

# Washington State Department of Health 2011 Death with Dignity Act Report

## Executive Summary

Washington's Death with Dignity Act allows adult residents in the state with six months (180 days) 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 focuses on the 103 participants for whom medication was dispensed between January 1, 2011 and December 31, 2011. It includes data from the documentation received by the Department of Health as of February 29, 2012.

In 2011, medication was dispensed to 103 individuals (defined as 2011 participants):

- Prescriptions were written by 80 different physicians
- Medications were dispensed by 46 different pharmacists

Of the 103 participants in 2011:

- 94 individuals have died
  - 70 of these people died after ingesting the medication
  - 19 of these people died without having ingested the medication
  - For the remaining 5 people who died, ingestion status is unknown
- For the remaining 9 people, no documentation has been received that indicates death has occurred

Of the 94 participants in 2011 who died, their characteristics and underlying illnesses include:

- Age range between 41 and 101 years
- 95 percent lived west of the Cascades
- 94 percent were white, non-Hispanic
- 46 percent were married
- 75 percent had at least some college education
- 78 percent had cancer
- 12 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 10 percent had other illnesses, including heart and respiratory diseases
- 87 percent had private, Medicare, Medicaid, or a combination of health insurance

Of the 94 participants in 2011 who died, their end-of-life concerns include:

- Loss of autonomy, 87 percent
- Loss of dignity, 79 percent
- Loss of the ability to participate in activities that make life enjoyable, 89 percent

Of the 70 participants in 2011 who ingested the medication and died:

- 93 percent were at home
- 83 percent were enrolled in hospice care when they ingested the medication

## Death with Dignity Participation in 2011

For the purposes of this report, a participant of the Death with Dignity Act in 2011 is defined as someone to whom medication was dispensed in 2011 under the terms of the act. Details of the act are included in the appendix. The Department of Health received the following documentation for 2011 Death with Dignity participants as of February 29, 2012:

**Table 1. Documentation Received for 2011 Participants**

Form	Number
Written Request to End Life Form	101
Attending Physician Compliance Form	102
Consulting Physician Compliance Form	100
Psychiatric/Psychological Consulting Form	5
Pharmacy Dispensing Record Form	103
After Death Reporting Form	91
Death Certificate	87

In 2011, lethal doses of medication were dispensed to 103 participants under the law. These prescriptions were written by 80 different physicians and dispensed by 46 different pharmacists.

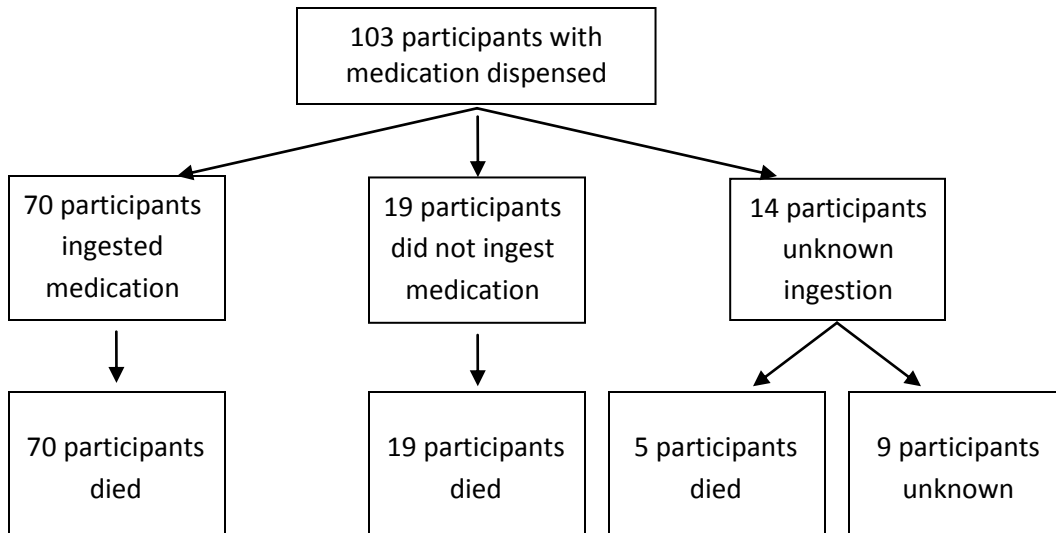
To date, the Department of Health has received fewer Written Request Forms, Attending Physician Compliance Forms, and Consulting Physician Compliance Forms than Pharmacy Dispensing Records for the 2011 participants. When all the required paperwork is not received, agency staff contacts health care providers to obtain the documentation.

