

4-13-2018

Could Depression and Loss of Dignity Correlate with Requesting Euthanasia and Physician-Assisted Suicide? A Look at the Research from the United States, Canada, and the Netherlands

Jana Sahyouni

Follow this and additional works at: https://digitalcommons.hope.edu/curcp_17

 Part of the [Psychology Commons](#)

Recommended Citation

Repository citation: Sahyouni, Jana, "Could Depression and Loss of Dignity Correlate with Requesting Euthanasia and Physician-Assisted Suicide? A Look at the Research from the United States, Canada, and the Netherlands" (2018). *17th Annual Celebration of Undergraduate Research and Creative Performance (2018)*. Paper 9.

https://digitalcommons.hope.edu/curcp_17/9

April 13, 2018. Copyright © 2018 Hope College, Holland, Michigan.

This Poster is brought to you for free and open access by the Celebration of Undergraduate Research and Creative Performance at Digital Commons @ Hope College. It has been accepted for inclusion in 17th Annual Celebration of Undergraduate Research and Creative Performance (2018) by an authorized administrator of Digital Commons @ Hope College. For more information, please contact digitalcommons@hope.edu.

Could Depression and Loss of Dignity Correlate with Requesting Euthanasia and Physician-Assisted Suicide? A Look at the Research from the United States, Canada, and the Netherlands

Jana Sahyouni

Phelps Scholars Program, Hope College

Purpose of Research

Most people who support euthanasia and physician-assisted suicide (PAS) believe it is requested because of physical pain. However, there is limited research available regarding why it is actually requested by the patients. As I learned more, I became particularly interested in what motivates patients to request euthanasia or PAS. The aim of this research is to uncover those underlying factors.

Reasons People Request Euthanasia/PAS in the Netherlands

- 61% of cases of euthanasia and PAS contained **loss of dignity** as one of the reasons (Emanuel, 2016).
- Dutch Study: Patients with **depressive symptoms** are over 4 times more likely to request euthanasia than those without depressive symptoms (Van der Lee, 2005, as cited by Emanuel, 2016).

Where Euthanasia and PAS are Legal

Both euthanasia and PAS are legal in the Netherlands, Belgium, Luxembourg, Colombia, and Canada. PAS alone is legal in Switzerland and within the U.S. in Oregon, Washington, Montana, Vermont, and California (Emanuel, 2016).

Key Terms

Euthanasia: intentionally and painlessly killing a patient who is experiencing an incurable (and often painful) disease (Diaconescu, 2012).

- Common example: patient with cancer
- Can be active (giving lethal substance) or passive (removal of life-sustaining equipment/treatment) (Nordqvist, 2017).

Physician-assisted suicide (PAS): a patient with an incurable (and often painful) disease ends their life by requesting & self-administering lethal medication prescribed by a physician (Diaconescu, 2012).

Difference between euthanasia and PAS

- Both intend to relieve a patient from their suffering
- The difference lies in who executes the termination of life (Diaconescu, 2012)
 - Euthanasia- physician executes
 - PAS- patient executes

Citations

Berk, L., & SpringerLink (Online service). (2016;2017). *Dying and death in oncology* (1st 2017 ed.). Cham, Switzerland: Springer.10.1007/978-3-319-41861-2

Chapple, A., Ziebland, S., Mcpherson, A., & Herxheimer, A. (2006). What people close to death say about euthanasia and assisted suicide: a qualitative study. *Journal of Medical Ethics*,32(12), 706-710. doi:10.1136/jme.2006.015883

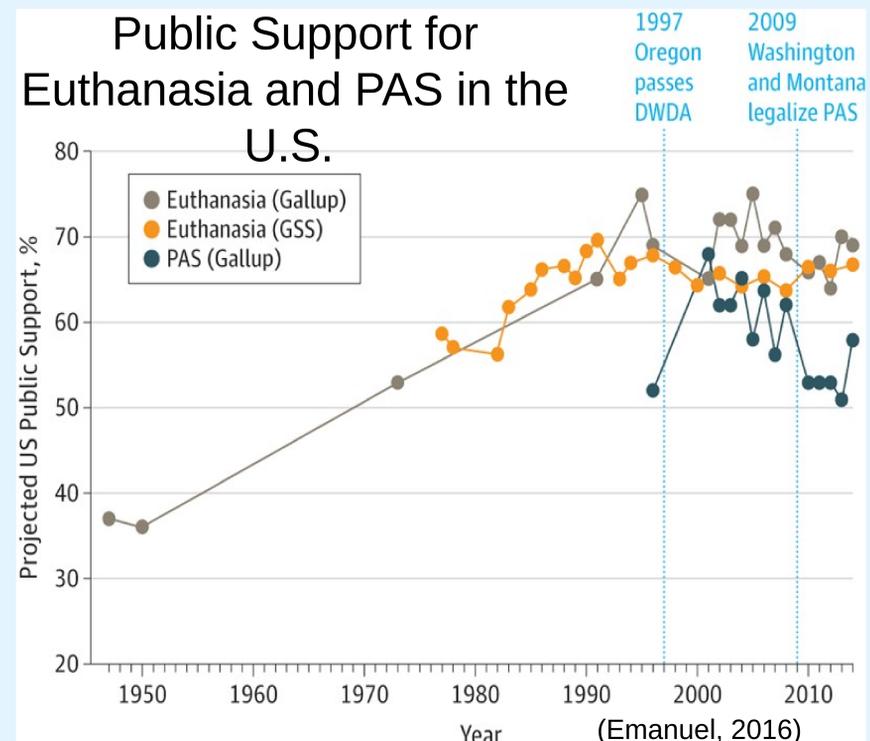
Chochinov, H. M., Wilson, K. G., Enns, M., Mowchun, N., Lander, S., Levitt, M., & Clinch, J. J. (1995). Desire for death in the terminally ill. *The American Journal of Psychiatry*, 152(8), 1185-1191. <http://dx.doi.org/10.1176/ajp.152.8.1185> Retrieved from <https://login.ezproxy.hope.edu/login?url=https://search.proquest.com/docview/618974104?accountid=11471>

