
2024 Annual Report on the Provision of Aid in Dying

Organic Law 3/2021, of March 24, on the Regulation of
Euthanasia

December 2025



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Coordination and preparation of the report

MINISTRY OF HEALTH

Directorate-General for Public Health and Health Equity

- Pedro Gullón Tosio
- Estefanía García Camiño
- María R. Fernández García
- Enrique Del Olmo Carballo
- Pilar Aparicio Azcárraga
- Andrés G. Suárez Alonso
- Cristina Coll Fernández

Collaboration in the preparation and review of the report:

MINISTRY OF HEALTH

National Transplant Organization

- Alicia Pérez Blanco

UNIVERSITY OF GRANADA

CYBE-FiloLAB team, coordinated by:

- Joaquín Hortal Carmona
- María Belmonte Herrera
- Rosana Triviño Caballero
- Jorge Suárez Muñoz
- David Rodríguez-Arias
- Maite Menéndez Ferreras (Translation)

AUTONOMOUS COMMUNITIES

Members of the Technical Committee on Euthanasia

Andalusia: Aurora Puche Aguilera and Luisa Domínguez Carrión; **Aragon:** Carlos Carreter Oroñez and Marisa Aliaga Nueno; **Principality of Asturias:** Marta Pisano and María Jesús Rodríguez; **Canary Islands:** Concepción Hernández Urquía and Nuria Bañón Morón; **Cantabria:** Yolanda García Zorrilla and M^a José Tercero Gutiérrez; **Castile and León:** Soledad Alfageme Cuadrado; **Castile-La Mancha:** María Martín Ayala, Carolina Cabañas Cabañas; **Catalonia:** Marina Cañero Martínez; **Valencian Community:** José Cucó Oliver; **Extremadura:** José María Villa Andrada and Carolina Luisa Estellés; **Galicia:** M^a José López Pimentel, Raquel Vázquez Mourelle; **Balearic Islands:** Oriol Lafau Marchena and Yolanda Muñoz Alonso; **La Rioja:** Yolanda Zaldívar Ballogera; **Community of Madrid:** Rosa Iglesias Otero; **Region of Murcia:** Jesús Cañavate, Federico Donoso Paredes, Luis Miguel Pastor García, and Caridad del Toro; **Chartered Community of Navarre:** Geno Ochando Ortiz; **Basque Country:** Jose Luis Quintas Díez; **INGESA** (National Institute of Health Management): Teresa García Ortiz, Jesús Lopera Flores (**Ceuta**) and Omar Houari (**Melilla**)

Chairpersons of the Guarantee and Evaluation Committees

Andalusia: Serafín Romero Agüit; **Aragon:** Javier Olivera Pueyo; **Principality of Asturias:** José Fernández Díaz; **Canary Islands:** Elena Espinosa Domínguez; **Cantabria:** María José Domínguez Artiga; **Castile and León:** Francisco Vara Hernando; **Castile-La Mancha:** Ángel García Millán; **Catalonia:** Albert Tuca Rodríguez; **Ceuta:** Ana Álvarez Doña; **Valencian Community:** Manel Monfort Lázaro; **Extremadura:** Ignacio Torres Solís; **Galicia:** Nieves Molins Gauna; **Balearic Islands:** Yolanda Muñoz Alonso; **La Rioja:** Yolanda Zaldívar Ballogera; **Community of Madrid:** Mercedes Navío Acosta; **Melilla:** Reyes Sanz Amores; **Region of Murcia:** José Manuel Allegue Gallego; **Chartered Community of Navarre:** María Luisa Arcos Vieira; and **Basque Country:** Itxaso Bengoechea Martínez.

Glossary

Acronyms

ACs	Autonomous communities and cities
CEyG	Guarantee and Evaluation Committee ¹
LORE	Organic Law 3/2021, of March 24, regulating euthanasia ¹
INE	Spanish National Statistics Institute ¹
IP	Independent Physician
AP	Attending Physician
EIS	Euthanasia Information System

Definitions

- **Postponement:** decision by the applicant to postpone the act of providing assistance in dying once a favourable decision has been obtained from the CGyE.
- **Rejection:** refers to negative reports and unfavourable decisions on an application for euthanasia issued by any of the professionals or bodies involved in the assessment process (AP, IP, and CGyE). It also includes appeals with an unfavourable final outcome.
- **Provision of assistance in dying:** action consisting of providing a person with the necessary means and assistance to die, following a favourable decision by the CGyE or, where applicable, following a favourable court decision. This may consist of the direct *administration* of the relevant substances by the care team (modality 1, art. 3.g) 1st LORE) or *making* the relevant substances *available* to the person so that they can administer them themselves (modality 2, art. 3. g) 2nd).
- **Annual completed processes:** applications whose outcome—whether *approval*, *rejection*, *revocation*, or death—occurs between January 1 and December 31.² Processes completed annually include those applications registered in previous years and whose outcome did not occur until the current year, and exclude applications registered in the current year and whose outcome has not occurred before December 31.
- **Appeal:** procedure whereby a person whose request for assistance in dying has been rejected may request a review by the CGyE. If the CGyE issues an unfavourable ruling, the applicant may file an appeal with the Contentious-Administrative Jurisdiction in

¹ Hereafter referred to by its original acronym.

² Requests for assistance in dying that are not resolved before December 31 of the year in which they are submitted are counted as *completed processes* in the following year's report. Requests not resolved before December 31, 2024, are not included in the calculation of *provisions*, *rejections*, *revocations*, or *deaths* in 2024, but will be counted as *completed processes* in the 2025 report, provided that these cases are resolved before December 31, 2025. In addition, this report does include *completed processes* that were recorded in 2023 or 2022 and were not included in the annual report for those years because they were resolved in 2024.

order to reassess their eligibility for the provision. This report includes only appeals filed and resolved before December 31 of the reference year.

- **Resolution:** act that ends the administrative procedure through which the CGyE decides on the application for the provision or, where appropriate, on the appeal filed against the AP and IP rejection report. This act is subject to review by the Contentious-Administrative Jurisdiction.
- **Revocation:** a duly documented act of communication from the applicant stating their desire not to continue with the procedure. Once the application has been registered, it can occur at any time, either through withdrawal (not continuing with the application process once it has begun) or through explicit renunciation of the provision once it has been recognized. In this report, both situations (withdrawals and renunciations) are considered revocations.
- **Application:** declaration of intent that initiates the procedure. The date of registration of the application shall be considered the start date of the application procedure. The *method* of initiating the application refers to the way in which the procedure for accessing assisted dying is initiated, depending on the capacity of the applicant. This can be done *directly* by the person themselves when they are fully capable of making decisions (Art. 5.1 of the LORE), or *by submitting a document of advance instructions*, in which the person has expressly stated their wish to receive the service in the event of finding themselves in a situation of de facto incapacity that prevents them from expressing it personally (Art. 5.2 of the LORE).
- **Mortality rate due to assisted dying:** proportion of deaths resulting from euthanasia (in any of its forms). It is calculated by dividing the total number of assisted dying cases per year by the total number of deaths per year.

Methodology

Since it came into force in June 2021, the LORE has provided individuals with the right to obtain assisted dying services included in the portfolio of common services of the National Health System and publicly funded. This service consists of providing those who request it with the necessary means to carry out their wish to die, always in accordance with the procedure and guarantees established in the Law.

This report compiles the data resulting from the application of the LORE during 2024. It also compares this information with data from previous years' reports since its implementation. Additionally, it details the characteristics of the requests and provisions; their distribution by autonomous community; the conditions of the procedure, deadlines and postponements; the characteristics of the healthcare personnel in charge of the process and the place where the service is provided; and other possible outcomes of the requests (rejection, death, revocation). The report contains a specific section on cases of organ donation after the service has been provided.

This document informs the various institutions, entities, healthcare professionals, and citizens about the provision of assistance in dying during 2024. The primary data provided comes from the Euthanasia Information System (EIS) and it has been provided by the autonomous communities and the INGESA (National Institute of Health Management)³. This report would not have been possible without the involvement and coordination of the autonomous health systems and the people and organizations involved in the management and implementation of the service.

The aim has been to make the information accessible and understandable to a wide audience, avoiding technical or specialized terminology as far as possible. The analysis strategy applied to the data on requests and services seeks to balance the comprehensiveness of the results offered with ease of reading.

The report provides descriptive data on the available variables. The most interesting variable cross-references have been selected. These include a breakdown by autonomous community, as well as the most relevant sociodemographic data. All of these are presented in absolute and relative figures and are accompanied by the corresponding graphs.

The data available up to August 20, 2025, has been used to prepare this document, so any changes made to the EIS after this date are not included.

The "**Executive Summary**" section shows the overall data on the application of the LORE in 2024. It provides an overview of the level of application of assisted dying and its evolution in Spanish society.

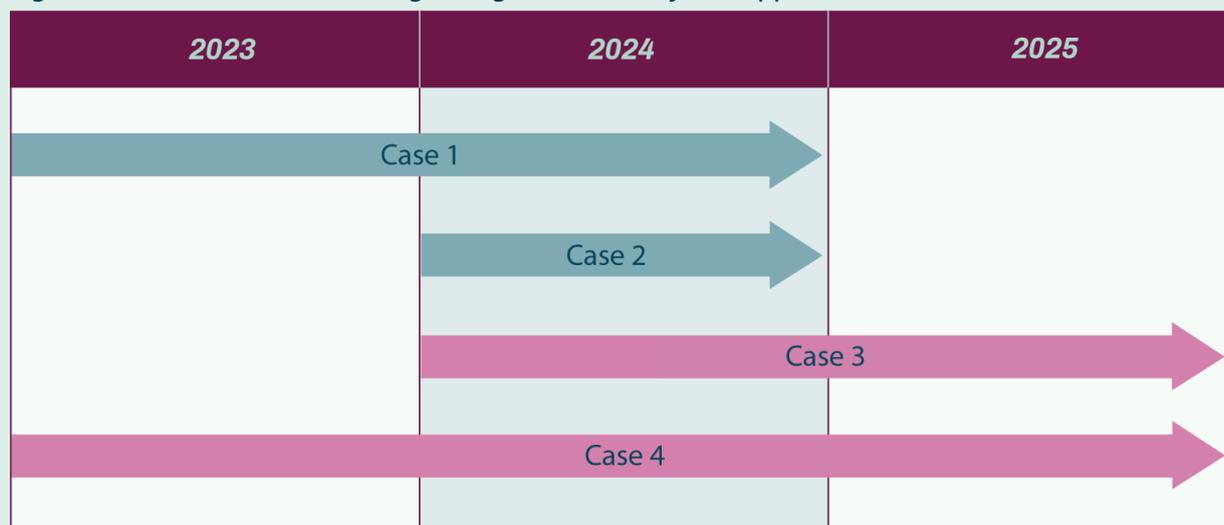
Next, it provides complete data on the **processes completed in 2024**. First, these processes are detailed, followed by statistics on the possible outcomes of these requests: provisions, rejections, **revocations**, and **deaths**.