Table 1 only includes the documentation received for individuals defined as participants (people who received medication). The information posted on the Department of Health's Death with Dignity website about the number of forms received in 2011 provides all documentation received, including forms for people who did not have a prescription filled (and so are defined as non-participants), forms for 2010 participants who died in 2011, and some forms for 2012 participants. As a result, the numbers of documents listed in Table 1 do not match the numbers of documents received on the Department of Health website.

Among the 103 participants who received medication in 2011, 70 ingested the medication, 19 did not ingest, and the ingestion status is unknown for 14 (Figure 1). The Department of Health has received notification that 94 of the 103 participants in 2011 have died. Death of a participant is established through receipt of the After Death Reporting form and/or the Death Certificate.

The status of the remaining nine 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 of Health 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 103 participants who received medication in 2011 under the terms of the Death with Dignity Act**



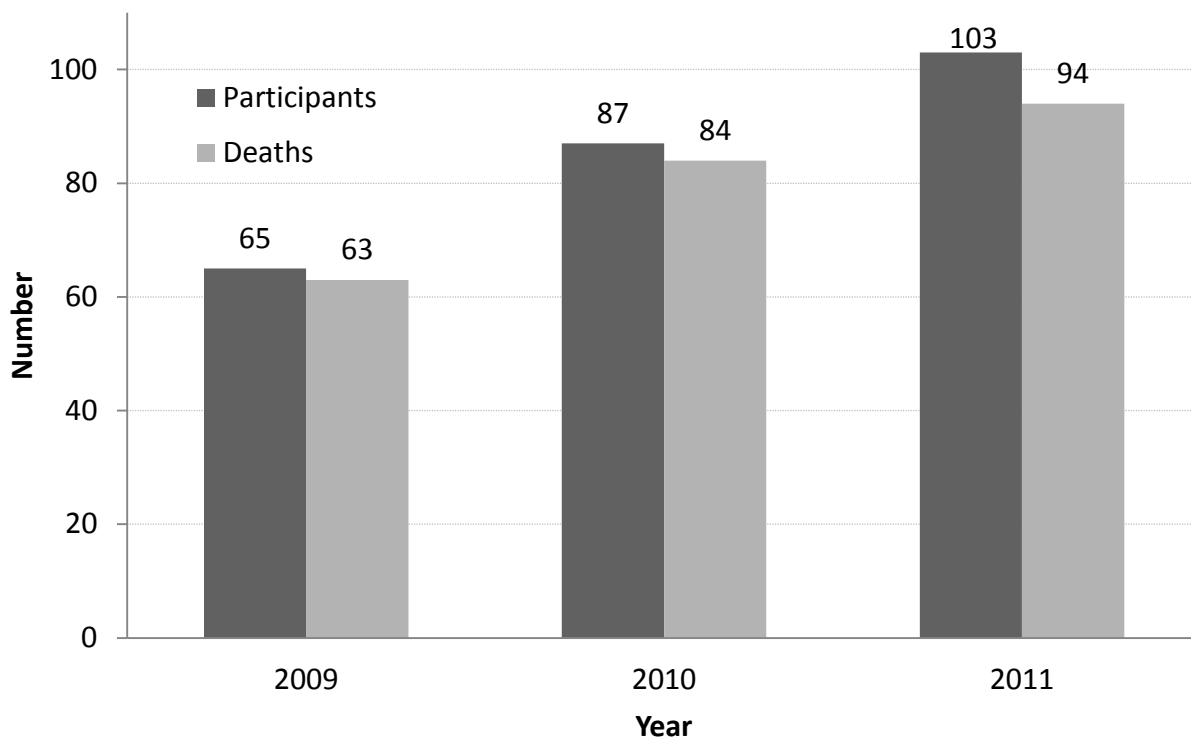
## Update on Death with Dignity Participation 2009-2011

Since the last Death with Dignity report was published on March 10, 2011, the Department of Health received additional information on participants from prior years. As of February 29, 2012, 84 of the 87 participants in 2010, and 63 of the 65 participants in 2009 had died. The status of the three remaining participants in 2010 and two remaining participants in 2009 is still pending. These participants may have died, but the Department of Health has not received documentation of the death.

## Trend in Death with Dignity Participation

Data on the number of participants in 2009, 2010, and 2011, and the number of these participants who are known to have died as of February 29, 2012, are shown in Figure 2.

**Figure 2. Number of Death with Dignity Participants and Known Deaths, 2009-2011**



The data in the remainder of this report describing the participants in 2009 and 2010 reflects the data published in the 2009 and 2010 Death with Dignity Reports, respectively.

