California End of Life Option Act
2025 Data Report

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

Contact: EOLInfo@cdph.ca.gov

July 2026

Executive Summary

California's End of Life Option Act (EOLA) became effective on June 9, 2016, under ABX2-15 (Eggman, Chapter 1, Statutes of 2015). The EOLA allows terminally ill adults living in California to obtain and self-administer aid-in-dying drugs.[1,2,3] 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
[3] Senate Bill 403 (Blakespear), Chapter 315, Statues of 2025

This report presents the information on individuals who were prescribed aid-in-dying drugs and died in the calendar year of 2025, as well as cumulative counts from January 1, 2016, to December 31, 2025. The data is collected from the EOLA-mandated physician reporting forms received by CDPH through February 1, 2026. The information collected has been aggregated to protect the privacy of the individuals.

For the calendar year ending December 31, 2025:

- 1,839 individuals received prescriptions under the EOLA; and
- 1,235 individuals died following their ingestion of the prescribed aid- in-dying drug(s), which includes 76 individuals who received prescriptions prior to 2025.
    - Of the 1,235 individuals:
        - 92.7 percent[4] were 60 years of age or older;
        - 97.7 percent had health insurance; and
        - 94.3 percent were receiving hospice and/or palliative care.

Since the law came into effect June 9, 2016, through December 31, 2025:

- 10,213 individuals have been written prescriptions under the EOLA;
- 6,758 individuals, or 66.2 percent, have died from ingesting the medications; and,
    - Of the 6,758 individuals, 6,241 or 92.3 percent, were receiving hospice and/or palliative care.

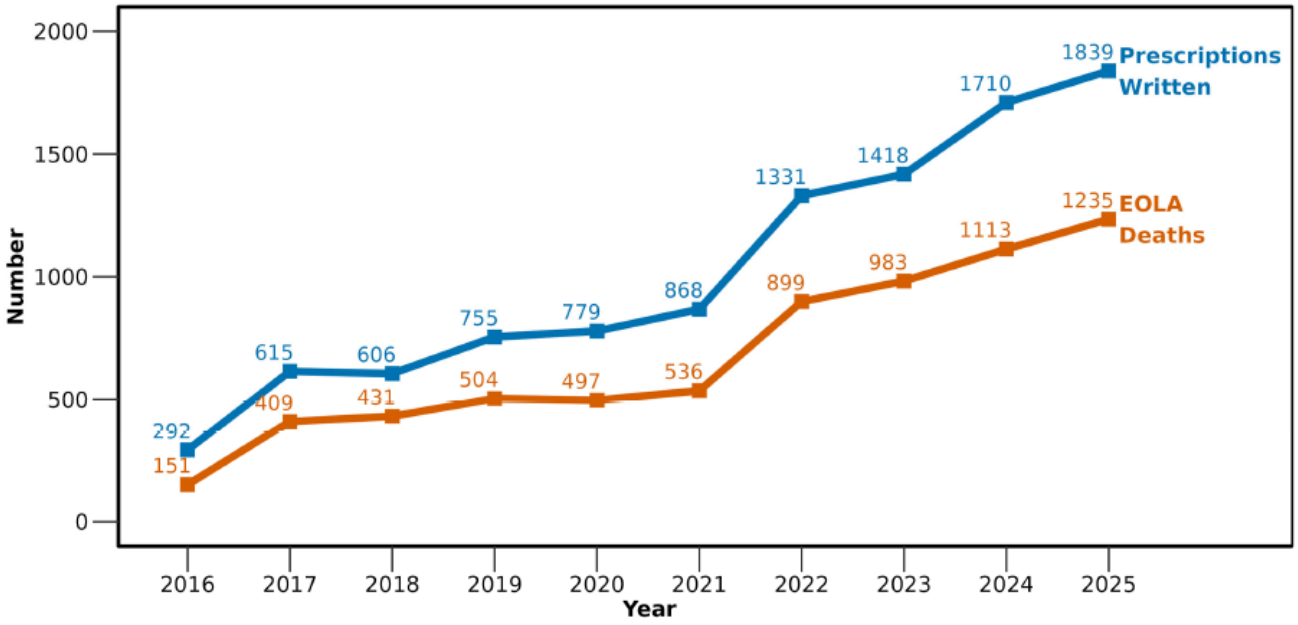
Note that cumulative counts reported above do not match prior reports. These differences arise from several factors including:

- 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 2025.

[4] 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 2016-2025



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 2025.

