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Physician-assisted deaths in France: Results from a nationwide survey



Les décès médicalement assistés en France : résultats d'une enquête nationale

The decriminalisation of physician-assisted death for terminally ill patients remains a highly controversial issue of social concern in many countries [1]. In France, the 2005 Patients' Rights and End-of-Life Act maintained the ban on physician-assisted death (but invited doctors to "allow patients to die"). A new law under review introduces the possibility of "deep and continuous sedation until death". In the 2010 End-of-Life in France survey (EOLF), some physicians reported having "deliberately hastened death, at the patient's request" which is the Belgian definition of euthanasia. To help inform the current public debate with empirical data, we provide contextual details of these practices outside the law.

Methods

The 2010 EOLF is a nationwide survey based on a representative sample of 15 000 deaths that occurred in December 2009. It adopted an approach similar to that of the Eureld surveys [2]. Certifying physicians were questioned about the end-of-life of their patient (palliative care, expression of a wish to die, explicit request for euthanasia, professionals involved during the last month of life...) and the medical decisions they took just before their patient's death (life-prolonging treatment, withholding or withdrawal of treatments, intensification of alleviation of pain and/or symptoms, administration of drugs to deliberately hasten the death of the patient; intention behind the main decision) [3]. The data collection method guaranteed respondents' total anonymity. A survey among non-respondent physicians shows that non response is not related to the topic of the survey. The participation rate was 40%, which corresponds to 4093 non-sudden deaths.

Results

According to the findings, 352 patients expressed a wish to die (8.7%, half of them explicitly), including 57 explicit requests for euthanasia (1.3%). In this paper, we consider nine cases where physicians reported "deliberately hastening the death" of the patients at their request. Six physicians reported acceding to this request, and three others said that they refused initially, but finally took an end-of-life decision with the deliberate purpose of hastening death, in compliance with the patient's earlier and sometimes repeated request.

As shown in *table 1*, most patients were women who died at home. Seven of the nine died of cancer, and one-third of overall deaths were due to cancer. All physicians in charge who

TABLE I
Main patients' and treatments' characteristics

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9
Age (years)	50-69	50-69	50-69	50-69	70-79	70-79	80-89	90 or more	Unknown
Gender	Female	Male	Female	Male	Female	Female	Female	Female	Female
Cause of death	Cancer	Cancer	Cancer	Infections	Neurologic (include stroke)	Cancer	Cancer	Cancer	Cancer
Place of death	Home	Home	Home	Hospital: ICU	Residential or nursing home	Home	Hospital (medical ward with palliative care beds)	Residential or nursing home	Home
Health care professionals	GP, home care staff + palliative care team	GP, self-employed nurse	GP, self-employed nurse	Cardiologist	GP, nurse	GP, self-employed nurse	GP, nurse	GP, home care staff + palliative care team	
Decision-making									
Patient involved	Yes	Yes	No (unconscious)	No (unconscious)	Yes	Yes	Yes	No (unconscious)	Yes
Written directives	Yes	No	No	No	No	No	Yes	No	No
Proxies involved	Spouse (NS)	Friend (NS)	Family	Brother (NS)	Child (NS)	Spouse (NS)	Friend (NS)	None	Spouse (NS)
Staff involved	Nursing staff	None	Nursing staff	Doctor + nurses	Nursing staff	Nursing staff	Doctor + nurses	Nursing staff	Doctor + nurses
Reasons for request euthanasia	PSRNT + feeling unworthy	PSRNT	PSRNT	PSRNT	PSRNT + feeling unworthy	Fear of death	Other	Feeling unworthy	PSRNT + fear of death + feeling unworthy
If request not acceded, reason			Existing effective palliative therapy	Existing effective palliative therapy			Legal ban		
End-of-life medical decisions with the explicit intention of hastening death									
Withholding treatment	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes
	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes

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