

Washington State Department of Health 2010 Death with Dignity Act Report

Executive Summary

Washington's Death with Dignity Act allows adult residents in Washington 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 87 participants for whom medication was dispensed between January 1, 2010, and December 31, 2010. It includes data from the documentation received by the Department of Health as of February 9, 2011.

In 2010, medication was dispensed to 87 individuals (defined as 2010 participants):

- Prescriptions were written by 68 different physicians
- Medications were dispensed by 40 different pharmacists

Of the 87 participants in 2010:

- 72 individuals have died
 - 51 of these people died after ingesting the medication
 - 15 of these people died without having ingested the medication
 - For the remaining 6 people who died, ingestion status is unknown
- Status is unknown for the remaining 15 people

Of the 72 participants in 2010 who have died, their characteristics and underlying illnesses include:

- Age range between 52 and 99 years
- 94 percent lived west of the Cascades
- 78 percent had cancer
- 10 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 12 percent had heart disease or other illnesses
- 88 percent had private, Medicare, Medicaid, or a combination of health insurance

Of the 72 participants in 2010 who have died, Death Certificates were received for 61 of these individuals. Their characteristics include:

- 95 percent were white, non-Hispanic
- 51 percent were married
- 62 percent had at least some college education

Of the 72 participants in 2010 who have died, After Death Reporting Forms were received for 67 of these individuals. Their end-of-life concerns include:

- 90 percent were concerned about loss of autonomy, 64 percent about loss of dignity, and 87 percent about losing the ability to participate in activities that made life enjoyable

Of the 51 participants in 2010 who ingested the medication and died:

- 90 percent were at home and 84 percent were enrolled in hospice care when they ingested the medication
- No complications of ingesting the medication were reported
- Emergency Medical Services (EMS) were not called for intervention after ingestion of the medication by any participant

Death with Dignity Participation in 2010

For the purposes of this report, a participant of the Death with Dignity Act in 2010 is defined as someone to whom medication was dispensed in 2010 under the terms of the act (see Appendix for details of the act). The Department of Health received the following documentation for 2010 Death with Dignity participants as of February 9, 2011:

Table 1. Documentation Received for 2010 Participants

Form	Number
Written Request to End Life Form	84
Attending Physician Compliance Form	83
Consulting Physician Compliance Form	84
Psychiatric/Psychological Consulting Form	3
Pharmacy Dispensing Record Form	87
After Death Reporting Form	67
Death Certificate	61

In 2010, lethal doses of medication were dispensed to 87 participants under the law. These prescriptions were written by 68 different physicians and dispensed by 40 different pharmacists.