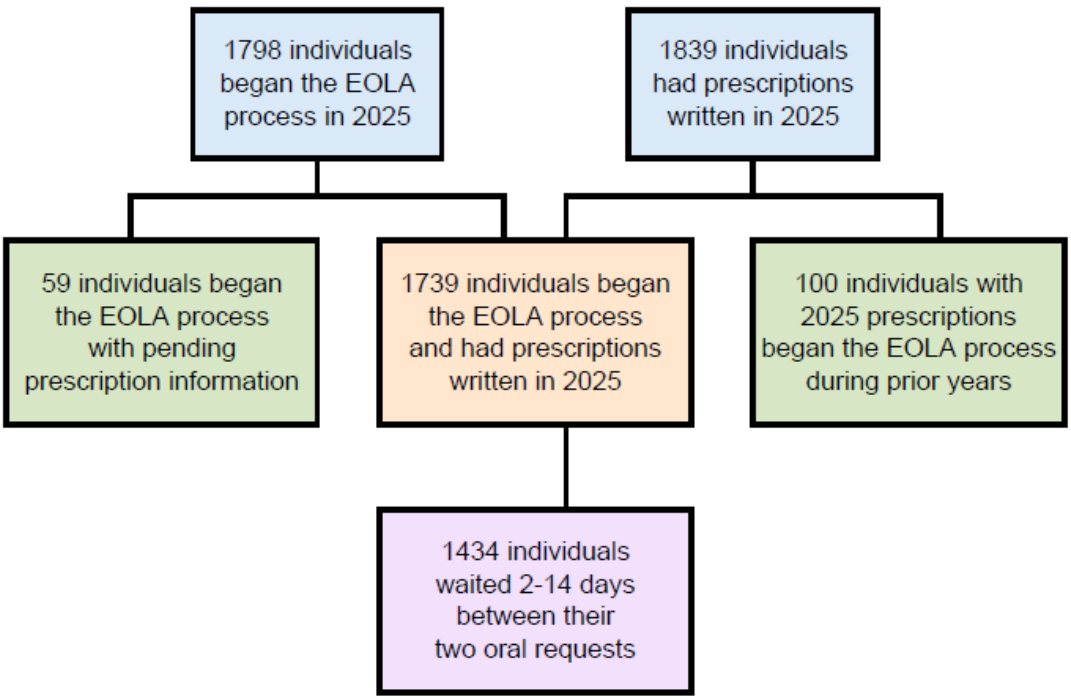
More information on the EOLA, reporting process, and required forms can be found on the CDPH End of Life Option Act page.

Participation in the End-of-Life Option Activities

For the calendar year 2025, as presented in Figure 2:

- CDPH received forms from 1,798 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 1,798 individuals who started the end-of life process, 1,739 received a prescription in 2025 while the remaining 59 have not yet received a prescription prior to the end of 2025.
- Out of the 1,798 individuals who started the end-of-life option process in 2025 and received a prescription during 2025, 1,434 individuals, or 82.5 percent, waited from 48 hours to 14 days between the two verbal requests[5].
- An additional 100 individuals received a prescription during 2025 and began the request process prior to 2025.
- A total of 378 physicians prescribed 1,839 individuals aid-in-dying drugs.
- The most common drug category prescribed was a combination of a cardiotonic, opioid, and sedative at 93.5 percent.

Figure 2: Summary of EOLA Requests and Prescriptions Written in 2025



[5] 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.

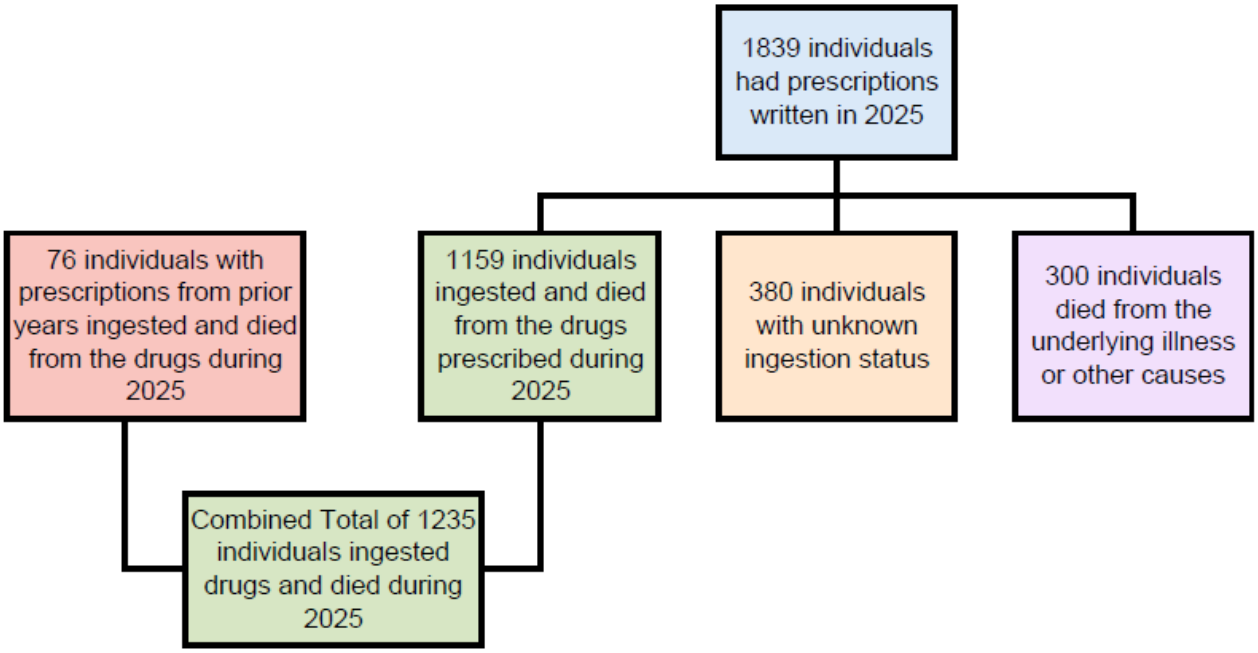
Of the 1,839 individuals who were prescribed such drugs:

- 1,159 individuals, or 63.0 percent, were reported by their physician to have died following ingestion of aid-in-dying drugs prescribed under the EOLA;
- 300 individuals, or 16.3 percent, died from the underlying illness or other causes; and,
- 380 remaining individuals, or 20.7 percent, have an unknown ingestion status.
    - Of the remaining 380 individuals with an unknown ingestion status:
        - 154 individuals, or 8.4 percent, have died, but their ingestion status is unknown because follow up information is not available yet; and,
        - 226 individuals, or 12.3 percent, both death and ingestion status are pending.

Furthermore, 76 individuals with prescriptions written in prior years ingested and died from the drugs during 2025. As a result, the report demographics include the 1,235 individuals who ingested and subsequently died during the 2025 calendar year from aid-in-dying drugs. A chart illustrating the outcomes is provided as Figure 3.

In 2025, 1,235 individuals[6] died from ingestion of aid-in-dying drugs, a rate of 43.8 per 10,000, or 0.438 percent, based on 282,243[7,8] deaths to California residents in 2025.

Figure 3: Outcome Summary of EOLA Prescriptions Written Including Prior Years and Drugs Ingested in 2025



[6] Total of individuals who received aid-in-dying prescriptions that died in 2025.
[7] California Department of Public Health, California Comprehensive Death File, created in January 2026.
[8] Does not include out-of-state California resident deaths as of January 2026.

Characteristics of Individuals

Of the 1,235 individuals who died pursuant to the EOLA during 2025:

