Colorado

Assisted suicide has been legal in Colorado since 16 December 2016 following the passing of a ballot initiative.

Limited data

The first annual report covered 2017[1] and the second annual report covers 2018 while updating the 2017 data[2].

Even compared to the limited data reported annually in Oregon and Washington the annual reports are sparse and uninformative.

In 2017 prescriptions for a lethal substance were written for 72 people. In 2018 prescriptions for a lethal substance were written by 66 physicians for 125 people. This represents a 73.6% increase in one year.

For 2018 records of the lethal substance actually being dispensed were lodged for 86 (68.8%) of these cases. It is not known whether the prescription was not dispensed in the other 39 cases or if the mandatory paperwork was simply not lodged.

Death certificates for 104 of the 125 people were received. However, as the death certificates, by law, only record the underlying illness and make no mention of whether or not death was caused by ingesting a lethal substance, it remains unknown as to how many of these 104 people actually took the lethal substance.

The youngest person who has been prescribed a lethal substance was reported as aged in "the early 30s".

For 2018 "*the most common illnesses or conditions were malignant neoplasms (cancer), progressive neurodegenerative diseases (including amyotrophic lateral sclerosis/ALS, progressive supranuclear palsy, Parkinson's disease and multiple sclerosis), chronic lower respiratory diseases (including chronic obstructive pulmonary disease, or COPD) and heart diseases (including heart failure)*" but there were 11 cases of "other illnesses/conditions" which is defined in a footnote as covering "*cerebrovascular disease (stroke), chronic kidney disease, and others*".

Secobarbital was the lethal substance dispensed in 27 out of the 86 (31.4%) cases in 2018 and the DDMP or DDMP2 combination (diazepam, digoxin, morphine sulfate, propranolol) dispensed in the remaining 59 (68.6%) of cases. 23 pharmacists dispensed the deadly drugs.

There is no requirement (or even any process) for reporting complications for people from taking the lethal substance despite the fact that the mandated written declaration under the law requires a person to acknowledge "*although most deaths occur within three hours, my*

[1] https://drive.google.com/file/d/1-kBXgAFzHl6kcfsvtLHfOQ94Unk9mDa-/view

[2] https://drive.google.com/file/d/1FmoyCcL2gHopDO9rCJ2lGFEMUye8FQei/view

death may take longer". The record length of time from ingestion to death reported from Oregon is 104 hours (4 days 8 hours).[3]

Although the law requires a referral to a psychiatrist or psychologist "if the attending physician believes that the individual may not be mentally capable of making an informed decision" only 1 out of 69 (1.4%) people was reported for 2017 as having been so referred.[4] There were no referrals in 2018.

Although eligibility is supposedly limited to a "terminally-ill individual with a prognosis of six months or less to live" in 2018 the maximum duration of time between the date of prescription and date of death was "nearly eight months".

Significant non-compliance by physicians

What is most concerning is the level of non-compliance by physicians who prescribe lethal substances with even the very minimal reporting requirements. In nearly one third of cases (28.93%) from 2017 and 2018 the physician failed to lodge a copy – as required by law - of the person's written request. In 42.1% of cases the physician failed to lodge the mandatory written report from the consulting physician.

But the Colorado Board of Health is relaxed about this massive rate of non-compliance:

While reporting of the required documentation (including prescribing forms, patients' written requests, consulting physicians' written confirmations, and mental health provider confirmation) may be incomplete, all attending/prescribing forms received contained physicians' signed attestations that all requirements of the Colorado End-of-Life Options Act have been met, and that required documentation is complete and contained in patients' records. Efforts continue to educate physicians and other health care providers about reporting requirements.

This lay back approach glosses over the 13.7% of cases where even the basic form from the attending/prescribing physician has not been lodged and for which even the assurance given by all the boxes being ticked is not provided.

Conclusion

Colorado's experiment in providing a safe regime for assisted suicide is a fail because it lacks any possibility of identifying problems and two years in remains lackadaisical about significant non-compliance in basic reporting.

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[3] http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf

[4] https://codes.findlaw.com/co/title-25-health/co-rev-st-sect-25-48-106.html