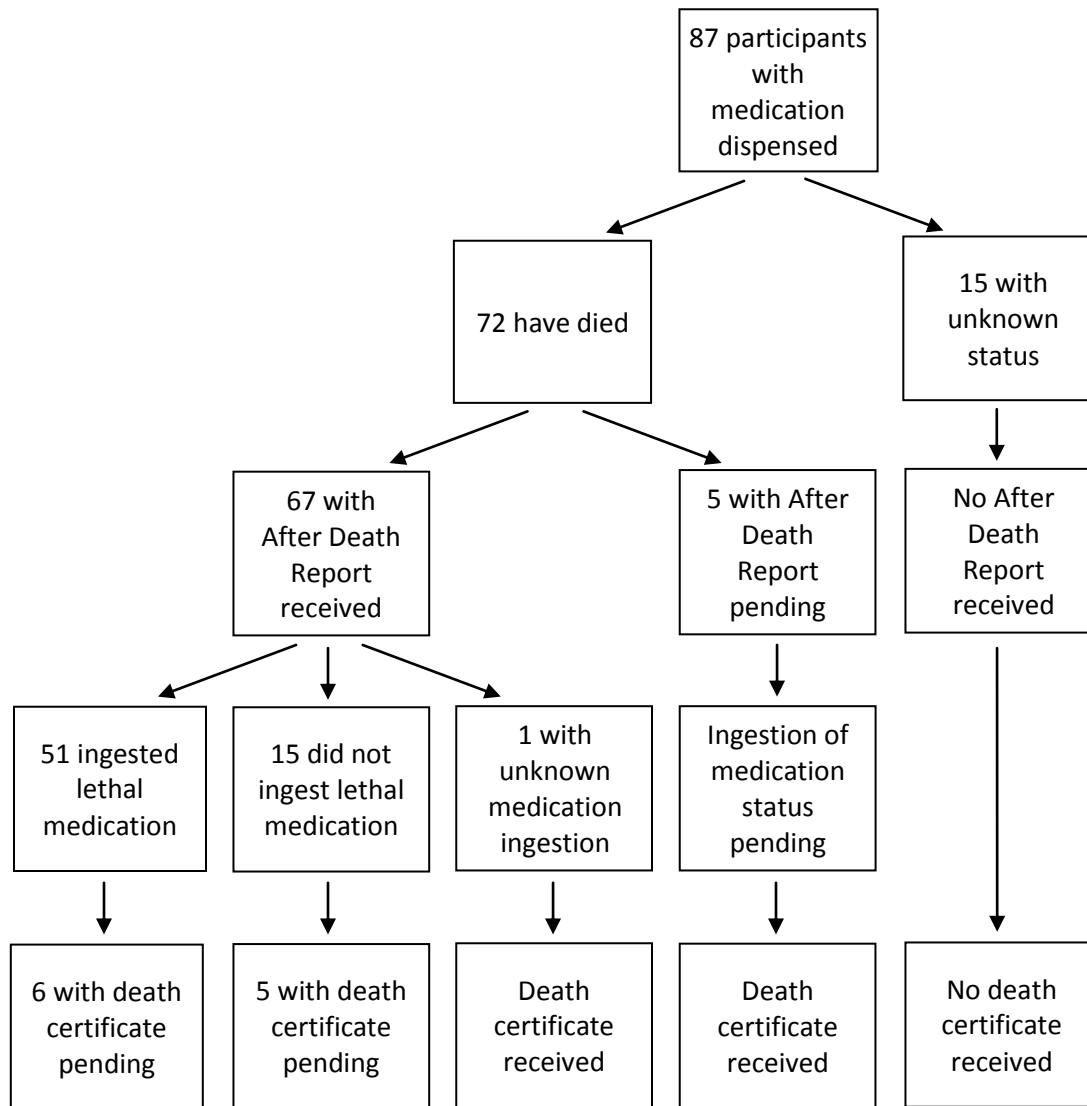
To date, the Department of Health has received fewer Written Requests and Attending and Consulting Physician Compliance Forms than Pharmacy Dispensing Records for the 2010 participants. When all the required paperwork is not received, department staff contacts health care providers to obtain the documentation.

Table 1 only includes the documentation received for individuals defined as participants (i.e., they received medication). The information posted on the Department of Health's Death with Dignity website about the number of forms received in 2010 provides all documentation received, including forms for people who did not have a prescription filled (and so are defined as non-participants), forms for 2009 participants who died in 2010, and some forms for 2011 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.

The Department of Health has received notification that 72 of the 87 participants in 2010 have died (Figure 1). Death of a participant is established through receipt of the After Death Reporting form and/or the Death Certificate.

The status of the remaining 15 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 87 participants with medication dispensed in 2010 under the terms of the Death with Dignity Act



