CALIFORNIA END OF LIFE OPTION ACT 2024 DATA REPORT

For more information visit the CDPH End of Life Option Act website.

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Executive Summary

California's End of Life Option Act (EOLA) became effective on June 9, 2016, under AB 15 (Eggman, Chapter 1, Statutes of 2015). The EOLA allows terminally ill adults living in California to obtain and self-administer aid-in-dying drugs.[1,2] The EOLA requires the California Department of Public Health (CDPH) to provide annual reports under strict privacy requirements. CDPH's reporting requirements are outlined in Health and Safety Code Section 443.19(b), which reads:

> *(b) On or before July 1, 2017, and each year thereafter, based on the information collected in the previous year, the department shall create a report with the information collected from the attending physician follow up form and post that report to its Internet Web site. The report shall include, but not be limited to, all of the following based on the information that is provided to the department and on the department's access to vital statistics:*
>
> *(1) The number of people for whom an aid-in-dying prescription was written.*
>
> *(2) The number of known individuals who died each year for whom aid-in-dying prescriptions were written, and the cause of death of those individuals.*
>
> *(3) For the period commencing January 1, 2016, to and including the previous year, cumulatively, the total number of aid-in-dying prescriptions written, the number of people who died due to use of aid-in-dying drugs, and the number of those people who died who were enrolled in hospice or other palliative care programs at the time of death.*
>
> *(4) The number of known deaths in California from using aid-in-dying drugs per 10,000 deaths in California.*
>
> *(5) The number of physicians who wrote prescriptions for aid-in-dying drugs.*
>
> *(6) Of people who died due to using an aid-in-dying drug, demographic percentages organized by the following characteristics:*
>
> *(A) Age at death.*
>
> *(B) Education level.*
>
> *(C) Race.*
>
> *(D) Sex.*
>
> *(E) Type of insurance, including whether or not they had insurance.*
>
> *(F) Underlying illness.*

[1] Assembly Bill x2 15 (Eggman), Chapter 1, Statutes of 2015
[2] Senate Bill 380 (Eggman), Chapter 542, Statues of 2021

This report presents the information on individuals who were prescribed aid-in-dying drugs and died in the calendar year of 2024, as well as cumulative counts from January 1, 2016, to December 31, 2024. The data is collected from the EOLA-mandated physician reporting forms received by CDPH through January 30, 2025. The information collected has been aggregated to protect the privacy of the individuals.

For the calendar year ending December 31, 2024:

- 1,591 individuals received prescriptions under the EOLA; and
- 1,032 individuals died following their ingestion of the prescribed aid- in-dying drug(s), which includes 50 individuals who received prescriptions prior to 2024.
    - Of the 1,032 individuals:
        - 92.1 percent[3] were 60 years of age or older;
        - 97.0 percent had health insurance; and
        - 94.8 percent were receiving hospice and/or palliative care.

Since the law came into effect June 9, 2016, through December 31, 2024:

- 8,242 individuals have been written prescriptions under the EOLA;
- 5,423 individuals, or 65.8 percent, have died from ingesting the medications; and,
    - Of the 5,423 individuals, 4,985 or 91.9 percent, were receiving hospice and/or palliative care.

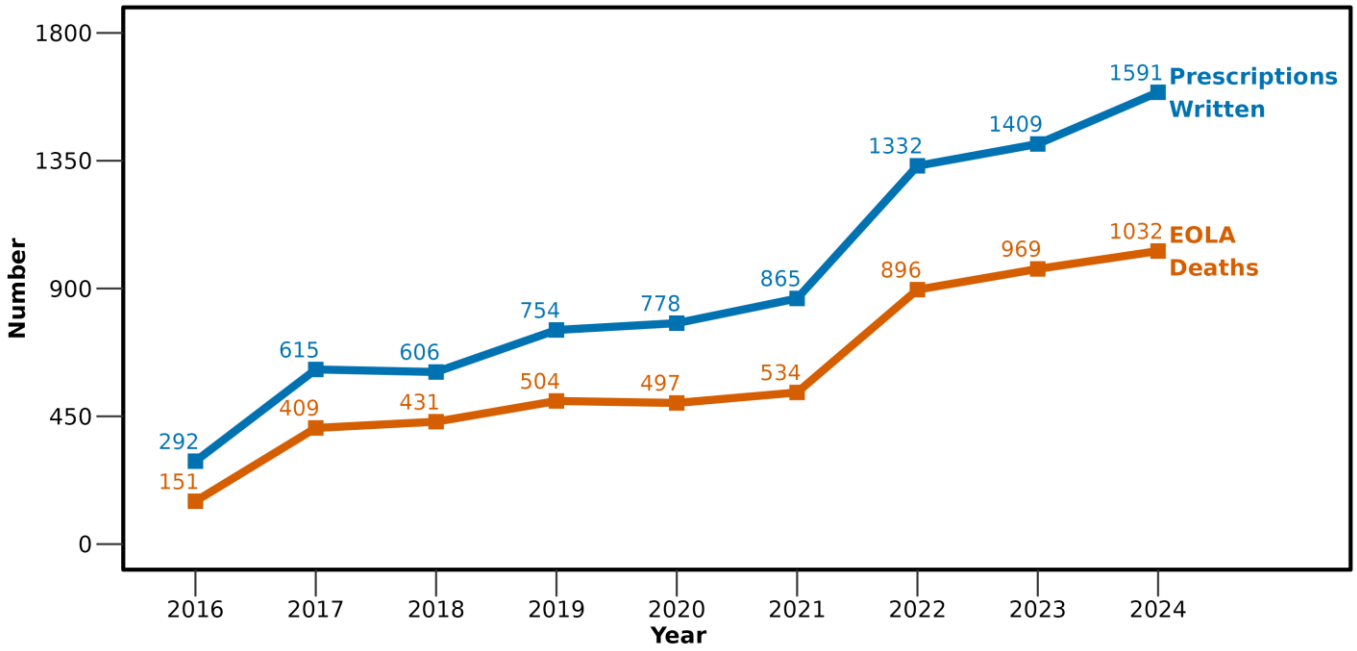
Note that cumulative counts reported above do not match prior reports. These differences arise from several factors including:

