

Report to the Legislature

2022 Death with Dignity

June 2, 2023

Chapter 70.245 RCW

Prepared by
Center for Health Statistics
Disease Control & Health
Statistics



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Executive Summary

In 2022, four hundred and fifty-two Washington residents participated in the Death with Dignity program.

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 available information about people who participated in the program between January 1, 2022 and December 31, 2022. This report includes data contained in documentation received by the Washington State Department of Health (department) as of June 2, 2023. In this report, a participant is defined as someone to whom medication was dispensed under the terms of the law. (See Appendix A).

A total of 452 participated in Washington's Death with Dignity program in 2022.

- 207 different physicians prescribed the medication.
- 68 different pharmacists dispensed the medication.

The department received death records for 444 participants and After Death Reporting Forms for 433 participants.

- 446 participants are known to have died.
 - 363 died after ingesting the medication.
 - 44 died without having ingested the medication.
 - Ingestion status is unknown for the remaining participants.

Out of the 363 that died after ingesting the medication:

- 82% were enrolled in hospice care when they ingested the medication.
- 91% had some form of health insurance.
- 76% died at home/in a private residence.

Demographics of participants (as indicated in death records, 444 participants):

- The average age of participants was 74 years.
- 93% of participants were white, and 4% were Asian.
- 90% of participants lived west of the Cascade mountains¹.

For the purposes of this report, a participant of the Death with Dignity Act in 2022 is defined as someone to whom medication was dispensed in 2022 under the terms of the Act. Details of the act are included in Appendix A.

As of June 2, 2023, the department has received documentation indicating that lethal doses of medication were dispensed to 452 participants under the law in 2022. These prescriptions were

¹ Based on death record 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.

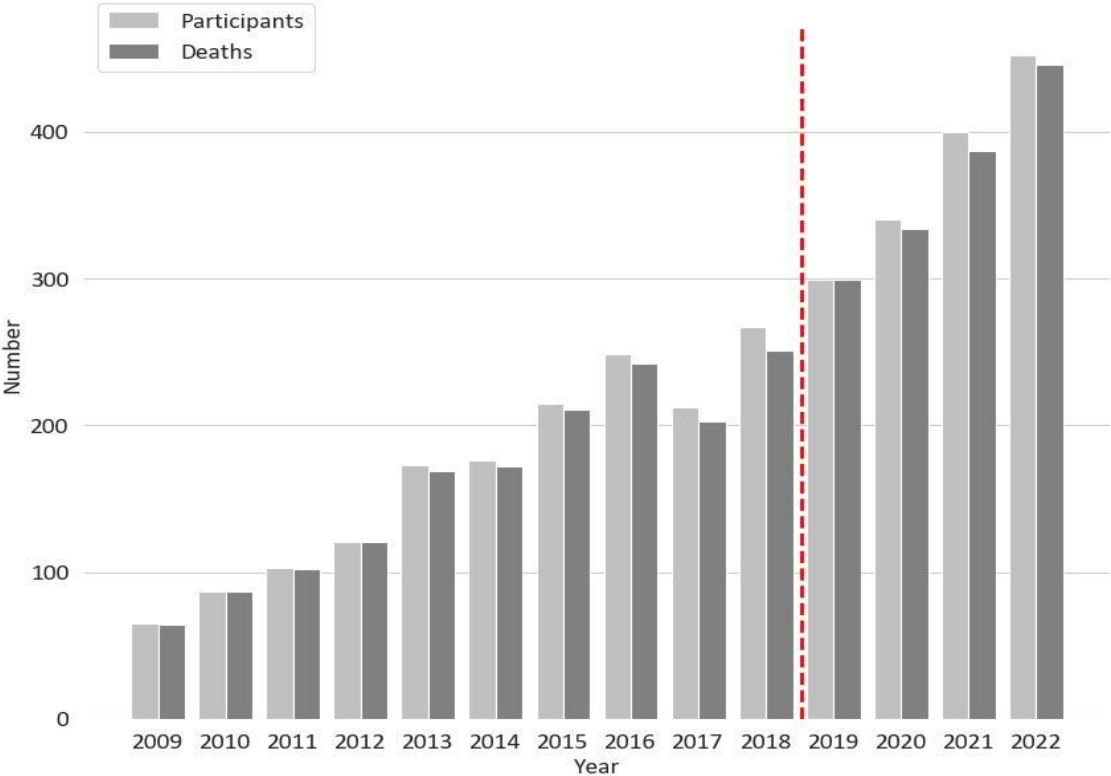
written by 207 different physicians and dispensed by 68 different pharmacists. The department has not yet received all required paperwork for all participants. Table 5 in Appendix A shows details of the documentation that has been received by the department. When all the required paperwork is not received, department staff contact health care providers to obtain the documentation.

