

Euthanasia requests, procedures and outcomes for 100 Belgian patients with psychiatric disorder(s)

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Nothing to disclose

Presentation

1. Objectives and Design
2. Belgian euthanasia context
3. Methods
4. Results
5. Discussion and recommendations

Objectives and Design

Goal: 1) Patterns in euthanasia requests and practices
2) Recommendations for future research

Design: Retrospective analysis of data (< medical files)

Who: 100 consecutive psychiatric patients

Where: Outpatient psychiatric clinical setting in Flanders

When: October 2007 - December 2011
(Follow-up end of Dec. 2012)

Belgian Euthanasia Law

- ☑ Physician's act at patients **explicit, voluntary and repeated** request
- ☑ **Unbearable and untreatable**
- ☑ **Physical** and/or **psychological suffering**
(psychological illness: only adults)
- ☑ Resulting from **accident or illness**

Belgian Euthanasia Law

2 Patient Groups

Terminally ill

- ☒ Assessment of 1 independent *consulting* physician

Non-terminally ill

- ☒ Assessment of 2 independent *consulting* physicians

Belgian Euthanasia Law

Non-terminally ill patients

- ☑ 1 **psychiatrist** or medical specialist in patient's pathology
- ☑ At least **1 month** between written request and euthanasia performance

Belgian Euthanasia Context

2-year period 2010-2011

update: 2012–2013

- 2086 patients died by euthanasia (3239)
 - 9 % non-terminally ill patients (13%)
 - 3 % neuropsychiatric patients (4%)**
- 1 % of all deaths in Belgium (1.5%)

METHODS: Main Outcome Measures

1. Socio-demographic characteristics

age, gender, employment, family setting

2. Diagnoses based on DSM-IV

3. Euthanasia procedure

consultations, referrals, decisions, outcomes

METHODS: 4-Track Policy

Track 1

Who is the patient and what does his request for euthanasia mean?

Track 2

Are there perspectives other than the death perspective?

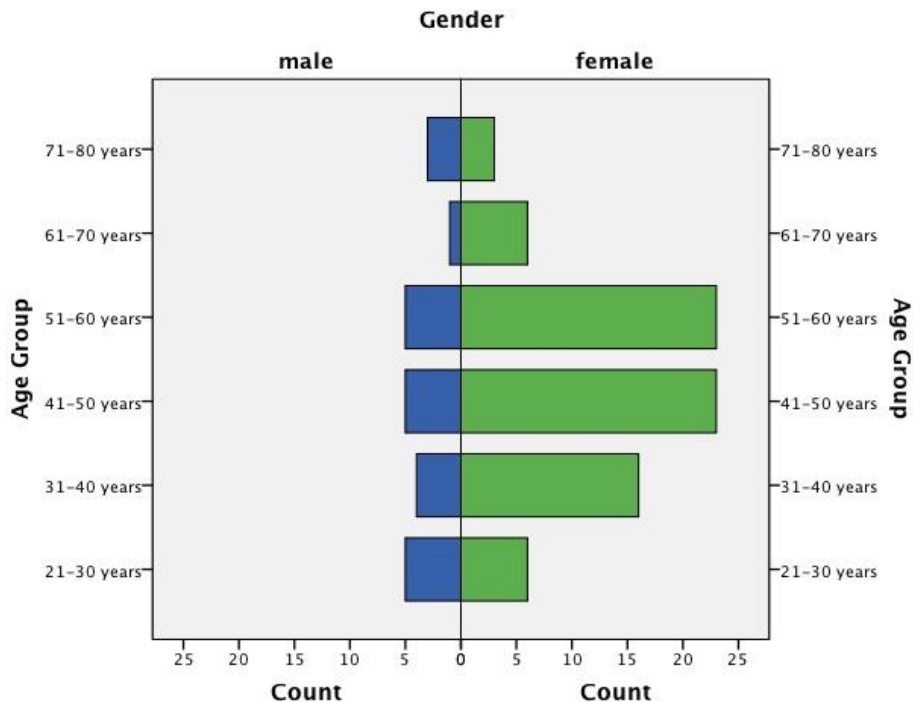
Track 3

Procedural aspects: the perspective of a gentle death

Track 4

Deciding in connectedness with patient's environment

RESULTS: Socio-demographics



RESULTS: Socio-demographics

Employment

Professionally inactive for an extended period	$n = 81$
Medically unfit for work	$n = 73$
Retirement	$n = 8$
Professionally active / temporarily on sick leave	$n = 14$
Student	$n = 1$
Internment	$n = 1$
Subsistence income	$n = 1$

