


2.5 Physician-Assisted Suicide

Key Points

1. Physician-assisted suicide (PAS) is legal only in Oregon.
PROCEDURE: Applicants must be Oregon residents whom two physicians certify as terminally ill with a prognosis of less than six months. Applicant must request PAS in writing and undergo a waiting period during which a psychiatric evaluation may be requested. Patient receives barbiturate prescription that he must take unaided when and if he decides to do so.
2. Patients requesting PAS are usually attempting to control social and emotional, rather than physical, suffering.
Palliative care can manage most physical suffering. Motivation for requesting PAS includes fear of dependency, lack of ability to care for self, and becoming a burden on others.
3. Respond to request for PAS by assessing effectiveness of palliative care and revising care plan to address patient concerns.
Reevaluate patient's response to interventions, including treatment for depression over the course of the illness; PAS requests are usually not persistent over time.
4. Be open to discussing PAS with patients. Maintain therapeutic relationship with patient despite disagreement with PAS.
Listen to patient's concerns, remain professional and calm and normalize patient's thoughts about PAS. Don't freak out! Continue to support patient and family and to seek other sources of support. Continue to reduce and relieve suffering at Life's End. Neither abandon nor judge the patient.
5. Prepare for patient-clinician interactions by developing expertise in dealing with dying.
Expertise in dealing with the dying process includes ability to control symptoms, manage the entire course of terminal illness, handle emergencies or expected complications, and access community resources and the assistance of interdisciplinary team.
6. Intentional sedation, sometimes the only means of providing relief from intolerable suffering not controlled by aggressive symptom management, is not PAS or euthanasia. Its intention is the relief of suffering. The intention of PAS is the death of the patient.

Physician-Assisted Suicide

The Palliative Response



Physician-Assisted Suicide

Legal Only in Oregon

Eligibility

- Patient must be Oregon resident
- Two physicians must certify illness as terminal with prognosis of less than six months

Physician-Assisted Suicide

Initial procedure

- Must request PAS in writing
- Waiting period
- Psychiatric evaluation may be requested

PAS procedure

- Patient receives barbiturate prescription
- Patient decides when/if to use medication
- Patient must take medication unaided

The Experience in Oregon

Requests and use

- 50–75 patients per year formally request PAS
- About one third of those who obtain medication actually use it for PAS

The palliative alternative

- Oregon has a high utilization rate for hospice and palliative-care services—partially in response to the debate and the Death with Dignity Law

National Survey Data

PAS

Terminally-ill patients (988)

- 60% support PAS in hypothetical situations
- 10% had seriously considered PAS in their own situations

Primary-care physicians

- About 25% reported a request for PAS

Oncologists

- About 50% reported a request for PAS

Characteristics of Patients

Requesting PAS

- Anyone might think about PAS and hastened death in the context of a serious and life-threatening illness
- Those requesting PAS are more likely:
 - Male*
 - White*
 - Higher level of education attainment*
 - Higher socioeconomic class*
 - Not active in a religious practice*

Reasons for Seeking PAS

Emotional and social suffering

- Control
 - Over the situation and terminal illness*
- Fear
 - Dependency*
 - Lack of ability to care for self*
 - Becoming a burden on others*

Responding to Request

Attitudinal Guidelines

Be open to discuss PAS

- Listen to patient's concerns
- Remain professional and calm
- Normalize patient's thoughts about PAS

Don't Freak Out

When a Patient Asks about PAS

Clarify

- Patients commonly use unclear language secondary to concern about physician's response to request
- Ask in calm, supportive way for clarification about what assistance patient is seeking

When a Patient Asks about PAS

Explore reasons for request

- Fear of uncontrolled symptoms
- Fear of loss of "dignity" or control
- Burden on family
- Each patient may have unique reasons

When a Patient Asks about PAS

Assess effectiveness of palliative-care interventions

- Physical symptoms
- Social support
- Spiritual concerns
- Emotional aspects (especially depression)

When a Patient Asks about PAS

Revise the care plan

- Address and respond to patient concerns
- Reevaluate response to interventions over the course of the illness

PAS requests are usually not persistent over time

Palliative Response to the Underlying Suffering

In response to a request for PAS:

- Assess and manage untreated depression
- Manage physical suffering

Most can be managed such that patients have the capacity to bare the distress

Response to PAS Request Summary

- Physician-assisted suicide is illegal and not condoned as an ethical practice
- Make explicit that physician-assisted suicide is not a clinical option
but
- Reassure patient and family that you and the interdisciplinary team will support them throughout the dying process

Response to PAS Request Summary

Maintain therapeutic relationship

- Despite disagreement about PAS
- Continue to be a source of support and care for patient and family
- Neither abandon nor judge
- Continue to seek sources of support
- Continue to reduce and relieve suffering at Life's End

Preparation for Managing PAS Request

Expertise in dealing with dying process is the best preparation

- Expertise in symptom control
- Knowledge about the time course of illness
- Preparation for emergencies or expected complications
- Knowledge about community resources
- Ease in working with interdisciplinary team

Uncontrollable Symptoms The Palliative Response

- Admission
Inpatient palliative care or hospice unit
- Consultation
- Multidisciplinary care
To manage symptoms across a broad spectrum of suffering

Uncontrollable Symptoms The Palliative Response

Intentional sedation

- When aggressive symptom management does not control symptoms
- When only means of relieving distressing symptom is sedation to a sleeplike state
- Intention is relief from intolerable suffering
Intention is not death
Not considered PAS or euthanasia, in which intention is the death of the patient

Physician-Assisted Suicide

Selected Readings

Overview of Issue

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