Euthanasia and Physician-Assisted Death in Patients with Psychiatric Disorders: Current Practices and Ethical Considerations

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Disclosure Information

- No conflicts of interest.
- No financial interests related to this presentation.

Objectives

At the conclusion of this activity, participants will be able to:

1. Explain the difference between euthanasia and physician-assisted death (PAD).
2. Describe current practices as they pertain to patients with psychiatric disorders.
3. Discuss various ethical arguments surrounding euthanasia and PAD in patients with psychiatric disorders.

Objective 1: Explain the difference between euthanasia and physician-assisted death (PAD).

Definitions

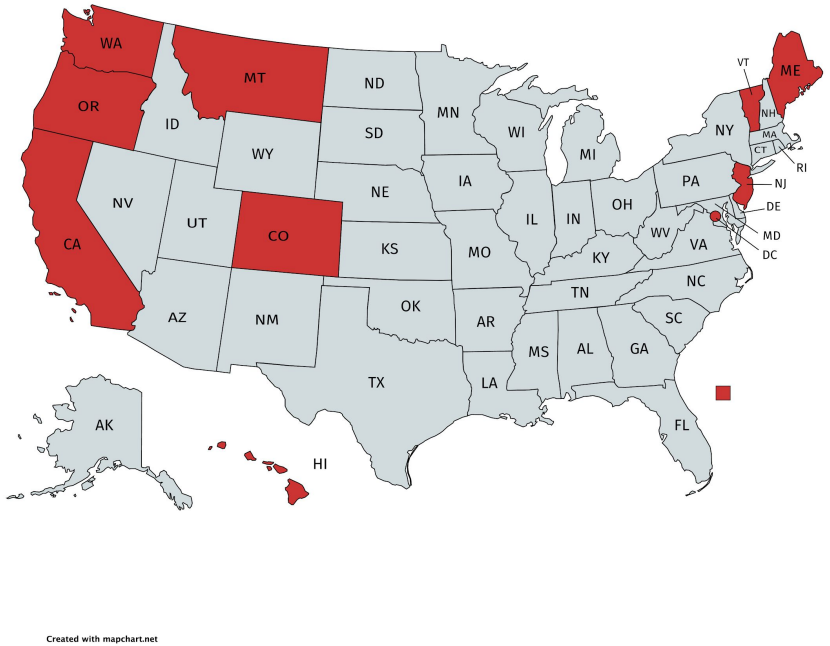
- **Euthanasia:** “painlessly killing or permitting the death of individuals who are ill or injured beyond hope of recovery.”
- **Physician-assisted death:** “the practice of a physician providing the means for a person with decision-making capacity to take his or [her] own life, usually with a prescription for barbiturates that [the] patient takes himself or herself.”

Quill TE, Sussman B. 2015, *The Hastings Center*.

Objective 2: Describe current practices as they pertain to patients with psychiatric disorders.