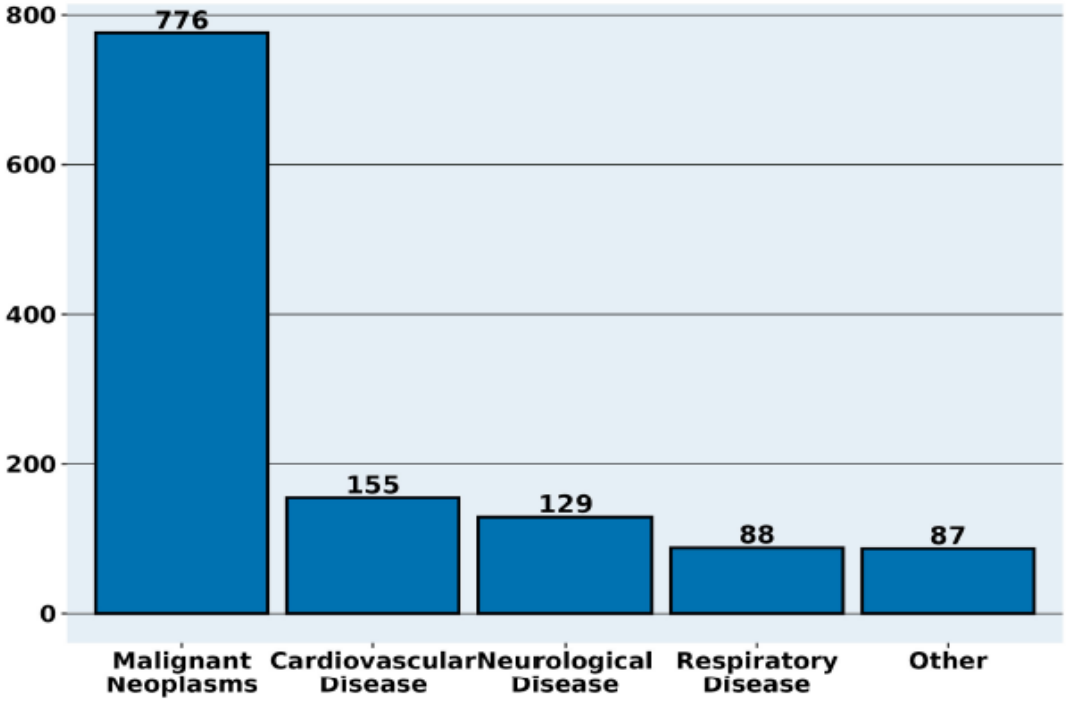
- 7.3 percent were under 60 years of age;
- 74.6 percent were 60-89 years of age;
- 18.1 percent were 90 years of age and older;
- 79 years was the median age;
- 85.5 percent were white;
- 52.6 percent were female;
- 94.3 percent were receiving hospice and/or palliative care;
- 75.4 percent had at least some level of college education; and,
- 83.5 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 17-20.

Of the 1,235 individuals who died pursuant to the EOLA during 2025, as presented in Figure 4:

- 776 individuals, or 62.8 percent, had malignant neoplasms (cancer);
- 155 individuals, or 12.6 percent, had cardiovascular disease;
- 129 individuals, or 10.4 percent, had neurological disease;
- 88 individuals, or 7.1 percent, had respiratory diseases (non-cancer); and,
- 87 individuals, or 7.1 percent, had other underlying illnesses:
    - 25 individuals, or 2.0 percent, had kidney disease;
    - 18 individuals, or 1.5 percent, had cerebrovascular disease;
    - 11 individuals, or 0.9 percent, had endocrine, nutritional and metabolic disease;
    - 10 individuals, or 0.8 percent, had immune mediated disease;
    - 7 individuals, or 0.6 percent, had gastrointestinal disease; and,
    - 16 individuals, or 1.3 percent, had some other diseases.

Figure 4: Major Illness Categories for EOLA Individuals in 2025



On death certificates, certifiers[9] (physicians, coroners, and medical examiners) report the underlying terminal disease as the cause of death. 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.[10]

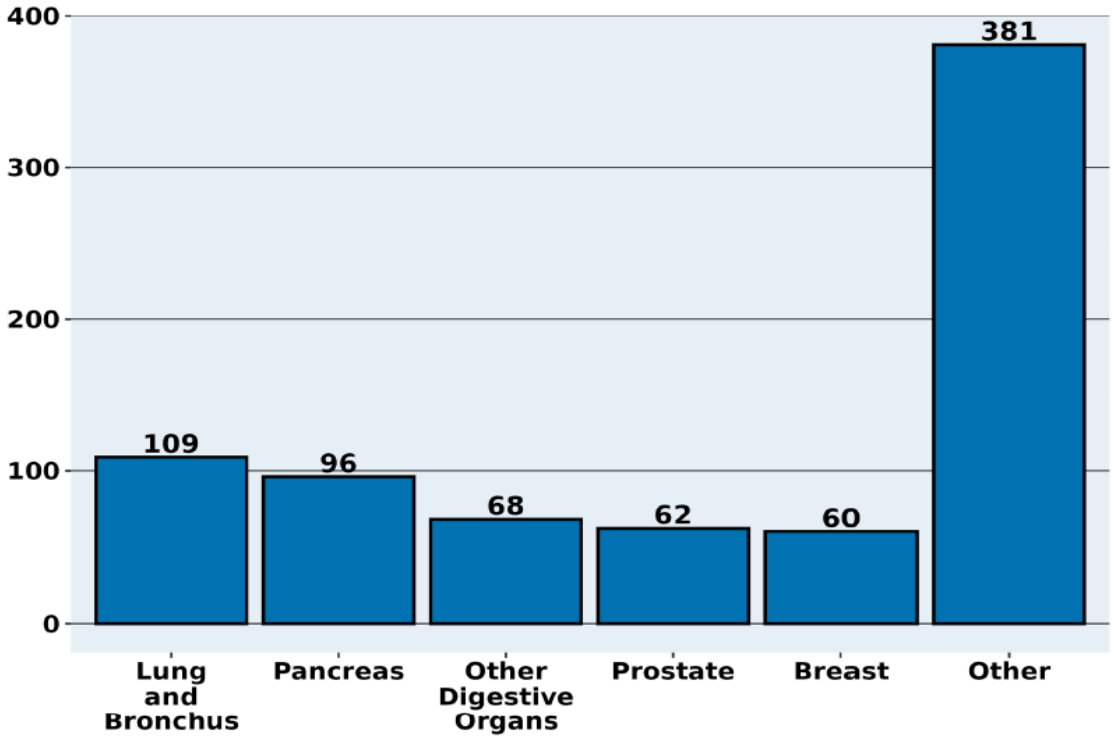
As presented in Figure 5, 776 individuals with malignant neoplasm as the underlying terminal disease represented the largest group who utilized the EOLA:

