

Legalising Euthanasia and PAS

Implications for palliative care providers

Research Question

What are the perceived implications for palliative care providers should euthanasia and / or physician-assisted suicide be legalised?



Image courtesy of Stuart Mills at FreeDigitalPhotos.net

Research Framework

- ▶ Epistemology – Interpretive
- ▶ Ontology – Constructivist
- ▶ Methodology – Qualitative, semi- structured interviews
- ▶ Data Analysis – General Inductive

Researcher's World View

- ▶ Catholic Christian
 - Sanctity of life until natural death
 - All human life has intrinsic worth and dignity
 - Death is a natural part of the life continuum



Image courtesy of https://i.pinobay.com/en/photos/seniors/

Definitions

- ▶ Euthanasia:
“the deliberate ending of another person's life at his or her request. It is generally performed with the intention of relieving ‘intractable suffering’. If someone other than the person who dies performs the last act, euthanasia has occurred”

(Palliative Care Australia, 2011; Palliative Care Council of New Zealand, 2013).



Image courtesy of Prakash at FreeDigitalPhotos.net

- ▶ Physician assisted death (PAS):

“A doctor intentionally helps a person to commit suicide by providing drugs (or other means) for self-administration, at the person's voluntary request. If the person who dies performs the last act, physician assisted suicide has occurred”

(Palliative Care Council of New Zealand, 2013).



Image courtesy of jk1591 at FreeDigitalPhotos.net

New Zealand Participants

- ▶ Five Hospices
 - 14 RNs and 7 physicians
- ▶ NZ General Practitioners
 - 3 urban, 1 rural / semi rural

American Participants

- ▶ Oregonian Hospice
 - 6 nurses and 1 physician
- ▶ Washington State Hospice
 - 3 nurses and 1 physician

Accessing Oregonian and Washington State Hospices

- ▶ Initial approach
- ▶ Further human research ethics training
- ▶ Application to IRB's
- ▶ Negotiate fees
- ▶ 1 expedited review
- ▶ 1 full IRB board review (teleconference)
- ▶ Ongoing reporting

NZ / USA Comparisons

- ▶ NZ palliative care/hospice philosophy similar to that of US hospices
- ▶ Definition and timeframe boundaries of palliative and hospice care differ US from NZ
- ▶ US hospice care 6 months or less prognosis – funding silos



Images courtesy of tasmlibard and djgator at FreeDigitalPhotos.net

NZ Hospice Data Themes (4)

- ▶ **Concerns for patients and family / whānau**
 - Vulnerable groups
 - External / Self imposed pressure
 - Lost opportunities



Image courtesy of freest: //www.flickr.com/photos/16m/2854697314

▶ Implications for palliative care professionals

- No place within palliative care
- Workforce implications
- Personal dilemmas

► Implications for the palliative care movement

- Division within teams
- Coping with a competitive environment
- Implications for access to palliative care
- Relationships with families and the broader community

► Implications for palliative care movement's involvement in legislation debate

- Need for broader education regarding normal death and dying
- Palliative care movement's role in current legislation debate

NZ hospice participants unanimous that euthanasia and physician assisted suicide have no place as palliative care therapy

One participant supportive of legalisation
Several expressed ambivalence
Majority opposed to legalisation

Image courtesy of <https://www.flickr.com/photos/idm/3854697514>



GP Data Themes (2)

► Ethical dilemmas

- Personal
- Professional

Image courtesy of [imageryjeric at FreeDigitalPhotos.net](https://www.flickr.com/photos/idm/3854697514)



► Concerns for patients and family / whānau

- Vulnerable populations
- Geographical issues
- Bereavement issues

Image courtesy of [imageryjeric at FreeDigitalPhotos.net](https://www.flickr.com/photos/idm/3854697514)



Oregonian and Washington States Hospice Data Themes (4)

► Hospices' stance with regard to the Oregon and Washington States' Death with Dignity Acts

► Staff experience of physician assisted death requests and enactments

- Personal
- Enduring or non enduring nature of request
- Concerns for family members



- ▶ **Staff experience of physician assisted death requests and enactments**
 - Personal
 - Enduring or non enduring nature of request
 - Concerns for family members

- ▶ **Hospice staff's personal positions with regard to employer's philosophy**
- ▶ **Hospice concern as an employer**
 - Staff education
 - Staff support
- ▶ **Hospice concern as an employer**
 - Staff education
 - Staff support

- ▶ **Hospice concern as an employer**
 - Staff education
 - Staff support
- ▶ **Hospice concern as an employer**
 - Staff education
 - Staff support



Image courtesy of Volkof at FreeDigitalPhotos.net

Reflections

- ▶ Competing models of autonomy:
individually self-determined autonomy?
vs
relationally moderated autonomy?
- ▶ Nature of requests and public support of legislation:
 - How is public opinion constructed?
 - What does the palliative care movement have to offer toward the construction of public opinion?
- ▶ Who takes ownership of the language around death with dignity?



Image courtesy of Master isolated images at FreeDigitalPhotos.net

Recommendations

- ▶ **Institutional / Facility**
 - Continued work on public understanding of:
 - Reality of death in New Zealand eg Death Cafes
 - Nature of palliative care
 - Facilitate media coverage of 'dignified' deaths
 - Continued education of other health professionals re palliative care
 - Ongoing open MDT dialogue around euthanasia and PAS
 - Ongoing ethics education for MDT staff



Image courtesy of Stuart Mills at FreeDigitalPhotos.net

- ▶ **Individual**
 - Ongoing personal reflection on issues of euthanasia and physician assisted suicide
 - Participation in the current New Zealand debate
 - Submissions to Health Select Committee close 01 February 2016



Image courtesy of Stuart Mills at FreeDigitalPhotos.net

“You matter because you are you,
and you matter to the end of your life.
We will do all we can not only to help you die
peacefully,
but also to live until you die.”

Dame Cicely Saunders



Image courtesy of <https://pixabay.com/en/photos/seniors/>

References

- ▶ Palliative Care Australia. (2011). *Euthanasia and physician assisted suicide: Position statement*. Retrieved from <http://palliativecare.org.au/policy/>.
- ▶ Palliative Care Council of New Zealand. (2013). *The Palliative Care Council of New Zealand's position on euthanasia*. Retrieved from <http://www.cancercontrolnz.govt.nz/palliative-care-council-new-zealands-position-euthanasia>
- ▶ Saunders, C. (1976). Care of the dying. The problem of euthanasia... part 1. *Nursing Times*, 72, 1003-1005.

**My sincere thanks to all my palliative care colleagues
whose generous contributions enabled this research.**