

Lethal Experimental Drug Combinations Used For Assisted Suicide Complications For Patients

SECONAL (SECOBARBITAL)

A [90-100 pill dosage](#) of Seconal (secobarbital) was widely used for assisted suicides for many years until it became too costly and in 2019 became unavailable for this use.¹

To replace Seconal, proponents of assisted suicide are experimenting with combinations of drugs to induce death.

PHENOBARBITAL

One of the drug combinations used is a mixture consisting of phenobarbital, chloral hydrate and morphine sulfate. The patient mixes the powder with water, alcohol, applesauce or juice. This drug combination lowered the cost to \$400-\$500.

In Oregon, this cocktail was used in the [death of 65 patients](#) and of those cases where data is available, patients experienced death from 20 minutes to 72 hours.²

DDMP 1; DDMP2

A combination of DDP (diazepam, morphine sulfate and propranolol) took a patient 18 hours to die so 10 mg. of digoxin was added to the mix to create DDMP 1. The digoxin dosage was subsequently increased to 15 mg. to form DDMP 2.³

Researchers have described [DDMP 2 as “blue-whale-sized doses....](#)And the mixture tastes extremely bitter. ‘Imagine taking two bottles of aspirin, crushing it up, and mixing it in less than half a cup of water or juice.’”⁴

In Oregon, DDMP 1 and DDMP 2 accounted for 239 deaths through 2019. Where data is available, patients experienced death from a range of [5 minutes to 47 hours](#). Two patients regained consciousness after ingesting the drugs.⁵ “The median time until death was [longer for the DDMP2 compound](#) (120 min) than for secobarbital (25 min)...”⁶ The drug cocktail is taken in liquid form and is ingested orally or through a tube.

DDMA

[DDMA was introduced](#) as a combination of diazepam, digoxin, morphine sulfate and amitriptyline. In Oregon, DDMA was used for 87 patients and where data is available, the time to achieve death ranged from one minute to 19 hours.⁷

MORPHINE SULFATE

In Washington State in 2017, [130 out of 196 deaths \(63%\)](#) were attributed to use of morphine sulfate in isolation.⁸ Deaths from secobarbital and morphine sulfate lasted from [5 minutes to 35 hours](#) in range.⁹

GENERAL COMPLICATIONS FROM LETHAL DRUGS USED IN ASSISTED SUICIDE DEATHS

Experimenting with combinations of drugs intended to kill patients in the name of “research” has not been approved by any ethics review committee like an “Institutional Review Board” (IRB), which violates research ethics standards.

[According to The Atlantic:](#) “No medical association oversees aid in dying, and no government committee helps fund the research...The doctors’ work {to experiment with drugs which kill patients} has taken

place on the margins of traditional science. Despite their principled intentions, it's a part of medicine that's still practiced in the shadows."¹⁰

According to *Kaiser Health News*: "The first Second alternative turned out to be too harsh, [burning patients' mouths and throats](#), causing some to scream in pain." "The second drug mix, used 67 times, has led to deaths that [stretched out hours in some patients](#) – and up to 31 hours in one case...the next longest 29 hours, the third longest 16 hours and some 8 hours in length."¹¹

According to *Anaesthesia*: "However, for all these forms of assisted dying, there appears to be a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and re-awakening from coma (up to 4%), constituting failure of unconsciousness. This raises a concern that some [deaths may be inhumane](#)..."¹²

According to the *British Medical Journal*: "Complications related to assisted dying methods were found to include difficulty in swallowing the prescribed dose ($\leq 9\%$), a relatively high incidence of vomiting ($\leq 10\%$), prolongation of death (by as much as seven days in $\leq 4\%$), and failure to induce coma, where patients re-awoke and even sat up ($\leq 1.3\%$). "This raises a concern that some deaths may be inhumane," the researchers said. They had expected to find a single technique being used but said that "the considerable heterogeneity in methods suggests that an optimum method of achieving unconsciousness remains undefined."¹³

Endnotes

- 1 Death with Dignity in Oregon: No Evidence of Abuse or Missuses, Roxanne Nelson, BSN, RN http://www.medscape.com/viewarticle/869023?src=emailthis#vp_2
Oregon Death with Dignity Act 2019 Data Summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>, page 7
- 2 Oregon Death with Dignity Act 2019 Data Summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>, page 16
- 3 Oregon Death with Dignity Act 2019 Data Summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf>, page 15
- 4 Oregon Death with Dignity Act 2019 Data Summary: <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/>
- 5 Oregon Death with Dignity Act 2019 Data Summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>, page 16
- 6 Oregon Death with Dignity Act 2019 Data Summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf>, page 7
- 7 Oregon Death with Dignity Act 2019 Data Summary: <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>, page 16
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2017.pdf>, page 9
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- 8 <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/>
- 9 *Kaiser Health News*, "Docs in Northwest Tweak Aid-In-Dying Drugs to Prevent Prolonged Deaths", February 21, 2017
- 10 Sinmyee, S., Pandit, V.J., Pascual, J.M., Dahan, A., Heidegger, T., et al. (2019). Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying. *Anaesthesia*, 74, 557-559.
- 11 Torjesen, Ingrid. (2019) Assisted dying methods can lead to "inhumane" deaths. *British Medical Journal*. 364:1797 doi: 10.1136/bmj.1797