

**Hawaii Department of Health (DOH)  
2021 Our Care Our Choice Annual Report (DOH)**

**REPORT TO THE THIRTY-  
SECOND LEGISLATURE**

**STATE OF HAWAII**

**2022**

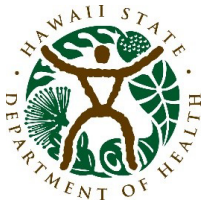
**PURSUANT TO ACT 2, SESSION  
LAWS OF HAWAII 2019**

**(HB2739 H.D. 1)**

**ESTABLISHES THE OUR  
CARE, OUR CHOICE ACT**

Prepared by the Department of Health  
Office of Planning, Policy, and Program  
Development

July 1, 2022



## Hawaii Department of Health (DOH) 2021 Our Care Our Choice Annual Report (DOH)

### Executive Summary

The information compiled in this report covers the collection period from January 1, 2021 through end of December 31, 2021.

During this reporting period, there were a total of seventy (70) qualified patients who received aid-in-dying prescriptions of which forty-nine (49) patients died. Of those patients who died, there were twenty-nine (29) patients who ingested the aid-in-dying medication. As indicated on forms collected, DDMA was the primary medication prescribed followed by DDMAPh. DDMP2 was the least prescribed medication. Compared to last year's report, DDMP2 was the most prescribed medication. There was one complication indicated whereas the prolonged time to death was approximately 12 hours.

Some form of cancer was indicated as the underlying illness for most patients who died. The status of twenty-one (21) qualified patients who received the aid-in-dying medication is unknown. An unknown patient status occurs when a follow-up form is not received by the Department. Follow-up forms are dependent upon the patient's designee to return the form to the attending physician who then mails the form to the Department as report #2.

The eligibility process from the first oral request to the date of receipt of the written prescription was an average of 41 days. The average waiting period between the first and second oral request was 32 days. Patients who received services from within large, well-networked organizations had the shortest waiting periods compared to private practicing providers in the community.

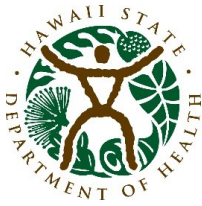
### Patient Access

To meet requirements under the OCOCA, Hawaii is the only state that requires a third health care provider to conduct a mental capacity evaluation. Additionally, patients may have difficulty in finding a participating physician due to Hawaii's growing severe physician shortage statewide especially due to the pandemic which exacerbated the shortage.

According to Hawaii's 2021 Physician Workforce Report provided to the legislature annually by the University of Hawaii, the greatest shortage is primary care statewide. Patients considering medical aid in dying are encouraged to start early, talk with your physician, and ensure your attending physician documents the date of your first oral request in your medical record. If the initial attending physician opts-out from participating, patients can continue the process with another attending physician.

### Participating Providers

New providers are highly encouraged to seek guidance from the Department or participating providers on the process. The most cited guidance document that have been helpful to physicians is the "Timeline Eligibility Process" accessible [here](#). The Department also has a website on the OCOCA with the required provider forms and information [here](#).



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**Attending Providers:** There was a total of twenty-one (21) attending physicians who wrote prescriptions during this reporting period. Oahu had the largest number of participating attending physicians at fourteen (14), three (3) on Hawaii island, one (1) on Kauai, and three (3) on Maui.

**Consulting Providers:** There was a total of thirty-six (36) consulting providers. Oahu had the largest number of participating consulting providers at twenty-four (24), nine (9) on Hawaii island, two (2) on Kauai, and one (1) on Maui.

**Counseling Providers:** Counseling providers are either a psychiatrist, psychologist, or licensed clinical social worker. There was a total of sixteen (16) counseling providers who conducted mental capacity evaluations. Oahu had the largest number of participating counseling providers at nine (9), five (5) on Hawaii island, and two (2) on Maui. There were no counseling providers on Kauai.

### **Introduction**

Act 2, Session Laws of Hawaii (SLH) 2018, authorized Hawai'i residents with a terminal illness and six (6) months or less to live may request medical-aid-in-dying prescriptions under the OCOCA. To help patients and providers understand the process required by law, the DOH launched a new page on its website where all required forms, instructions, and frequently asked questions can be accessed.

The law establishes eligibility criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process. There are also additional regulatory requirements to address concerns about misuse. Patients interested in seeking a prescription are encouraged to enroll in hospice.

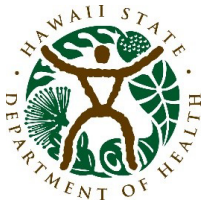
To meet eligibility criteria patients must be:

1. Age 18 or older an a Hawai'i resident;
2. Able to take the prescribed medication themselves;
3. Able to make two oral requests not less than 20 days apart to their attending physician;
4. Able to provide one written request after meeting eligibility criteria from all three (3) health care providers; and
5. Mentally capable to make an informed decision.