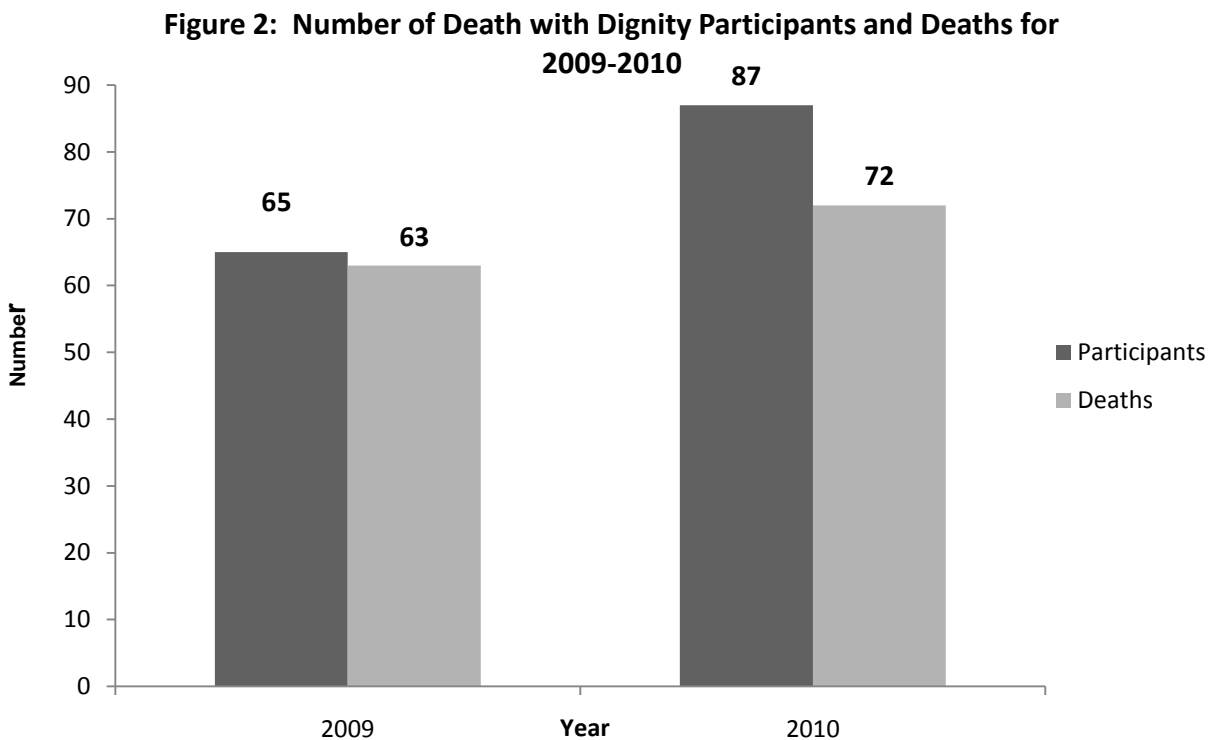
Update on Death with Dignity Participation in 2009

Since the 2009 Death with Dignity report was published on March 4, 2010, the Department of Health received information on two additional people to whom medication was dispensed under the terms of the Act in 2009. This brings the total number of participants in 2009 to 65.

Of these participants, 63 had died as of February 9, 2011. The status of two 2009 participants is still pending. These participants may still be alive or they may have died, but the Department of Health has not yet received documentation of the death.

Trend in Death with Dignity Participation

Data on the number of participants in 2009 and 2010, and the number of these participants who are known to have died as of February 9, 2011, are shown in Figure 2. It is difficult to say if there has been an increase in the number of participants between 2009 and 2010. The Death with Dignity law went into effect on March 5, 2009, so the data for 2009 cover less than 10 months. The data for 2010 reflect a full 12 months. And 2009 was the first year a lethal dose of medication could be prescribed under the Death with Dignity Act, so the procedures were new to the public, physicians, and pharmacists.



The data in the remainder of this report describing the participants in 2009 reflects the data published on March 4, 2010.