- the timing of forms received;
- the registration of deaths; and,
- the inclusion of duplicate records in prior reports, which have been removed.

Figure 1 illustrates the number of prescriptions written and the deaths under the EOLA from 2016 through 2024.

[3] Percentages presented in this Data Report are rounded to the nearest tenth. Due to rounding, percentages, when totaled, may not equal 100.0 percent.

Figure 1: Summary of EOLA Prescriptions and Deaths 2016-2024



Introduction

The EOLA allows an adult diagnosed with a terminal disease, who meets certain qualifications defined in Health and Safety Code Section 443.2, to request an aid-in-dying drug from a physician. The EOLA requires physicians to use forms specified in statute for submitting information to CDPH. CDPH is responsible for collecting data from these forms to prepare an annual report. Data presented in this report are based on the information from physicians' forms and California death certificates for calendar year 2024.

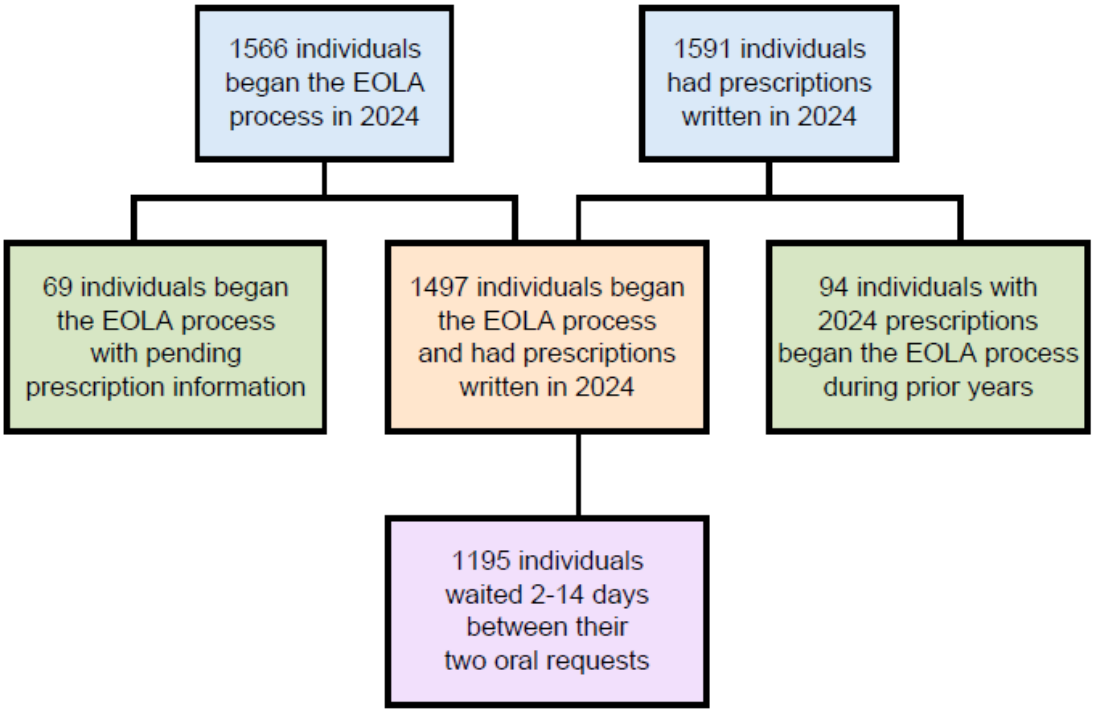
More information on the EOLA, reporting process, and required forms can be found on the CDPH End of Life Option Act page.