Details of the eligibility process may be accessed on the DOH's website here: <http://health.hawaii.gov/opppd/ococ/>

### **Reportable Information**

The DOH collected the following reportable information during the period January 1, 2021 through December 31, 2021 (envelopes post-dated not later than December 31, 2021). Below is the reportable information:



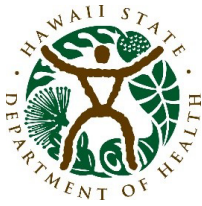
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- The number of qualified patients for whom a prescription was written: **70**
- The number of known qualified patients who died each year for whom a prescription was written: **111**

2019	2020	2021
28	34	49

- The cause of death of the qualified patient(s): metastatic lung cancer, colon cancer, metastatic breast cancer, hepatocellular carcinoma, metastatic melanoma, amyotrophic lateral sclerosis, metastatic prostate cancer, esophageal carcinoma, Burkitt lymphoma stage IV with bowel involvement, multiple myeloma stage II kappa light chain inflammatory bowel disease, metastatic Merkle cell carcinoma, advanced non-squamous NSCLC, metastatic leiomyosarcoma, stage IV prostate with metastases to bone, appendiceal carcinoma, end state heart disease with sick sinus syndrome/CHF/atrial fibrillation, aortic artery ulceration, end stage COPD, and anorexia abnormal weight loss enterocutaneous fistula.
- The total number of prescriptions written: **70**
- The total number of prescriptions for all years beginning with 2019: **137**
- The total number of qualified patients who died while enrolled in hospice or other similar palliative care program: **79**
- The number of known deaths in Hawaii from a prescription written per five-thousand deaths in Hawaii: **72**
- The number of attending providers who wrote prescriptions: **21**
- Location of attending providers who wrote prescriptions:

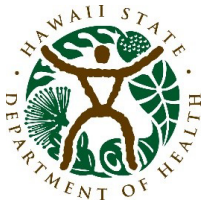
Kauai	Oahu	Maui	Hawaii Island
1	14	3	3



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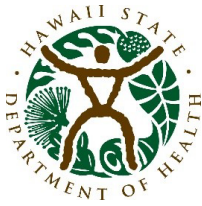
- Of the people who died as a result of self-administering a prescription, the individual's:

	Underlying Illness	Type of Insurance	Age	Education	Race	Sex
1	Colon Cancer	Medicare/Private	84	Not indicated	White	Male
2	Hepatocellular Carcinoma	Don't know type of insurance	70	Not indicated	Not indicated	Not indicated
3	Metastatic Breast Cancer	Medicare/Private	96	not indicated	White	Female
4	Metastatic Melanoma	Medicare/Private	78	Master's degree	White	Male
5	ALS	Private	59	not indicated	Native Hawaiian	Male
6	Metastatic Breast Cancer	Medicare/Private	61	H.S.	White	Female
7	Esophageal Carcinoma	Private	61	Doctoral	White	Male
8	Metastatic Lung Cancer	Private	55	not indicated	White	Female
9	Burkitt lymphoma Stage IV w/bowel involvement	Medicare/Private	93	High School	Asian	Male
10	Multiple Myeloma stage II Kappa light chain, inflammatory bowel disease, failure to thrive	Medicare/Private	81	Doctoral	White	Male



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11	Metastatic Merkel Cell Carcinoma	Medicare/Private	81	Bachelors	Asian	Male
12	Esophageal Cancer	Hawaii Quest/Medicaid	64	High School	Hispanic, Latino	Female
13	Complete Heart Block	not indicated	96	not indicated	White	Female
14	Metastatic Breast Cancer	Private	60	not indicated	White	Female
15	Metastatic Myxoid liposarcoma	Private	55	Bachelor	White	Male
16	Metastatic Leiomyosarcoma	Medicare/Private	75	not indicated	Asian	Female
17	Stage IV prostate cancer with metastases to bone	Private	54	Masters	White	Male
18	Metastatic Appendiceal Carcinoma	Don't know type of insurance	68	Bachelor	Native Hawaiian Latino	Male
19	End stage heart disease w/Sick Sinus Syndrome, CHF & Atrial Fibrillation	not indicated	91	High School	Native Hawaiian	Female
20	Hepatocellular Carcinoma	not indicated	80	Masters	White	Male
21	Cholangiocarcinoma	not indicated	86	not indicated	White, Asian	Female
22	Liver Cancer Stage IV	not indicated	82	not indicated	Asian	Male



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23	Metastatic Pancreatic Carcinoma	not indicated	75	Masters	Asian	Male
24	Prostate Cancer	not indicated	70	Masters	White	Male
25	Metastatic Prostate Cancer	not indicated	74	Bachelors	White, Asian	Male
26	ALS	not indicated	71	not indicated	Asian	female
27	End Stage COPD	not indicated	64	Some college	White	female
28	Anorexia abnormal weight loss enterocutaneous fistula	not indicated	92	Masters	Pacific Islander	Male
29	ALS	not indicated	81	not indicated	White	Female

**Community Education and Training Events**

There is no budget allocated to the Department for the administration and reporting of the Our Care, Our Choice Act. The Department’s role is primarily to collect and report data and provide guidance to the public. Provider forms, patient information, and reports are accessible [here](#).

During 2021, the Department staff was invited to participate in several online webinars in collaboration with Compassion and Choices. Webinars are accessible [here](#).

**Legislative Recommendations**

In closing, the DOH continues to maintain the following recommendations on the OCOCA as reported in 2019 and 2020.

1. Waiver of any waiting periods if the attending provider and consulting provider agree that patient death is likely prior to the end of the waiting periods.



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2. Given access to health care providers is limited, the DOH recommends authorizing advance practice registered nurses to serve as attending providers for patients seeking medical aid in dying.

If you should have any questions regarding the report, please contact the DOH Office of Planning, Policy, and Program Development at 586-4188.