

“Medical Aid in Dying” Pharmaceutical Impact

The Problems with Physician Assisted Suicide (PAS)



Legislation suggests that there exists an easily prescribed drug which consistently brings about death quickly and painlessly. Evidence from jurisdictions where ‘assisted dying’ is practiced reveals a prevalence of complications in intentionally ending life that puts ‘assisted dying’ applicants at risk of distressing deaths.[1]

Key Points	Evidence
There is no single or combination of drugs that has been tested to assess the efficacy and safety for humanely ending human life.	<ul style="list-style-type: none"> Suicide drugs are therapeutic drugs that are not being used as intended, but the amounts are increased to cause a drug overdose and act as a poison.[1] In Oregon, a different combination of drugs has been used every year since 2013. As earlier drugs that were also used for in death penalty executions (i.e., secobarbital and phenobarbital) became more expensive, drugs were replaced with cheaper drugs in new and untested combinations. [1] DDMAPh is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. DDMAPh, which replaced secobarbital in 2019 because of its unavailability, was used in 71.6% of physician-assisted suicide deaths in Oregon in 2022.[2] There is a requirement that drugs used for therapeutic dosing undergo stringent testing to assess efficacy and safety, but there has been little to no research into their parameters when these drugs are taken at such high doses and in combination with other drugs as seen with assisted suicide.[1]
The efficacy and safety of assisted suicide drugs are difficult to assess because of lack of reporting and health care providers were only present 26.2% of the time when drugs were administered.	<ul style="list-style-type: none"> In most US states where assisted suicide is legal (Washington, California, Washington DC, Maine and Vermont) the drugs used are not recorded. [1] The Oregon Death with Dignity Act (DWDA) requires the Oregon Health Authority (OHA) to collect information and publish an annual statistical report, however, information about complications is reported only when a physician or another provider is present at the time of death. In 2022, a health care provider was present for 26.2% (73) of patients who died via assisted suicide. [2]
Annual complication rates have been as high as 14.8% in Oregon and death has taken more than 4 days.	<ul style="list-style-type: none"> Of the cases that were reported in Oregon in 2022, 8.2% had complications, including difficulty ingesting drugs, drug regurgitation, seizures, and regaining consciousness after ingesting the drugs.[2] Annual complication rates have been as high as 14.8% in Oregon.[1] The likelihood of complications increases without a provider present to make sure everything is done correctly. In order to achieve an ‘assisted’ death, patients in the USA have been required to ingest 90 to 100 barbiturate pills by crushing them and mixing them into a sweet solvent and ingesting them within 5 minutes. The potency and bitterness of the mixture requires antiemetics prior to ingestion to prevent vomiting.[1] The amount of time between drug ingestion and death has ranged up to 104 hours (more than 4 days) in Oregon where such records are required to be tracked. The range of time in 2022 was 3 minutes to 68 hours.[2]
43% of prescribed medications for assisted suicide are never used	<ul style="list-style-type: none"> In 2022, 431 people were reported to have received prescriptions under the Oregon DWDA. As of January 20, 2023, 278 people had died in 2022 from ingesting the prescribed medications, including 32 who had received prescriptions in previous years.[2] This means that 43% of those who received prescriptions in 2022 did not use them in the same year. These drugs could end up in the hands of kids, in the trash, or end up in our water supply.

[1] Efficacy and Safety of Drugs Used for ‘Assisted Dying’, Ana Worthington, Ilora Finlay, and Claud Regnard, British Medical Bulletin, Published online 2022 May 4, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9270985/>

[2] Oregon Death with Dignity Act. 2022 Data summary. Oregon Health Authority Public Health Division Center for Health Statistics. <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf>