
<b>Total</b>	<b>291</b>	<b>100.0</b>

## Participant Outcomes

Figure 3: Outcome of Death with Dignity Act participants, 2021<sup>21</sup>



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<sup>21</sup> Death of a participant is established when DOH receives the After Death Reporting Form or a registered death certificate.

## Participant Documentation

Table 5 shows the documentation that DOH received for Death with Dignity participants as of May 26, 2022. DOH has not yet received all documentation for 2021 participants.

Table 5: Documentation Received for 2021 Participants

Form	Number
Written Request to End Life Form	354
Attending Physician Compliance Form	365
Consulting Physician Compliance Form	353
Psychiatric Evaluation Form	<10
Pharmacy Dispensing Form	380
After Death Reporting Form	348
Death Certificate	387
Total Participants	400

## Appendix A

### Role of Department of Health (DOH) in monitoring compliance

To comply with the act, attending physicians and pharmacists must file documentation with DOH. Two independent physicians (an attending physician and a consulting physician) must confirm patient eligibility. Within 30 days of writing a prescription for medication under this act, the attending physician must file the following forms with DOH:

- 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 must be submitted to DOH.

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 taking 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.

DOH staff contact health care providers for documentation when all required paperwork is not submitted.

## Confidentiality

The Death with Dignity Act requires that DOH 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, DOH 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 subject to [the Department of Health Agency Standards for Reporting Data with Small Numbers](#).<sup>22</sup> Small numbers can potentially lead to participant identification. DOH suppresses some data fields to protect confidentiality.

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<sup>22</sup> <https://www.doh.wa.gov/Portals/1/Documents/1500/SmallNumbers.pdf>