

Report to the Legislature

2023 Death with Dignity

November 2024

Chapter 70.245 RCW



Center for Health Statistics
Disease Control
and Health Statistics



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Executive Summary

In 2023, five hundred and forty-five 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 medical provider. This report provides available information about people who participated in the program between January 1, 2023 and December 31, 2023. This report includes data contained in documentation received by the Washington State Department of Health as of July 15, 2024. In this report, a participant is defined as someone to whom medication was dispensed under the terms of the law. (Please see Appendix A).

A total of 545 participated in Washington’s Death With Dignity Program in 2023.

- 257 different medical providers prescribed the medication¹.
- 62 different pharmacists dispensed the medication².

The department received death certificates for 524 participants and After Death Reporting Forms for 499 participants.

- 524 participants are known to have died.
 - 427 died after ingesting the medication.
 - 41 died without having ingested the medication.
 - Ingestion status is unknown for the remaining participants.

Out of the 427 that died after ingesting the medication:

- 86% were enrolled in hospice care when they ingested the medication.
- 89% had some form of health insurance.
- 88% died at home/in a private residence.

Demographics of participants (as indicated in death certificates, 524 participants):

- The average age of participants was 76 years.
- 95% of participants were white, and 2% were Asian.
- 89% of participants lived west of the Cascade mountains³.

¹ Based on Attending Medical Provider’s Compliance Form. This number is approximate, and may not take into account variations in how names are spelled.

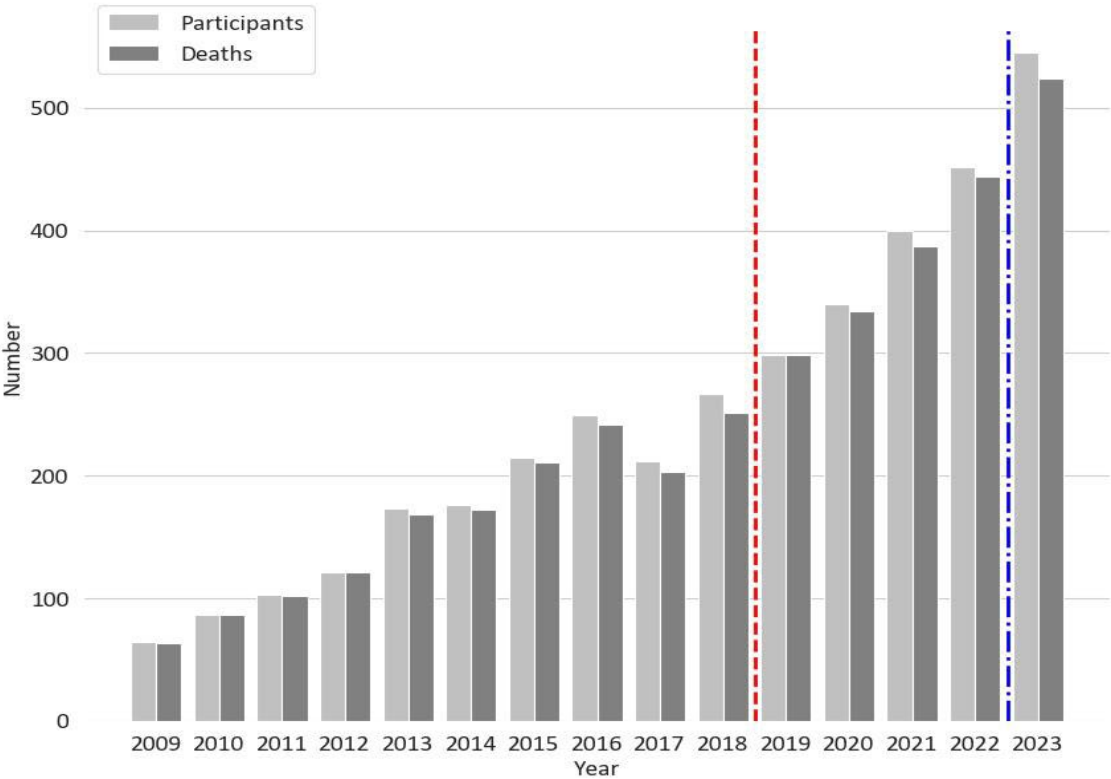
² Based on Pharmacy Dispensing form. This number is approximate, and may not take into account variations in how names are spelled.

