



The Maine Death with Dignity Act Statistical Report

2024 Annual Report

1/1/2024 to 12/31/2024

Required by:

22 MRS § 2140

Submitted by:

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention

Executive Summary

Pursuant to 22 MRS § 2140(17), this report provides statistics concerning patient-directed care under *the Maine Death with Dignity Act* (Act), reflecting the patients who, in calendar year 2024, completed a written request for medication to hasten death and end their life in a humane and dignified manner. More specifically, this annual report provides information about patients who have reportedly met the requirements of the Act, the underlying causes of qualified patient deaths, and the number of prescriptions for life-ending medication written or dispensed to qualified patients. (22 MRS chapter 418). Patients who completed the oral request but not a written request within the calendar year will be included in the subsequent year's report.

In 2024, there were 66 patients who started the process required under Maine law. There were five patients still alive at the time of this report. Patients resided in 14 counties. The two counties where patients did not reside were Aroostook and Washington. Patients were more likely to be older, over the age of 65 years old. There was no significant difference in the split of male or female and cancer was the condition reported most often.

Introduction

The 129th Maine Legislature passed Public Law 2019 Chapter 271 known and cited as *the Maine Death with Dignity Act*. The Act enables physicians to prescribe medication to a Maine resident diagnosed with a terminal condition with the intent that the medication be self-administered for the purpose of hastening the patient's death. The Act set forth conditions for the patient and the physician for this action to be taken lawfully. Those conditions include, but are not limited, to an oral and written request by the competent patient to the physician, a reminder that all steps in the process must be voluntary and that the patient be capable of making such a decision, confirmation of the diagnosis and prognosis by a second physician, and an attestation by a qualified witness to these steps.

Once the prescribing physician fulfills all the statutory requirements, the physician is required to attest to compliance with the Act and submit required report forms to the Department. The fact that a health care provider participates in activities under this Act may not be the sole basis for a complaint or report by another health care provider to the appropriate licensing board under Title 32, including, but not limited to, the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the Maine Board of Pharmacy.

Within six months of the effective date of the Act, the Department was directed to adopt major substantive rules to facilitate the collection of information regarding compliance with the Act. The information collected is confidential, is not a public record, and may not be made available for inspection by the public.

On June 12, 2019, Governor Janet Mills issued executive order number 9 FY19/20, directing the Department to conduct rulemaking on an emergency basis following the enactment of Public Law 2019, c. 271. Maine Center for Disease Control and Prevention (Maine CDC) conducted emergency rulemaking in accordance with 5 MRS § 8054, and the Death with Dignity Act Reporting Rule, 10-146 CMR Chapter 15, was in place when the law became effective on September 19, 2019. The emergency rule provided guidance on reporting requirements for

physicians to demonstrate that the individual made an informed decision about their end-of-life care and to ensure compliance with the law. Reporting forms were developed to collect the information required both in law and in the Governor’s executive order.

To coincide with expiration of the emergency rule as means to ensuring continuity, the Department submitted for provisional adoption, a major substantive rule in January 2020. In accordance with the Maine Administrative Procedures Act, this major substantive rule was submitted to the Legislature for review and approval for final adoption.

In March 2020, the Legislature voted to enact LD 2068, *Resolve, Regarding Legislative Review of Portions of Chapter 15: Death with Dignity Act Reporting Rule, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention*, allowing for the final adoption of 10-146 CMR Chapter 15.

Effective August 30, 2020, Maine’s Death with Dignity Act Reporting Rule requires up to five documents for reporting and compliance purposes. The content of reporting forms required by the Department is consistent with the statute. Forms are found on the Maine CDC - Data, Research, and Vital Statistics (DRVS) website or by request to the State Registrar and these forms include:

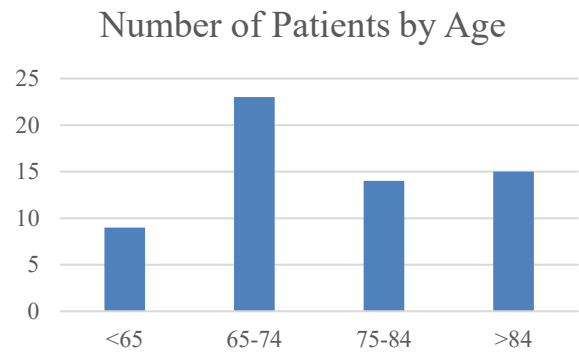
- *Request for Medication to End My Life in a Humane and Dignified Manner Form* that is to be completed and signed by the patient and two witnesses;
- *Interpreter Attachment Form*, if applicable;
- *Consulting Physician Form* that is to be signed by a physician who has reviewed and confirmed the medical opinion of the attending physician;
- *Attending Physician End-of-Life Reporting Form* which certifies all the requirements of the Act have been met, including adherence to the waiting periods set forth by the Act; and
- *End-of-Life Closure Form* to be completed by the attending physician within 30 days of the death of the qualified patient

General Statistics

- For calendar year 2024, there were 66 patients that met all the requirements of the Act. At the time of this report, there are five individuals for whom a death certificate could not be found. It was confirmed with the attending physician that these patients are still alive. Three of these five individuals completed the requests near the end of the year and are still less than six months into the process from when the first request was made.

Number of Patients Initiating Rights Under the Act by Calendar year		
2024	2023	2022
66	80	61

- Ages of patients ranged from the youngest of 53 years old to the oldest of 101 years old. Distribution across age groups for patients at least 65 years old were similar with nearly half being 75 years old and older.



- Twenty-five percent of those who died had attained a high school education, while 10% had attended college but did not have a degree and 65% had college degrees.

- Of the 61 patients who died, 48 died by patient choice and 13 deaths resulted from the underlying illness. For those patients who died from administering the prescription, the average number of days between the time the prescription was written and the date of death was 26 days.

- Cancer was the terminal condition in 39 cases of death of the patients under the Act. This represented the majority (64%) of the total. Amyotrophic lateral sclerosis (ALS) was indicated in eight deaths, heart disease and chronic obstructive pulmonary disease (COPD) in four deaths each. The six other conditions, with one case each, were Parkinson’s Disease, Huntington Disease, pulmonary hypertension, cerebrovascular disease, scleroderma, and chronic kidney disease.

Terminal Condition in Cases of Patient Death