It should be noted that a request is often made in one year, while its outcome—whether provision, rejection, revocation, or death—occurs the following year or, in exceptional cases, even later. The *processes* to which this report only include cases closed during 2024, some

³ Hereafter referred to by its original acronym.

of which originate from previously registered applications. Similarly, applications initiated in 2024 but still open as of December 31 are not counted in this report as cases for 2024, but which originate from previously registered applications. Similarly, applications initiated in 2024 but still open as of December 31 are not counted in this report as cases for 2024 but will be reported in the annual report corresponding to the closure of their cases. Postponements are not considered a final outcome or process, but rather a delay in the application of the provision and are therefore only counted if they are concluded as a finalized process in the reference year (Figure 1).

Figure 1. Possible situations regarding the status of the application



Case 1: application initiated in 2023 and resolved in 2024. Included in the report.

Case 2: application initiated and resolved in 2024. Included in the report.

Case 3: Application initiated in 2024 and resolved in 2025. Not included in the report.

Case 4: application initiated prior to 2024 and resolved in 2025. Not included in the 2024 report.

Once the statistical information has been presented, the **"Analysis of results"** section considers the 2024 results in the overall context of the development of the provision since the implementation of the LORE in 2021.

Executive summary

Since the LORE came into force in Spain and until December 31, 2024, 2,432 requests for assisted dying have been registered: 173 in 2021, 576 in 2022, 766 in 2023, and 929 in 2024.

Table 1 shows that, of the 929 processes completed in 2024, 426 resulted in assistance being granted (45.86%), 141 in a rejection (15.18%), 54 in a revocation (5.81%), and 308 in a death (33.15%).

Of the 929 applications, 303 were registered in Catalonia, 129 in Madrid, 75 in the Basque Country, 72 in Andalusia, 52 in the Canary Islands, 48 in the Balearic Islands, 40 in Castile and Leon, 34 in Asturias, 34 in Galicia, 31 in the Valencian Community, 26 in Castile-La Mancha, 23 in Navarre, 22 in Aragon, 13 in Cantabria, 9 in La Rioja, 9 in Murcia, 8 in Extremadura, 1 in Melilla, and none in Ceuta.

Table 1. Distribution of processes and outcomes by autonomous community (number and percentage of regional requests) in 2024

Autonomous Community	Completed processes	Provisions		Rejections		Revocations		Deaths during processing	
		No.	%	No.	%	No.	%	No.	%
Andalusia	72	30	41.67	19	26.39	3	4.17	20	27.78
Aragon	22	8	36.36	5	22.73	2	9.09	7	31.82
Asturias	34	6	17.65	8	23.53	4	11.76	16	47.06
Canary Islands	52	25	48.08	7	13.46	7	13.46	13	25.00
Cantabria	13	3	23.08	4	30.77	2	15.38	4	30.77
Castile and Leon	40	15	37.50	6	15.00	3	7.50	16	40.00
Castile-La Mancha	26	8	30.77	5	19.23	4	15.38	9	34.62
Catalonia	303	142	46.86	26	8.58	7	2.31	128	42.24
Ceuta	No applications								
Valencia	31	16	51.61	9	29.03	0	0.00	6	19.35
Extremadura	8	4	50.00	2	25.00	0	0.00	2	25.00
Galicia	34	16	47.06	3	8.82	6	17.65	9	26.47
Balearic Islands	48	17	35.42	10	20.83	3	6.25	18	37.50
La Rioja	9	6	66.67	1	11.11	0	0.00	2	22.22
Madrid	129	62	48.06	24	18.60	11	8.53	32	24.81
Melilla	1	0	0.00	0	0.00	1	100.00	0	0

Autonomous Community	Completed processes	Provisions		Rejections		Revocations		Deaths during processing	
		No.	%	No.	%	No.	%	No.	%
Murcia	9	4	44.44	3	33.33	1	11.11	1	11.11
Navarre	23	14	60.87	2	8.70	0	0.00	7	30.43
Basque Country	75	50	66.67	7	9.33	0	0.00	18	24.00
Total	929	426	45.86	141	15.18	54	5.81	308	33.15

Note: The percentages refer to the total number of applications per autonomous community and city.

The Spanish mortality rate per provision in 2024 was 0.10% (1 in every 1,000 deaths). Compared to other countries that have regulated assisted dying, the Spanish mortality rate for euthanasia is ten times lower than that of Australia (0.8%-1.6%) and New Zealand (1%), fifteen times lower than that of Switzerland (1.5%), between thirty and forty times lower than that of Belgium (3.6%) and Canada (4.7%), and sixty times lower than that of the Netherlands (5.8%).

Of the 426 provisions performed, 142 were carried out in Catalonia, 62 in Madrid, 50 in the Basque Country, 30 in Andalusia, 25 in the Canary Islands, 17 in the Balearic Islands, 16 in Galicia, 16 in the Valencian Community, 15 in Castile and Leon, 14 in Navarre, 8 in Aragon, 8 in Castile-La Mancha, 6 in Asturias, 6 in La Rioja, 4 in Extremadura, 4 in Murcia, and 3 in Cantabria.

The main data and indicators for 2024 are summarized below:

- 929 requests were submitted and 426 assisted dying provisions were performed throughout the country (45.86%).
- The most common applicant profile was that of a person over 80 years of age (27.77%).
- The most common underlying diseases were neurological (32.51%) and oncological (29.71%).
- 5.49% of requests were initiated through advance directives.
- The provision was managed and provided in public health centers in 96.71% of cases (3.29% of services were provided in the private/subsidized sector). By specialty, the services were mainly provided in primary care (64.05% of APs were family doctors).
- On three occasions, the provision was provided through self-administration of medication by the applicant (modality 2).
- The average time between the application and the delivery of the provision— including postponements – was 82.65 days, with a median of 62 days.
- The average duration of the procedure between the application and the decision of the CGyE – including appeals resolved favorably – was 52.97 days, with a median of 41 days.

- The number of rejections by any authority (AP, IP, or CGyE) was 157 (16.90%), which led to 75 appeals before the CGyE. Of these, 20 were upheld (26.76%).
- The number of revocations was 54 (5.81% of the processes).
- In 308 cases (33.15%), the applicants died before the procedure was resolved. The average time elapsed between the application for the provision and death in this group of people was 47.19 days, with a median of 27 days.
- In 55 cases, applicants requested to postpone the provision once the application had been approved (10.83% of approved applications).
- Sixty-three people (14.79% of provisions) participated in the organ donation program after euthanasia, in accordance with the specific protocol established.

2024 Report

This section provides complete data on the **annual cases for 2024**. First, it details the **requests** made in 2024, compares them with those of previous years, and indicates the proportion of requests that were not completed in the same year in which they were registered. Second, it details the prevalence and conditions of the processes completed in 2024: provisions, rejections, **revocations**, and **deaths**. Thirdly, the **deadlines and procedures for processing requests for assistance in dying** are described, including postponements and shortened processing times. Finally, **statistics related to organ donation after assistance in dying** are shown.

1. Annual requests

This section includes requests for assistance in dying that have been issued since the approval of the LORE, counted by calendar year (from January 1 to December 31) (*Figure 2*).

- In 2021, 187 requests for assistance were registered, of which 139 were completed that same year, while 44 were resolved in 2022 and 4 in 2023.
- In 2022, 515 applications were submitted, of which 425 were completed that same year, 88 in 2023, and 2 in 2024.
- In 2023, there were 804 applications, of which 680 were completed that year, while 124 were completed in 2024.
- Finally, in 2024, 905 applications were registered: 803 were completed that same year and 102 remained pending⁴ at the end of the year.

Figure 2. History of annual applications and completed processes

Annual applications	Processes completed			
	2021	2022	2023	2024
2021 187	139	44	4	
2022 515		425	88	2
2023 804			680	124
2024 905				803 102

Note: The variation between the figures reflected for *total applications* and those published in previous annual reports is due to a change in the methodology for counting annual applications.

⁴ Most processes are not recorded in the EIS at the time of application, but only once they have been completed, so this figure may be underestimated.

2. Processes completed in 2024

This section of the report includes, in addition to applications initiated and closed in 2024, applications initiated in 2022 and 2023 that were resolved during 2024 (either as a provision, rejection, revocation, or death) and excludes those applications that were initiated in 2024 and were still open as of December 31, 2024.

The total number of processes completed in 2024 throughout the territory was 929, which corresponds to a rate of 1.91 applications per 100,000 inhabitants.

