

Washington State Department of Health 2012 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 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 describes available information for the 121 participants for whom medication was dispensed between January 1, 2012 and December 31, 2012. It includes data from the documentation received by the Department of Health as of February 28, 2013.

In 2012, medication was dispensed to 121 individuals (defined as 2012 participants):

- Prescriptions were written by 87 different physicians
- Medications were dispensed by 30 different pharmacists

Of the 121 participants in 2012:

- 104 are known to have died
 - 83 died after ingesting the medication
 - 18 died without having ingested the medication
 - For the remaining 3 people who died, ingestion status is unknown
- For the remaining 17 people, no documentation has been received that indicates death has occurred

The 104 participants in 2012 ranged in age from 35 to 95 years old. Ninety percent lived west of the Cascades. Of the 104 participants in 2012 who died:

- 73 percent had cancer
- 10 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 17 percent had other illnesses, including heart and respiratory disease

Of the 89 participants in 2012 who died and for whom we have received a death certificate:

- 97 percent were white, non-Hispanic
- 43 percent were married
- 82 percent had at least some college education

Of the 101 participants in 2012 who died and for whom we have received an After Death Report:

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

Of the 83 participants in 2012 who died after ingesting the medication:

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

Death with Dignity Participation in 2012

For the purposes of this report, a participant of the Death with Dignity Act in 2012 is defined as someone to whom medication was dispensed in 2012 under the terms of the act. Details of the act are included in the appendix.

To date, the department has received documentation indicating that lethal doses of medication were dispensed to 121 participants under the law in 2012. These prescriptions were written by 87 different physicians and dispensed by 30 different pharmacists. The department has not yet received all of the required paperwork for all 121 participants. When all the required paperwork is not received, the department contacts health care providers to obtain the documentation.

The Department of Health received the following documentation for 2012 Death with Dignity participants as of February 28, 2013:

Table 1. Documentation Received for 2012 Participants

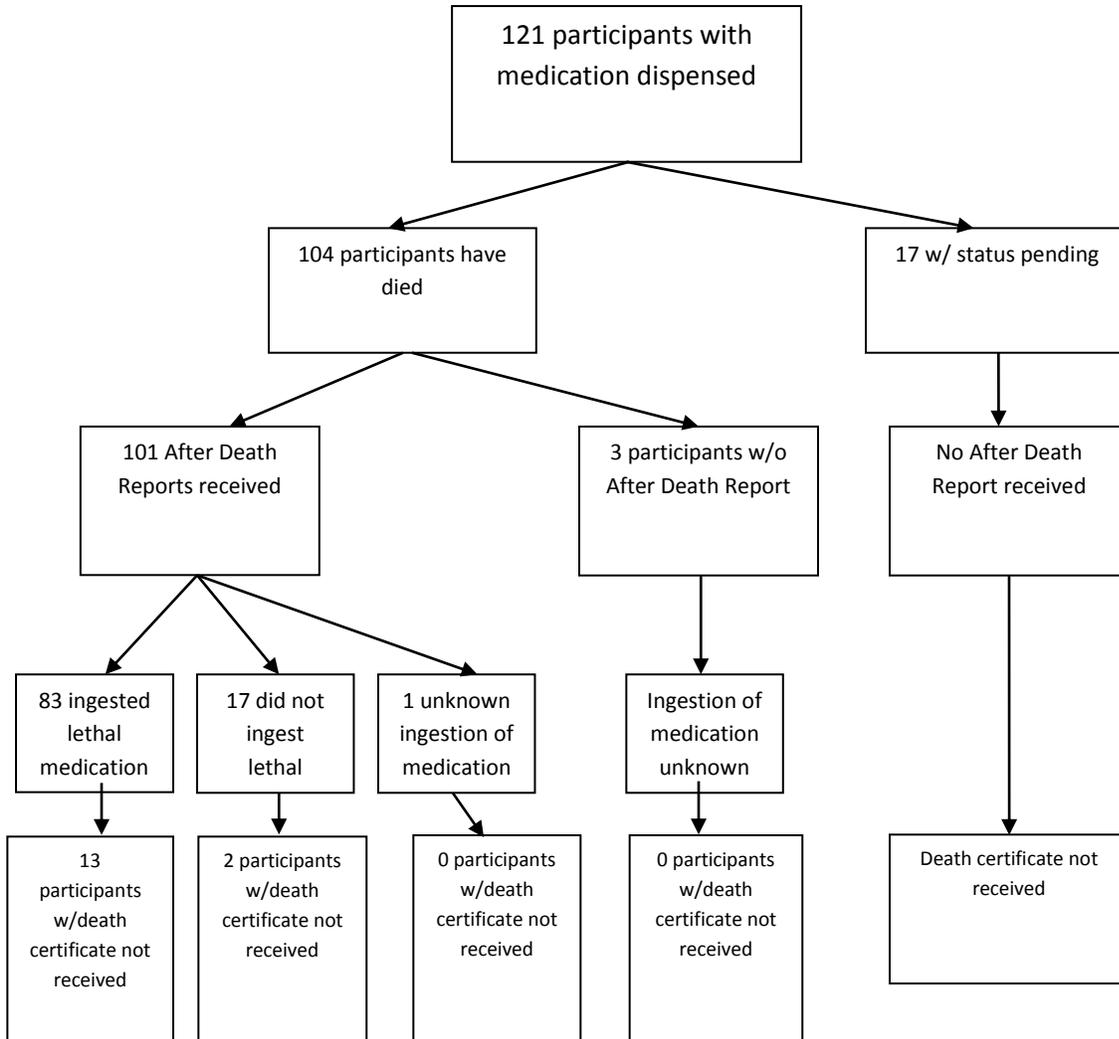
Form	Number
Written Request to End Life Form	111
Attending Physician Compliance Form	112
Consulting Physician Compliance Form	110
Psychiatric/Psychological Consulting Form	3
Pharmacy Dispensing Record Form	117
After Death Reporting Form	101
Death Certificate	89