- 109 individuals, or 14.0 percent, had lung and bronchus cancer;
- 96 individuals, or 12.4 percent, had pancreatic cancer;
- 68 individuals, or 8.8 percent, had other digestive organ cancer;
- 62 individuals, or 8.0 percent, had prostate cancer;
- 60 individuals, or 7.7 percent, had breast cancer;
- 381 individuals, or 49.1 percent, had other malignant neoplasms.

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

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

Figure 5: Major Malignant Neoplasm Types for EOLA Individuals in 2025



Of the 1,235 individuals who died through participating in the EOLA in 2025, most of the individuals had some form of health insurance (97.7 percent):

- 705 individuals, or 57.1 percent, had Medicare or Medicare combined with another type of insurance;
- 342 individuals, or 27.7 percent, had insurance but the type of insurance was unspecified;
- 125 individuals, or 10.1 percent, had private insurance;
- 27 individuals, or 2.2 percent, had only Medi-Cal;
- 8 individuals, or 0.6 percent, had another governmental insurance (e.g., Covered California or Veterans Affairs);
- 2 individuals, or 0.2 percent, had no insurance; and
- 26 individuals, or 2.1 percent, no response was provided for health insurance coverage.

Out of the total of 1,235 individuals who died through participating in the EOLA:

- 1065 individuals, or 86.2 percent, were in a private home for ingestion; and,
- 583 individuals, or 47.2 percent, had a physician or trained health care professional present at the time of ingestion.

Of the 583 individuals with a provider present at the time of ingestion of the aid-in-dying drug(s):

- 344 individuals, or 59.0 percent, had an attending physician provider present;
- 233 individuals, or 40.0 percent, had a trained healthcare professional present; and,
- 6 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 17-20.

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 2025 or prior years and subsequently died in 2025 of ingesting the prescribed drugs. The information collected by CDPH has been aggregated to protect the privacy of the participants.

Table 1: Demographics of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Age of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Age Groups	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Under 60	90	(7.3)	86	(7.7)	423	(9.6)	599	(8.9)
60-69	174	(14.1)	189	(17.0)	859	(19.5)	1222	(18.1)
70-79	366	(29.6)	326	(29.3)	1404	(31.8)	2096	(31.0)
80-89	381	(30.9)	314	(28.2)	1088	(24.7)	1783	(26.4)
90 and Over	224	(18.1)	198	(17.8)	636	(14.4)	1058	(15.7)

Median Age (Range) of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Age Summary	2025 Median	2025 Range	2024 Median	2024 Range	2016-2023 Median	2016-2023 Range	Total Median	Total Range
Median Age (Range)	79	(29-104)	78	(30-104)	76	(23-107)	77	(23-107)

Gender of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs[11]

EOLA Individuals	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Female	649	(52.6)	547	(49.1)	2164	(49.1)	3360	(49.7)

[11] 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 Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Education of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Education Level	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
No High School Diploma	39	(3.2)	35	(3.1)	136	(3.1)	210	(3.1)
HS Diploma or GED	258	(20.9)	231	(20.8)	873	(19.8)	1362	(20.2)
Some College	184	(14.9)	188	(16.9)	776	(17.6)	1148	(17.0)
Associate's Degree	102	(8.3)	93	(8.4)	329	(7.5)	524	(7.8)
Bachelor's Degree	340	(27.5)	277	(24.9)	1103	(25.0)	1720	(25.5)
Master's Degree	180	(14.6)	171	(15.4)	729	(16.5)	1080	(16.0)
Doctorate or Professional Degree	125	(10.1)	108	(9.7)	426	(9.7)	659	(9.8)
Unknown	7	(0.6)	10	(0.9)	38	(0.9)	55	(0.8)