RESULTS: Socio-demographics

Family Setting

Single	<i>n</i> = 59
Living with 1 or more companions	<i>n</i> = 41
Partner	<i>n</i> = 22
Partner & child(ren)	<i>n</i> = 2
Child(ren)	<i>n</i> = 6
Parents	<i>n</i> = 6
Parent & children	<i>n</i> = 1
Sister	<i>n</i> = 1
Internment	<i>n</i> = 1
Psychiatric ward	<i>n</i> = 1
Community living	<i>n</i> = 1

RESULTS: Referrals

Referred by

Treating physician	$n = 45$
LEIF physician	$n = 36$
Psychotherapist	$n = 10$
Others	$n = 9$

RESULTS: Diagnoses

Most common diagnoses

Mood disorder	<i>n</i> = 57
Depressive disorder	<i>n</i> = 47
Bipolar disorder	<i>n</i> = 10
Personality disorder	<i>n</i> = 49

Note: 90 patients had > 1 diagnosis

RESULTS: Decision Making

Evaluations:

- ✓ According to the Belgian Legal Doctrine
- ✓ In discussion with patient's treating physician
- ✓ In discussion with important others (family etc.)

Concern mainly:

- ✓ Patients' **capacity for discernment**
- ✓ Patients being **legally competent**
- ✓ **Unbearable and untreatable** nature of patients **chronic/constant suffering**

Results: Decision Making

☒ Referrals to further testing/treatment ($n = 38$)

- ✓ Specifically **tested for Autism Spectrum Disorder** ($n = 13$)
- ✓ **Diagnosed ASD**, specifically **Asperger Syndrome** ($n = 12$)

☒ No referrals ($n = 62$)

- ✓ In absence of reasonable therapeutic alternatives
- ✓ Withdrawal or ongoing procedure
- ✓ Suicide



Results: Outcomes

- ☑ Accepted euthanasia requests ($n = 48$)
 - ✓ Performed euthanasia ($n = 35$)
 - ✓ Patients decision to **postpone or cancel the euthanasia procedure** ($n = 11$)
 - ✗ **Committed suicide** before the procedure could be implemented ($n = 2$)

Results: Outcomes

Reasons to postpone/cancel euthanasia procedure ($n = 11$):

- ✓ The option to proceed offered
sufficient peace of mind to continue ($n = 8$)
- ✓ Strong family resistance ($n = 2$)
- ✓ Imprisonment ($n = 1$)

Results: Outcomes

43 of the 100 patients had died

☑ By euthanasia ($n = 35$)

26 ♀ versus 9 ♂

☒ By suicide ($n = 6$)

4 ♀ versus 2 ♂

Note: 2 other patients (♀) died

✓ Palliative sedation (psychiatric hospital)

✓ Anorexia nervosa (terminal stage)

Results: Euthanasia Procedure

	Number of Consultations	Consultation time (in months)
N Valid	35	35
Mean	3.49	8.66
Std. Deviation	4.42	9.55
Minimum	1.00	1.00
Maximum	25.00	36.00

Results: Euthanasia Procedure

Patients received euthanasia ($N = 35$)

- ✓ By their general practitioner ($n = 20$)
- ✓ By trained LEIF-physician ($n = 14$)
- ✓ By his neurologist ($n = 1$)

Barbiturate, **sodium thiopental**, was used ($N = 35$)

- ✓ Intravenously ($n = 31$)
- ✓ Orally ($n = 4$)

