

Red Flag Risk checklist for potentially complicated and/or prolonged aid-in-dying deaths

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

- Gut 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.

- 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
 - EtOH, >fifth of liquor or case of beer/day—associated with sedative resistance

- 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.