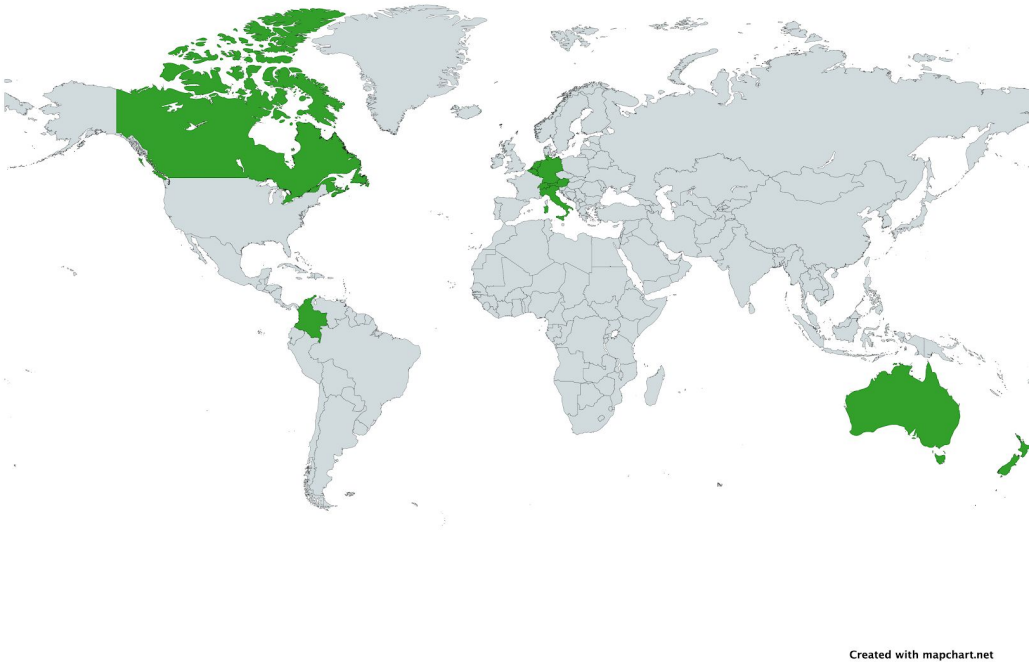
Current Practices: United States

- PAD occurs in:
  - Oregon
  - Washington
  - Vermont
  - California
  - Colorado
  - Washington D.C.
  - Hawaii
  - Montana
  - Maine
  - New Jersey



Quill TE, Sussman B. 2015, *The Hastings Center*; FAQ, *Death with Dignity*; Death with Dignity Acts - States that Allow Assisted Death, *Death with Dignity*.

Current Practices: Globally



Legal status of physician-assisted dying (PAD) and voluntary active euthanasia (VAE) in other countries as of January 2021

Country	Legal status of PAD and VAE
Austria	PAD legal pursuant to a December 2020 court ruling, but implementing legislation has not yet been enacted.
Belgium	PAD and VAE legal for adults; euthanasia permitted for terminally ill children of any age.
Canada	PAD and VAE legal for adults. May be practiced by physicians and, in some provinces, by nurse practitioners.
Colombia	VAE legal for adults and for children with the consent of their parents.
Germany	Assisted suicide is legal for competent, uncoerced adults. Euthanasia is not legal. Physician assistance in suicide is opposed by the German National Medical Association, and access to pentobarbital is blocked by Federal Institute for Drugs and Medical Devices.
Italy	PAD legal pursuant to a November 2019 court ruling, but implementing legislation has not yet been enacted.
Luxembourg	PAD and VAE legal for adults and children age 12 or older.
Netherlands	PAD and VAE legal for adults and children.
New Zealand	PAD and VAE legal for competent terminally ill, suffering adult patients showing a significant decline in physical capabilities. Enacted law becomes effective in November 2021.
Switzerland	PAD legal for adults if performed by someone with no direct interest in the death. Some clinics will accept nonresidents including patients from abroad.
Australia (Victoria)	PAD legal for adults. VAE is permitted only if the person is physically incapable of self-administration.
Australia (Western Australia)	PAD legal for adults, expected to take effect in mid-2021. VAE is permitted only if the person is physically incapable of self-administration.

UpToDate®

Quill TE, Battin MP, Pope TM. 2021, *UpToDate*.

Belgium: Requests from patients with psychiatric disorders

- Retrospective study of 100 patients requesting PAD on the basis of psychological suffering
- Procedure for requesting PAD
  - Multiple evaluations (including complete psychiatric evaluation)
  - Other treatment options were discussed as long as they could be expected to provide benefit, be administered in a “reasonable period of time”, and had a “reasonable balance” between risks and benefits.
  - Patient expressed a consistent and well-reasoned decision with regards to their PAD request following education about the procedure.
  - At least 1 month waiting period.
  - Significant others and family members included in conversation.

Thienpont et al. 2015, *BMJ Open*.

