Is Medical Assistance In Dying A Platitudinous Medical Treatment?

End-of-life decisions: Compassionate use and conscientious objection

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Vatican 2017

The main question

Is terminating of life/medical assistance in dying a regular (banal, platitudinous) medical intervention like treatment with antibiotics? or

It is something extraordinary demanding different attitude

Is Medical Assistance In Dying A Platitudinous Medical Treatment?

One of the most important factors separating physicians who do or do not accept PAS and E is whether they see their actions as similar or different than other treatments they give their patients

...in most cases, professional associations should resist sanctioning conscientious objection as an acceptable practice. Unlike conscripted soldiers, health care professionals voluntarily choose their roles and thus become obligated to provide, perform, and refer patients for interventions according to the standards of the profession. ... collectively, the profession — not politicians, judges, or individual practitioners — sets its contours.

Health care professionals are not conscripts, and in a freely chosen profession, conscientious objection cannot override patient care.
Pain

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”

International Association for the Study of Pain (IASP) 1994
Spinal cord stimulation

![Spinal cord stimulation image]

What causes patients to seek end-of-life?
- Pain
- Depression
- Dyspnea
- Nausea and vomiting
- Frailty, fatigue
- - treatable

What causes physicians to seek end-of-life of a patient?
- Pain
- Depression
- Frailty, fatigue
- Dyspnea
- Nausea and vomiting
- Cough
- Fever
- Bleeding
- Agitation/delirium/terminal anguish/restlessness (e.g. thrashing, plucking, or twitching)
- Secretions accumulated in the oropharynx and upper airways when patients become too weak to clear their throat
- Rationing and the allocation of resources

OPTIONS AT THE END OF LIFE

WITHolding treatment

WITHdrawing treatment

FULL CONTINUED CARE

ACTIVE LIFE ENDING PROCEDURES


In the Netherlands, physician assistance in dying has been legally regulated since 2002:
- physician-assisted suicide
- euthanasia (physician administers lethal medication at the explicit request of a patient)
- Both types of assistance are allowed only for patients who are “suffering unbearably” without any prospect of relief

Agnes van der Heide, et al. (Erasmus MC, Utrecht Univ., Amsterdam)
About half of all requests for physician assistance in dying were granted in 2015.

In 2015 reported 829 cases (4.5%) of euthanasia and 18 cases of ending of life without explicit patient request.

“Such assistance is provided predominantly to patients with severe disease but increasingly involves older patients and those with a life expectancy of more than a month.”

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In 2015 had:
- early stage of dementia - 3%
- psychiatric problems - 3%

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Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases. T. Smet et al. BMJ 2010;341:c5174

... the incidence of euthanasia was estimated as 1.9% of all deaths (95% CI 1.6% to 2.3%). Approximately half (549/1040 (52.8%, 95% CI 43.9% to 60.5%)) of all estimated cases of euthanasia were reported to the Federal Control and Evaluation Committee.

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The Leuvenseindekliniek was founded to respond to “more complex cases”, when patients have often had their application to die rejected by their GP, for reasons arising from the ethical or the legal, or even just a lack of resources. Doctors at the clinic euthanised 32 patients in 2012, but it will help 730 people to die by the end of this year.

“If there was any taboo, it has gone,” Pleiter said. “There is a generation coming up, the postwar generation, which is now coming to the life stage in which they will die, and this generation has a far more clear and expressed opinion about how to shape their own life end. I expect far more growth in the years to come.”
...the ACP (American College of Physicians) believes that the ethical arguments against legalizing physician-assisted suicide remain the most compelling.

...It is problematic given the nature of the patient-physician relationship, affects trust in the relationship and in the profession and fundamentally alters the medical profession’s role in society.

Why physicians shouldn’t be involved in physician assisted death- euthanasia?

• Many requests disappear with symptom control and psychological support.

• Patients should be sure about medical professionalism: physicians are trying to heal and relieve suffering and they are never intentionally causing harm

• The danger of a slippery slope

  – Administration of lethal drugs without absence of terminal illness, untreated psychiatric diagnoses and patient consent

Euthanasia and physician assisted suicide

Improve palliative care at the end-of-life

• Patients with severe pain can benefit from better palliative care as almost all patients can be made physically comfortable.

  Lorenz K, Lynn J. JAMA 2003;289:2282

Euthanasia and physician assisted suicide

Improve palliative care at the end-of-life

• Many suicidal individuals do not want to die; they want to escape what they perceive as intolerable suffering. When relief is offered in the form of adequate treatment for depression, better pain management and palliative care, the desire for death wanes.

  Kheriaty A. First Things. 2015
Euthanasia and physician assisted suicide

*Improve palliative care at the end-of-life*

- The International Association for Hospice & Palliative Care stated that no country or state should consider the legalization of PAS-E until it ensures universal access to palliative care services and to appropriate medications, including opioids for pain and dyspnea.

De Lima L. J. Palliat Med 2017;20:8-14

Alternatives to physician assisted death- euthanasia

- Palliative care
- Social support
- Psychological support

Medical Assistance In Dying Is Not A Platitudinous Medical Treatment?

It is different:

- Physician practicing medicine is constantly trying to heal the patient and never to harm him/her.
- Healing doesn’t always mean curing, as palliative care is no longer curing but it is healing suffering.
- The actions of a physician trying to “heal” suffering require us to be WITH our patient and never to abandon him/her
- It’s Beneficence, Doing good. VS - euthanasia which is an unwillingness to do this...unwillingness to stay with the person and instead a willingness to eliminate the patient altogether- to make somebody into a nobody.

(E. Wesley Ely, MD, Vanderbilt University and VA-GRECC, personal communication)

- Causing death means causing absolutely different irreversible state

Is Medical Assistance In Dying A Platitudinous Medical Treatment?

PAS and E is different and should not be performed by doctors

The Physician’s Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;