Among the 452 participants who received medication in 2022, the department has received confirmation that 446 have died; 363 ingested the medication, 44 did not ingest, and the ingestion status is unknown for the remaining participants (Figure 2). Death of a participant is established through receipt of the After Death Reporting Form and/or a registered death record.

Death with Dignity Participation

Figure 1 shows the known number of participants and the number of deaths as of June 02, 2023, for 2009 through 2022. The status of the remaining participants in prior years remains unknown. These participants may have died, but no documentation of the death has been received.

Figure 1: Death with Dignity Participation Over Time².



² The dotted line represents a change in inclusion criteria. Participants prior to 2019 were counted based on receipt of the pharmacy dispensing form. Please see Appendix A for details of current criteria.

Table 1: Participant Demographics 2022³

	<i>Participant Characteristic</i>	<i>Number</i>	<i>Percent</i>
Sex	Male	234	53
	Female	210	47
	Total	444	100.0
Race	White	412	93
	Asian	19	4
	Other	13	3
	Total	444	100.0
Age	18-54	29	6.5
	55-64	50	11.3
	65-74	145	32.7
	75-84	146	32.9
	85+	74	16.7
	Total	444	100.0
Education	Some College/College Degree	329	74.1
	Some High School/High School Degree	108	24.3
	Other/Unknown	7	1.6
	Total	444	100.0

³ Based on death certificate information.

Table 2: Additional Demographics, 2022⁴.

	<i>Participant Characteristic</i>	<i>Number</i>	<i>Percent</i>
<i>Marital Status</i>	Married	204	45.9
	Divorced	113	25.5
	Widowed	82	18.5
	Never married	39	8.8
	Other/unknown	6	1.4
	Total	444	100.0
<i>Residence</i>	West of Cascades	402	90
	East of Cascades	42	10
	Total	444	100.0

⁴ Marital status and residence based on death record 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. 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.

Figure 2: Death With Dignity Participation by County⁵.