Cumulative EOLA Aid-in-Dying Deaths by Geographic Region[12]

Geographic Region	Total	Total %
Bay Area	2661	(39.4)
Southern California	2265	(33.5)
Greater Sierra Sacramento	782	(11.6)
Los Angeles	730	(10.8)
Rural North	166	(2.5)
Central California	154	(2.3)

[12] 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 Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Race/Ethnicity of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Race/Ethnicity	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
White	**1056**	**(85.5)**	**969**	**(87.1)**	**3860**	**(87.5)**	**5885**	**(87.1)**
Black	**15**	**(1.2)**	**8**	**(0.7)**	**38**	**(0.9)**	**61**	**(0.9)**
Hispanic	**68**	**(5.5)**	**57**	**(5.1)**	**170**	**(3.9)**	**295**	**(4.4)**
American Indian / Alaska Native	**0**	**(0.0)**	**6**	**(0.5)**	**7**	**(0.2)**	**13**	**(0.2)**
Asian[13,14]	**79**	**(6.4)**	**63**	**(5.7)**	**284**	**(6.4)**	**426**	**(6.3)**
Asian Indian							42	(9.9)
Chinese							178	(41.8)
Filipino							22	(5.2)
Japanese							64	(15.0)
Korean							40	(9.4)
Taiwanese							15	(3.5)
Vietnamese							27	(6.3)
Other Asian							38	(8.9)
Multi-race	**12**	**(1.0)**	**3**	**(0.3)**	**30**	**(0.7)**	**45**	**(0.7)**
Native Hawaiian/ Pacific Islander[9, 15]	**2**	**(0.2)**	**2**	**(0.2)**	**7**	**(0.2)**	**11**	**(0.2)**
Other	**1**	**(0.1)**	**3**	**(0.3)**	**5**	**(0.1)**	**9**	**(0.1)**
Unknown	**2**	**(0.2)**	**2**	**(0.2)**	**9**	**(0.2)**	**13**	**(0.2)**

[13] Disaggregated data on Asian and Pacific Islander groups pursuant to Government Code Section 8310.7.
[14] 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.
[15] 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 Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Underlying Illness	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Malignant Neoplasms (Cancer)	**776**	**(62.8)**	**665**	**(59.7)**	**2985**	**(67.7)**	**4426**	**(65.5)**
Lung and Bronchus	109	(14.0)	78	(11.7)	421	(14.1)	608	(13.7)
Pancreas	96	(12.4)	77	(11.6)	308	(10.3)	481	(10.9)
Prostate	62	(8.0)	51	(7.7)	252	(8.4)	365	(8.2)
Other Digestive Organs	68	(8.8)	59	(8.9)	231	(7.7)	358	(8.1)
Breast	60	(7.7)	57	(8.6)	233	(7.8)	350	(7.9)
Female Genital Organs	57	(7.3)	45	(6.8)	202	(6.8)	304	(6.9)
Colon	49	(6.3)	42	(6.3)	209	(7.0)	300	(6.8)
Blood	46	(5.9)	44	(6.6)	192	(6.4)	282	(6.4)
Eye, Brain and Other Parts of Central Nervous System	48	(6.2)	32	(4.8)	162	(5.4)	242	(5.5)
Ill-defined, Secondary, and Unspecified Sites	30	(3.9)	28	(4.2)	144	(4.8)	202	(4.6)
Urinary Tract	25	(3.2)	31	(4.7)	134	(4.5)	190	(4.3)
Lip, Oral Cavity, and Pharynx	26	(3.4)	26	(3.9)	114	(3.8)	166	(3.8)
Liver	23	(3.0)	22	(3.3)	106	(3.6)	151	(3.4)
Skin	30	(3.9)	25	(3.8)	86	(2.9)	141	(3.2)
Mesothelial and Soft Tissue	17	(2.2)	24	(3.6)	63	(2.1)	104	(2.3)
Respiratory and Intrathoracic Organs	4	(0.5)	8	(1.2)	27	(0.9)	39	(0.9)
Thyroid and Other Endocrine Glands	8	(1.0)	2	(0.3)	23	(0.8)	33	(0.7)
Bone	5	(0.6)	4	(0.6)	14	(0.5)	23	(0.5)
Other Cancers	13	(1.7)	10	(1.5)	64	(2.1)	87	(2.0)

