

## Lethal Assisted Suicide Experimental Drug Combinations Put Patients at Risk

In violation of basic medical standards, assisted suicide proponents are using experimental drug combinations on patients in the name of “research” to induce death by lethal drugs. [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.”<sup>1</sup>

A 90-100 pill dosage of Seconal (secobarbital) was widely used for assisted suicides for many years until 2019 when it became too costly and unavailable for this use.<sup>2</sup> Seconal has been replaced with a variety of experimental drug combinations, with the most frequent being:

### DDMP2

DDMP2 is a combination of diazepam, digoxin, morphine sulfate and propranolol.

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.’”<sup>3</sup>

In Oregon in 2020, the median time until death was [longer for the DDMP2 compound](#) (85 min) than for secobarbital (25 min).<sup>4</sup> 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 303 patients and where data is available, the time it took to cause death ranged from one minute to 19 hours.<sup>5</sup>

## GENERAL COMPLICATIONS FROM LETHAL DRUGS USED IN ASSISTED SUICIDE DEATHS

According to *Kaiser Health News*: “The first Seconal alternative turned out to be too harsh, [burning patients’ mouths and throats](#), causing some to scream in pain.”<sup>6</sup> “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.”<sup>7</sup>

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](#)...”<sup>8</sup>

<sup>1</sup> The Atlantic, Jennie Dear “The Doctors Who Invented a New Way to Help People Die,” January 22nd, 2019 <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/> • <sup>2</sup> Medscape, Roxanne Nelson, BSN, RN “Death with Dignity in Oregon: No Evidence of Abuse or Misuse,” September 20th 2016, [http://www.medscape.com/viewarticle/869023?src=emailthis#vp\\_2](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 • <sup>3</sup> The Atlantic, Jennie Dear “The Doctors Who Invented a New Way to Help People Die,” January 22nd, 2019 <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/> • <sup>4</sup> Oregon Death with Dignity Act, 2020 Data Summary <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf> , page 16 • <sup>5</sup> *Ibid* • <sup>6</sup> Kaiser Health News, “Docs in Northwest Tweak Aid-In-Dying Drugs to Prevent Prolonged Deaths”, February 21, 2017 • <sup>7</sup> *Ibid* • <sup>8</sup> *Anaesthesia* , 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.”, 74,557-559. <https://pubmed.ncbi.nlm.nih.gov/30786320/>