**Table 2. Characteristics of the participants of the Death with Dignity Act who have died:**

	2011		2010 <sup>2</sup>		2009 <sup>1</sup>	
	Number	(%)	Number	(%)	Number	(%)
<b>Sex<sup>3</sup></b>						
Male	49	52	36	50	26	55
Female	45	48	36	50	21	45
<b>Age (years)<sup>3</sup></b>						
18-34	0	0	0		0	0
35-44	3	3	0		0	0
45-54	9	10	4	5	6	13
55-64	22	23	17	24	6	13
65-74	27	29	22	31	18	38
75-84	19	20	18	25	10	21
85+	14	15	11	15	7	15
Range (min-max)	41-101		52-99		48-95	
<b>Race and Ethnicity<sup>4</sup></b>						
Non-Hispanic White	82	94	58	95	40	98
Hispanic and/or Non-White	5	6	3	5	1	2
<b>Marital Status<sup>4</sup></b>						
Married	40	46	31	51	19	46
Widowed	13	15	17	28	11	27
Divorced	24	28	9	15	9	22
Never married	10	11	4	6	2	5
<b>Education<sup>4</sup></b>						
Less than high school	4	5	6	10	1	2
High school graduate	17	20	17	28	15	37
Some college	24	28	11	18	9	22
Baccalaureate or higher	41	46	27	44	16	39
Unknown	1	1	0	0	0	0
<b>Residence<sup>3,5</sup></b>						
West of the Cascades	89	95	68	94	44	94
East of the Cascades	5	5	4	6	3	6
<b>Underlying illness<sup>3</sup></b>						
Cancer	73	78	56	78	37	79
Neuro-degenerative disease (incl. ALS <sup>6</sup> )	11	12	7	10	4	9
Respiratory disease (incl. COPD <sup>7</sup> )	4	4	1	1	4	9
Heart Disease	4	4	6	8	0	0
Other illnesses	2	2	2	3	2	3
<b>Insurance Status<sup>8</sup></b>						
Private only	31	34	20	30	12	28
Medicare or Medicaid only	36	40	29	43	19	43
Combination of private and Medicare/Medicaid	12	13	10	15	8	18
None	3	3	2	3	0	0
Unknown	9	10	6	9	5	11

\*Note: The totals for some categories are less than the number of participants who have died. This is because the data are collected from different forms and not all forms were received for all participants by the time of this report. The footnotes on the following page provide additional explanation.

Notes:

<sup>1</sup> Data published in 2009 report <http://www.doh.wa.gov/dwda/>

<sup>2</sup> Data published in 2010 report <http://www.doh.wa.gov/dwda/>

<sup>3</sup> Data are collected from multiple documents. At time of publication, data are available for all 94 of the participants in 2011 who died.

<sup>4</sup> Data are collected from the Death Certificate. At time of publication, data are available for 87 of the 94 participants in 2011 who died.

<sup>5</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>6</sup> Amyotrophic Lateral Sclerosis (ALS).

<sup>7</sup> Chronic Obstructive Pulmonary Disease (COPD).

<sup>8</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 91 of the 94 participants in 2011 who died.

**Table 3. End of life concerns of participants of the Death with Dignity Act who have died:**

	2011		2010 <sup>2</sup>		2009 <sup>1</sup>	
	Number	(%)	Number	(%)	Number	(%)
<b>End of Life Concerns<sup>3,4</sup></b>						
Losing autonomy	79	87	60	90	44	100
Less able to engage in activities making life enjoyable	81	89	58	87	40	91
Loss of dignity	72	79	43	64	36	82
Losing control of bodily functions	52	57	35	52	18	41
Burden on family, friends/caregivers	49	54	19	28	10	23
Inadequate pain control or concern about it	35	38	24	36	11	25
Financial implications of treatment	4	4	3	4	1	2

Notes:

<sup>1</sup> Data published in 2009 report <http://www.doh.wa.gov/dwda/>

<sup>2</sup> Data published in 2010 report <http://www.doh.wa.gov/dwda/>

<sup>3</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 91 of the 94 participants in 2011 who died.

<sup>4</sup> Participants may have selected more than one end of life concern. Thus the totals are greater than 100 percent.