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

Underlying Illness	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Neurological Disease	**129**	**(10.4)**	**119**	**(10.7)**	**443**	**(10.0)**	**691**	**(10.2)**
Amyotrophic Lateral Sclerosis	66	(51.2)	67	(56.3)	253	(57.1)	386	(55.9)
Parkinson's Disease	32	(24.8)	29	(24.4)	89	(20.1)	150	(21.7)
Other	31	(24.0)	23	(19.3)	101	(22.8)	155	(22.4)
Cardiovascular Disease	**155**	**(12.6)**	**152**	**(13.7)**	**410**	**(9.3)**	**717**	**(10.6)**
Respiratory Disease	**88**	**(7.1)**	**71**	**(6.4)**	**299**	**(6.8)**	**458**	**(6.8)**
Chronic Lower Respiratory Disease	54	(61.4)	46	(64.8)	201	(67.2)	301	(65.7)
Interstitial Pulmonary Diseases	26	(29.5)	21	(29.6)	91	(30.4)	138	(30.1)
Other	8	(9.1)	4	(5.6)	7	(2.3)	19	(4.1)
Kidney Disease	**25**	**(2.0)**	**19**	**(1.7)**	**72**	**(1.6)**	**116**	**(1.7)**
Endocrine, Nutritional and Metabolic Disease	**11**	**(0.9)**	**18**	**(1.6)**	**41**	**(0.9)**	**70**	**(1.0)**
Immune Mediated Disease [e.g., Multiple Sclerosis]	**10**	**(0.8)**	**9**	**(0.8)**	**30**	**(0.7)**	**49**	**(0.7)**
Gastrointestinal Disease	**7**	**(0.6)**	**14**	**(1.3)**	**20**	**(0.5)**	**41**	**(0.6)**
Cerebrovascular Disease	**18**	**(1.5)**	**24**	**(2.2)**	**56**	**(1.3)**	**98**	**(1.5)**
Other[16]	**16**	**(1.3)**	**22**	**(2.0)**	**54**	**(1.2)**	**92**	**(1.4)**

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

Table 3: Characteristics of Individuals Who Died Following Ingestion of EOLA Aid-in-Dying Drugs

Insurance of EOLA Individuals Who Died Following Ingestion of Aid-in-Dying Drugs

Insurance	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Medicare or Medicare with another type of insurance	705	(57.1)	549	(49.3)	2489	(56.4)	3743	(55.4)
Private Insurance	125	(10.1)	118	(10.6)	586	(13.3)	829	(12.3)
Medi-Cal	27	(2.2)	37	(3.3)	85	(1.9)	149	(2.2)
Other Governmental Insurance	8	(0.6)	11	(1.0)	21	(0.5)	40	(0.6)
Has Insurance, but unknown type	342	(27.7)	367	(33.0)	1010	(22.9)	1719	(25.4)
No Insurance	2	(0.2)	9	(0.8)	37	(0.8)	48	(0.7)
Unknown	26	(2.1)	22	(2.0)	182	(4.1)	230	(3.4)

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

Hospice and/or Palliative Care	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Enrolled	1165	(94.3)	1053	(94.6)	4023	(91.2)	6241	(92.3)
Not Enrolled	63	(5.1)	50	(4.5)	334	(7.6)	447	(6.6)
Unknown	7	(0.6)	10	(0.9)	53	(1.2)	70	(1.0)

Emergency Medical Services (EMS) Involvement

EMS Involvement	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
No	656	(53.1)	576	(51.8)	2226	(50.5)	3458	(51.2)
Yes	2	(0.2)	3	(0.3)	10	(0.2)	15	(0.2)
Unknown	577	(46.7)	534	(48.0)	2174	(49.3)	3285	(48.6)

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

Drugs/Drug Combinations of Individuals Who Died Following Ingestion of Aid-in-Dying Drugs

Aid-in-Dying Drugs	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Cardiotonic, Opioid, Sedative	1155	(93.5)	1052	(94.5)	3313	(75.1)	5520	(81.7)
Sedative	0	(0.0)	0	(0.0)	553	(12.5)	553	(8.2)
Other	2	(0.2)	4	(0.4)	172	(3.9)	178	(2.6)
Unknown	78	(6.3)	57	(5.1)	372	(8.4)	507	(7.5)