Sociodemographic characteristics of subjects

- 23 men & 77 women
- Average age: 47
- 81 were no longer working
- 59 individuals lived alone

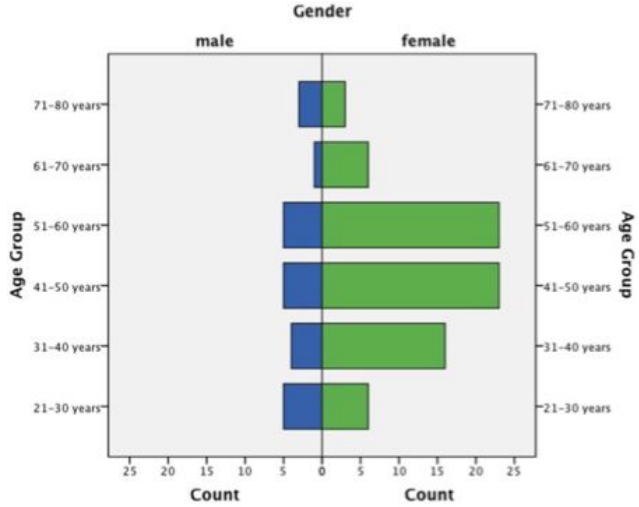
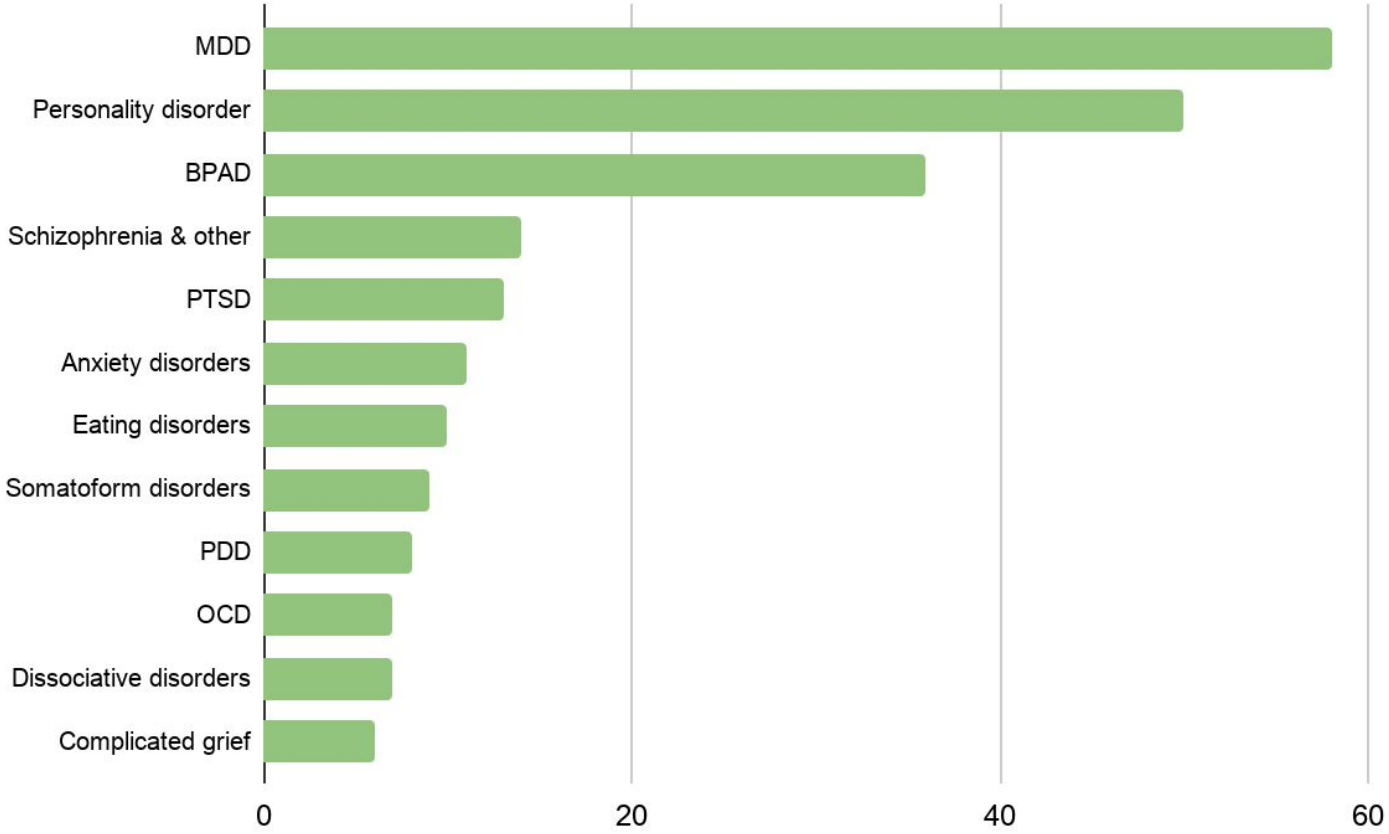
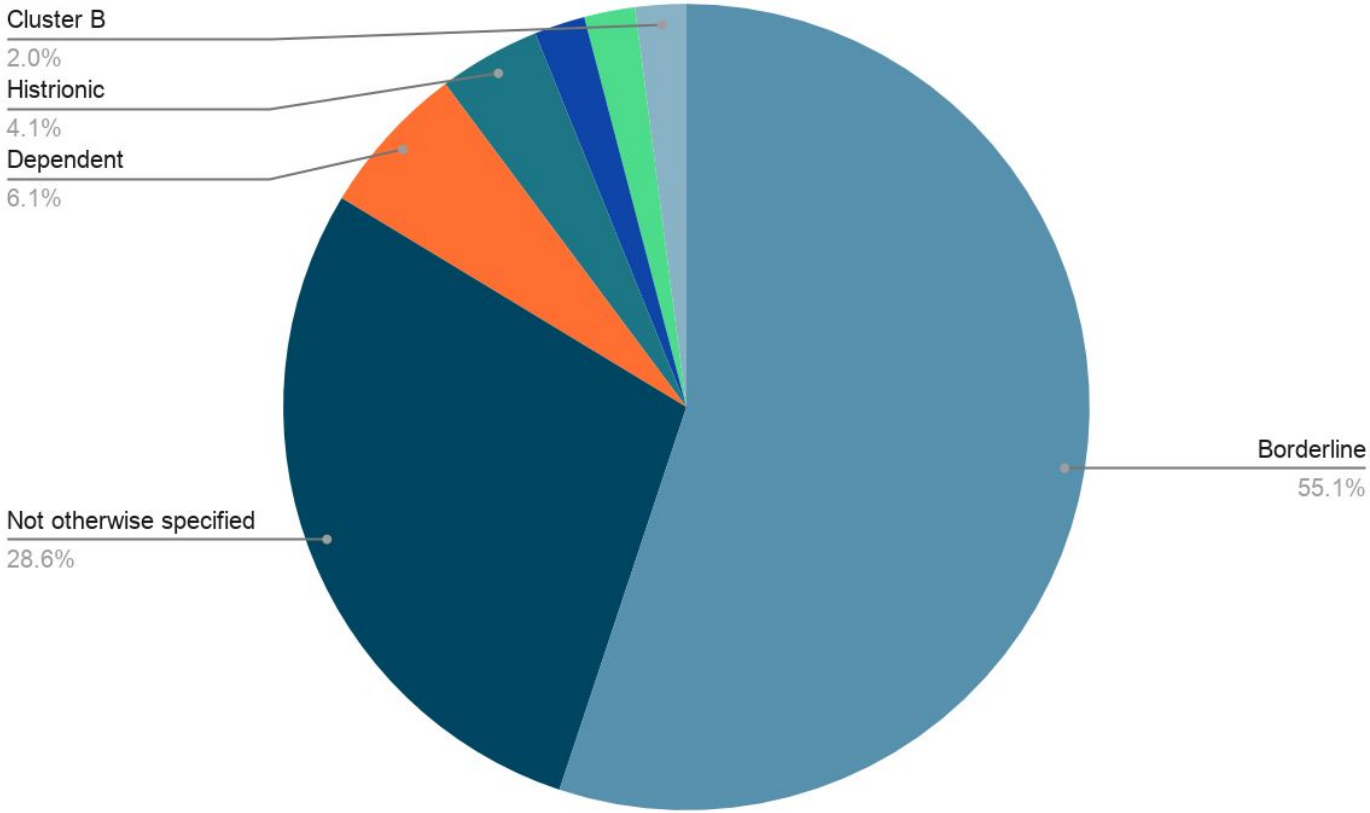