Table 1 includes the documentation received for individuals defined as participants (people who received medication). The department's Death with Dignity website reports the total number of forms received in 2012, including forms for people who did not have a prescription filled (non-participants), forms for 2011 participants who died in 2012, and some forms for 2013 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 121 participants who received medication in 2012, 83 ingested the medication, 17 did not ingest, and the ingestion status is unknown for 4 (Figure 1). The Department of Health has received notification that 104 of the 121 participants in 2012 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 17 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 121 participants who received medication in 2012 under the terms of the Death with Dignity Act



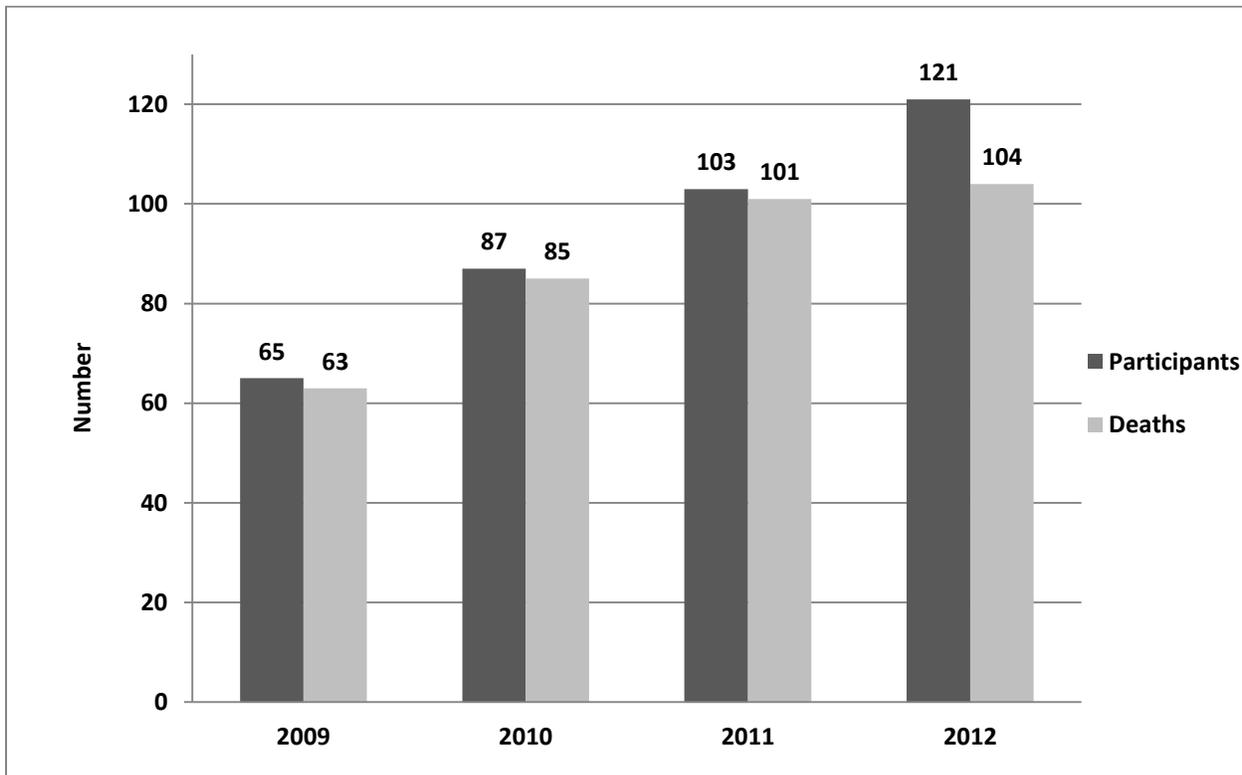
Update on Death with Dignity Participation 2009-2012

Since the last Death with Dignity report was published on May 2, 2012 the Department of Health received additional information on participants from prior years. As of February 28, 2013, 101 of the 103 participants in 2011, 85 of the 87 participants in 2010, and 63 of the 65 participants in 2009 had died. The status of the 2 remaining participants in 2011, the 2 remaining participants in 2010, and the 2 remaining participants in 2009 is still unknown. These participants may have died, but the Department of Health has not received documentation of the death.

Trend in Death with Dignity Participation

The number of participants in 2009, 2010, 2011 and 2012, and the number of these participants who are known to have died as of February 28, 2013, are shown in Figure 2.

Figure 2. Number of Death with Dignity Participants and Known Deaths, 2009-2012