2.1. Distribution by autonomous communities and cities

a. Number and rate of processes completed annually by autonomous communities and cities

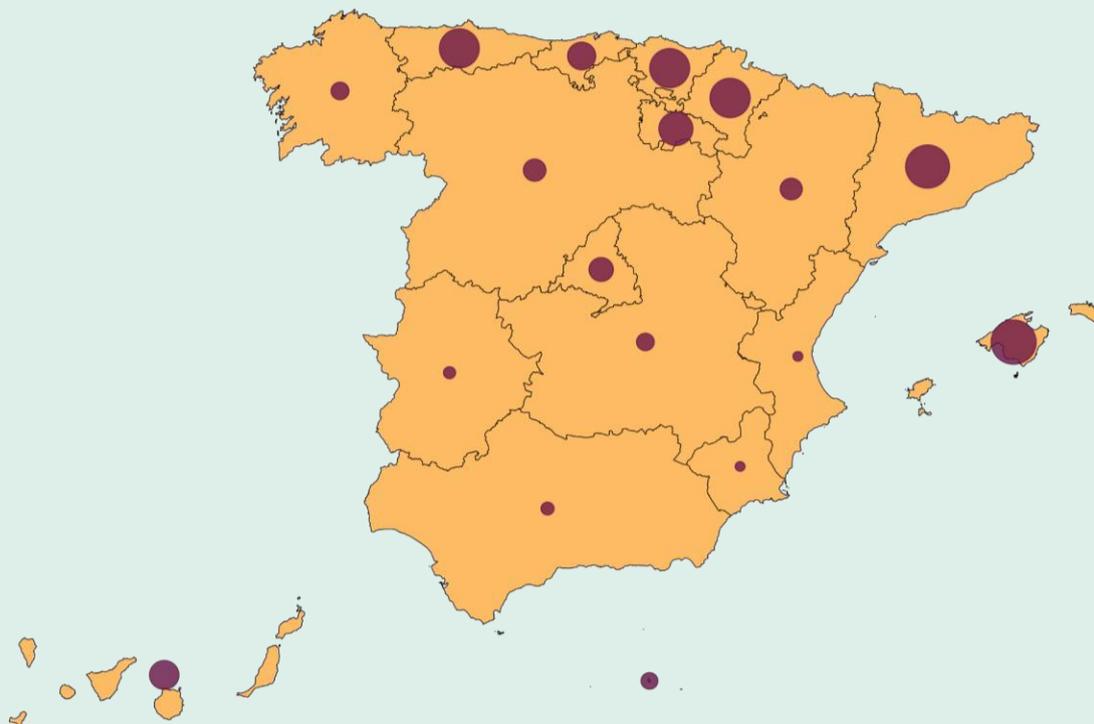
Table 2 shows the number of processes completed in 2024, broken down by autonomous community. The rate refers to the number of applications corresponding to these cases, per population unit (100,000 inhabitants) (Figure 3).

Table 2. Completed processes by autonomous community (number and rate of processes per 100,000 inhabitants) in 2024

Autonomous Community	Completed processes	Rate per 100,000 inhabitants
Andalusia	72	0.83
Aragon	22	1.63
Asturias	34	3.37
Canary Islands	52	2.32
Cantabria	13	2.20
Castile and Leon	40	1.67
Castile-La Mancha	26	1.24
Catalonia	303	3.78
Ceuta	No applications	
Valencia	31	0.58
Extremadura	8	0.76
Galicia	34	1.26
Balearic Islands	48	3.90
La Rioja	9	2.78
Madrid	129	1.84
Melilla	1	1.16
Murcia	9	0.57
Navarre	23	3.39
Basque Country	75	3.37
Total	929	1.91

Source: INE (2024). Own elaboration.

Figure 3. Distribution of rates of processes completed in 2024 per 100,000 inhabitants, by autonomous community in 2024



Note: The size of the dots represents the total rate of completed processes in 2024 per 100,000 inhabitants for each autonomous community.

b. Temporal evolution of completed processes by autonomous communities and cities

Table 3 shows how the number of completed processes and the rate of applications per 100,000 inhabitants have evolved in the four calendar years since the LORE was approved.

Table 3. History of completed processes by autonomous community (number and rate per 100,000 inhabitants)

Autonomous Community	2021		2022		2023		2024	
	No.	Rate per 100,000 inhab.	No.	Rate per 100,000 inhabitants	No.	Rate per 100,000 inhabitants	No.	Rate per 100,000 inhabitants
Andalusia	3	0.04	46	0.54	43	0.50	72	0.83
Aragon	4	0.30	26	1.96	22	1.64	22	1.63
Asturias	4	0.40	19	1.89	33	3.28	34	3.37
Canary Islands	8	0.37	21	0.96	62	2.80	52	2.32
Cantabria	2	0.34	17	2.90	19	3.23	13	2.20

Autonomous Community	2021		2022		2023		2024	
	No.	Rate per 100,000 inhab.	No.	Rate per 100,000 inhabitants	No.	Rate per 100,000 inhabitants	No.	Rate per 100,000 inhabitants
Castile and Leon	4	0.17	25	1.05	27	1.13	40	1.67
Castile-La Mancha	1	0.05	20	0.97	28	1.34	26	1.24
Catalonia	65	0.84	175	2.25	219	2.77	303	3.78
Ceuta	0	0.00	0	0.00	0	0.00	0	0
Valencia	10	0.20	46	0.90	56	1.07	31	0.58
Extremadura	1	0.09	11	1.04	2	0.19	8	0.76
Galicia	6	0.22	17	0.63	41	1.52	34	1.26
Balearic Islands	9	0.76	22	1.85	37	3.06	48	3.90
La Rioja	2	0.63	5	1.56	4	1.24	9	2.78
Madrid	12	0.18	62	0.92	89	1.30	129	1.84
Melilla	1	1.16	0	0.00	0	0.00	1	1.16
Murcia	3	0.20	5	0.33	2	0.13	9	0.57
Navarre	4	0.60	19	2.86	24	3.57	23	3.39
Basque Country	34	1.54	40	1.81	58	2.62	75	3.37
Total	173	0.36	576	1.21	766	1.59	929	1.91

Source: INE (2024). Own elaboration.

2.2. Sociodemographic data on processes completed in 2024 linked to requests for assistance in dying.

a. Sex and age

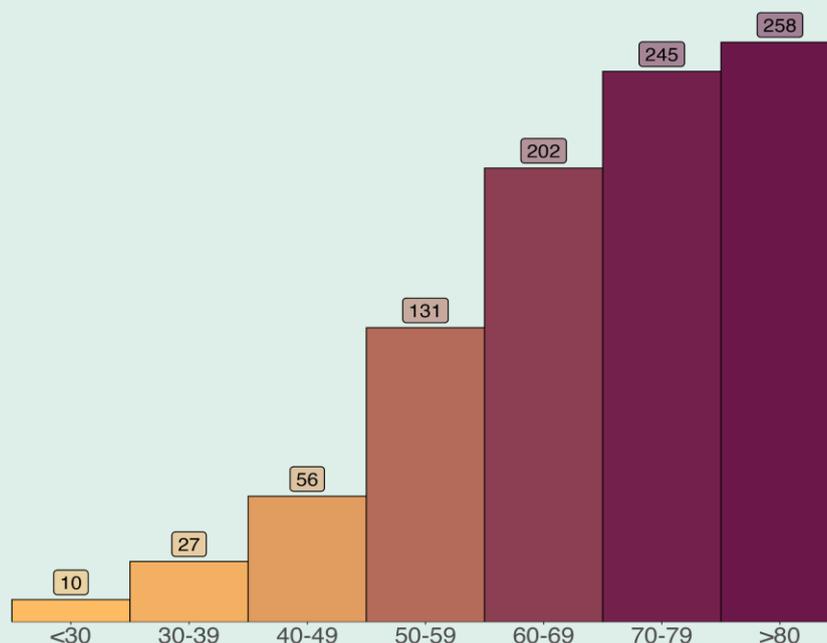
Of the 929 processes completed in 2024, in 486 cases the applicants were men (52.31%) and in 443 cases, women (47.69%) (Table 4).

Table 4. Processes completed by sex and age (number and percentage of state cases) in 2024

Age	Women		Men		Total
	No.	%	No.	%	
<30	4	40.00	6	60.00	10
30-39	13	48.15	14	51.85	27
40-49	29	51.79	27	48.21	56
50-59	75	57.25	56	42.75	131
60-69	113	55.94	89	44.06	202
70-79	133	54.29	112	45.71	245
>80	119	46.12	139	53.88	258
Total	486	52.31	443	47.69	929

Following the trend of the last two years, three out of four processes completed in 2024 (75.89%) involved patients over the age of 60, and nine out of ten (89.99%) involved patients over the age of 50. The age group with the highest number of processes corresponds to people over 80 years of age (27.77%) (Figure 4).

Figure 4. Processes completed in 2024 by age group



b. Underlying disease

Table 5 shows that among the underlying pathologies of the processes completed in 2024, neurological diseases (302 cases; 32.51%) and oncological diseases (276 cases; 29.71%) stand out. Together, these pathologies account for more than half of the cases (62.22%), following the trend of previous years.

Table 5. History of completed processes by underlying disease (number and percentage of total completed processes)

Underlying disease	2021		2022		2023		2024	
	No.	%	No.	%	No.	%	No.	%
Neurology	40	23.12	205	35.59	266	34.73	302	32.51
Oncology	22	12.72	192	33.33	271	35.38	276	29.71
Multimorbidity	4	2.31	40	6.94	49	6.40	41	4.41
Rheumatology and musculoskeletal pathology	-	-	-	-	-	-	12	1.29
Cardiovascular	0	0.00	7	1.22	13	1.70	19	2.05
Respiratory	3	1.73	16	2.78	24	3.13	30	3.23
Other	3	1.73	68	11.81	105	13.71	86	9.26
Not recorded	101	58.38	48	8.33	38	4.96	163	17.55
Total	173	100.00	576	100.00	766	100.00	929	100.00

Note: The category "Rheumatology" has been removed from "Other" in 2024 due to its numerical relevance.

c. Capacity of the person applicant during the processing (start of process mode)

The LORE distinguishes between a procedure for applicants with decision-making capacity (Art. 5.1) and a procedure for persons without decision-making capacity whose wishes are incorporated in their advance directives (Art. 5.2). Therefore, it covers the case where the applicant, while capable of doing so, had completed a document of advance directives or a legally recognized equivalent⁵. This document of advance directives must reflect their wishes to apply, in accordance with the conditions of the Law, the provision of assistance to die.

Of the 929 processes completed in 2024, 534 correspond to requests that followed the procedure in Article 5.1 (with decision-making capacity), while 51 (5.49%) were conducted under the procedure in Article 5.2 (person without decision-making capacity and through advance directives).

d. Processes completed in 2024 by country of birth

To access assisted dying provisions, applicants must be Spanish nationals, have legal residence in Spain, or have a certificate of registration proving that they have been living in Spain for more than 12 months.

Of the total of 929 processes completed in 2024, 60 (6.46%) were initiated by people whose country of origin was not Spain.

⁵ Each autonomous community has its own law on this matter, in which the document has a different name and regulation.

3. Provisions

This section contains statistics on assisted dying provisions delivered in 2024. This year, 426 provisions were delivered throughout Spain.