Participation in the End-of-Life Option Activities

For the calendar year 2024, as presented in Figure 2:

- CDPH received forms from 1,566 individuals who started the end-of-life option process, as set forth in the EOLA, by making two verbal requests to their physicians at least 48 hours apart.
- Of the 1,566 individuals who started the end-of life process, 1,497 received a prescription in 2024 while the remaining 69 have not yet received a prescription prior to the end of 2024.
- Out of the 1,497 individuals who started the end-of-life option process in 2024 and received a prescription during 2024, 1,195 individuals, or 79.8 percent, waited from 48 hours to 14 days between the two verbal requests[4].
- An additional 94 individuals received a prescription during 2024 and began the request process prior to 2024.
- A total of 346 physicians prescribed 1,591 individuals aid-in-dying drugs.
- The most common drug category prescribed was a combination of a cardiotonic, opioid, and sedative at 93.6 percent.

Figure 2: Summary of EOLA Requests and Prescriptions Written in 2024



[4] In 2022, as a result of Senate Bill 380 (Chapter 542, Statues of 2021), the duration between oral requests was reduced from 15 days to 48 hours.

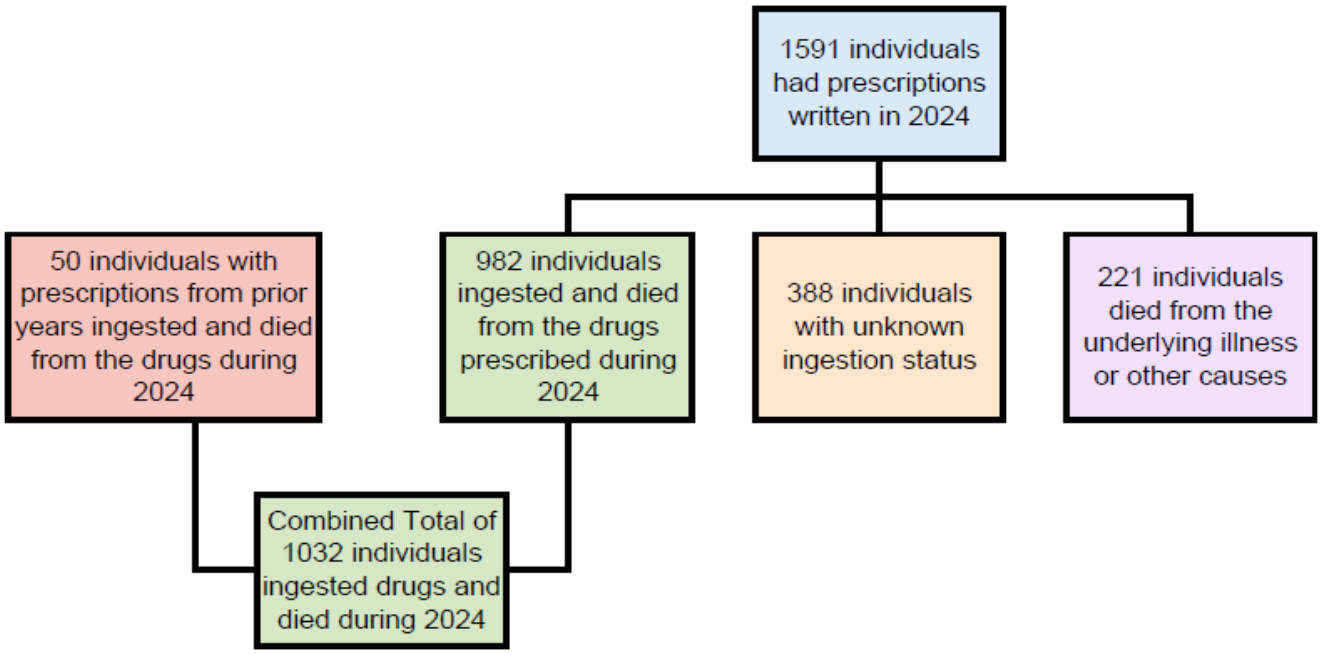
Of the 1,591 individuals who were prescribed such drugs:

- 982 individuals, or 61.7 percent, were reported by their physician to have died following ingestion of aid-in-dying drugs prescribed under the EOLA;
- 221 individuals, or 13.9 percent, died from the underlying illness or other causes; and,
- 388 remaining individuals, or 24.4 percent, have an unknown ingestion status.
    - Of the remaining 388 individuals with an unknown ingestion status:
        - 212 individuals, or 13.3 percent, have died, but their ingestion status is unknown because follow up information is not available yet; and,
        - 176 individuals, or 11.1 percent, both death and ingestion status are pending.

Furthermore, 50 individuals with prescriptions written in prior years ingested and died from the drugs during 2024. As a result, the report demographics include the 1,032 individuals who ingested and subsequently died during the 2024 calendar year from aid-in-dying drugs. A chart illustrating the outcomes is provided as Figure 3.

In 2024, 1,032 individuals[5] died from ingestion of aid-in-dying drugs, a rate of 36.4 per 10,000, or 0.364 percent, based on 283,824[6,7] deaths to California residents in 2024.

Figure 3: Outcome Summary of EOLA Prescriptions Written Including Prior Years and Drugs Ingested in 2024



[5] Total of individuals who received aid-in-dying prescriptions that died in 2024.
[6] California Department of Public Health, California Comprehensive Death File, created in January 2025.
[7] Does not include out-of-state California resident deaths as of January 2025.