The data in the remainder of this report describing the participants in 2011 reflects the data published in the 2011 Death with Dignity Report. Information on data published in 2009 and 2010 can be found on the Department of Health website.

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

	2012		2011 ¹	
	Number	(%)	Number	(%)
Sex²				
Male	45	43	49	52
Female	44	42	45	48
Unknown (Death certificate not received)	15	15		
Age (years)²				
18-44	1	1	3	3
45-54	3	2	9	10
55-64	31	30	22	23
65-74	35	33	27	29
75-84	24	23	19	20
85+	10	10	14	15
Range (min-max)	35-95		41-101	
Race and Ethnicity³				
Non-Hispanic White	86	83	82	94
Hispanic and/or Non-White	3	3	5	6
Unknown (Death certificate not received)	15	14		
Marital Status³				
Married	38	37	40	46
Widowed	12	12	13	15
Divorced	28	27	24	28
Domestic Partner	3	3		
Never married	8	8	10	11
Unknown (Death certificate not received)	15	13		
Education³				
Less than high school	2	2	4	5
High school graduate	13	13	17	20
Some college	23	22	24	28
Baccalaureate or higher	50	48	41	46
Missing	1	1	1	1
Unknown (Death certificate not received)	15	14		
Residence^{2,4}				
West of the Cascades	94	90	89	95
East of the Cascades	10	10	5	5
Underlying illness⁴				
Cancer	76	73	73	78
Neuro-degenerative disease (incl. ALS ⁵)	10	10	11	12
Respiratory disease (incl. COPD ⁶)	10	10	4	4
Heart Disease	5	4	4	4
Other illnesses	3	3	2	2
Insurance Status⁷				
Private only	22	22	31	34
Medicare or Medicaid only	55	55	36	40
Combination of private and Medicare/Medicaid	12	12	12	13
None	0	0	3	3
Unknown	11	11	9	10

Notes:

¹ Data published in 2011 report

<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx>

² Data are collected from multiple documents. At time of publication, data are available for all 104 of the participants in 2012 who died.

