Academy of Aid-in-Dying Medicine
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Clinical Factors Associated with Prolonged or Complicated Aid-in-Dying Deaths

(NOTE: These should be checked before prescribing medications, and again close to the aid-in-dying day. Conditions change.)

Guts issues:

- Severe cachexia and/or prolonged time with no oral nutrition—associated with duodenal villous atrophy and poor med absorption.
- Gastroparesis (delayed gastric emptying)
- Poorly controlled nausea/vomiting = gastroparesis
- Anticholinergic medications (Compazine, Haldol, Benadryl, hyoscyamine, others) may improve central nausea, but they risk increasing gastroparesis
- Severe constipation/obstipation
- Partial or complete bowel obstructions.
- GI disease, including pancreatic cancer, colon cancers, hepatic metastases
- Tense ascites (peritoneal metastases and/or portal hypertension with concomitant bowel edema. For tense ascites, consider paracentesis the day before aid in dying. For portal hypertension, consider the rectal route.

Swallowing Concerns:

- Too weak to actively swallow
- Oropharyngeal or esophageal obstruction, even if partial
- Intolerance to swallowing bitter or bad-tasting liquids.

Medication-related concerns:

- Very high opiate or benzo tolerance. Consider increasing diazepam and/or phenobarbital dosage in DDMAPh. There is probably no benefit in increasing the morphine dosage.

General Factors:

- Obesity
- Extreme exercise history/cardiac fitness, even if remote in time.
- Young, <55 years, or very healthy other than the primary cause of death
- Brain cancers — primary or metastatic

Mental Health Concerns:

- IV (or other) substance abuse disorder, recent or remote (may have inconsistent/incomplete drug-use reporting)
- Waxing and waning mental capacity, and/or ability to follow instructions.