Characteristics of Individuals

Of the 1,032 individuals who died pursuant to the EOLA during 2024:

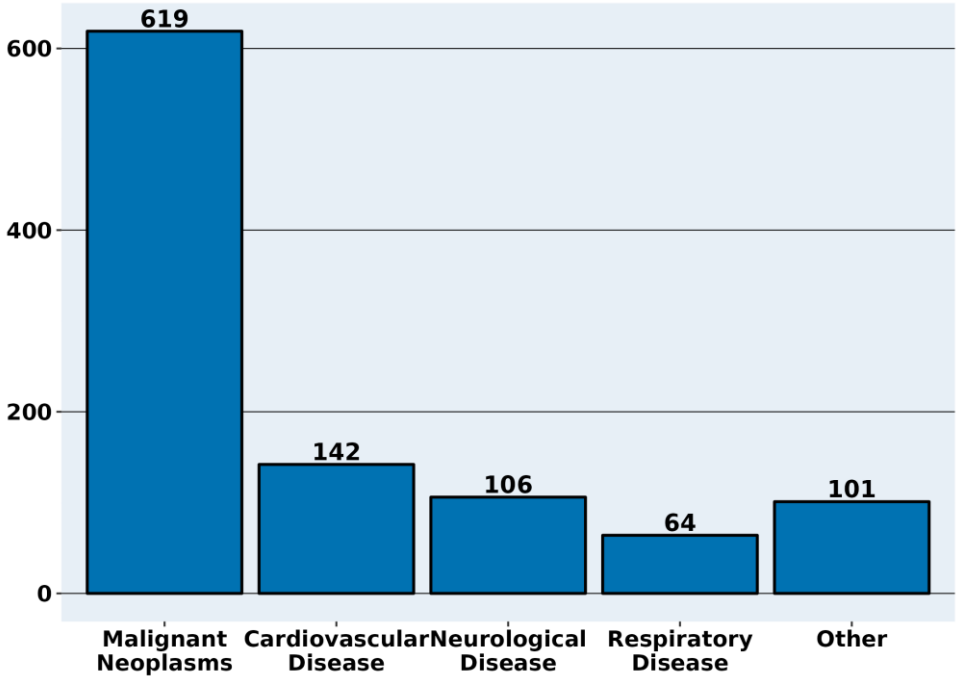
- 7.9 percent were under 60 years of age;
- 73.8 percent were 60-89 years of age;
- 18.2 percent were 90 years of age and older;
- 78 years was the median age;
- 86.7 percent were white;
- 48.8 percent were female;
- 94.8 percent were receiving hospice and/or palliative care;
- 75.2 percent had at least some level of college education; and,
- 82.2 percent informed their family of their decision to participate in the EOLA.

A summary of this information is set forth in Table 1 on pages 12-14 and Table 3 on pages 17-19.

Of the 1,032 individuals who died pursuant to the EOLA during 2024, as presented in Figure 4:

- 619 individuals, or 60.0 percent, had malignant neoplasms (cancer);
- 142 individuals, or 13.8 percent, had cardiovascular disease;
- 106 individuals, or 10.3 percent, had neurological disease;
- 64 individuals, or 6.2 percent, had respiratory diseases (non-cancer); and,
- 101 individuals, or 9.8 percent, had other underlying illnesses:
    - 24 individuals, or 2.3 percent, had cerebrovascular disease;
    - 18 individuals, or 1.7 percent, had kidney disease;
    - 15 individuals, or 1.5 percent, had endocrine, nutritional and metabolic disease;
    - 9 individuals, or 0.9 percent, had immune mediated disease;
    - 14 individuals, or 1.4 percent, had gastrointestinal disease; and,
    - 21 individuals, or 2.0 percent, had some other diseases.

Figure 4: Major Illness Categories for EOLA Individuals in 2024



Certifiers[8] (physicians, coroners, and medical examiners) report the underlying terminal disease as the cause of death on death certificates. This approach:

- complies with applicable law;
- best ensures the reliability and usefulness of data collected from the death certificate for state, national, and international surveillance purposes; and
- effectuates the California Legislature's intent to maintain the confidentiality of individuals' participation in the EOLA.[9]

