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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

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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.

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).

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

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).

Reasons People Request PAS in the U.S.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage of PAS Cases</th>
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<tbody>
<tr>
<td>Loss of Autonomy</td>
<td></td>
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<tr>
<td>Less Able to Enjoy in Enjoyable Life Activities</td>
<td></td>
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<tr>
<td>Loss of Dignity</td>
<td></td>
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<tr>
<td>Losing Control of Bodily Functions</td>
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<tr>
<td>Burden on Family, Friends/Caregivers</td>
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<tr>
<td>Inadequate Pain Control or Concern About Pain</td>
<td></td>
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<tr>
<td>Financial Implications of Treatment</td>
<td></td>
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</tbody>
</table>


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)

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).