³ 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.

Death with Dignity Participation

Figure 1 shows the known number of participants and the number of deaths as of July 15, 2024, for 2009 through 2023 at the time of each year’s annual report. The status of the remaining participants for 2023 remains unknown. These participants may have died, but no documentation of the death has been received.

Figure 1: Death With Dignity Participation Over Time⁴



⁴ The red dashed 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. The blue dot dash line represents a change in legislation that went into effect in July 2023, allowing more providers to participate.

Table 1: Participant Demographics: Sex and Race 2023⁵

	Participant Sex and Race	Number	Percent
Sex	Female	254	48%
	Male	270	52%
	Total	524	100%
Race	Asian	13	2%
	Other	11	2%
	White	500	95%
	Total	524	100%

⁵ Based on death certificate information.

Table 2: Participant Demographics: Age and Marital Status 2023⁶

	Participant Age and Marital Status	Number	Percent
Age	18-54	28	5%
	55-64	62	12%
	65-74	140	27%
	75-84	175	33%
	85+	119	23%
	Total	524	100%
Marital Status	Divorced	123	23%
	Married	211	40%
	Never married	55	10%
	Other/unknown	10	2%
	Widowed	125	24%
	Total	524	100%

⁶ Based on death certificate information.

Table 3: Participant Demographics: Education 2023⁷

	Participant Education	Number	Percent
Education	Less than high school diploma	21	4%
	High school graduate or GED completed	115	22%
	Some college credit but no degree	94	18%
	Associate degree	51	10%
	Bachelors degree	129	25%
	Masters degree	73	14%
	Doctorate or professional degree	41	8%
	Total	524	100%

⁷ Based on death certificate information.

Table 4: Participant Demographics: Residence 2023⁸

	Participant Residence	Number	Percent
Residence	East of Cascades	60	11%
	West of Cascades	464	89%
	Total	524	100%

Table 5 : Death with Dignity Act Participants' Underlying Illness(es), 2023⁹

	Illness	Number	Percent
Illness	Cancer	347	70%
	Respiratory	35	7%
	Neurodegenerative	45	9%
	Cardiovascular	47	9%
	Other	32	6%

⁸ Based on death certificate information.

⁹ Data are collected from the After Death Reporting 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 6 : End of life concerns of participants who died, 2023¹⁰

	Concerns	Number	Percent
Concerns	Financial implications of treatment.	50	10%
	Burden on family, friends/caregivers.	253	51%
	Loss of autonomy.	406	81%
	Less able to engage in activities making life enjoyable.	414	83%
	Loss of control of bodily functions.	230	46%
	Inadequate pain control.	206	41%
	Loss of dignity.	283	57%

¹⁰ 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.

Table 7: Insurance Status of participants who died, 2023¹¹

	Insurance Status	Number	Percent
Insurance Status	Insured	446	89%
	Uninsured/Unknown	53	11%
	Total	499	100%

Table 8: Time between ingestion and loss of consciousness, 2023¹²

	Loss of Consciousness	Number	Percent
Loss of Consciousness	0 to 5 minutes	190	38%
	6 to 10 minutes	117	23%
	10 to 20 minutes	23	5%
	More than 20 minutes	**	**
	Unknown	**	**
	Total	499	100%

¹¹ Data are collected from After Death Reporting form.

¹² Data are collected from After Death Reporting form.

Table 9: Time between ingestion and death, 2023¹³

	Minutes to Death	Number	Percent
Death	0 to 30 minutes	124	25%
	31 to 60 minutes	88	18%
	61 to 120 minutes	80	16%
	More than 120 minutes	63	13%
	Unknown	144	29%
	Total	499	100%

¹³ Data are collected from After Death Reporting form.

