

Colorado (2016-)

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

Minimal data

Six annual reports have been [published](#)¹ with the latest covering [2022](#)².

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

In 2022 prescriptions for a lethal substance were written for 316 people – a 44% increase from 2021 – with 246 (77.85%) prescriptions known to have been dispensed

A range of experimental lethal cocktails were dispensed, including combinations of diazepam, digoxin, morphine sulfate, and propranolol (DDMP or DDMP2 – 42 cases, 17.1%), with amitriptyline instead of propranolol (DDMA – 114 cases, 46.3%), and DDMA with the addition of phenobarbital (DDMAPh – 88 cases, 35.8%).

It is not known whether the prescription was not dispensed in the other 70 cases or if the mandatory paperwork was simply not lodged.

Death certificates for 243 people for whom a lethal prescription had been written were received. However, as the death certificates, by law, only record the underlying illness and make no mention of whether death was caused by ingesting a lethal substance, it remains unknown how many of these 189 people actually died from the lethal substance or even collected it.

The average time between the lethal prescription being written and death (from any cause) was 16 days (0 days- 8 months range).

The youngest person who has been prescribed a lethal substance was reported as aged in the “upper 20s”.

There is no requirement (or even any process) for reporting complications for people from taking the lethal substance despite the mandated written declaration under the law requiring a person to acknowledge “*although most deaths occur within three hours, my 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 8 out of 1,090 (0.73%) of those people for whom a lethal prescription was written (2017-2022) were first referred for an assessment.

¹ <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/medical-aid-in-dying#Annual>

² <https://drive.google.com/file/d/1IBp-r-KSjEI9IYdHlx5bLA9dTBB81GIM/view>

³

<http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

Although eligibility is supposedly limited to a “terminally-ill individual with a prognosis of six months or less to live” the maximum duration of time between the date of prescription and date of death was “approximately 11 months”, with once case of “approximately eight months” in 2021.

“Other”, unspecified conditions

The 2022 report includes 23 cases of a lethal prescription written for “other illnesses/conditions” with no indication of what these were. This is nearly four times the 6 reported each year in 2020 and 2021.

A Colorado medical practitioner, Dr Jennifer Gaudiani, has [reported](#) acting as a consultant in two out-of-state cases of the prescription of a lethal substance for two 36 year old women with anorexia.⁴

With no details given in the Colorado reports on “other illnesses/conditions” we may never know when cases of a prescribing a lethal substance for anorexia or other non-terminal illnesses, including mental illnesses, occurs.

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.

From 2017-2022, in 52 cases the physician failed to lodge a copy – as required by law - of the person’s written request; and in 73 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 13-17.3% of cases in each year from 2017 to 2022 where even the basic form from the attending/prescribing physician has not been lodged and for which even the supposed assurance given by all the boxes being ticked is not provided. There was 17.3% non-compliance with this legal requirement in 2022 with no completed form for 56 cases out of 316.

Conclusion

Colorado’s experiment in providing a safe regime for assisted suicide is a failure because it lacks any possibility of identifying problems and five years in authorities remain lackadaisical about significant non-compliance even with the minimal reporting requirements.

⁴ <https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-022-00548-3>