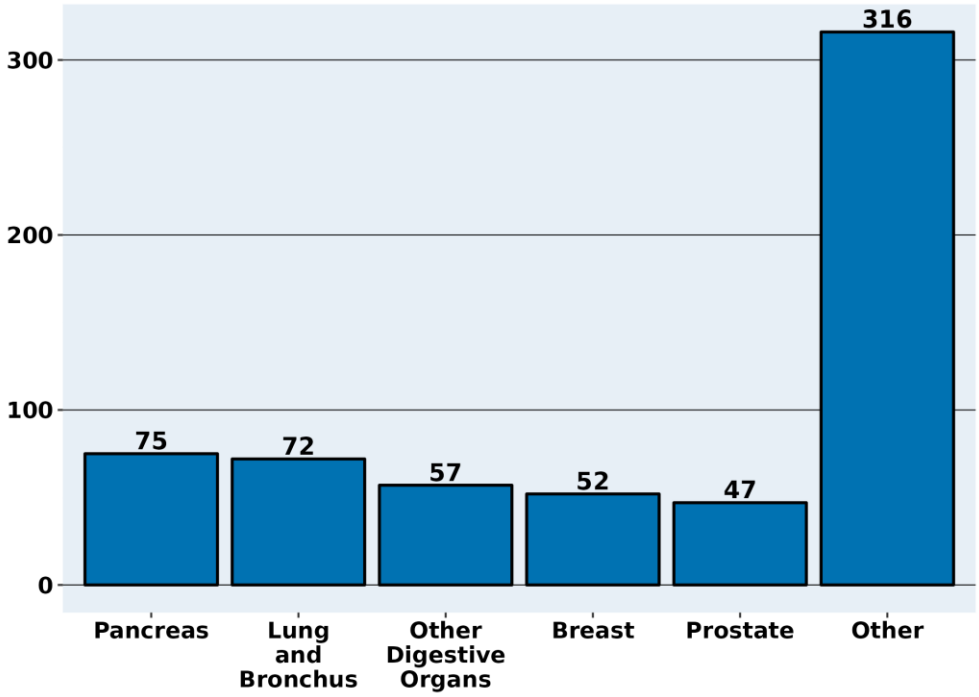
As presented in Figure 5, 619 individuals with malignant neoplasm as the underlying terminal disease represented the largest group who utilized the EOLA:

- 75 individuals, or 12.1 percent, had pancreatic cancer;
- 72 individuals, or 11.6 percent, had lung and bronchus cancer;
- 57 individuals, or 9.2 percent, had other digestive organ cancer;
- 52 individuals, or 8.4 percent, had breast cancer;
- 47 individuals, or 7.6 percent, had prostate cancer;
- 316 individuals, or 51.1 percent, had other malignant neoplasms.

Additional information regarding the other types of malignant neoplasms can be found in Table 2 on pages 15-16.

[8] Health and Safety Code Section 102825(a) and Health and Safety Code Section 102860.
[9] Assembly Bill x2 15 (Eggman), Chapter 1, Section 2 (b), Statutes of 2015

Figure 5: Major Malignant Neoplasm Types for EOLA Individuals in 2024



Of the 1,032 individuals who died through participating in the EOLA in 2024, most of the individuals had some form of health insurance (97.0 percent):

- 504 individuals, or 48.8 percent, had Medicare or Medicare combined with another type of insurance;
- 101 individuals, or 9.8 percent, had private insurance;
- 33 individuals, or 3.2 percent, had only Medi-Cal;
- 11 individuals, or 1.1 percent, had another governmental insurance (e.g., Covered California or Veterans Affairs);
- 352 individuals, or 34.1 percent, had insurance but the type of insurance was unspecified;
- 9 individuals, or 0.9 percent, had no insurance; and
- 22 individuals, or 2.1 percent, no response was provided for health insurance coverage.

Out of the total of 1,032 individuals who died through participating in the EOLA:

- 880 individuals, or 85.3 percent, were in a private home for ingestion; and,
- 492 individuals, or 47.7 percent, had a physician or trained health care professional present at the time of ingestion.

Of the 492 individuals with a provider present at the time of ingestion of the aid-in-dying drug(s):

- 311 individuals, or 63.2 percent, had an attending physician provider present;
- 176 individuals, or 35.8 percent, had a trained healthcare professional present; and,
- 5 individuals, or 1.0 percent had a physician other than the attending present.

Additional information regarding insurance status and other characteristics of individuals who died following ingestion of an aid-in-dying drug can be found in Table 3 on pages 16-18.

Conclusion

This Data Report presents data reported to CDPH from the EOLA-mandated physician reporting forms and reflects information on all patients who were prescribed aid-in-dying medications in 2024 or prior years, and subsequently died in 2024 of ingesting the prescribed drugs. The information collected by CDPH has been aggregated to protect the privacy of the participants.

Table 1: Demographics of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Age of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Age Groups	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Under 60	82	(7.9)	72	(7.4)	349	(10.2)	503	(9.3)
60-69	175	(17.0)	166	(17.1)	691	(20.2)	1032	(19.0)
70-79	293	(28.4)	318	(32.8)	1078	(31.5)	1689	(31.1)
80-89	294	(28.5)	255	(26.3)	830	(24.3)	1379	(25.4)
90 and Over	188	(18.2)	158	(16.3)	474	(13.9)	820	(15.1)

Age Summary	2024 Median	2024 Range	2023 Median	2023 Range	2016-2022 Median	2016-2022 Range	Total Median	Total Range
Median Age (Range)	78	(30-104)	77	(30-106)	76	(23-107)	77	(23-107)

Gender of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug[10]

EOLA Individuals	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Female	504	(48.8)	480	(49.5)	1677	(49.0)	2661	(49.1)

[10] Government Code Section 8310.8 only requires collection of voluntary self-identified sexual orientation and gender identity (SOGI) data when collecting ancestry or ethnicity information. Demographic information on EOLA individuals is based on death certificates, which list sex as male, female, or nonbinary per Health and Safety Code Section 102875(a)(1)(B). To reduce the risk of re-identification of individuals that participated in EOLA that may identify as nonbinary, the EOLA report has pre-emptively adjusted reporting of sex to only include those identifying as female. The remaining individuals are either male or nonbinary.