Table 10: Days between initial request and death, 2023¹⁴

	Days	Number	Percent
Days	0-14 days	74	15%
	15-30 days	166	33%
	31-60 days	89	18%
	61-90 days	47	9%
	91-120 days	30	6%
	More than 120 days	85	17%
	Unknown	8	2%
	Total	499	100%

¹⁴ Data are collected from Attending Medical Provider form and Death Certificate.

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 medical providers. 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/>). In April, 2023, the Death with Dignity Act was updated to allow a broader range of providers to participate (e.g. Physician Assistants), and to allow electronic reporting to the Department of Health.

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. In addition to the number of individuals with a valid dispensing date on the pharmacy dispensing form (the criterion used prior to 2019), individuals with a valid dispensing date on either the Attending Medical Provider Compliance Form or the After Death Reporting Form are included. Additionally, a person for whom the After Death Reporting Form indicates ingestion of lethal medication, and for which a death certificate exists, is counted as a program participant.

Compliance with the Act

To comply with the act, attending medical providers and pharmacists must file documentation with the department. Patient eligibility for participation in the act must be confirmed by two independent medical providers (an attending medical provider and a consulting medical provider). Within 30 days of writing a prescription for medication under this act, the attending medical provider must file the following forms with the department:

- Written Request for Medication to End Life Form (completed by the patient)
- Attending Medical Provider Compliance Form (completed by the attending medical provider)
- Consulting Medical Provider Compliance Form (completed by the consulting medical provider)

A psychiatric or psychological evaluation is not required under the terms of the law. However, if the attending or consulting medical provider requests an evaluation, the psychiatrist or psychologist must complete a Psychiatric/Psychological Consultant Compliance Form and the attending medical provider must file this form within 30 days of writing the prescription.

If the attending or consulting medical provider (or mental health provider, 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 medical provider must file an Attending Medical Provider After Death Reporting Form.

Role of Department of Health in Monitoring

To receive the immunity protection provided by chapter 70.245 RCW, medical providers 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. In March 2023, legislation was passed that allows providers to submit data electronically.

Upon receipt of forms, DOH staff enter data from each form into REDCap, link forms to death certificates, where appropriate, and determine if any participant is missing a required form. For every missing form, the department contacted, or attempted to contact, the responsible provider.

DOH 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.

Figure 3: Death Certificates and After Death Reporting Forms.