3.1. Distribution by autonomous communities and cities

The 426 provisions delivered during 2024 are distributed by autonomous community as follows: Catalonia 142, Madrid 62, Basque Country 50, Andalusia 30, Canary Islands 25, Balearic Islands 17, Galicia 16, Valencian Community 16, Castile and Leon 15, Navarre 14, Castile-La Mancha 8, Aragon 8, Asturias 6, La Rioja 6, Extremadura 4, Murcia 4, Cantabria 3, and none in Ceuta and Melilla.

Table 6 shows these absolute figures together with the provision percentages and the mortality rate per provision, broken down by autonomous community. The *provision percentage* indicates the ratio of provisions delivered to the total number of applications linked to processes completed in 2024.

Table 6. Provisions (number and percentage) and mortality rate per provision by autonomous community in 2024

Autonomous Community	Completed processes	Provisions	Percentage of provisions	Mortality rate per provisions (%)
Andalusia	72	30	41.67	0.04
Aragon	22	8	36.36	0.06
Asturias	34	6	17.65	0.05
Canary Islands	52	25	48.08	0.14
Cantabria	13	3	23.08	0.05
Castile and Leon	40	15	37.50	0.05
Castile-La Mancha	26	8	30.77	0.04
Catalonia	303	142	46.86	0.21
Ceuta	No applications			
Valencia	31	16	51.61	0.03
Extremadura	8	4	50.00	0.04
Galicia	34	16	47.06	0.05
Balearic Islands	48	17	35.42	0.19
La Rioja	9	6	66.67	0.18

<i>Autonomous Community</i>	<i>Completed processes</i>	<i>Provisions</i>	<i>Percentage of provisions</i>	<i>Mortality rate per provisions (%)</i>
Madrid	129	62	48.06	0.13
Melilla	1	0	0.00	0.00
Murcia	9	4	44.44	0.03
Navarre	23	14	60.87	0.23
Basque Country	75	50	66.67	0.22
Total	929	426	45.86	0.10

Note: The mortality rate per provision refers to the proportion of deaths that occur as a result of any type of assisted dying provision. It is calculated by dividing the total number of provisions delivered annually by the total number of deaths annually (by autonomous community). Source: INE 2024. Own elaboration.

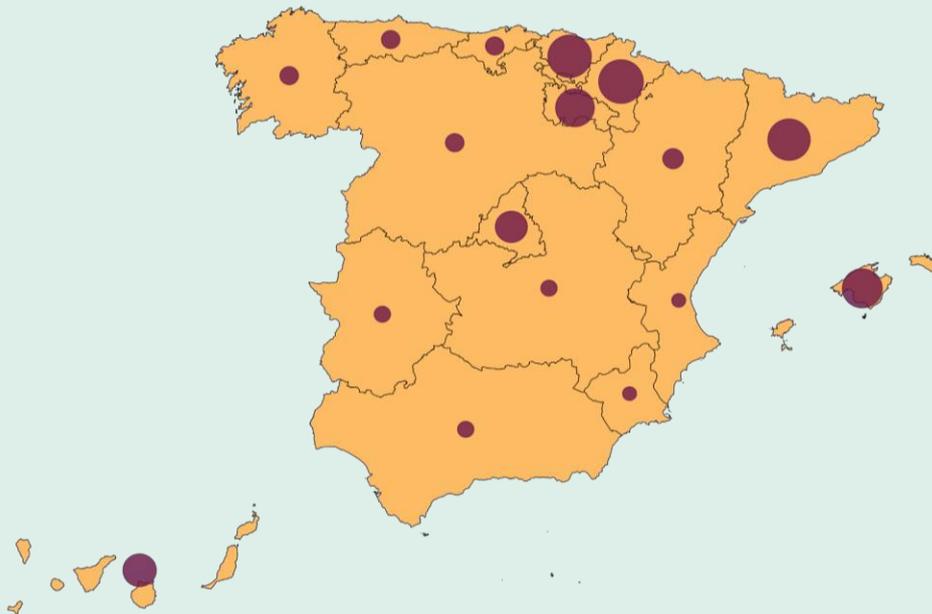
a. Percentage of provision

In 2024, 4 out of 10 (45.86%) completed processes came from requests that resulted in a provision. Since the LORE came into force, this percentage has remained stable. In the second half of 2021, it was 43.35%; in 2022, it was 50%; and in 2023, it stood at 43.60%.

b. Mortality rate per provision

The *mortality rate per provision* (Figure 5) indicates the proportion of deaths caused by the provision of assistance to die out of the total number of deaths. In 2024, it was 0.10%, or 1 in every 1,000 deaths, in the state territory.

Figure 5. Distribution of mortality rates per provision by autonomous community in 2024



Note: The size of the dots represents the mortality rate per provision for each autonomous community.

c. Favourable reports from the Guarantee and Evaluation Commission

The percentage of *provisions after approval* refers to the proportion of applications approved by the GEC that resulted in a provision in 2024 (*Table 7*).

Table 7. Favourable reports from the CGyE and percentage of provision after approval by autonomous community in 2024.

Autonomous Community	Completed processes	Favourable reports	Provisions granted	provisions after approval
Andalusia	72	31	30	96.77
Aragon	22	10	8	80.00
Asturias	34	10	6	60.00
Canary Islands	52	26	25	96.15
Cantabria	13	5	3	60.00
Castile and Leon	40	16	15	93.75
Castile-La Mancha	26	8	8	100.00
Catalonia	303	174	142	81.61
Ceuta	No applications			
Valencia	31	18	16	88.89
Extremadura	8	4	4	100.00
Galicia	34	20	16	80
Balearic Islands	48	20	17	85
La Rioja	9	7	6	85.71
Madrid	129	71	62	87.32
Melilla	1	1	0	0.00
Murcia	9	5	4	80.00
Navarre	23	20	14	70.00
Basque Country	75	62	50	80.65
Total	929	508	426	83.86

d. Evolution 2021-2024

Since the LORE came into force in June 2021, the number of assisted dying provisions has grown steadily. *Table 8* shows the evolution: 75 provisions were registered in the second half of 2021, 288 in 2022, 334 in 2023, and 426 in 2024, with a cumulative total of 1,123 provisions delivered since the LORE came into force until December 31, 2024.

Table 8. History of provisions by autonomous community.

<i>Autonomous Community</i>	<i>2021</i>	<i>2022</i>	<i>2023</i>	<i>2024</i>	<i>Total</i>
Andalusia	0	27	24	30	81
Aragon	1	8	7	8	24
Asturias	1	8	9	6	24
Canary Islands	3	10	25	25	63
Cantabria	1	6	3	3	13
Castile and Leon	1	10	12	15	38
Castile-La Mancha	0	7	9	8	24
Catalonia	29	91	94	142	356
Ceuta	0	0	0	0	0
Valencia	5	24	26	16	71
Extremadura	0	3	2	4	9
Galicia	2	7	17	16	42
Balearic Islands	6	6	12	17	41
La Rioja	1	4	2	6	13
Madrid	6	38	35	62	141
Melilla	0	0	0	0	0
Murcia	2	2	2	4	10
Navarre	2	13	10	14	39
Basque Country	15	24	45	50	134
Total	75	288	334	426	1123

3.2. Sociodemographic data associated with provisions

a. Sex and age

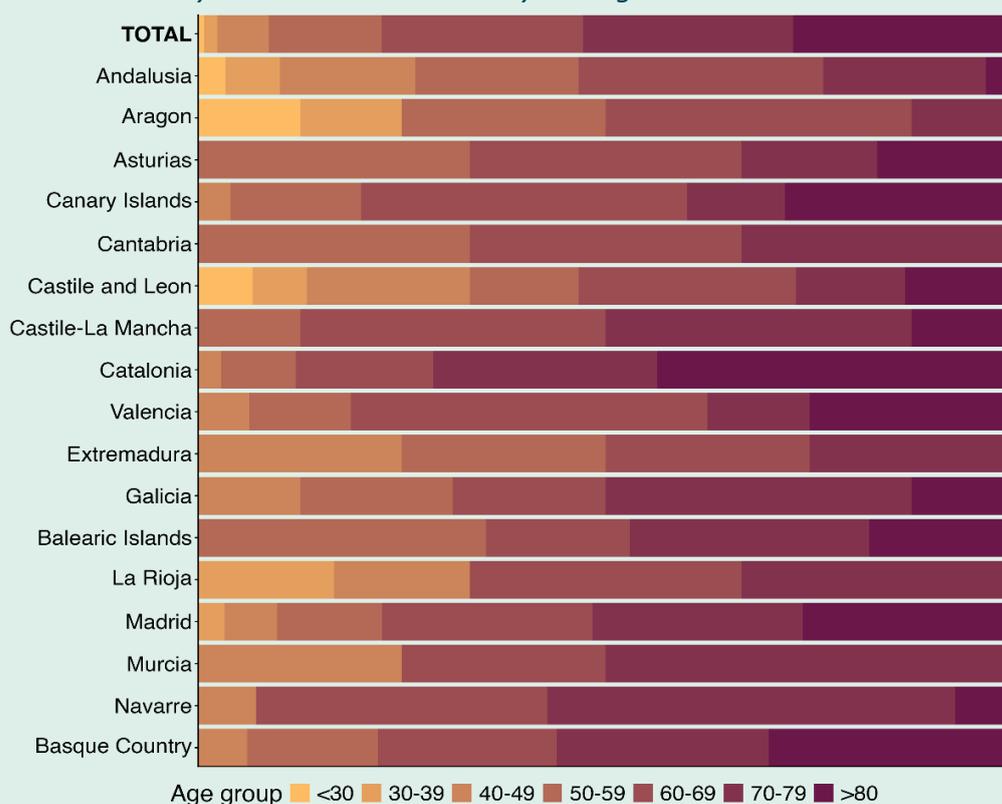
In 2024, 217 men (50.94%) and 209 women (49.06%) received assisted dying provisions (Table 9). The average age of those receiving the provision was 69.74 years, while the median age was 70.92 years⁶, indicating that at least half of those receiving the provision were aged 70 or over (Figure 6).

Table 9. Provisions by sex and age (number and percentage of state provisions) in 2024

Age	Men		Women		Total
	No.	%	No.	%	No.
<30	2	66.67	1	33.33	3
30-39	6	85.71	1	14.29	7
40-49	18	66.67	9	33.33	27
50-59	30	50.85	29	49.15	59
60-69	55	52.38	50	47.62	105
70-79	55	50.00	55	50.00	110
>80	51	44.35	64	55.65	115
Total	217	50.94	209	49.06	426

⁶ The median indicates that half of the cases are below and half are above that value. It is useful for describing the central position in a data set and is less sensitive to extreme and atypical values than the mean. In this case, it indicates that half of the people who received the provision were over 70.92 years old, and half were under that age.

