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Quality of consultation and the project 'Support and Consultation on Euthanasia in the Netherlands' (SCEN)

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Abstract

Objective: Consultation of another physician is one of the requirements for prudent practice. The project 'Support and Consultation on Euthanasia in the Netherlands' (SCEN) is aimed at professionalizing consultation. The objective of this study is to assess whether the quality of consultation was improved through SCEN.
Method: In four districts all general practitioners (GPs) received a pre-test questionnaire approximately six weeks before the start of the project in the period ($n = 1224$, response 71%). In the period from April 2000 to December 2002, all GPs in districts in which SCEN had been implemented received a written post-test questionnaire one and a half years after the start of the project. This post-test questionnaire was returned by 60% of the GPs ($n = 3614$).
Results: In SCEN consultations the attending physicians has no specific relation to the attending physician in 85% of consultations, while this is the case for 31% of other consultations. While before the start of SCEN in 71% of consultations six or seven of the seven criteria for good consultation were met, in SCEN consultations 83% of cases six or seven of these requirements were met. GPS who had consulted a SCEN physician generally were more positive about different aspects than those who consulted another consultant, such as considering the consultant to be able to make an independent judgement (totally agree 74% versus 59%).
Conclusion: Although the quality of consultation appears to be high for both SCEN physicians and other consultants, the SCEN project further contributed to the quality of consultation. Since GPs attach importance to judgement of SCEN physician and have the intention to use it in future, and the quality of consultation stays high over time, this project is expected to maintain its value.

Keywords: End-of-life care; Euthanasia; Physician-assisted; Quality assurance; Consultation

1. Introduction

In the Netherlands, the safeguarding of euthanasia and physician-assisted suicide (EAS) beforehand through consultation of another physician is considered important. It is one of the procedural requirements

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for prudent practice. This in addition to safeguarding afterwards by reporting EAS to a Regional Review Committee after it has been performed [1]. In other countries in which safeguarding of EAS is regulated or a topic of debate, importance is also attached to consultation [2–4]. In the two other countries where euthanasia (Belgium) or physician-assisted suicide (OR, USA) is allowed, consultation is also obligatory. In Belgium a second physician has to be consultant if the patient is unlikely to die naturally within a short period and in Oregon another physician has to confirm the patient's prognosis and, in case the attending physician suspects mental disorder that could affect judgement, the physician must refer the patient to a psychiatrist. However, until now only in the Netherlands consultation has been subject of empirical studies [5–7].

Consultation is important because it makes it possible to focus on prior evaluation of the criteria for prudent practice, and to carry out possible improvements. Already in 1984 and 1995 the Board of the Royal Dutch Medical Association acknowledged the importance of consultation [8,9]. In order to assure the quality of EAS, they initiated the project 'Support and Consultation on Euthanasia in Amsterdam' (SCEA) in 1997. The aim of the project was to improve the quality of EAS by improving the quality of consultation. In previous research criteria for good consultation have been distinguished [5–7]. Three of these concern the consultant's independence: the consultant does not work in the same practice as the attending physician, is not a co-attending physician of the patient, and does not know the patient. Four others concern the activities the consultant has to perform: talk with the patient, discuss the patient's request, discuss alternatives for treatment, and make a written report of the consultation. Besides these criteria that especially focus on the process of consultation, it is also important that consultants come to their opinion by assessing to what extent the requirements for prudent practice have been met. Above that, the consultant's judgement preferably is important for the attending physician's opinion. After a positive evaluation of SCEA in 1999 [7], the project was extended in a 4 year period to all Dutch general practitioners in the project 'Support and Consultation on Euthanasia in the Netherlands' (SCEN). From a recent study it is known, that the implementation of SCEN has been successful [10]. However, successful implementation does not necessarily bring about improvement of quality of consultation. Therefore, the objective of this study is to assess whether the quality of consultation was improved through the implementation of the SCEN project.

2. Method

2.1. Definitions

In this study euthanasia was defined as 'the intentional ending of life, by someone other than the patient at the patient's explicit request' and physician-assisted suicide was defined as 'intentionally helping a patient to end his or her life at the patient's explicit request'. Consultation is defined as 'a formal consultation by a colleague, as required for the Dutch euthanasia notification procedure'. The purpose of the consultation is to assess whether the requirements for prudent practice are met. In order to do this the consultant at least has to talk with the physician, read the patient file, and talk with the patient.

2.2. The SCEN project

The SCEN project was implemented gradually throughout the Netherlands during the period from February 1999 to September 2002. The SCEA project was implemented in Amsterdam in April 1997 and became part of the SCEN project in February 1999. The SCEN physicians were specially trained in a 3-day training programme, in which several aspects of the quality and improvement of formal consultation were discussed. A special telephone number through which the SCEN physician on duty could be reached guaranteed the independence of the SCEN physician. In this way the GPs were not aware of which SCEN physician they were contacting.

2.3. Design

The SCEN evaluation study was designed as a descriptive study. In four districts (representing different regions in the country) all GPs received a written questionnaire approximately six weeks before the start of the project (pre-test questionnaire). Furthermore, in every district in which the project was implemented before August 2001 (18 out of 23 GP-districts), the GPs received a written questionnaire one and a half