Figure 1 Frequency of age in 100 psychiatric patients who requested euthanasia, by gender.

Thienpont et al. 2015, *BMJ Open*.



Thienpont et al. 2015, *BMJ Open*.



Thienpont et al. 2015, *BMJ Open*.

Responses & outcomes

- 38 referred for further assessment/therapy
- Overall: 48 requests accepted ➔ 35 were completed
- At follow-up:
  - 43 patients deceased
  - 48 patients had paused the process (84% of individuals alive at follow-up)

Thienpont et al. 2015, *BMJ Open*.

Netherlands

Table 1. Characteristics of 66 Patients Who Received Euthanasia or Assisted Suicide for Psychiatric Disorders

Characteristic	No. (%)
Women	46 (70)
Age group, y[a]	
30-40	9 (14)
40-50	7 (11)
50-60	11 (17)
60-70	18 (27)
70-80	15 (23)
80-90	6 (9)
Personality disorder or difficulties prominent	34 (52)
History of suicide attempt	34 (52)
History of psychiatric admission	53 (80)
Functional status involving some degree of dependence[b]	30 (45)
Institutionalization specifically mentioned	16 (24)
Social isolation or loneliness specifically mentioned	37 (56)

[a] The case summaries used a nonoverlapping convention (eg, 30-39 years, 40-49 years, etc) in 2011 cases but thereafter changed their convention to the one shown. The 2011 cases have been converted to the later format.

[b] The case summaries mention bed or wheelchair bound, daily home or institutional assistance required, ambulation difficulty, poor vision impairing independence, and so forth.

Table 2. Psychiatric Conditions of 66 Patients Who Received Euthanasia or Assisted Suicide for Psychiatric Reasons

Psychiatric Condition[a]	No. (%)[b]
Depression, including depression with psychotic features	41 (35)
Anxiety other than PTSD, including generalized anxiety disorder, phobias, obsessive-compulsive disorder, panic disorder, social phobia	15 (13)
PTSD or posttraumatic residua	13 (11)
Psychotic disorders,[c] including schizophrenia, schizoaffective disorder, psychosis not otherwise specified, psychosis due to medical condition	9 (8)
Somatoform disorders, including pain disorders, somatization disorder, hypochondria	8 (7)
Bipolar depression	7 (6)
Substance abuse	6 (5)
Eating disorders	4 (3)
Neurocognitive impairment, including mental retardation, incipient dementia, brain tumor surgical sequelae, stroke	4 (3)
Prolonged grief	2 (2)
Autism spectrum	2 (2)
Other, including alexithymia, Cotard syndrome, dissociative disorder, factitious disorder, reactive attachment disorder, kleptomania	6 (5)

Abbreviation: PTSD, posttraumatic stress disorder.