Figure 6. Provisions by autonomous community and age in 2024



b. Underlying disease

The most common underlying diseases among those who received the provision were neurological (46.01%) and oncological (28.17%) (Table 10), accounting for nearly 3 out of 4 provisions (74.18%).

Table 10. Provisions by underlying disease (number and percentage of total provisions) in 2024

<i>Underlying disease</i>	<i>Provisions</i>	<i>% of provisions</i>
Neurological	196	46.01
Oncological	120	28.17
Multimorbidity	11	2.58
Respiratory	17	3.99
Cardiovascular	12	2.82
Rheumatology and musculoskeletal pathology	6	1.41
Other	31	7.28
Not recorded	33	7.75
Total	426	100.00

c. Capacity of the applicant during processing and method of initiating the application

In 2024, a total of 38 provisions were initiated through prior instructions, representing 8.92% of the total.

d. Processes completed in 2024 by country of birth

In 2024, 37 provisions (8.69%) were delivered to people born outside Spain who met the requirements established in the LORE. Of these, 18 (48.65%) corresponded to people born in European Union member countries.

3.3. Care context

a. Specialty of the attending physician and independent physician

Among the APs who processed the applications linked to the processes completed in 2024, five specialties stand out: Family Medicine, which handled 595 processes (64.05%); Oncology, 66 processes (7.10%); Neurology, 60 processes (6.46%); Internal Medicine, 33 (3.55%); and Geriatrics, 27 (2.91%) (*Table 11*).

Table 11. AP and IP specialties participating in completed processes (number and percentage of reports recorded) in 2024

Specialty	AP		IP	
	No.	%	No.	%
Palliative care	21	2.26	15	2.46
Geriatrics	27	2.91	21	3.45
Internal Medicine	33	3.55	43	7.06
Family Medicine	595	64.05	157	25.78
Pulmonology	1	0.11	15	2.46
Neurology	60	6.46	164	26.93
Oncology	66	7.10	99	16.26
Other	47	5.06	77	12.64
Not recorded	79	8.50	18	2.96
Total	929	100.00	609	100.00

In the case of IPs who issued reports during 2024 (609), the distribution by specialty is similar to that observed in APs, although with some variations (*Table 11*). Neurology takes center stage in the work of IPs and is the most frequent specialty with 164 reports (26.93%),

followed by Family Medicine with 157 cases (25.78%), Oncology with 99 reports (16.26%), Internal Medicine with 43 reports (7.06%), and Geriatrics with 21 (3.45%). The 77 records (12.64%) in the "Other" category correspond to other medical specialties with fewer reports (Figure 7).

Figure 7. Processes completed in 2024 by (a) specialty of the attending physician and (b) independent physician 2024

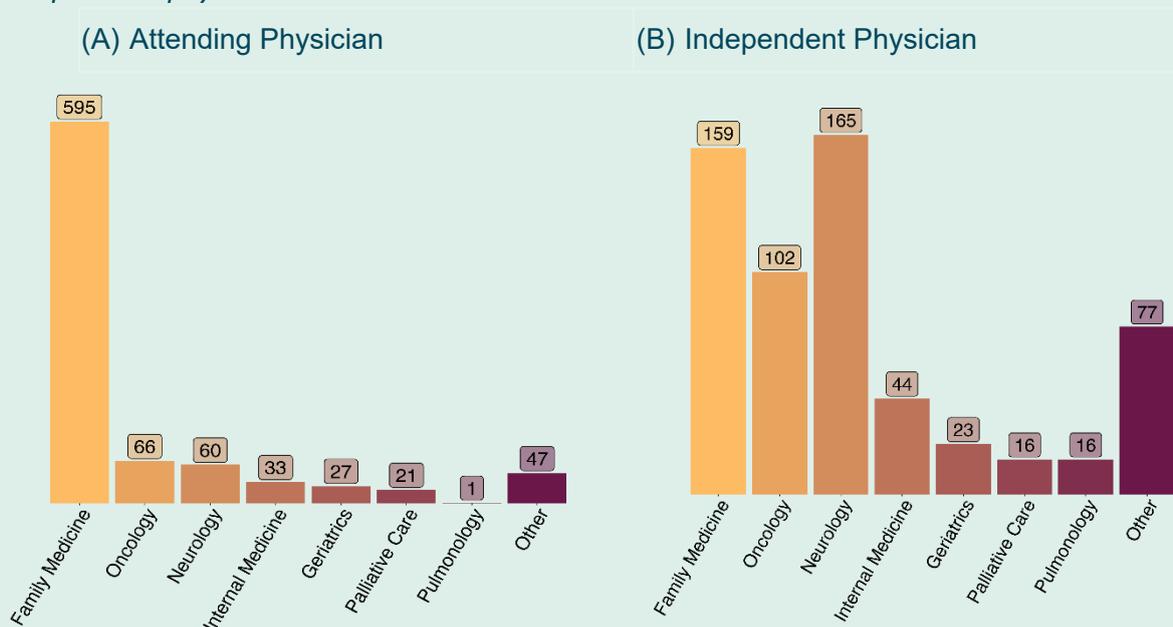


Table 12 shows the evolution of the presence of the different medical specialties in the figures for AP and IP. Due to their growing presence, Pulmonology and Palliative Care have been introduced in 2024.

Table 12. History of AP and IP specialties participating in completed processes

Speciality	2021		2022		2023		2024	
	AP	IP	AP	IP	AP	IP	AP	IP
Palliative Care	-	-	-	-	-	-	21	15
Geriatrics	0	1	17	0	29	174	27	21
Internal Medicine	9	5	13	34	25	33	33	43
Family Medicine	43	10	354	57	457	54	595	157
Pulmonology	-	-	-	-	-	-	1	15
Neurology	17	22	40	123	52	143	60	164
Oncology	6	12	0	28	58	64	66	99
Other	0	0	0	0	90	93	47	77
Not recorded	0	25	76	256	0	0	79	18
Total	75	75	528	528	699	407	929	609

b. Place of provision

Provisions were delivered in hospitals (51.64%), at home (37.79%), and in social and health centers—mostly nursing homes— (10.56%) (Table 13).

Table 13. Place of provision by autonomous community (number and percentage of autonomous community provisions) in 2024

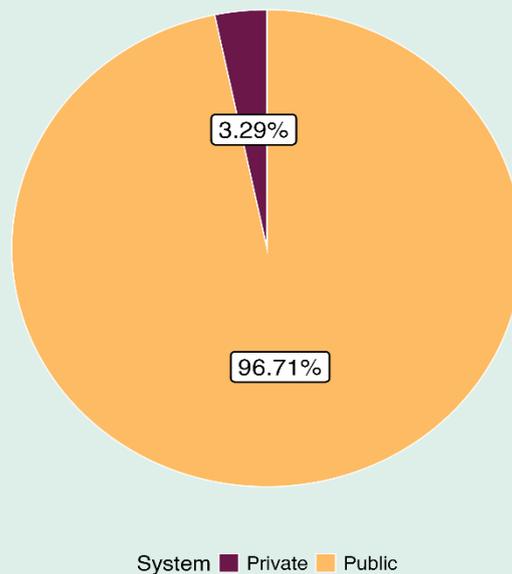
Autonomous Community	Hospital		Social and health center		Home	
	No.	%	No.	%	No.	%
Andalusia	16	53.33	1	3.33	13	43.33
Aragon	6	75.00	1	12.50	1	12.50
Asturias	6	100.00	0	0.00	0	0.00
Canary Islands	15	60	1	4.00	9	36.00
Cantabria	1	33.33	1	33.33	1	33.33
Castile and Leon	8	53.33	0	0	7	46.67
Castile-La Mancha	4	50.00	0	0	4	50.00
Catalonia	58	40.85	29	20.42	55	38.73
Ceuta	No provisions					
Valencia	11	68.75	1	6.25	4	25.00
Extremadura	2	50.00	0	0.00	2	50.00
Galicia	13	81.25	1	6.25	2	12.50
Balearic Islands	7	41.18	1	5.88	9	52.94
La Rioja	4	66.67	0	0.00	2	33.33
Madrid	32	51.61	3	4.84	27	43.55
Melilla	No provisions					
Murcia	2	50.00	0	0.00	2	50.00
Navarre	7	50.00	0	0.00	7	50.00
Basque Country	28	56	6	12	16	32.00
Total	220	51.64	45	10.56	161	37.79

c. Public or private/subsidized system

Most provisions continue to be delivered through the public healthcare system. In 2024, 14 provisions were registered in the private or subsidized sector, representing 3.29% of the total (Figure 8).

In previous years, the proportions of provisions delivered in the private or subsidized system were as follows: in 2021, they represented 1.33%; in 2022, four procedures were performed (0.69%), although it was not specified how many of them resulted in a provision; and in 2023, the percentage was 8.38% of the total number of provisions.

Figure 8. Provisions delivered by the public or private/subsidized system in 2024



d. Type of provision

According to the LORE, assisted dying is provided in two ways: direct administration (modality 1) and prescription for self-administration (modality 2). In both cases, the healthcare team must remain present throughout the process.

During 2024, modality 1 predominated. Three provisions were registered under modality 2 (0.70%). In 2023, 18 provisions were delivered through modality 2 (5.39%), and in 2022, 11 provisions (3.82%). No data is available for this modality in 2021.

4. Rejections

Of the total 929 applications linked to processes completed during 2024, 141 were rejected by one of the three instances: AP, IP, or CGyE. This figure represents 15.18% of the total applications linked to processes completed in 2024.

4.1. Distribution

Table 14 shows the distribution of rejections by autonomous community, both in absolute numbers and as a percentage of the number of processes completed in 2024.