**Table 4. Death with Dignity Act process for the participants who have died:**

	2011		2010 <sup>2</sup>		2009 <sup>1</sup>	
	Number	(%)	Number	(%)	Number	(%)
<b>Family and Psychiatric/Psychological involvement</b>						
Referred for psychiatric/psychological evaluation <sup>3</sup>	5	5	2	3	3	7
Patient informed family of decision <sup>4</sup>	88	96	61	85	40	89
<b>Medication<sup>5</sup></b>						
Secobarbital	66	70	68	95	42	89
Pentobarbital	28	30	3	4	5	11
Other	0	0	1	1	0	0
<b>Timing</b>						
Duration of patient-physician relationship <sup>6</sup>						
3 weeks – 24 weeks	43	47	34	51	23	52
25 weeks – 51 weeks	11	12	8	12	4	9
1 year or more	36	40	24	36	17	39
Unknown	1	1	1	1	0	0
Range (min – max)	3 wks – 18 yrs		3 wks – 10 yrs		3 wks – 27 yrs	
Duration between first oral request and death <sup>7</sup>						
3 weeks – 24 weeks	87	95	61	91	41	93
25 weeks or more	5	5	5	7	3	7
Unknown	0		1	2	0	0
Range (min – max)	3 wks – 53 wks		3 wks – 54 wks		3 wks – 43 wks	

Notes:

<sup>1</sup> Data published in 2009 report <http://www.doh.wa.gov/dwda/>

<sup>2</sup> Data published in 2010 report <http://www.doh.wa.gov/dwda/>

<sup>3</sup> Data are collected from the Attending Physician’s Compliance form. At the time of publication, data are available for 93 of the 94 participants in 2011 who died.

<sup>4</sup> Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 92 of the 94 participants in 2011 who died.

<sup>5</sup> Data are collected from the Pharmacy Dispensing Form. At the time of publication, data are available for all 94 of the participants in 2011 who died.

<sup>6</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 91 of the 94 participants in 2011 who died.

<sup>7</sup> Data are collected from multiple documents. At the time of publication, data are available for 92 of the 94 participants in 2011 who died.



**Table 5. Circumstances and complications related to ingestion of medication prescribed under the Death with Dignity Act of the participants who have died:**

	2011		2010 <sup>2</sup>		2009 <sup>1</sup>	
	Number	(%)	Number	(%)	Number	(%)
<b>Circumstances when medication ingested<sup>3</sup></b>						
Health-care provider present						
Prescribing physician	2	3	2	4	3	8
Other provider, prescribing physician not present	36	51	27	53	17	47
No provider	23	33	17	33	12	34
Unknown	9	13	5	10	4	11
Location of patient						
Home (patient, family, friend)	65	93	46	90	34	94
Long term care, assisted living or foster care facility	4	6	2	4	0	0
Hospital	0	0	0	0	0	0
Other	1	1	3	6	0	0
Unknown	0	0	0	0	2	6
Hospice care						
Enrolled	58	83	43	84	26	72
Not enrolled	11	16	5	10	10	28
Unknown	1	1	3	6	0	0
<b>Timing<sup>3</sup></b>						
Minutes between ingestion and unconsciousness						
1 min – 10 min	44	63	34	67	27	75
11 min or more	7	10	5	10	4	11
Unknown	19	27	12	23	5	14
Range (min – max)	1 min – 120 min		1 min – 3 min		1 min – 20 min	
Minutes between ingestion and death						
1 min – 90 min	40	57	36	71	25	70
91 min or more	14	20	8	15	6	16
Unknown	16	23	7	14	5	14
Range (min – max)	5 min – 13 hrs		9 min – 30 hrs		9 min – 28 hrs	
<b>Complications<sup>3</sup></b>						
Regurgitation	1	1	0	0	1	3
Seizures	0	0	0	0	0	0
Awakened after taking prescribed medication	0	0	0	0	2	5
None	64	92	47	92	28	78
Unknown	5	7	4	8	5	14
<b>Emergency Medical Services involvement<sup>3</sup></b>						
Called for intervention after lethal medication ingested	0	0	0	0	0	0
Calls for other reason (including to pronounce death)	1	1	0	0	2	6
Not called after lethal medication ingested	66	94	47	92	31	86
Unknown	3	5	4	8	3	8

Notes:

<sup>1</sup> Data published in 2009 report <http://www.doh.wa.gov/dwda/>

<sup>2</sup> Data published in 2010 report <http://www.doh.wa.gov/dwda/>

<sup>3</sup> Data are collected from the After Death Reporting form. At the time of publication, data are available for 70 participants in 2011 who are known to have ingested the medication and died.

## **Confidentiality**

The Death with Dignity Act requires that the Washington State Department of Health 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 of Health 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.

## Appendix

### Overview of Death with Dignity Act

The Washington State Death with Dignity Act (RCW 70.245) 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'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 of Health. 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 of Health:

- 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 RCW 70.245, no forms have to be submitted to the Department of Health.

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 RCW 70.245, 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 Department of Health. As a result, the state health department may receive an After Death Reporting Form before the death certificate arrives.