Table 1 (continued): Demographics of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Education of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Education Level	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
No High School Diploma	33	(3.2)	30	(3.1)	106	(3.1)	169	(3.1)
HS Diploma or GED	215	(20.8)	183	(18.9)	687	(20.1)	1085	(20.0)
Some College	176	(17.1)	183	(18.9)	592	(17.3)	951	(17.5)
Associate's Degree	86	(8.3)	69	(7.1)	260	(7.6)	415	(7.7)
Bachelor's Degree	251	(24.3)	230	(23.7)	866	(25.3)	1347	(24.8)
Master's Degree	157	(15.2)	176	(18.2)	549	(16.0)	882	(16.3)
Doctorate or Professional Degree	106	(10.3)	89	(9.2)	333	(9.7)	528	(9.7)
Unknown	8	(0.8)	9	(0.9)	29	(0.8)	46	(0.8)

Cumulative Aid-in-Dying Deaths by Geographic Region[11]

Geographic Region	Total	Total %
Bay Area	2142	(39.5)
Southern California	1814	(33.5)
Greater Sierra Sacramento	626	(11.5)
Los Angeles	602	(11.1)
Rural North	121	(2.2)
Central California	118	(2.2)

[11] Geographic region grouped by county: Bay Area (Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma); Southern California (Imperial, Inyo, Mono, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura); Greater Sierra Sacramento (Alpine, Amador, Butte, Colusa, El Dorado, Nevada, Placer, Plumas, Sacramento, Sierra, Sutter, Yolo, Yuba); Los Angeles (Los Angeles); Rural North (Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, Trinity); and Central California (Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare, Tuolumne).

Table 1 (continued): Demographics of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Race/Ethnicity of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

EOLA Individuals	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
White	**895**	**(86.7)**	**826**	**(85.2)**	**3017**	**(88.2)**	**4738**	**(87.4)**
Black	**8**	**(0.8)**	**10**	**(1.0)**	**28**	**(0.8)**	**46**	**(0.8)**
Hispanic	**53**	**(5.1)**	**47**	**(4.9)**	**122**	**(3.6)**	**222**	**(4.1)**
American Indian / Alaska Native	**6**	**(0.6)**	**1**	**(0.1)**	**6**	**(0.2)**	**13**	**(0.2)**
Asian[12,13]	**60**	**(5.8)**	**70**	**(7.2)**	**214**	**(6.3)**	**344**	**(6.3)**
Asian Indian							28	(8.1)
Chinese							147	(42.7)
Filipino							15	(4.4)
Japanese							52	(15.1)
Korean							31	(9.0)
Taiwanese							13	(3.8)
Vietnamese							24	(7.0)
Native Hawaiian/ Pacific Islander[8, 14]	**2**	**(0.2)**	**2**	**(0.2)**	**4**	**(0.1)**	**8**	**(0.1)**
Multi-race	**3**	**(0.3)**	**7**	**(0.7)**	**23**	**(0.7)**	**33**	**(0.6)**
Other	**3**	**(0.3)**	**2**	**(0.2)**	**3**	**(0.1)**	**8**	**(0.1)**
Unknown	**2**	**(0.2)**	**4**	**(0.4)**	**5**	**(0.1)**	**11**	**(0.2)**

[12] Disaggregated data on Asian and Pacific Islander groups pursuant to Government Code Section 8310.7.
[13] To protect privacy and prevent reidentification of individuals, only selected data for disaggregated Asian groups are presented. In instances where there are small counts of specified race/ethnicity groups, the data has been masked and aggregated since presenting a combination of multiple groups with small race/ethnicity data totals increases the risk of reidentification of individuals. Notably, no counts for individual years are shown and only cumulative totals greater than 10 are shown. Of the disaggregated Asian groups, Bangladeshi, Cambodian, Hmong, Indonesian, Laotian, Malaysian, Pakistani, Sri Lankan and Thai did not meet this threshold for cumulative counts and have not been included in the table.
[14] To protect privacy and prevent reidentification of individuals, only selected data for disaggregated Native Hawaiian and Pacific Islander groups are presented. Small counts of detailed groups have been masked and aggregated since presenting a combination of multiple small, detailed groups along with race and ethnicity category totals, increases the risk of reidentification of individuals. Notably, no counts for individual years are shown and only cumulative totals greater than 10 are shown. Of the disaggregated Pacific Islander groups, Fijian, Guamanian, Native Hawaiian, Samoan, and Tongan did not meet this threshold.

