

District of Columbia Death with Dignity Act

2024 Data Summary



Death with Dignity Executive Summary

DC | **HEALTH**

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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

The District of Columbia Death with Dignity Act of 2016, DC Law 21-182, was effective on February 18, 2017, and applicable as of June 6, 2017. The Act establishes a process by which competent terminally ill residents of the District of Columbia can legally obtain a physician's prescription for drugs to end their lives in a humane and peaceful manner. Terminally ill patients must be District of Columbia residents who have been medically confirmed to have less than six months to live.

2024 Statistics

DC Health is required by law to collect compliance information and issue an annual report. The participation summary covers the period from February 19, 2023, to February 18, 2024. During this period, 11 prescriptions were written for a covered medication, and 11 qualified patients received written, prescribed, and dispensed medications. One qualified patient died before ingesting the prescribed covered medications. No qualified patients died before the prescribed medication was dispensed by the pharmacy. Two physicians wrote prescriptions for covered medications.

Below, Table 1 provides an annual statistical report of information that must be collected and reported by DC Health in accordance with D.C. Official Code § 7-661.07(b). Figure 1 shows trends from 2018 to 2024.

Table 1. Demographics of Death with Dignity Participants for Reporting Year 2024

Number of qualified patients for whom a prescription for a covered medication was written.	Number of known qualified patients who died each year for whom a prescription for a covered medication was written, and the cause of death of those patients.			Number of known deaths in the District from using a covered medication.			Number of physicians who wrote prescriptions for a covered medication.	
11*	9			9			2	
Demographic characteristics for qualified patients who consumed a covered medication and died.								
Age at death	48	65	95	55	74	78	68	78
Education level, if known	Bachelor's Degree	Master's Degree	Doctorate	Bachelor's Degree	Master's Degree	Master's Degree	Master's Degree	Bachelor's Degree
Race	White	White	White	White	White	White	White	White
Sex	Male	Male	Female	Male	Female	Male	Female	Male
Type of insurance, including whether or not they had insurance, if known	Commercial ¹	Commercial	Government ²	Commercial	Government	Government	Commercial	Government
Terminal disease	Cancer	ALS	Cancer	ALS	ALS	Cancer	Cancer	ALS
Age at death	79							
Education level, if known	Doctorate							
Race	White							
Sex	Male							
Type of insurance, including whether or not they had insurance, if known	Medicare							
Terminal disease	Advanced lung disease							
The cause of death for one (1) patient for whom a prescription for a covered medication was written but died prior to ingesting the covered medication.								
Cause of Death	Diastolic Heart Failure							

¹ Commercial health insurance, also called private health insurance, is coverage issued by a private company or entity; such health insurance does not include any type of health insurance coverage provided or maintained by a government-run program.

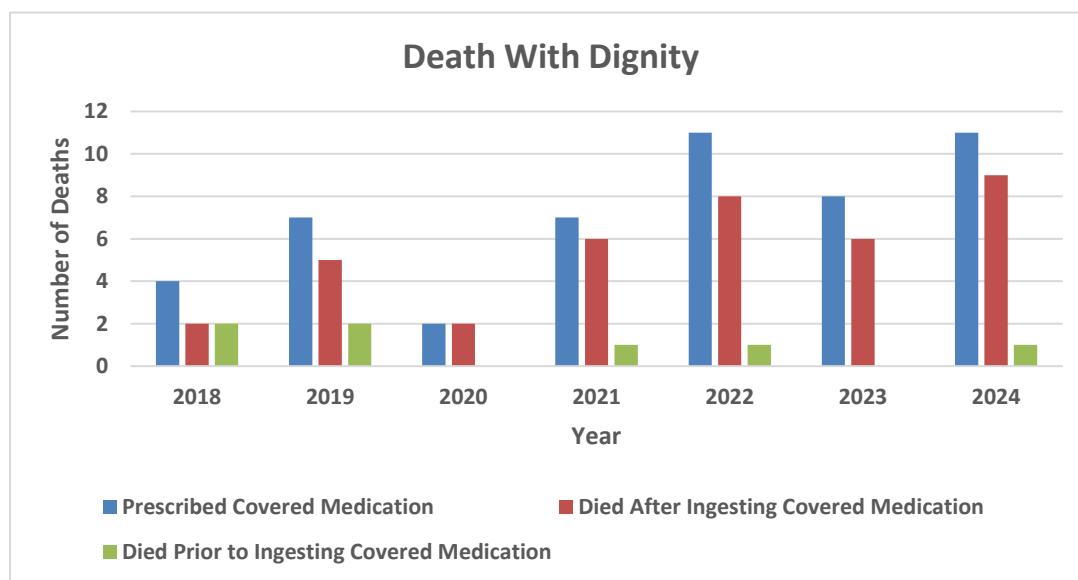
² Government health insurance refers to any insurance program run by U.S. federal, state, or local governments in which people have some or all of their healthcare costs paid for by the government. The two main types of public health insurance are Medicare and Medicaid.

*There was one qualified patient for whom the covered medication was dispensed during the 2024 review period, however the patient did not die during this period.

No qualified patients died before the prescribed medication was dispensed by the pharmacy.	
Cause of Death	N/A

Source: District of Columbia Department of Health, Health System Preparedness Administration

Figure 1. Number of Death with Dignity participants and known deaths, District of Columbia, 2018 to 2024.



Source: District of Columbia Department of Health, Health Systems Preparedness Administration