American Clinicians Academy on Medical Aid in Dying
www.ACAMAID.org

March 31, 2022

To the Listserve of the American Clinicians Academy on Medical Aid in Dying

Re: Updates to the protols for rectal self-administration of aid-in-dying medications.

Folks,

One thing that I deeply appreciate about the Academy as a community is that we keep learning from and teaching each other.

At a meeting last week of 17 highly experienced attending/prescribing physicians, we discussed a case of a prolonged death with rectal self-administration after a significant amount of the medications leaked back out of the rectum. The patient remained deeply comatose and comfortable throughout, which reassures me that even with a significantly lower dosage of aid-in-dying medications, the patients' comfort is maintained although the death itself may be prolonged.

Of note: While minor leakage from a rectal catheter is common, major leakage is extremely, extremely rare. In this case, no apparent reason for the leakage was apparent (balloon deflating, obstruction, abnormal rectal/anal anatomy, etc).

Based on discussions at last week's meeting, and additional talks since, we have decided to change some of the recommended equipment and techniques for the rectal self-administration of aid-in-dying medications. We will soon update our instructional video (https://www.acamaid.org/rectal-administration-of-aid-in-dying-medications/) and written instructions on our webpage, but for now I'd like to list the recommended changes here:

Equipment changes

- **The Foley catheter** now recommended has a larger lumen and balloon — **30Fr catheter with a 30cc balloon**. The balloon is to be gently inflated to the full 30cc unless the patient notices a persistent urge to defecate, at which time it can be taken down and inflated again to 15-20cc. Reports from clinicians already doing this show that the larger sizes do not decrease patient comfort. They do, however, prevent leakage and the larger lumen size decreases the pressure needed on the plunger of the catheter tip syringe to self-administer the medications.
    - As before WE DO NOT RECOMMEND MACY CATHETERS FOR THIS PROCEDURE. The bore is too small for the dense suspension of aid-in-dying medications.

- Instead of a 100cc **catheter-tip syringe**, we now recommend **two 60cc syringes each filled with 45cc** of the aid-in-dying suspension. This further facilitates the ease of self-administration by requiring less pressure on the plunger, which will help patients who have lost strength.
    - These syringes should be fresh/new. If they've been used for prior tube feedings or other use, they tend to get sticky and depressing the plunger is difficult. If possible, we suggest putting a drop of olive or other cooking oil on the rubber ring of the plunger to facilitate smoothness and ease of pushing.
        - If people have preferred brands of catheter-tip syringes that seem to have more ease of depressing the plunger, please let us know.

- We **no longer recommend the stopcock (Lopez or other valve)** which some clinicians found cumbersome. Stopping backflow of medications out of the foley can be easily achieved by a **Kelly or other clamp**, and this should be used when swapping the first and second syringes, and after the final medications are in. The clamp should be left in place on the catheter for the duration while the patient remains deeply unconscious. After death, it can be left in place or removed (place a towel under the patient in case there is some post-mortem leakage).

Technique changes:

- An **enema** the evening before or morning of the procedure is strongly recommended. The rectal vault needs to be as free of stool as is possible.

- A **rectal exam** before inserting the catheter is essential. A small amount of stool present is fine, but any significant amount of thick, pasty stool can clog the catheter and absorb the medications. Such stool should be removed by digital disimpaction and/or enema before proceeding.

- After inserting the catheter, we recommend a **10cc flush** to assure patency and flow. We've had reports of clogged catheters even after a fairly clean rectal exam. If the flush does not work, remove the catheter and replace it with a fresh one. (We strongly recommend that at least one **backup catheter** be present on site.)

- Before the self-administration of the aid-in-dying medications, **agitate each of the syringes** to fully suspend the medication powder. Dense settling of the medications in the syringes is possible, and this can clog the syringe outlet and/or the catheter. DO NOT mix the medications and place them in the syringes more than a few minutes before they are to be used — the medications will get quite gummy and risk creating blockages.

- The recommended sequence of events:
    - Rectal exam. Clear the rectum if needed.
    - Insert the catheter, slowly blow up the balloon.
    - Gently pull the catheter back against the anal sphincter to form a seal and prevent leakage.
    - Clamp the catheter.

- Mix the medications to a final volume of 3 ounces (https://www.acamaid.org/mixinginstructions/) and pour the suspension into a glass from which you can draw the medications into the catheter-tip syringes.
- Fill the 60cc syringes to 45 cc from a well-stirred glass of the medication suspension. Agitate the syringes to assure the complete suspension of the medications.
- Attach the syringe to the Foley, and unclamp the Foley.
- Instruct the patient on self-administration of the medications. Only they can push the plunger on the syringe, although you or any attendant can stabilize the syringe itself.
- When the first syringe of medications is in, clamp the foley, attach the second syringe, and then unclamp the foley for the self-administration of the meds in syringe #2.
- After the 2nd self-administration, re-clamp the foley and leave the clamp in place until death.

The above recommendations are just that — recommendations. Each patient and clinical circumstance are different, so please use your judgment and experience in developing the procedure that works best for you.

The above recommendations are based on formal reports of >80 rectal self-administrations, and extensive discussions with some of the most experienced aid-in-dying clinicians in the country. We urge you to contribute your thoughts and ideas. Medical aid in dying is a very new practice in medicine, and rectal self-administration is even newer. The more we learn from each other the better the results will be for our patients and families.

Thank you, specifically, to Robin Plumer, DO ; Elizabeth Stanton, MSN/Ed; Gaja Andzel, MD; Thalia DeWolf, RN, CHPN; Maggie Wilson, MD, and many others who contributed their extensive knowledge about rectal self-administration of aid-in-dying medications.

Thank you all!

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