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

	2010		2009 ¹	
	Number	(%)	Number	(%)
Sex²				
Male	36	50	26	55
Female	36	50	21	45
Age (years)²				
18-34	0		0	0
35-44	0		0	0
45-54	4	5	6	13
55-64	17	24	6	13
65-74	22	31	18	38
75-84	18	25	10	21
85+	11	15	7	15
Range (min-max)	52-99		48-95	
Race and Ethnicity³				
Non-Hispanic White	58	95	40	98
Hispanic and/or Non-White	3	5	1	2
Marital Status³				
Married	31	51	19	46
Widowed	17	28	11	27
Divorced	9	15	9	22
Never married	4	6	2	5
Education³				
Less than high school	6	10	1	2
High school graduate	17	28	15	37
Some college	11	18	9	22
Baccalaureate or higher	27	44	16	39
Residence^{2,4}				
West of the Cascades	68	94	44	94
East of the Cascades	4	6	3	6
Underlying illness²				
Cancer	56	78	37	79
Neuro-degenerative disease (incl. ALS ⁵)	7	10	4	9
Respiratory disease (incl. COPD ⁶)	1	1	4	9
Heart Disease	6	8	0	0
Other illnesses	2	3	2	3
Insurance Status⁷				
Private only	20	30	12	28
Medicare or Medicaid only	29	43	19	43
Combination of private and Medicare/Medicaid	10	15	8	18
None	2	3	0	0
Unknown	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:

¹ Data published in 2009 report http://www.doh.wa.gov/dwda/forms/DWDA_2009.pdf

² Data are collected from multiple documents. At time of publication, data are available for all 72 of the participants in 2010 who died.

³ Data are collected from the Death Certificate. At time of publication, data are available for 61 of the 72 participants in 2010 who died (see Figure 1).

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 67 of the 72 participants in 2010 who died.

Table 3. End of life concerns of the participants of the Death with Dignity Act in 2010 who have died:

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

Notes:

¹ Data published in 2009 report http://www.doh.wa.gov/dwda/forms/DWDA_2009.pdf

² Data are collected from the After Death Reporting form. At the time of publication, data are available for 67 of the 72 participants in 2010 who died.

³ 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 in 2010 who have died:

	2010		2009 ¹	
	Number	(%)	Number	(%)
Family and Psychiatric/Psychological involvement				
Referred for psychiatric/psychological evaluation ²	2	3	3	7
Patient informed family of decision ³	61	85	40	89
Medication⁴				
Secobarbital	68	95	42	89
Pentobarbital	3	4	5	11
Other	1	1	0	0
Timing				
Duration of patient-physician relationship ⁵				
3 weeks – 24 weeks	34	51	23	52
25 weeks – 51 weeks	8	12	4	9
1 year or more	24	36	17	39
Unknown	1	1	0	0
Range (min – max)	3 wks – 10 yrs		3 wks – 27 yrs	
Duration between first oral request and death ⁶				
3 weeks – 24 weeks	61	91	41	93
25 weeks or more	5	7	3	7
Unknown	1	2	0	0
Range (min – max)	3 wks – 54 wks		3 wks – 43 wks	

Notes:

¹ Data published in 2009 report http://www.doh.wa.gov/dwda/forms/DWDA_2009.pdf

² Data are collected from the Attending Physician’s Compliance form. At the time of publication, data are available for 71 of the 72 participants in 2010 who died.

³ Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 72 of the 72 participants in 2010 who died.

⁴ Data are collected from the Pharmacy Dispensing Form. At the time of publication, data are available for all 72 of the participants in 2010 who died.

⁵ Data are collected from the After Death Reporting form. At the time of publication, data are available for 67 of the 72 participants in 2010 who died.

⁶ Data are collected from multiple documents. At the time of publication, data are available for 71 of the 72 participants in 2010 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:

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

Notes: ¹Data published in 2009 report http://www.doh.wa.gov/dwda/forms/DWDA_2009.pdf

Data are collected from the After Death Reporting form. At the time of publication, data are available for 51 participants in 2010 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](#) is available on the Department of Health's website (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 a prescription being written for medication under this act the attending physician must file the following forms with the Department of Health:

1. Written Request for Medication to End Life Form (completed by the patient)
2. Attending Physician Compliance Form (completed by the attending physician)
3. 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 of an individual and filed with the local health agency where the death occurred. Local health agencies 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 is filed with the state.