[a] The descriptions of conditions reflect the fact that the case summaries sometimes used informal terms (eg, *depression*, rather than *major depressive episode*). In the table, the actual translated terms in the case summaries are given except that *Psychotic disorder*, *Neurocognitive impairment*, and *Other* are labels we use to group conditions. For *posttraumatic residua*, past trauma issues had a prominent part, but the case summaries did not explicitly use the term *PTSD*.

[b] Numbers do not add to 66 because many patients had multiple conditions. The denominator is the number of conditions.

[c] This condition excludes depression with psychotic symptoms, which is included under *Depression*.

Kim SY, De Vries RG, Peteet JR. 2014, *JAMA Psychiatry*.

Netherlands: Interesting Findings

- About 50% of patients had declined some form of treatment in the past.
- Mobile End-of-Life Clinic was involved in 14 cases that had been denied.
- Common sources of discord among physicians were competency and medical futility.
- One case did not meet guidelines established by the Termination of Life on Request and Assisted Suicide Review Procedures Act.

Kim SY, De Vries RG, Peteet JR. 2014, *JAMA Psychiatry*.

APA Position Statement on Medical Euthanasia (2016)

The American Psychiatric Association, in concert with the American Medical Association's position on Medical Euthanasia, holds that a psychiatrist should not prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death.

Objective 3: Discuss various ethical arguments surrounding euthanasia and PAD in patients with psychiatric disorders.

Autonomy

- Medical paternalism (Appel JM. 2007, *Hastings Cent Rep*; Hirsch J. 2016, *J Soc Work End Life Palliat Care*)
- Imposing values on patients (Berghmans R, Widdershoven G, Widdershoven-Heerding I. 2013, *Int J Law Psychiatry*)
- Issues surrounding competence & capacity
  - Variable standards (Doernberg SN, Peteet JR, Kim SY. 2016, *Psychosomatics*)
  - Burden of proof (Sullivan MD, Younger SJ. 1994, *Am J Psychiatry*)
  - Beliefs of the psychiatrist (Ganzini L et al. 2000, *Am J Psychiatry*)

Beneficence

- Ends or relieves suffering
  - Thienpont et al. 2015, *BMJ Open*.
  - Verhofstadt M, Thienpont L, Peters GY. 2017, *Br J Psychiatry*.
- Prevents further harm to individual and loved ones.
  - Considered more “humane” (Thienpont et al. 2015, *BMJ Open*.)
  - Prevents unsuccessful attempts with severe consequences (Naudts et al. 2006, *Br J Psychiatry*)

Non-maleficence

- Concern that request is a symptom of disease

(Appel JM. 2007, *Hastings Cent Rep*; Berghmans R, Widdershoven G, Widdershoven-Heerding I. 2013, *Int J Law Psychiatry*; Nicolini ME et al. 2020, *Psychol Med.*)

- Are the standards of care being followed? (Nicolini ME et al. 2020, *Psychol Med*)
- What is the role of the psychiatrist? (Appel JM. 2007, *Hastings Cent Rep*; Berghmans R, Widdershoven G, Widdershoven-Heerding I. 2013, *Int J Law Psychiatry*; Blikshavn T, Husum TL, Magelssen M. 2017; *J Bioeth Inq.*)

Justice

- Who accesses euthanasia/PAD?
  - Argument that patients with psychiatric disorders are discriminated against (Hirsch J. 2016, *J Soc Work End Life Palliat Care*; Schuklenk U, van de Vathorst S. 2015, *J Med Ethics*)
  - Social inequities play a role (Verhofstadt M, Thienpont L, Peters GY. 2017, *Br J Psychiatry*)
  - Women requesting euthanasia/PAD more often than men (Thienpont et al. 2015, *BMJ Open*; Kim SY, De Vries RG, Peteet JR. 2016, *JAMA Psychiatry*)

Conclusion

Take-Away Points

- Euthanasia/physician-assisted death is an expanding practice that includes psychiatric conditions in some regions of the world.
- This is an area of active study that continuously highlights a multitude of ethical concerns.

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