Table 2: Underlying Illness of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Underlying Illness	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Malignant Neoplasms (Cancer)	**619**	**(60.0)**	**624**	**(64.4)**	**2347**	**(68.6)**	**3590**	**(66.2)**
Lung and Bronchus	72	(11.6)	70	(11.2)	349	(14.9)	491	(13.7)
Pancreas	75	(12.1)	67	(10.7)	241	(10.3)	383	(10.7)
Other Digestive Organs	57	(9.2)	51	(8.2)	178	(7.6)	286	(8.0)
Breast	52	(8.4)	53	(8.5)	179	(7.6)	284	(7.9)
Prostate	47	(7.6)	60	(9.6)	190	(8.1)	297	(8.3)
Blood	42	(6.8)	41	(6.6)	149	(6.3)	232	(6.5)
Female Genital Organs	41	(6.6)	36	(5.8)	165	(7.0)	242	(6.7)
Colon	39	(6.3)	49	(7.9)	159	(6.8)	247	(6.9)
Eye, Brain and Other Parts of Central Nervous System	30	(4.8)	38	(6.1)	123	(5.2)	191	(5.3)
Urinary Tract	30	(4.8)	24	(3.8)	110	(4.7)	164	(4.6)
Ill-defined, Secondary, and Unspecified Sites	27	(4.4)	33	(5.3)	110	(4.7)	170	(4.7)
Lip, Oral Cavity, and Pharynx	24	(3.9)	19	(3.0)	95	(4.0)	138	(3.8)
Mesothelial and Soft Tissue	21	(3.4)	10	(1.6)	52	(2.2)	83	(2.3)
Liver	20	(3.2)	24	(3.8)	82	(3.5)	126	(3.5)
Skin	19	(3.1)	20	(3.2)	66	(2.8)	105	(2.9)
Respiratory and Intrathoracic Organs	8	(1.3)	6	(1.0)	21	(0.9)	35	(1.0)
Thyroid and Other Endocrine Glands	2	(0.3)	5	(0.8)	18	(0.8)	25	(0.7)
Bone	3	(0.5)	1	(0.2)	13	(0.6)	17	(0.5)
Other Cancers	10	(1.6)	17	(2.7)	47	(2.0)	74	(2.1)

Table 2 (continued): Underlying Illness of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Underlying Illness	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Neurological Disease	**106**	**(10.3)**	**85**	**(8.8)**	**355**	**(10.4)**	**546**	**(10.1)**
Amyotrophic Lateral Sclerosis	59	(55.7)	45	(52.9)	206	(58.0)	310	(56.8)
Parkinson's Disease	27	(25.5)	28	(32.9)	61	(17.2)	116	(21.2)
Other	20	(18.9)	12	(14.1)	88	(24.8)	120	(22.0)
Cardiovascular Disease	**142**	**(13.8)**	**119**	**(12.3)**	**291**	**(8.5)**	**552**	**(10.2)**
Respiratory Disease	**64**	**(6.2)**	**72**	**(7.4)**	**227**	**(6.6)**	**363**	**(6.7)**
Chronic Lower Respiratory Disease	42	(65.6)	39	(54.2)	162	(71.4)	243	(66.9)
Interstitial Pulmonary Diseases	19	(29.7)	31	(43.1)	60	(26.4)	110	(30.3)
Other	3	(4.7)	2	(2.8)	5	(2.2)	10	(2.8)
Kidney Disease	**18**	**(1.7)**	**15**	**(1.5)**	**56**	**(1.6)**	**89**	**(1.6)**
Endocrine, Nutritional and Metabolic Disease	**15**	**(1.5)**	**12**	**(1.2)**	**29**	**(0.8)**	**56**	**(1.0)**
Immune Mediated Disease [e.g., Multiple Sclerosis]	**9**	**(0.9)**	**9**	**(0.9)**	**21**	**(0.6)**	**39**	**(0.7)**
Gastrointestinal Disease	**14**	**(1.4)**	**6**	**(0.6)**	**14**	**(0.4)**	**34**	**(0.6)**
Cerebrovascular Disease	**24**	**(2.3)**	**14**	**(1.4)**	**42**	**(1.2)**	**80**	**(1.5)**
Other[15]	**21**	**(2.0)**	**13**	**(1.3)**	**40**	**(1.2)**	**74**	**(1.4)**

[15] Includes: Liver Disease; Infectious and Parasitic Disease; Musculoskeletal and Connective Tissue Diseases; Blood Disease

Table 3: Characteristics of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Insurance of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Insurance	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Medicare or Medicare with another type of insurance	504	(48.8)	527	(54.4)	1951	(57.0)	2982	(55.0)
Private Insurance	101	(9.8)	106	(10.9)	477	(13.9)	684	(12.6)
Medi-Cal	33	(3.2)	15	(1.5)	70	(2.0)	118	(2.2)
Other Governmental Insurance	11	(1.1)	4	(0.4)	17	(0.5)	32	(0.6)
Has Insurance, but unknown type	352	(34.1)	287	(29.6)	716	(20.9)	1355	(25.0)
No Insurance	9	(0.9)	11	(1.1)	26	(0.8)	46	(0.8)
Unknown	22	(2.1)	19	(2.0)	165	(4.8)	206	(3.8)