Table 14. Rejections by autonomous community (number and percentage of rejections) in 2024

Autonomous Community	Completed processes	Rejections	% of rejections
Andalusia	72	19	26.39
Aragon	22	5	22.73
Asturias	34	8	23.53
Canary Islands	52	7	13.46
Cantabria	13	4	30.77
Castile and Leon	40	6	15.0
Castile-La Mancha	26	5	19.23
Catalonia	303	26	8.58
Ceuta	No applications		
Valencia	31	9	29.03
Extremadura	8	2	25.00
Galicia	34	3	8.82
Balearic Islands	48	10	20.83
La Rioja	9	1	11.11
Madrid	129	24	18.60
Melilla	1	0	0.00
Murcia	9	3	33.33
Navarre	23	2	8.70
Basque Country	75	7	9.33
Total	929	141	15.18

4.2. Sociodemographic data

a. Sex and age

Table 15 shows the distribution of rejections by sex and age and the percentage of total rejections in 2024 for each age group. The number of rejections among men was 70, compared to 71 among women.

Table 15. Rejections by sex and age (number and percentage of rejections) in 2024

Age	Men	Women	Total	
			No.	% of rejections
<30	1	4	5	3.55
30-39	6	12	18	12.77
40-49	6	7	13	9.22
50-59	21	10	31	21.99
60-69	7	8	15	10.64
70-79	12	8	20	14.18
>80	17	22	39	27.66
Total	70	71	141	15.18

b. Underlying disease

Table 16 shows the number and percentage of rejections according to the pathology that prompted the provision process.

Table 16. Rejections due to underlying disease (number and percentage of rejections) in 2024

Underlying disease	Completed processes	Rejections	% of rejections
Cardiovascular	19	1	5.26
Neurological	302	36	11.92
Oncology	276	15	5.43
Multimorbidity	41	19	46.34
Respiratory	30	3	10.00
Rheumatology and musculoskeletal pathology	12	5	41.67
Other	86	32	37.21
Not recorded	163	30	18.40
Total	929	141	15.18

4.3. Rejections due to AP, IP, and CGyE

Rejections can occur at any stage of the evaluation process: by AP, IP, and CGyE. *Table 17* shows at which stage of the process each of the recorded rejections occurred, as well as the *rejection rate per instance*, understood as the percentage of unfavourable reports from a single instance out of the total number of applications that reached that same instance of evaluation.

- The APs reported 96 applications as unfavourable, meaning that in 2024 they rejected approximately one in ten applications received (AP rejection rate of 12.37%).
- The IPs issued a total of 40 unfavourable reports, representing an AP rejection rate of 6.59%.
- The CGyEs denied a total of 21 applications received, equivalent to a CGyE rejection rate of 3.97%.

Table 17. Rejections by instance (number and rejection rate) in 2024

<i>Instance</i>	<i>Completed processes</i>	<i>Rejections</i>	<i>Rejection rate per instance (%)</i>
AP	776	96	12.37
IP	609	40	6.57
CGyE	529	21	3.97
Total		157	

Note: The rejection rate per instance is the proportion of applications that a single evaluation instance (AP, IP, and CGyE) rejects out of the total number of applications it receives. It is important to note that the total number of rejections reflected in Table 17 (157) does not match the figure of 141 rejections collected in the rest of this section. This difference is due to the fact that in the first case, all rejections made in each instance were counted, including those that are appealed and ultimately approved, in order not to lose information on the activity of AP, IP, and CGyE.

4.4. Appeals

This section contains information on appeals lodged after any of the three assessment bodies issued an unfavourable report. In accordance with the stipulations of the LORE, a CGyE must resolve applicants' appeals within 20 calendar days. In the event of an unfavourable resolution of an appeal by the CGyE, the applicant may file an appeal with the contentious-administrative jurisdiction.

a. Appeals before the Guarantee and Evaluation Commission

Of the 157 applications that were rejected in 2024, 75 filed an appeal with the CGyE. Of these, 20 were resolved favourably (26.67%).

b. Appeals before the contentious-administrative jurisdiction

In 2024, there was a single case of appeal before the contentious-administrative jurisdiction, which was initiated in 2023 and closed due to death in 2024.

5. Revocations

In accordance with the stipulations of the LORE, a person requesting assistance to die may revoke their request at any time. This decision must be reflected in their medical records. The law therefore provides for the possibility of the applicant withdrawing from the procedure at any stage of its processing or renouncing the provision even after it has been authorized. For explanatory purposes, both situations are included in this section under the common heading of "Revocations." During 2024, there were 54 cases of revocation.

5.1. Distribution

Table 18 shows the distribution of revocations by autonomous community, as well as the percentage of revocations (revocations as a percentage of total processes).

Table 18. Revocations by autonomous community (number and revocation rate) in 2024

<i>Autonomous Community</i>	<i>Completed processes</i>	<i>Revocations</i>	<i>% of revocations</i>
Andalusia	72	3	4.17
Aragon	22	2	9.09
Asturias	34	4	11.76
Canary Islands	52	7	13.46
Cantabria	13	2	15.38
Castile and Leon	40	3	7.50
Castile-La Mancha	26	4	15.38
Catalonia	303	7	2.31
Ceuta	No applications		
Valencia	31	0	0.00
Extremadura	8	0	0
Galicia	34	6	17.65
Balearic Islands	48	3	6.25
La Rioja	9	0	0.00
Madrid	129	11	8.53
Melilla	1	1	100.00
Murcia	9	1	11.11
Navarre	23	0	0.00
Basque Country	75	0	0.00
Total	929	54	5.81

Table 19 shows the number and percentage of revocations by year.

Table 19. History of revocations (number and revocation rate)

Year	Completed processes	Revocations	% of revocations
2021	173	7	4.05
2022	576	1	0.17
2023	766	21	2.74
2024	929	54	5.81
Total	2,444	83	3.40

5.2. Sociodemographic data associated with revocations

a. Sex and age

The distribution by sex and age is homogeneous, as can be seen in Table 20.

Table 20. Revocations by sex and age (number and percentage of state revocations) in 2024

Age	Men		Woman		Total
	No.	%	No.	%	No.
<30	1	50.00	1	50.00	2
40-49	2	40.00	3	60.00	5
50-59	7	46.67	8	53.33	15
60-69	9	81.82	2	18.18	11
70-79	5	45.45	6	54.55	11
>80	3	30.00	7	70.00	10
Total	27	50.00	27	50.00	54

b. Underlying disease

The underlying disease with the highest number of revocations is neurological in origin, with 17 cases (*Table 21*).

Table 21. Revocations by underlying disease in 2024

<i>Underlying disease</i>	<i>Completed processes</i>	<i>Revocations</i>
Cardiovascular	19	0
Neurological	302	17
Oncology	276	10
Multimorbidity	41	4
Respiratory	30	1
Rheumatology and musculoskeletal pathology	12	1
Other	86	3
Not recorded	163	18
Total	929	54

5.3. Stage of the process at which the revocation occurs

Of the 54 revocations recorded in 2024, 45 (83.33%) occurred before a decision was made by the CGyE (*Table 22*). Most of these withdrawals, 38 (70.37%), were made before the 2nd application. In 9 cases (16.67% of total revocations), applicants withdrew their application once it had been approved by the CGyE. Considering that the CGyE approved 508 cases (*Table 7*), the percentage of revocations once the application had been approved stands at 1.77%.

Table 22. Stage of the process at which the revocation occurs (number and percentage of total revocations) in 2024

<i>Stage of revocation</i>	<i>Revocations</i>	<i>% of revocations</i>
Before 2 nd application	38	70.37
Between 2 nd request and CGyE decision	7	12.96
After CGyE	9	16.67
Total	54	100.00

6. People who die during the process

During 2024, there were 308 deaths before the procedure was completed, representing 33.15% of the total number of cases. Of those 308 deaths, 115 (37.34%) occurred before the AP ruling, 65 (21.10%) between the AP and IP reports, 45 (14.61%) between the IP report and the CGyE ruling, and 83 (26.95%) after the favourable ruling by the CGyE.

6.1. Distribution

The distribution of deaths by autonomous community is shown in *Table 23* in absolute numbers and as a percentage of the total number of processes completed in 2024.

Table 23. Deaths during processing by autonomous community (number and percentage of deaths) in 2024

<i>Autonomous Community</i>	<i>Completed processes</i>	<i>Deaths</i>	<i>% of deaths during processing</i>
Andalusia	72	20	27.78
Aragon	22	7	31.82
Asturias	34	16	47.06
Canary Islands	52	13	25.00
Cantabria	13	4	30.77
Castile and Leon	40	16	40.00
Castile-La Mancha	26	9	34.62
Catalonia	303	128	42.24
Ceuta	No applications		
Valencia	31	6	19.35
Extremadura	8	2	25.00
Galicia	34	9	26.47
Balearic Islands	48	18	37.50
La Rioja	9	2	22.22
Madrid	129	32	24.81
Melilla	1	0	0.00
Murcia	9	1	11.11
Navarre	23	7	30.43
Basque Country	75	18	24.00
Total	929	308	33.15

Table 24 shows the evolution of deaths since the implementation of the LORE.

Table 24. History of deaths during processing (number and death rate)

Year	Completed processes	Deaths during processing	% of deaths during processing
2021	173	32	18.50
2022	576	152	26.39
2023	766	190	24.80
2024	929	308	33.15
Total	2,444	682	27.91

6.2. Sociodemographic data associated with deaths during processing

This section contains the main sociodemographic data affecting people who died during the procedure. This includes their age, sex, underlying disease, and the disease that caused their death, which may or may not coincide with the underlying disease.

a. Sex and age

The distribution by sex shows 172 deaths in men (55.84%) and 136 in women (44.16%) (Table 25). People over 60 account for 87.34% of deaths during the procedure.

Table 25. Deaths by sex and age (number and percentage nationwide) in 2024

Age	Men		Women		Total
	No.	%	No.	%	No.
30-39	1	50.00	1	50.00	2
40-49	3	27.27	8	72.73	11
50-59	17	65.38	9	34.62	26
60-69	42	59.15	29	40.85	71
70-79	61	58.65	43	41.35	104
>80	48	51.06	46	48.94	94
Total	172	55.84	136	44.16	308

b. Underlying disease

Of the 308 people who died during the procedure, 295 died from the underlying disease that led to their application for the provision and 13 died from other causes. *Table 26* shows the distribution of deaths by underlying disease. Of the 13 people who died from a cause other than their underlying disease, 5 were patients with neurological disorders (38.46%), 4 had cancer (30.77%), 1 had multiple disorders, and 1 had a disorder other than those mentioned above. In 2 cases, the underlying disease was not recorded.

