

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



Worldwide, there is no agreed drug, combination or method for ending the life of a human.^{1, 2}



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 in Oregon occurred in an average of 10% (2010-22) NB. this excluded prolonged deaths (47 hours in 2019).²
- The commonest adverse effects with oral drugs are vomiting, muscle jerks (myoclonus) and prolonged dying.^{3, 4, 5}
- Most assisted deaths in Canada are from IV euthanasia: complications include prolonged deaths, regaining consciousness, pain on injection, difficulty with IV access.^{5, 6}



- No recent studies link medications and outcomes.^{5, 6} The only study to do this was published 20 years ago.⁷

References

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3. Bakewell FN. Complications with medical assistance in dying (MAiD) in the community in Canada. Canadian Association of MAiD Assessors and Providers, 2019.
4. Oregon Death with Dignity Act: [annual reports](#).
5. Zworth M, *et al.* *BMJ Open*, 2020; **10**: e036054.
6. Stukalin I *et al.* *CMAJOpen*, 2022;
7. Groenewoud JH, van der Heide A, Onwuteaka-Philipsen BD *et al.* *NEJM* 2009; **342**(8): 551-6.