Hospice and/or Palliative Care of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Hospice and/or Palliative Care	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Enrolled	978	(94.8)	908	(93.7)	3099	(90.6)	4985	(91.9)
Not Enrolled	44	(4.3)	59	(6.1)	270	(7.9)	373	(6.9)
Unknown	10	(1.0)	2	(0.2)	53	(1.5)	65	(1.2)

Aid-in-Dying Emergency Medical Services (EMS) Involvement

EMS Involvement	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
No	566	(54.8)	494	(51.0)	1730	(50.6)	2790	(51.4)
Yes	3	(0.3)	1	(0.1)	9	(0.3)	13	(0.2)
Unknown	463	(44.9)	474	(48.9)	1683	(49.2)	2620	(48.3)

Table 3 (continued): Characteristics of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Aid-in-Dying Drugs of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Aid-in-Dying Drugs	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Cardiotonic, Opioid, Sedative	966	(93.6)	871	(89.9)	2415	(70.6)	4252	(78.4)
Sedative	0	(0.0)	0	(0.0)	553	(16.2)	553	(10.2)
Other	5	(0.5)	9	(0.9)	163	(4.8)	177	(3.3)
Unknown	61	(5.9)	89	(9.2)	291	(8.5)	441	(8.1)

Patient Informed Family of Decision of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

EOLA Individuals	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Yes	848	(82.2)	787	(81.2)	2954	(86.3)	4589	(84.6)
No	21	(2.0)	16	(1.7)	64	(1.9)	101	(1.9)
No Family to Inform	15	(1.5)	13	(1.3)	53	(1.5)	81	(1.5)
Unknown	148	(14.3)	153	(15.8)	351	(10.3)	652	(12.0)

Physician or Trained Healthcare Provider Present at Ingestion of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Physicians/Trained Health Providers	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Yes	**492**	**(47.7)**	**445**	**(45.9)**	**1411**	**(41.2)**	**2348**	**(43.3)**
Attending Physician	311	(63.2)	267	(60.0)	759	(53.8)	1337	(56.9)
Other Physician	5	(1.0)	7	(1.6)	95	(6.7)	107	(4.6)
Other Healthcare Provider	176	(35.8)	171	(38.4)	557	(39.5)	904	(38.5)
No	**67**	**(6.5)**	**44**	**(4.5)**	**278**	**(8.1)**	**389**	**(7.2)**
Unknown	**473**	**(45.8)**	**480**	**(49.5)**	**1733**	**(50.6)**	**2686**	**(49.5)**

Table 3 (continued): Characteristics of the EOLA Individuals Who Died Following Ingestion of an Aid-in-Dying Drug

Location Where Aid-in-Dying Drugs were Ingested

Locations	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Private Home	880	(85.3)	854	(88.1)	3098	(90.5)	4832	(89.1)
Assisted-Living Residence	75	(7.3)	80	(8.3)	180	(5.3)	335	(6.2)
Nursing Home	24	(2.3)	10	(1.0)	76	(2.2)	110	(2.0)
In-patient Hospice Residence	15	(1.5)	12	(1.2)	46	(1.3)	73	(1.3)
Acute Care Hospital	1	(0.1)	0	(0.0)	7	(0.2)	8	(0.1)
Other	5	(0.5)	6	(0.6)	15	(0.4)	26	(0.5)
Unknown	32	(3.1)	7	(0.7)	0	(0.0)	39	(0.7)

Aid-In-Dying Ingestion Complications

Complications[16]	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
No	**533**	**(51.7)**	**463**	**(47.8)**	**1595**	**(46.6)**	**2591**	**(47.8)**
Yes	**27**	**(2.6)**	**26**	**(2.7)**	**100**	**(2.9)**	**153**	**(2.8)**
Vomiting/emesis	8	(0.8)	7	(0.7)	44	(1.3)	59	(1.1)
Other	19	(1.8)	19	(2.0)	56	(1.6)	94	(1.7)
Unknown	**472**	**(45.7)**	**480**	**(49.5)**	**1727**	**(50.5)**	**2679**	**(49.4)**

Possible Concerns that Contributed to the Aid-in-Dying Decisions

End-of-Life Concerns[17]	2024	2024 %	2023	2023 %	2016-2022	2016-2022 %	Total	Total %
Loss of Autonomy	975	(94.5)	927	(95.7)	3114	(91.0)	5016	(92.5)
Less able to engage in activities making life enjoyable	997	(96.6)	931	(96.1)	3121	(91.2)	5049	(93.1)
Loss of control of bodily functions	830	(80.4)	797	(82.2)	2523	(73.7)	4150	(76.5)
Inadequate control of pain	895	(86.7)	833	(86.0)	2592	(75.7)	4320	(79.7)
Loss of dignity	898	(87.0)	868	(89.6)	2852	(83.3)	4618	(85.2)

[16] Individuals who regained consciousness are not counted as EOLA deaths. From 2016 to 2022, 7 individuals regained consciousness after ingestion. No individuals regained consciousness in 2023 and 2024.
[17] Affirmative answers only. Categories are not mutually exclusive.