Table 26. Deaths during treatment for underlying disease (number and percentage of deaths) in 2024

<i>Underlying disease</i>	<i>Completed processes</i>	<i>Deaths during processing</i>	<i>% of deaths during processing</i>
Cardiovascular	19	6	31.58
Neurological	302	48	15.89
Oncology	276	127	46.01
Multimorbidity	41	6	14.63
Respiratory	30	9	30
Rheumatology and musculoskeletal pathology	12	0	0
Another underlying disease	86	19	22.09
Not recorded	163	80	49.08
Total	929	295	31.75

6.3. Time between initial application and death

From the start of the provision application process to death prior to the resolution of the procedure, an average of 47.19 days and a median of 27 days elapsed. The latter figure is less than the 30-40 days required to process a provision with the guarantees established in the LORE.

7. Processing times and procedures

This section analyses the deadlines and procedures associated with processing the provision, from the initial application to its implementation. Different variables have been grouped together to evaluate each phase of the process, including the involvement of health professionals, response times at each stage, and situations of postponement or shortening.

In summary, the maximum period established by law between the first application and the CGyE's decision is around 30-40 calendar days. This period may be reduced for the interval between the first and second applications if, after the first application, the AP considers that there is an imminent risk of the applicant losing their decision-making capacity. The following table shows compliance with this maximum period at the state level, as well as by autonomous community. It also shows the number of days between the application and the recognition of the provision, and the time elapsed from the first application to the application of the provision.

7.1. Procedural timelines

Table 27 shows the average and median⁷ times by autonomous community. It also shows the number of days elapsed from the approval of an application to the provision and the time elapsed from the first application to death per provision.

The time between the initial application and the delivery of provision is influenced by multiple factors, such as the underlying disease or the preferences of the applicant, which leads to significant variability in the figures.

Table 27. Time (days) of procedural milestones by autonomous community (average and median) in 2024

Autonomous Community	Between the 1 st application and the CGyE decision		Between the favourable decision by the CGyE and the provision (no legal deadline)		Between the 1 st application and the provision	
	Average	Median	Average	Median	Average	Median
Andalusia	69.58	62.00	46.03	26.00	113.53	89.50
Aragon	37.60	32.50	17.38	18.50	70.12	48.50
Asturias	44.90	41.50	16.50	11.00	60.50	53.00
Canary Islands	53.92	42.50	26.00	15.00	81.04	59.00
Cantabria	35.00	35.00	12.33	13	42.33	48.00
Castile and Leon	59.56	48.50	48.00	28	103.20	80.00
Castile-La Mancha	57.50	41.00	21.88	18.00	79.38	67.50

⁷ The description of data in this section refers mainly to the median, as it is a measure capable of describing the central position of the data set on deadlines and is less distorted than the mean by outliers or extreme values.

Autonomous Community	Between the 1st application and the CGyE decision		Between the favourable decision by the CGyE and the provision (no legal deadline)		Between the 1st application and the provision	
	Average	Median	Average	Median	Average	Median
Catalonia	56.74	45.50	22.37	15.00	77.58	63.00
Ceuta	No provisions					
Valencia	56.33	38.00	32.60	21.00	91.87	66.00
Extremadura	52.75	48.50	15.75	5.00	68.50	53.00
Galicia	80.05	41.00	70.12	16.50	157.87	59.00
Balearic Islands	54.48	35.00	15.53	12.00	70.29	53.00
La Rioja	45.43	40.00	12.20	13.00	43.00	44.50
Madrid	53.79	45.00	31.85	20.00	86.58	71.00
Melilla	No provisions					
Murcia	37.00	30.00	13.00	13.50	49.25	46.00
Navarre	26.80	27.00	25.43	11.00	52.14	40.50
Basque Country	35.63	30.00	34.18	14.50	71.88	51.50
Total	52.97	41.00	29.47	15.00	82.65	62.00

Table 28 provides a detailed description of the mean and median times elapsed in each of the four phases of the procedure.

Table 28. Time (days) of the stages of the procedure by autonomous community (average and median) in 2024

Autonomous Community	Between the 1st and 2nd application (15 days, reducible)		Between the 2nd application and the IP report (10 days)		Between the IP report and the CGyE decision (15 days)	
	Average	Median	Average	Median	Average	Median
Andalusia	24.45	18.00	25.86	15.50	16.37	13.00
Aragon	21.36	15.50	15.00	6.50	15.22	10.00
Asturias	24.67	18.50	5.58	6.00	11.27	6.00
Canary Islands	28.22	18.50	9.26	6.00	16.54	13.50
Cantabria	14.67	15.00	10.33	8.00	12.33	10.50
Castile and Leon	31.13	22.00	17.60	10.00	10.11	7.50
Castile-La Mancha	30.75	19.50	17.00	10.50	15.33	15.00

Autonomous Community	Between the 1 st and 2 nd application (15 days, reducible)		Between the 2 nd application and the IP report (10 days)		Between the IP report and the CGyE decision (15 days)	
	Average	Median	Average	Median	Average	Median
Catalonia	20.40	16.00	20.19	12.00	17.46	11.00
Ceuta	No applications					
Valencia	20.32	17.00	16.50	10.50	24.67	11.00
Extremadura	15.50	15.00	10.33	10.50	33.83	26.50
Galicia	26.87	18.00	34.50	12.50	19.80	10.50
Balearic Islands	18.45	16.00	19.81	11.00	15.70	11.00
La Rioja	17.00	17.50	10.12	10.50	18.71	7.00
Madrid	27.16	16.00	17.11	10.00	12.90	11.00
Melilla	No data					
Murcia	26	16.50	5.17	4.50	17.83	16.50
Navarre	14.82	15.00	6.00	4.00	7.43	4.00
Basque Country	13.88	15.00	12.32	7.00	9.50	7.00
Total	21.87	16.00	17.38	9.50	15.29	10.00

a. Time between the Attending Physician report and the CGyE's decision

When the AP's report is favourable, the AP has three business days from receipt to forward the application for provision and proof of compliance with the requirements to the CGyE, so that the Commission can verify it and send a report to the AP within 14 days.

The average time in 2024 between the favourable report from the AP and the decision by the CGyE was 15.29 days, with a median of 10 days.

b. Time between the favourable decision of the CGyE and the delivery of the provision

Once the provision has been granted by the CGyE, the AP and the applicant agree on the timeframe for delivering the provision. This period, which is not legally regulated, was 29.47 days on average, with a median of 15 days.

c. Time from the appeal to the CGyE's decision

The LORE establishes that the CGyE must resolve appeals filed by applicants against unfavourable reports from the AP, IP, or the CGyE duo within 20 calendar days.

In 2024, this time was 26.63 days on average, with a median of 19.50 days (*Table 29*).

Table 29. Time (days) between appeal and resolution by the CGyE by autonomous community (average and median) in 2024

<i>Autonomous Community</i>	<i>Between appeal and resolution by CGyE</i>	
	Average	Median
Andalusia	22.42	20.00
Aragon	14.60	13.0
Asturias	22.83	20.00
Canary Islands	No appeals	
Cantabria	13.33	12.00
Castile and Leon	No appeals	
Castile-La Mancha	No appeals	
Catalonia	34.25	31.00
Valencia	49.88	16.50
Extremadura	No appeals	
Galicia	21.00	21
Balearic Islands	33.33	18.50
La Rioja	No appeals	
Madrid	15.70	14.00
Melilla	No appeals	
Murcia	12.50	12.50
Navarre	No appeals	
Basque Country	29.00	29
Total	26.63	19.50

d. Temporal evolution

From the entry into force of the LORE until the end of 2024, the time taken for the procedure from the first application to the delivery of provision is 62 days (*Table 30*).

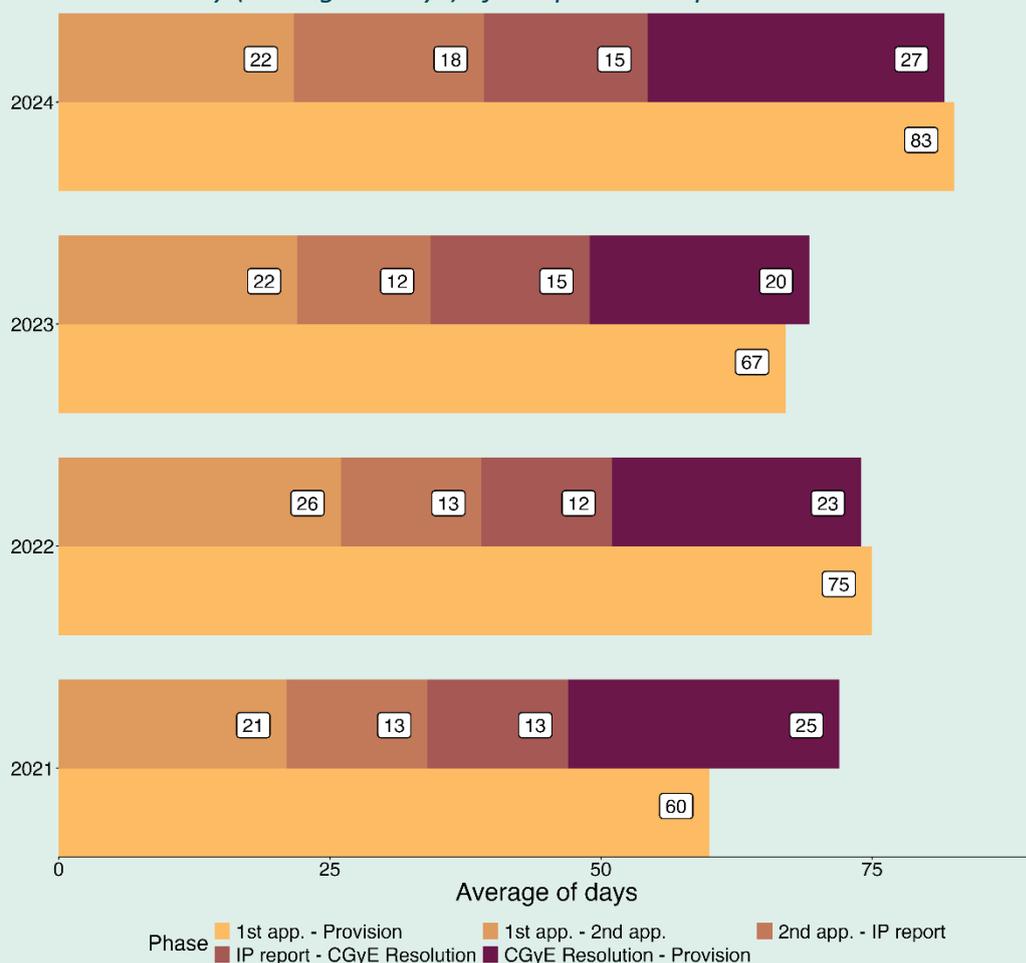
Table 30. History of processing times (days) and stages of the process (average and median of the main stages of the process)

Times	2021	2022		2023		2024	
	Average	Average	Median	Average	Median	Average	Median
Between 1 st application and provision	60.00	75.00	55.50	67	54.20	82.65	62.00
Between 1 st and 2 nd application	21.00	26	16.50	22	17.35	21.87	16
Between 2 nd application and AP report	13.00	13.00	8	12.26	9.26	17.38	9.50
Between AP report and CGyE resolution	13.00	12.00	11.00	14.70	11.64	15.29	10.00
Between favourable resolution by the CGyE and provision	25.00	23.00	13	20.26	12.82	29.47	15.00
Between appeal and resolution by the CGyE	19.00	23.00	19.50	24.25	20.88	26.63	19.50

Note: median for 2021 not available.