Diaconescu, A. M. (2012). Euthanasia. *Contemporary Readings in Law and Social Justice*, 4(2), 474+. Retrieved from http://link.galegroup.com/apps/doc/A321579684/AONE?u=lom_hopecl&sid=AONE&xid=ddcba09c

Emanuel, E. J., Onwuteaka-Philipsen, B. D., Urwin, J. W., & Cohen, J. (2016). Attitudes and practices of euthanasia and physician-assisted suicide in the united states, canada, and europe. *Jama*, 316(1), 79-90. 10.1001/jama.2016.8499

Nordqvist, C. (2017, December 12). Euthanasia and assisted suicide: What are they and what do they mean? Retrieved March 08, 2018, from <https://www.medicalnewstoday.com/articles/182951.php>

WHO Definition of Palliative Care. (2018). Retrieved March 08, 2018, from <http://www.who.int/cancer/palliative/definition/en/>



“I myself want to be in control as long as I can, I don't want doctors and nurses controlling me” (Chapple, 2006)

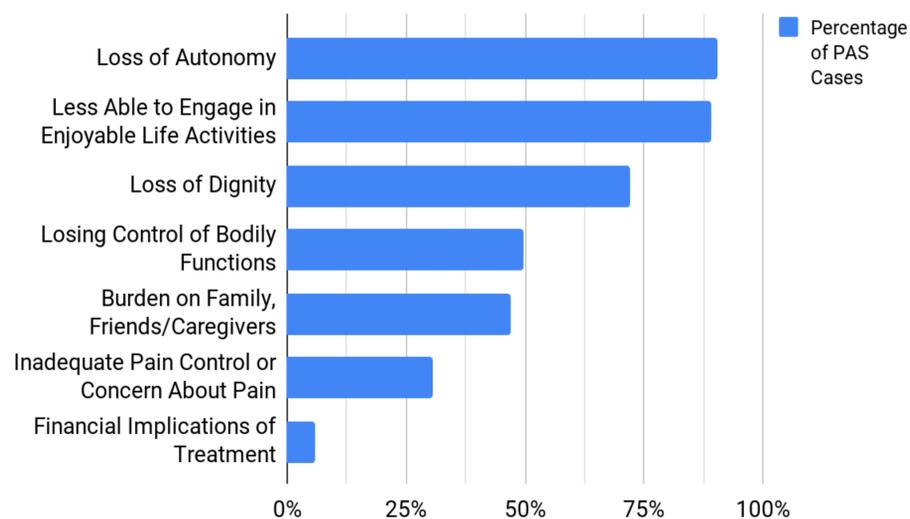
Implications

- These findings suggest that treating depression and loss of autonomy near the end-of-life is critical, especially since they seem to be more significant than physical pain
- Need more research on general end-of-life concerns & practices (not just for the terminally ill or for patients in countries where euthanasia/PAS is legal)

What can be done?

- **Palliative Care** is a holistic approach to reducing end-of-life suffering physically, psychologically, and spiritually, especially through reducing physical pain (“WHO Definition of Palliative Care”, 2018). It should be used with consideration of each individual's unique circumstances. For some patients, treatment of a symptom may go against their preferences or actually do more harm than good. For example, opioids may reduce pain but increase feelings of “emotional numbness” (Berk, 2017).
- A **Therapeutic Alliance** between a counselor/practitioner and a patient is especially important at the end of life. The relationship is founded on empathy, respect, open-mindedness, acceptance, availability, humility, and dignity. For patients dying of cancer, stronger therapeutic alliances are associated with them reporting a higher quality of life. It not only conveys respect for the patient, but it also provides a way for them to make meaning of their life story with a trusted individual (Berk, 2017).

Reasons People Request PAS in the U.S.



End-of-life-concerns from 1,787 total participants who died from PAS in the states of Oregon from 1998-2015 and Washington from 2009-2015 (Emanuel, 2016)

Reasons People Desire Death In Canada

Correlations with the terminally ill desiring death were:

- **Depressive symptoms** (best predictor)
- Ratings of pain
- Low level of family support (Chochinov, 1995)