Death with Dignity Participation by County: 2022

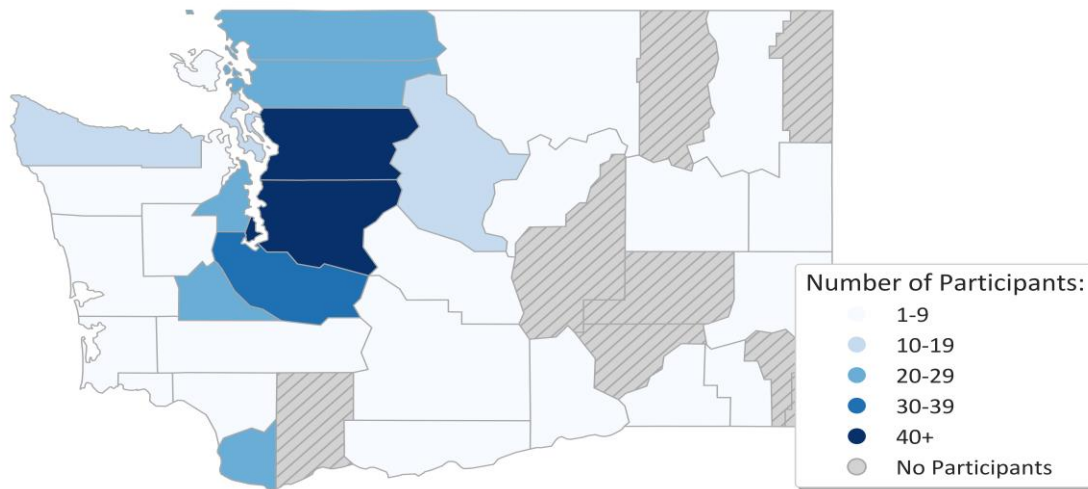


Table 3: Death with Dignity Act Participants’ Underlying Illness(es), 2022⁶

<i>Illness</i>	<i>Number</i>	<i>Percent</i>
Cancer	317	73
Neurodegenerative	34	8
Respiratory	29	7
Cardiovascular	25	6
Other	15	4
Unknown/Missing	13	3
Total	433	100.0

⁵ Based on county of residence listed on death record.

⁶ Data are collected from the Attending Physician Compliance Form. Please note that a patient may have multiple diagnoses, so illnesses are not 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.

Table 4: End of life concerns of participants who died, 2022⁷

<i>Concern</i>	<i>Number</i>	<i>Percent</i>
Financial implications of treatment.	43	10
Burden on family, friends/caregivers.	254	59
Loss of autonomy.	358	83
Less able to engage in activities making life enjoyable.	360	83
Loss of control of bodily functions.	213	49
Inadequate pain control.	199	46
Loss of dignity.	297	69

Table 5: Insurance Status of participants who died, 2022⁸

<i>Concern</i>	<i>Number</i>	<i>Percent</i>
Insured	394	91
Uninsured/Unknown	39	9
Total	433	100.0

⁷ Data are collected from the After Death Reporting form. Participants may report more than one concern. Total concerns therefore can exceed the total number of participants.

⁸ Data are collected from After Death Reporting form.

Appendix A

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 number of participants who participated in the program is largely determined by the number of people for whom the Department of Health receive a valid dispensing date for lethal medication. Prior to 2019, a valid prescription date on the pharmacy dispensing form was the single criterion used to identify participants . Starting in 2019, participants were identified using a valid prescription date, or a valid dispensing date on any form. Additionally, a person for whom the After Death Reporting Form indicates ingestion of lethal medication, and for which a death record exists, is counted as a program participant.

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 must 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.

Role of Department of Health in Monitoring

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. In 2022 and prior years, providers were required to submit forms by mail. Senate Bill 5179, passed in early 2023, will allow electronic and/or fax reporting beginning July 23, 2023.

Upon receipt of forms, department staff enter data from each form into REDCap⁹, link forms to death records, where appropriate, and determine if any participant is missing a required form. If a participant is missing one or more forms, the department contacts, or attempts to contact, the provider.

The department prepares this report based on the files submitted by providers. An individual participant with missing forms will still be represented to the extent possible given available data.

⁹ Participant data are collected and managed using REDCap electronic data capture tools hosted at the department. REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources.

Figure 3: Death Records and After Death Reporting Forms.