Figure 9 shows the average times in days for the procedure, comparing the years in which the LORE has been in force.

Figure 9. Time history (average in days) of the procedure phases



7.2. Postponements

Article 6.3 of the LORE provides for the possibility of a person requesting a postponement of the administration of aid to die.

In 2024, the CGyE approved 508 of a total of 929 requests. Of those 508 approved requests, 55 people (10.83%) requested a postponement of the provision (*Table 31*).

Table 31. Postponements by autonomous community (number and percentage of postponements) in 2024

<i>Autonomous Community</i>	<i>Approved applications</i>	<i>Postponements</i>	<i>% of postponements per approved applications</i>
Andalusia	31	7	22.58
Aragon	10	0	0.00
Asturias	10	3	30
Canary Islands	26	3	11.54
Cantabria	5	1	20.00
Castile and Leon	16	1	6.25
Castile-La Mancha	8	1	12.50
Catalonia	174	22	12.64
Ceuta	0	0	0
Valencia	18	2	11.11
Extremadura	4	0	0.00
Galicia	20	2	10
Balearic Islands	20	1	5
La Rioja	7	0	0.00
Madrid	71	8	11.27
Melilla	1	0	0.00
Murcia	5	1	20
Navarre	20	1	5.00
Basque Country	62	2	3.23
Total	508	55	10.83

a. Sex and age

Requests for postponement made by men totalled 31 cases (56.36% of the 55 total cases) and by women 24 cases (43.64%).

The number of postponements was concentrated in the older age groups. One-third of postponements occurred in the 60-69 age group (32.73%), and 80% were in people over 60.

b. Underlying disease

People suffering from neurological (29) and oncological (14) diseases accounted for the highest number of postponement requests. When adjusting postponements by number of requests, cardiovascular and respiratory diseases stand out for their frequency.

c. Historical/temporal evolution

Table 32 shows that of the total 116 requests for postponement collected between 2021 and 2024 (historical postponement rate of 4.75%), 55 (5.92%) were recorded in 2024, 33 (4.31%) in 2023, 22 (3.82%) in 2022, and 6 (3.47%) in 2021.

Table 32. History of postponements (number and percentage of postponement)

Year	Completed processes	Postponements	% of postponements
2021	173	6	3.47
2022	576	22	3.82
2023	766	33	4.31
2024	929	55	5.92
Total	2,444	116	4.75

d. Results of postponements

The postponements concluded in 2024 with the following results: a total of 34 provisions, representing 61.82% of cases; 19 deaths during the postponement period, equivalent to 34.55%; and 2 revocations (3.64%).

These figures are included in the corresponding sections.

7.3. Reduction of the processing period

This section refers to cases covered by Article 5.1.c) of the LORE in which the AP reduced the processing time for the second request because it considered that the applicant's loss of capacity to give informed consent was imminent (less than 15 days).

During 2024, of the 929 applications, there were a total of 117 cases (12.59%) in which the AP deemed it appropriate to reduce the time between the first and second applications because it considered that there was an imminent risk that the applicant would lose their decision-making capacity.

The percentage reduction in the processing time in 2022 (no data available for 2021) was 14.24% and in 2023 it was 8.88% (Table 33).

Table 33. History of cases in which there was a reduction in the processing time (number and percentage of reduction)

<i>Year</i>	<i>Completed processes</i>	<i>Processes with a reduction in processing time</i>	<i>% of processes reduced</i>
2022	576	82	14.24
2023	766	68	8.88
2024	929	117	12.59
Total	2,271	267	11.76

8. Data related to organ donation after providing assistance in dying

Anyone planning for the end of their life has the right to receive information about the possibility of becoming an organ and tissue donor. In accordance with the protocol of the National Transplant Organization, when the applicant expresses interest in donating, the AP contacts the transplant coordination department of the referral hospital, which must explain the details of the donation process. Consent for donation is signed once the provision has been approved by the CGyE. This consent may be revoked at any time without prejudice to receiving the provision as decided by the applicant. This option is available in all autonomous communities.

Since the LORE came into force, 156 people have donated their organs after receiving the provision, resulting in a total of 459 organ transplants. These donations have enabled 442 people to receive the transplant they needed, including combined transplants, i.e., those involving more than one organ (*Table 34*). The number of people transplanted from donations after receiving assistance in dying does not equal the number of organs transplanted from donors after receiving the provision, as some people have received combined transplants (13 patients with pancreas-kidney transplants and 4 patients with liver-kidney transplants)⁸.

The donation rate after the provision has remained stable over the last three years. In 2024, there were 63 donors out of 426 provisions, representing 14.79%. In 2023, the figure was similar at 13.17%, and in 2022 it was 14.58%.

Table 34. History of organ donation after provision. Donors, patients, and transplanted organs

	2021	2022	2023	2024	Total
Donors after provision	7	42	44	63	156
Patients transplanted from donors after euthanasia	22	113	115	192	442
Kidney transplants from donors after euthanasia	13	65	67	111	256
Liver transplants from donors after euthanasia	6	27	23	40	96
Heart transplants from donors after euthanasia	0	5	5	13	23
Lung transplants from donors after euthanasia	4	19	20	28	71
Pancreas transplants from donors after euthanasia	0	5	4	4	13
Transplanted organs from donors after euthanasia	23	121	119	196	459

⁸ Data updated on June 19, 2025, by the National Transplant Organization.

9. Analysis of results

This section provides an analysis of the 2024 results in the global context of the evolution of assisted dying.

Requests made in 2024

In 2024, at least 905 requests for assisted dying were registered, of which 803 were completed that same year and 102 remained pending at the end of the year.

Processes completed in 2024

In 2024, the gradual increase in the number of requests for assisted dying observed since the LORE came into force in June 2021 continues. Unlike previous years, when applicants in the 70-79 age group predominated, in 2024 people over 80 constitute the age group that most frequently requested the provision. Nine out of ten applicants were over 50 years of age. Cancer and neurological diseases continue to be predominant. As in previous years, slightly more men than women apply for the provision (52.31% and 47.69%, respectively). The number of applications based on advance directives (5.49%) remains very low.

Less than half of the processes that ended in 2024 (45.86%) resulted in the provision of assistance to die, approximately one-third (33.15%) resulted in *death* prior to the provision of assistance, and 15.18% of the processes were *rejected* by one of the evaluation bodies (AP, IP, and CGyE). The proportion of withdrawals or *revocations* was lower (5.81%).

Provisions

In 2024, 426 provisions were delivered—1 in every 1,000 deaths—representing an increase of 27.54% over the number of provisions delivered in 2023. Therefore, given the continued growth observed, we can speak of a progressive consolidation of the LORE system. The *provision rate*—the proportion of requests that result in a provision—remains stable across the territory compared to previous years: around 4 out of 10 requests result in euthanasia.

In 2024, the clinical circumstances of the provision observed in previous years remained unchanged: direct administration of medication by healthcare personnel in almost all cases, and the delivery and management of the provision in the public system (96.71% in public centers *versus* 3.29% in private/subsidized centers).

Primary care assumed the greatest burden in supporting the process (family doctor as AP in 64.05% of processes). The provision continued to be delivered preferentially in hospitals (51.64%).

Rejections and appeals

The majority (54.68%) of applications processed received a favourable report from all parties involved (AP and IP reports and CGyE resolution). The proportion of applications rejected (15.18%) was lower than in 2023 (24.54%).

Seventy-five of the 157 unfavourable reports issued were the subject of appeals (47.77%) to the CGyE, of which 20 (26.67% of all appeals) were reconsidered favourably by the CGyE.

Revocations and postponements

Although the number of *revocations* doubled in 2024 compared to 2023 (54 versus 21), the *revocation* rate remained relatively low (around 5% of applications). Most of these revocations—8 out of 10—were withdrawals prior to the approval of the application by the CGyE.

A similar analysis should be made of requests for *postponements*, which numbered 55 in 2024, or 1 in 10 applications approved by the CGyE (10.83%). Two-thirds of postponements resulted in a provision being granted.

Processing times

The average processing time for the provision (from the first application to the CGyE's decision) was 52.97 days, with a median of 41 days.

Once approved, provisions took an average of 29 days to be delivered, with a median of 15 days. Following a favourable decision by the CGyE, the time elapsed until the provision was delivered was determined by agreement between AP and the applicant—who may request a postponement—without the law establishing a specific time frame. Adding these figures to *the processing time*, the average time elapsed at the state level from the first application to the delivery of the provision was 82 days, with a median of 62 days.

During 2024, there were 308 *deaths*, approximately 1 in 3 of the applications received. More than a third of these deaths (115, 37.34%) occurred before the AP's report, and in 1 in 4 cases (83; 26.95%) the death occurred after the CGyE's decision. From the request to the death (due to causes other than the service), an average of 47 days elapsed, with a median of 27 days.

Organ donation

The option of donation after assisted dying allowed 63 people to fulfil their wish to be donors after death in 2024, a figure that is growing annually, although the rate of donors among people receiving the provision has remained stable since the implementation of the LORE: 14.79% of people who received the provision were donors in 2024, compared to 13.17% in 2023 and 14.58% in 2022.

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