

## Colorado (2016- )

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

### Minimal data

Eight annual reports have been [published](#)<sup>1</sup> with the latest covering [2024](#)<sup>2</sup>.

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

In 2024 prescriptions for a lethal substance were written for 510 people – a 31% increase from 2023 – with 313 prescriptions known to have been dispensed.

A range of experimental lethal cocktails have been dispensed, but in 2024 the majority (79.6%) were prescribed DDMAPh – a combination of diazepam, digoxin, morphine sulfate, amitriptyline and phenobarbital with a further 17.3% being prescribed DDMA.

It is not known whether the prescription was not dispensed in the other 197 cases or if the mandatory paperwork was simply not lodged.

Death certificates for 429 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 people actually died from the lethal substance or even collected it.

The median time between the lethal prescription being written and death (from any cause) was 15 days (0 days- 42 months range). This means one person survived the six months "prognosis" by 3 full years.

The youngest person who has been prescribed a lethal substance was reported as aged "in the 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).<sup>3</sup>

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 10 out of 1,985 (0.5%) of those people for whom a lethal prescription was written (2017-2024) were first referred for an assessment.

### Waiting period

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

<sup>2</sup> <https://drive.google.com/file/d/1IBp-r-KSjEI9lYdHlx5bLA9dTBB81GIM/view>

<sup>3</sup>

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

The original legislation provided for a waiting period of 15 days. From 7 August 2024 this will be reduced to 7 days.

This waiting period can be ignored if the person is assessed as “unlikely to survive 48 hours”.

### **“Other”, unspecified conditions**

The 2024 report includes 28 cases of a lethal prescription written for “other illnesses/conditions” with no indication of what these were. This is more than five times the 5 reported in 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.<sup>4</sup>

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

### **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 2017-2024, of the 1995 cases in which people were provide a written prescription for a lethal drug, in 402 cases (20.15%) the physician failed to lodge a copy – as required by law - of the person’s written request; and in 432 cases (21.65%) 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.*

These efforts are failing with violations of the reporting requirements increasing year to year.

This lay back approach glosses over the 14.7%-17.8% of cases in each year from 2021 to 2024 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 16.7% (one in six) non-compliance with this legal requirement in 2024 with no completed form for 85 cases out of 510.

### **Conclusion**

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

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