³ Data are collected from the Death Certificate. At time of publication, data are available for 89 of the 104 participants in 2012 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 101 of the 104 participants in 2012 who died.

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

	2012		2011 ¹	
	Number	(%)	Number	(%)
End of Life Concerns^{2,3}				
Losing autonomy	94	94	79	87
Less able to engage in activities making life enjoyable	90	90	81	89
Loss of dignity	84	84	72	79
Losing control of bodily functions	56	56	52	57
Burden on family, friends/caregivers	63	63	49	54
Inadequate pain control or concern about it	33	33	35	38
Financial implications of treatment	5	5	4	4

Notes:

¹ Data published in 2011 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 101 of the 104 participants in 2012 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 who have died:

	2012		2011 ¹	
	Number	(%)	Number	(%)
Family and Psychiatric/Psychological involvement				
Referred for psychiatric/psychological evaluation ²	3	3	5	5
Patient informed family of decision ³	92	92	88	96
Medication⁴				
Secobarbital	18	17	66	70
Pentobarbital	84	81	28	30
Secobarbital/Pentobarbital Combination	1	1		
Other	1	1	0	0
Timing				
Duration of patient-physician Relationship ⁵				
0.3 weeks – 24 weeks	48	47	43	47
25 weeks – 51 weeks	14	14	11	12
1 year or more	39	39	36	40
Unknown			1	1
Range (min – max)	.3 wks – 26 yrs		3 wks – 18 yrs	
Duration between first oral request and Death ⁶				
3 weeks – 24 weeks	82		87	95
25 weeks or more	17		5	5
Unknown	0		0	
Range (min – max)	3 wks – 150 wks		3 wks – 53 wks	

Notes:

¹ Data published in 2011 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 103 of the 104 participants in 2012 who died.

³ Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 100 of the 104 participants in 2012 who died.

⁴ Data are collected from multiple documents. At the time of publication, data are available for all 104 of the participants in 2012 who died.

⁵ Data are collected from the After Death Reporting form. At the time of publication, data are available for 101 of the 104 participants in 2012 who died.

⁶ Data are collected from multiple documents. At the time of publication, data are available for 101 of the 104 participants in 2012 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:

	2012		2011 ¹	
	Number	(%)	Number	(%)
Circumstances when medication ingested²				
Health-care provider present				
Prescribing physician	5	6	2	3
Other provider, prescribing physician not present	59	71	36	51
No provider	15	18	23	33
Unknown	4	5	9	13
Location of patient				
Home (patient, family, friend)	74	89	65	93
Long term care, assisted living or foster care facility	8	10	4	6
Hospital	0	0	0	0
Other	1	1	1	1
Unknown	0	0	0	0
Hospice care				
Enrolled	76	76	58	83
Not enrolled	7	7	11	16
Unknown	0	0	1	1
Timing²				
Minutes between ingestion and unconsciousness				
1 min – 10 min	65	78	44	63
11 min or more	8	10	7	10
Unknown	10	12	19	27
Range (min – max)	1 min – 45 min		1 min – 120 min	
Minutes between ingestion and death				
1 min – 90 min	66	78	40	57
91 min or more	9	10	14	20
Unknown	8	12	16	23
Range (min – max)	3 min – 16 hrs		5 min – 13 hrs	
Complications²				
Regurgitation	0	0	1	1
Seizures	0	0	0	0
Awakened after taking prescribed medication	0	0	0	0
Other	1	1		
None	79	95	64	92
Unknown	3	4	5	7
Emergency Medical Services involvement²				
Called for intervention after lethal medication ingested	0	0	0	0
Called for other reason (including to pronounce death)	3	4	1	1
Not called after lethal medication ingested	77	92	66	94
Unknown	3	4	3	5

Notes:

¹ Data published in 2011 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 83 participants in 2012 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.