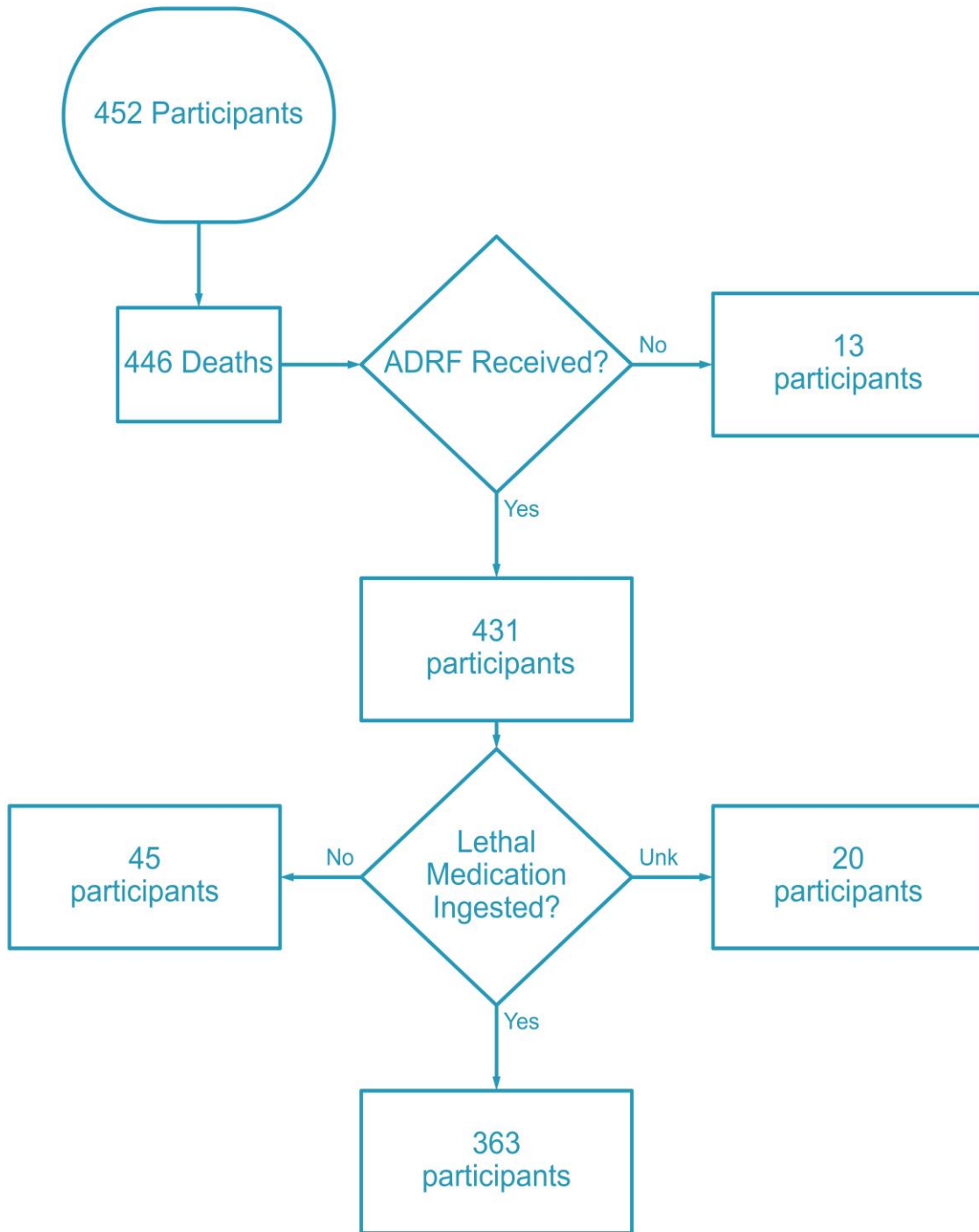


Table 5 Documentation Received for Participants, 2022

<i>Form</i>	<i>Number</i>
<i>Written Request to End Life Form</i>	437
<i>Attending Physician Compliance Form</i>	444
<i>Consulting Physician Compliance Form</i>	442
<i>Psychiatric Evaluation Form</i>	**10
<i>Pharmacy Dispensing Form</i>	450
<i>After Death Reporting Form</i>	433
<i>Death Record</i>	444
<i>Total Participants</i>	452

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.

Interpreting Data Tables in This Report: Data Suppression

The information presented in this report is subject to the Department of Health Agency Standards for Reporting Data with Small Numbers. Some fields have therefore been suppressed due to their small numbers. For more information, the guidelines can be accessed here:

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

¹⁰ Number of forms suppressed to protect participant confidentiality.



