

# Psychiatrists Views on Assisted Dying and Psychiatric Patients: a Qualitative Study

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# Outline

- Short introduction
- Context of the study
- Results of the study
- Conclusion

# 3rd Evaluation of the Dutch Termination of Life on Request and Assisted Suicide Act (2002)

*Current practice of end-of-life decisions, developments in the interpretation and conceptualization of the legal requirements, and potential problems and complexities of the review system.*

# Two types of assisted dying

- **Euthanasia**

The act of intentionally ending someones life at one's explicit request (in a medically appropriate manner)

*\* Note: most common in the Netherlands*

- **Physician assisted suicide**

A patient terminates his/her/other own life by administering lethal substance provided by a physician

# Criteria of due care

- **Voluntary and well-considered request**
- **The patient is facing unremitting and unbearable suffering**
- The patient must have a correct and clear understanding of his situation and prognosis
- No reasonable alternative that is acceptable to the patient
- The physician must consult at least one other independent doctor who has examined the patient (SCEN-doctor)
- The physician must carry out the termination of life in a medically appropriate manner

# How often does assisted dying occur?

In 2016

All deaths in the Netherlands: **148.973** cases

Assisted dying: **6091** cases

4,5% of all deaths

# Assisted dying in psychiatry

- Number of cases

2013:	42
2014:	41
2015:	56
<b>2016:</b>	<b>60</b>

- Estimated number of requests from psychiatric patients

1995:	320
2008:	500
<b>2016:</b>	<b>1100</b>

# Conceivability of performing assisted dying in psychiatry

- From **47%** in 1995 to **37%** in 2016

*Increase in number of requests AND cases of assisted dying*

*Decrease in conceivability*



# Research question

*What are the experiences, views and considerations of psychiatrists regarding assisted dying in psychiatry?*

# Methods

- Semi structured in-depth interviews with 17 psychiatrists, selected through purposive sampling
- Topiclist based on literature research and 3 pilot-interviews
- Variety in sex, specialty, views on the subject matter, type of care organization

# Respondents

- 4 female and 13 male psychiatrists
- Various fields of expertise
- Working for the End-of-Life Clinic, private practices and/or general mental health organizations

# Results

# Experiences with assisted dying

- *Getting requests from psychiatric patients*  
Depends on what a 'request' means
- Context (end-of-life clinic, treatment, consultation, second-opinion)
- *Actually performing assisted-dying on a psychiatric patient*

# Views on assisted dying in psychiatry

From

*'This is very wrong. I don't even think everyone should have their own beliefs. I explicitly find this to be very, very wrong. Very dangerous.'*

to

*'I believe it (assisted suicide) should be an option. Everyone may have their personal boundaries, but I think it should be negotiable. I think it is a good thing that it is an option'*

# How views can shift...

*'I noticed a change in my views. For a long time, I thought that psychiatric patients who really suffer unbearably are always incompetent and that they are not eligible for assisted dying, or that they are competent but don't meet the criterium of 'unbearable suffering'.*

*I thought that I myself, and the field of psychiatry could handle the problem with this idea. I don't believe that this is true now anymore, I haven't for a while now.*

*There is a really small group of patients who are competent and suffer unbearably. I can't really make any general statements on how to deal with these people. I find it really complicated.'*

# Arguments supporting assisted dying in psychiatry

- **Dignified ending**
- **Mercy / compassion**
  - Self-determination
  - Fairness/justice
  - Part of the responsibility of a doctor



# Dignified ending

*'It became clear to me, without it being some sort of treat or blackmail, that she would not die of natural causes. This would have had huge implications for her daughters.'*

*'I would like to prevent a situation where someone impulsively drinks too much and crashes his car against a tree because his relationship just ended. But someone who has had treatment for 10 years, still having a psychotic disorder and no perspective on ever leading a normal life, jumping of a flat. I would like to squeeze in a request for assisted dying and offer a dignified and less lonely ending.'*

# Mercy/compassion

*'Suffering from psychiatric illness is just as, or maybe even more, serious than suffering from a somatic disease. Somatic illness that leads to death is horrible, but at least it is ending. Chronic psychiatric illness just keeps on going on.'*

*'Sometimes you end up in a situation in which you really feel merciful. You get the feeling of 'it is more merciful to put an end to this.'*

# Arguments for rejecting the idea of assisted dying in psychiatry

- **Mental healthcare in the Netherlands**
- **Counter-transference**
- **Criteria of due care**
  - A request and treatment goals

# Mental healthcare in the Netherlands

- Budget-cuts

*‘Treatments have eroded and became more and more impersonal. Institutions have less money to spend and spend it on the ‘easy cases’.*

- Biological view in psychiatry

*‘We tend to understand psychiatric diseases as permanent brain defects or handicaps, this is the language we think in. This plays a big part in the debate, because patients internalize this and start to have negative expectations about their future and the changes on recovery’*

# Counter-transference

*'It works both ways. As a therapist, you can be offended and start to think "just sort it out yourself" and stop dealing with the issue. But you can also start to think 'if it doesn't work out between the two of us, it won't work out with anyone' and excessively start to cooperate. Ofcourse, you can also have narcissistic tendencies and believe that it is impossible that the patient would want to stop treatment. That also happens'*

# Criteria of due care

- Diagnostics in psychiatry ('no prospect of improvement' criterium)
- Uncertainty about how the disorder develops in the future ('no prospect of improvement' criterium)
- Wish to die is part of the disorder ('voluntary and well-considered' criterium)

# Conclusion

- The psychiatrists found it difficult to determine what constitutes a 'real' request for assisted dying
- They were conflicted about the subject matter were reluctant towards
- Main arguments supporting assisted dying: dignified ending and mercy/compassion
- Main arguments for rejecting the idea of assisted dying: mental healthcare in the Netherlands, counter-transference, criteria of due care

# Thank you for your attention

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