

Evidence behind methods used for assisting death (assisted suicide or euthanasia)

v5



Worldwide, there is no agreed drug, combination or method for ending the life of a human.<sup>1, 2</sup>



No assisted dying drug has ever been approved by a regulatory authority

Routes vary (oral, intravenous, nasogastric); drugs vary (anaesthetics, sedatives, opioids, neuromuscular blocking agents, cardiac-arrhythmia inducing chemicals, antiemetics); combinations vary (single drug or up to 5 drugs)



- Adverse events of oral AD drugs occurred in 9.3% of Oregon assisted deaths, NB. this excluded prolonged deaths (47 hours in 2019).<sup>2</sup>
- The commonest adverse effects with oral drugs are vomiting, muscle jerks (myoclonus) and prolonged dying.<sup>3, 4, 5</sup>
- Most assisted deaths in Canada are from IV euthanasia: complications include prolonged deaths, regaining consciousness, pain on injection, difficulty with IV access.<sup>5, 6</sup>



- No recent studies link medications and outcomes.<sup>5, 6</sup> The only study to do this was published 20 years ago.<sup>7</sup>

References

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