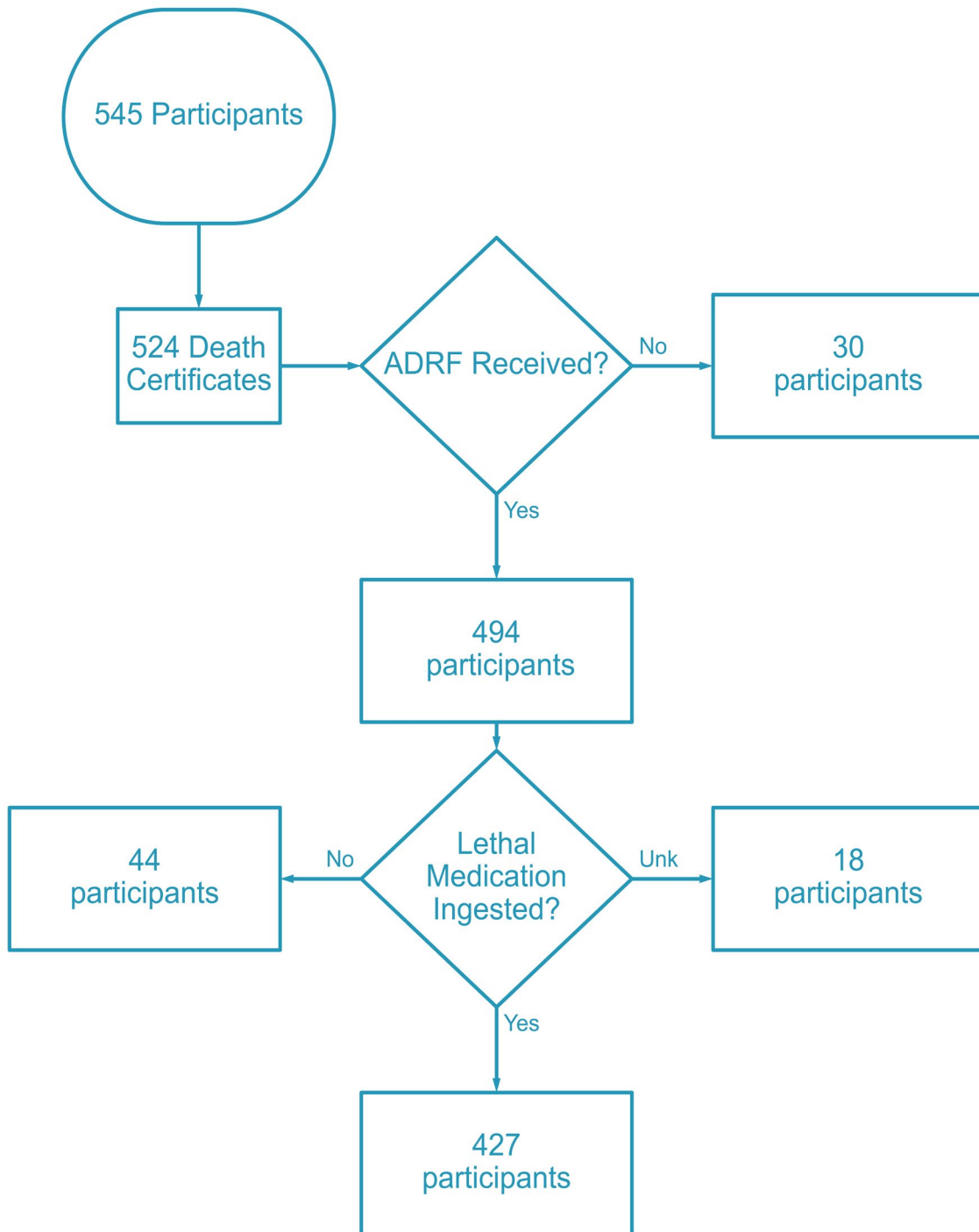


Table 11: Documentation Received for Participants, 2023

Form	Number
Written Request to End Life Form	510
Attending Medical Provider Compliance Form	517
Consulting Medical Provider Compliance Form	510
Psychiatric Evaluation Form	**
Pharmacy Dispensing Form	535
After Death Reporting Form	499
Death Certificate	524
Total Participants	545

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, medical providers, 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>

To abide by these guidelines, we have replaced (or “suppressed”) numbers with the “**” symbol anywhere those numbers represent fewer than ten participants. Additionally, in cases where suppressing only one count would make it easy to calculate the missing number, we have suppressed an additional field. Please see the tables below for examples.

Scenario 1: *more than one count smaller than ten*

Pets	Original Count (number)	Becomes
Dogs	50	50
Cats	33	33
Birds	9	**
Fish	7	**
Total	100	100

In this example, two of the categories have fewer than ten counts, both of which will be suppressed by replacement with the “**” symbol. Because there are two such categories, it is not possible to determine the exact count each “**” represents.

Scenario 2: *only one count smaller than ten*

Pets	Original Count (number)	Primary suppression	Final Suppression
Dogs	50	50	50
Cats	33	33	33
Birds	11	11	**
Fish	7	** --It is easy to work out that this is a 7 by subtracting 50+33+11 from the total 100.	**
Total	100	100	100

In this scenario we must suppress a number greater than ten in order to prevent calculation of the number represented by “**”. If there is an “unknown” category, that category will be suppressed in secondary suppression; otherwise the next smallest category will be.

