*Original Article*

# Complexities in Euthanasia or Physician-Assisted Suicide as Perceived by Dutch Physicians and Patients' Relatives

Marianne C. Snijdewind, MA, Donald G. van Tol, PhD,
Bregje D. Onwuteaka-Philipsen, PhD, and Dick L. Willems, MD, PhD
*Section of Medical Ethics (M.C.S., D.L.W.), Department of General Practice, Academic Medical Center, University of Amsterdam, Amsterdam; Department of General Practice (D.G.v.T.), University of Groningen, Groningen; and EMGO Institute for Health and Care Research (B.D.O.-P.), Department of Public and Occupational Health, Expertise Center for Palliative Care, VU University Medical Center Amsterdam, The Netherlands*

## Abstract

**Context.** The practice of euthanasia and physician-assisted suicide (EAS) is always complex, but some cases are more complex than others. The nature of these unusually complex cases is not known.

**Objectives.** To identify and categorize the characteristics of EAS requests that are more complex than others.

**Methods.** We held in-depth interviews with 28 Dutch physicians about their perception of complex cases of EAS requests. We also interviewed 26 relatives of patients who had died by EAS. We used open coding and inductive analysis to identify various different aspects of the complexities described by the participants.

**Results.** Complexities can be categorized into relational difficulties—such as miscommunication, invisible suffering, and the absence of a process of growth toward EAS—and complexities that arise from unexpected situations, such as the capricious progress of a disease or the obligation to move the patient. The interviews showed that relatives of the patient influence the process toward EAS.

**Conclusion.** First, the process toward EAS may be disrupted, causing a complex situation. Second, the course of the process toward EAS is influenced not only by the patient and his/her attending physician but also by the relatives who are involved. Communicating and clarifying expectations throughout the process may help to prevent the occurrence of unusually complex situations. J Pain Symptom Manage 2014;48:1125–1134. *© 2014 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

***Key Words***
*Euthanasia, physician-assisted suicide, complexities, patient-physician relation, qualitative research*

*Address correspondence to:* Marianne C. Snijdewind, MA, Department of General Practice, J2-219, Academic Medical Center, University of Amsterdam, P.O. Box 22700, Amsterdam 1100DE, The Netherlands. E-mail: m.c.snijdewind@amc.uva.nl

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## Introduction

The international debate surrounding euthanasia and physician-assisted suicide (EAS) primarily focuses on whether the performance of EAS is ethically acceptable. The pros and cons are defended in ethical discussions, and the general public in Western Europe is becoming more and more accepting toward the justification of EAS in certain situations and under specified conditions.[1] In The Netherlands, if a case meets the due care criteria (Appendix), the physician will not be prosecuted for granting the patient euthanasia (by administering lethal drugs) or physician-assisted suicide (by providing lethal drugs). Since this law became effective in 2002, the frequency of EAS has remained at around 1.7–2.8% of the total deaths.[2] In addition to wondering whether EAS should be allowed, it is also necessary to study what complexities may occur within the handling of requests for EAS. What are the characteristics of EAS cases that are more complex than others? Do such complex cases raise new practical and ethical challenges? Research has shown that EAS in itself can be emotionally burdensome for the physicians.[3,4] Although we do not pretend to be able to relieve this burden, insight into the particular complexities of EAS may help physicians to improve care in difficult cases.

Regarding issues that can be more complex than others, public debate has focused on patients suffering from dementia or a psychiatric illness, or people who are "tired of living." These topics have been explored in previous research,[5–11] but these studies mainly focused on decision making and judgment of the requests, and not so much on the problems or complexities that may arise. There is also research conducted regarding problems that occurred during the actual performance of EAS.[12,13] Instead of studying one specific topic or one moment in the process, our study explored the range of complexities that may occur. We studied the entire process leading to the performance of EAS by identifying complexities that may arise from the moment someone requests EAS.

The following research question was addressed: According to the physicians and relatives, what are the characteristics of the complexities that can arise from the moment someone requests EAS?

## Methods

### *Study Design and Recruitment*

This study was part of a nationwide study into the trends in the end-of-life decision-making practices.[14] As our research was of an exploratory nature and we were interested in people's experiences and ideas, we performed in-depth interviews with physicians about their perception of complex cases of requested EAS. We did not define the word "complex": this term was used as a sensitizing concept in the analysis. Thus, complex cases were those that were perceived as such by the physicians themselves.

We recruited physicians in two ways. First, we e-mailed Support and Consultation for Euthanasia in The Netherlands (SCEN) physicians and asked them to put us in contact with physicians who had experienced an unusually complex case. The SCEN physicians are specially trained in offering a second opinion in cases of EAS as independent physicians—one of the due care criteria (Appendix, Point 5). We recruited nine respondents this way. Second, we recruited physicians who had completed the questionnaire that was part of the nationwide study and had indicated that they were willing to elucidate their experiences in an in-depth interview. Here, we mainly selected physicians who had received an EAS request from someone suffering from dementia or a psychiatric illness, or who was "tired of living," as these are cases that are often regarded as complex. This resulted in the recruitment of 18 physicians. In addition, there was one physician who had heard about our study and asked to be included. We interviewed the physicians about a complex case in which the patient had requested EAS. The performance of EAS in these cases was not a criterion, so we also included cases in which the request was rejected (Table 1). Interviews lasted 37–97 minutes.

As a part of the nationwide study, we also performed in-depth interviews with the relatives of patients who had requested EAS. We recruited seven relatives through the interviewed physicians: After we had interviewed a physician, we asked whether he/she was willing to ask a relative of a patient who had died by EAS to participate in the study. We also placed a notice in the *Right to Die—NL* magazine, asking relatives of patients who had died by EAS to contact us if they wanted to participate

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