Surrounding

- ✓ **Family and/or friends present** ($n = 30$)
- ✓ Relatives + physicians reported a **calm and smooth passing** ($n = 33$)



Outcome: Euthanasia Procedure

Remaining 57 cases:

- ✓ Patients were still alive
45 ♀ versus 12 ♂
- ✓ Requests on hold →
regular, occasional or no therapy ($n = 48$)
- ✓ Requests in process → no decision ($n = 9$)

DISCUSSION: Strenghts

- ✓ **First report of euthanasia requests**
exclusively from **psychiatric** patients
- ✓ **A small but severely afflicted subgroup**
- ✓ **Selection bias minimized**
all consecutive cases (LT as consultant physician)

DISCUSSION: Limitations

☒ **Retrospective study design**

important determinants missing
(e.g. background, psychiatric evaluation)

☒ **Limited sample size**

no generalizability of the findings
no detection of statistically meaningful differences
(e.g. requests granted, refused or withdrawn)

Discussion:

Belgian Euthanasia Context

Compared to the overall group of patients
(i.e. somatic and/or mental reasons combined)

Gender:

77 ♀ versus **23 ♂** (paper)

51 ♀ versus **49 ♂** (FCEC)

Age: 47 years (paper) versus **> 60 years** (FCEC)

Discussion: Attention

- ☑ Complexity of psychiatric disorders
ASD (Asperger) under-diagnosed
- ☑ Euthanasia:
Family/friends present
Serene and positive atmospheres
- ☑ Patients and relatives reporting
Euthanasia = more human vs. suicide
Less difficult period of mourning vs. suicide

Implication for Clinical Practice

Tightrope to tread

☑ Sufficient time to accomplish all legal and medical requirements



☑ The need to take action before the suffering leads to traumatic suicide

Recommendations Future Research

Focus on

1. Unbearable suffering

- ☒ Definition/Description
- ☒ Views in state of flux
- ☒ Considered to be subjective

2. Untreatable suffering

- ☒ Detailed protocol for management of requests on grounds of mental suffering

Recommendations future research

☑ Prospective quantitative and qualitative studies

- ✓ A better understanding of psychiatric patients suffering
- ✓ Psychiatric versus non-psychiatric patients
- ✓ Determinants, risk factors, origins and degree of unbearable suffering
- ✓ Specific role of Asperger Syndrome

For More Information

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Diagnoses

Disorders	Total sample size (intake) N = 100	Positive responses to requests N = 48	Positive response but requests postponed N = 8	Deaths by euthanasia N = 35	Deaths by suicide N = 6
Depressive disorder	47	23	2	19	5 (2 pos. resp.)
Bipolar disorder	10	5	2	3	1
Personality disorder	49	23	6	16	1 (pos. resp.)
Post traumatic stress disorder	13	6	2	4	0
Schizophrenia and other psychotic disorders	14	6	1	5	2
Anxiety disorders	11	5	0	5	0
Eating disorders	10	3	1	2	0
Substance use disorders	10	4	2	2	0
Somatoform disorders	9	5	1	4	0

Diagnoses

ASD	7	2	0	2	0
ADHD	1	0	0	0	0
Obsessive– compulsive disorders	7	2	0	1	1 (pos. resp.)
Dissociative disorders	7	2	0	2	0
Complicated grief	6	4	0	4	0
Chronic fatigue syndrome and/or fibromyalgia	8	6	0	4	1 (pos. resp.)
Other chronic somatic suffering	15	9	1	7	1 (pos. resp.)

Personality Disorders

Personality disorders	<i>N</i> = 49
Borderline personality disorder	<i>n</i> = 27
Personality disorder NOS	<i>n</i> = 13
Dependent personality disorder	<i>n</i> = 3
Histrionic personality disorder	<i>n</i> = 2
Avoidant personality disorder	<i>n</i> = 1
Narcissistic personality disorder	<i>n</i> = 1
Paranoid personality disorder	<i>n</i> = 1
Cluster B personality disorder	<i>n</i> = 1