Individuals Referred to a Mental Health Specialist, who Died Following Ingesting Aid-in-Dying Drugs

Referred to Mental Health Specialist	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Yes	12	(1.0)	10	(0.9)	123	(2.8)	145	(2.1)
No	1192	(96.5)	1078	(96.9)	4082	(92.6)	6352	(94.0)
Unknown	31	(2.5)	25	(2.2)	205	(4.6)	261	(3.9)

Individuals who Informed Family of Decision, who Died Following Ingestion of Aid-in-Dying Drugs

EOLA Individuals	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Yes	1031	(83.5)	921	(82.7)	3764	(85.4)	5716	(84.6)
No	30	(2.4)	21	(1.9)	80	(1.8)	131	(1.9)
No Family to Inform	19	(1.5)	17	(1.5)	67	(1.5)	103	(1.5)
Unknown	155	(12.6)	154	(13.8)	499	(11.3)	808	(12.0)

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

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

Physician or Trained Health Providers	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Yes	**583**	**(47.2)**	**499**	**(44.8)**	**1858**	**(42.1)**	**2940**	**(43.5)**
Attending Physician	344	(59.0)	312	(62.5)	1027	(55.3)	1683	(57.2)
Other Physician	6	(1.0)	7	(1.4)	102	(5.5)	115	(3.9)
Other Healthcare Provider	233	(40.0)	180	(36.1)	729	(39.2)	1142	(38.8)
No	**67**	**(5.4)**	**69**	**(6.2)**	**322**	**(7.3)**	**458**	**(6.8)**
Unknown	**585**	**(47.4)**	**545**	**(49.0)**	**2230**	**(50.6)**	**3360**	**(49.7)**

Duration (days) between Initial Request and Death after Ingestion of Aid-in-Dying Drugs[17]

Duration	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Less than 15 Days	581	(47.0)	494	(44.4)	864	(19.6)	1939	(28.7)
15-30 Days	235	(19.0)	227	(20.4)	1429	(32.4)	1891	(28.0)
Greater than 30 Days	361	(29.2)	347	(31.2)	1843	(41.8)	2551	(37.7)
Unknown	58	(4.7)	45	(4.0)	274	(6.2)	377	(5.6)

[17] 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.

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

Location Where Aid-in-Dying Drugs were Ingested

Locations	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Private Home	1065	(86.2)	954	(85.7)	3969	(90.0)	5988	(88.6)
Assisted-Living Residence	80	(6.5)	75	(6.7)	261	(5.9)	416	(6.2)
Nursing Home	65	(5.3)	28	(2.5)	87	(2.0)	180	(2.7)
In-patient Hospice Residence	15	(1.2)	16	(1.4)	58	(1.3)	89	(1.3)
Acute Care Hospital	1	(0.1)	2	(0.2)	7	(0.2)	10	(0.1)
Other	4	(0.3)	5	(0.4)	21	(0.5)	30	(0.4)
Unknown	5	(0.4)	33	(3.0)	7	(0.2)	45	(0.7)

Aid-In-Dying Drug Ingestion Complications

Complications[18]	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
No	**628**	**(50.9)**	**541**	**(48.6)**	**2060**	**(46.7)**	**3229**	**(47.8)**
Yes	**22**	**(1.8)**	**27**	**(2.4)**	**126**	**(2.9)**	**175**	**(2.6)**
Vomiting/emesis	9	(0.7)	8	(0.7)	51	(1.2)	68	(1.0)
Other	13	(1.1)	19	(1.7)	75	(1.7)	107	(1.6)
Unknown	**585**	**(47.4)**	**545**	**(49.0)**	**2224**	**(50.4)**	**3354**	**(49.6)**

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

End-of-Life Concerns[19]	2025	2025 %	2024	2024 %	2016-2023	2016-2023 %	Total	Total %
Loss of Autonomy	1169	(94.7)	1055	(94.8)	4062	(92.1)	6286	(93.0)
Less able to engage in activities making life enjoyable	1187	(96.1)	1077	(96.8)	4073	(92.4)	6337	(93.8)
Loss of control of bodily functions	958	(77.6)	903	(81.1)	3341	(75.8)	5202	(77.0)
Inadequate control of pain	1049	(84.9)	974	(87.5)	3445	(78.1)	5468	(80.9)
Loss of dignity	1039	(84.1)	974	(87.5)	3741	(84.8)	5754	(85.1)

[18] Individuals who regained consciousness are not counted as EOLA deaths.
[19] Affirmative answers only. Categories are not mutually exclusive.