

# Demedicalised Assistance in suicide

Online version

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**Euthanasia2016**

PROFESSIONAL CHALLENGES



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# Demedicalised Assistance in Suicide

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- Statement of conflict of interest

Nothing to disclose

# Demedicalised Assistance in Suicide

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- Objective of today's presentation
  1. Create awareness of the existence of DAS
  2. Provide information on which people seek DAS

# Demedicalised Assistance in Suicide

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- Denied requests for PAD

In 2010, in the Netherlands about 20% of all explicit requests for PAD were denied.<sup>1,2</sup>

A denied request for PAD means the physician can't offer assistance under the current PAD law.

It does not mean the wish to die of the patient disappears.

1, Van der Heide A, et al (2012). Death certificate research 2010.

2. Van der Heide A, et al (2012). Second evaluation WTL.

# Demedicalised Assistance in Suicide

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- After a denied request for PAD

The wish to die can persist. And some patients will decide to end life themselves. These patients can receive Demedicalised Assistance in Suicide from several organisations in the Netherlands.

These organisations provide information to enable people to end life in a non-mutilating way.

# Demedicalised Assistance in Suicide

Feature	Medicalised (PAD)	Demedicalised (DAS)
Applicable law(s)	Termination of Life on Request and Assisted Suicide Review Procedures Act <sup>3</sup>	Article 294 Penal Code <sup>4</sup> Jurisprudence <sup>5</sup> Narcotics law <sup>6</sup>
Assisting person	Physician	Relative, friend, right-to-die volunteer, consultant or counsellor, physician
Assistance	Distributing and/or administering lethal medication after verifying criteria of due care have been met	Non-punishable assistance in suicide: Offering moral support, and providing general information and advice on “how to” methods <sup>7</sup>
Ways of dying	Physician assisted suicide Termination of life on request (euthanasia)	Non-mutilating suicide, e.g. by voluntarily stopping eating and drinking, or self-ingesting self-collected lethal medication <sup>8,9</sup>

3. [http://wetten.overheid.nl/BWBR0012410/geldigheidsdatum\\_07-11-2015](http://wetten.overheid.nl/BWBR0012410/geldigheidsdatum_07-11-2015)

4. <http://www.wetboek-online.nl/wet/Sr/294.html>

5. <http://uitspraken.rechtspraak.nl/inziendocument?id=ECLI:NL:RBAMS:2007:AZ6713>

6. [http://wetten.overheid.nl/BWBR0001941/geldigheidsdatum\\_07-11-2015](http://wetten.overheid.nl/BWBR0001941/geldigheidsdatum_07-11-2015)

7. Vink T (2008). Self-determination at the end of life. Budel: Damon;2013

8. Guide to humane self-chosen death. Delft: Stichting WOZZ; 2006.

9. Chabot B, Braam S. A way out. Amsterdam: Nijgh & Van Ditmar; 2013.

# Demedicalised Assistance in Suicide

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- Summarizing

DAS is having conversations about the wish to end life, offering moral support, and providing general information and advice on “how to” methods to enable a person to end life by him or herself in a non-mutilating way.

# Demedicalised Assistance in Suicide

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- Hagens, Pasman & Onwuteaka-Philipsen (2014)<sup>10</sup>
  - Study conducted at Foundation De Einder. This foundation refers people to counsellors who offer DAS.
  - These counsellors fill out registration forms about the people they counsel. Containing information on for example their gender, underlying problems, and contact with GP.



# Demedicalised Assistance in Suicide

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- Hagens, Pasma & Onwuteaka-Philipsen (2014)<sup>10</sup>
  - For this study registration forms from 2011 and 2012 - filled out by the 12 counsellors facilitated by the foundation - with data on 595 people with whom the counsellor had at least one face-to-face contact - were analysed.

# Demedicalised Assistance in Suicide

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- Hagens, Pasman & Onwuteaka-Philipsen (2014)<sup>10</sup>
  - 61% of the people seeking DAS had not formerly requested their physician for PAD.
  - 38% of the people seeking DAS had no current wish to end life.

# Demedicalised Assistance in Suicide

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- Hagens, Pasman & Onwuteaka-Philipsen (2014)<sup>10</sup>
  - Results from the study were explained by distinguishing two groups of people seeking DAS:
    1. People looking for a peaceful death to escape current suffering
    2. People looking for reassurance to prevent possible prospective suffering

# Demedicalised Assistance in Suicide

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- Hagens, Pasman & Onwuteaka-Philipsen (submitted)
  - In-depth interviews with 17 people who receive(d) DAS from a counsellor facilitated by foundation De Einder
  - Data from the interviews were analysed and three trajectories to seeking DAS were distinguished.

# Demedicalised Assistance in Suicide

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- Hagens, Pasman & Onwuteaka-Philipsen (submitted)
  - For people with current suffering:

## 1. Trajectory “Unable to obtain PAD”

People confronted with a denied request, or unable to request PAD due to a troubled relationship or afraid of discussing wish to die.

*“If you want to take the option of suicide serious, they see that right away as something pathological. At the physician it is crisis interventions right away”.*  
F, 30-40s, psychiatric background

# Demedicalised Assistance in Suicide

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- Hagens, Pasman & Onwuteaka-Philipsen (submitted)
  - For people anticipating possible prospective suffering:
    2. Trajectory “Back-up plan”  
People unreassured of help by the physician in due time.

*“Everywhere we stood outside within two minutes. Because our question ‘What is your standpoint concerning euthanasia? Are you willing to assist in due time...?’ was met with the answer ‘Absolutely not!’ And outside we stood again. Until we found a general practitioner who said it could be discussed. And then you still have to wait and see if he really does it, but anyway.’ Couple in their 70/80s, no current suffering*

# Demedicalised Assistance in Suicide

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- Hagens, Pasmaan & Onwuteaka-Philipsen (submitted)
  - For people anticipating possible prospective suffering:
    3. Trajectory “Valuing autonomy”

People preferring to end their own life as a result of valuing autonomy, independence, own responsibility, and preparing suicide carefully.

*“I actually think that you can’t allow the physician to do it, when you’re still able to do it yourself. I think it’s morally more just if I say I will do it myself [...] For the physician it’s quite a burden. In the end, he terminates someone’s life and that is burdensome for the physician. And actually, I think it’s a little bit cowardice if you let the physician do it, while you can do it yourself.  
Man in his 70/80s, problems of old age*

# Demedicalised Assistance in Suicide

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- Objective of today's presentation
  1. Create awareness of the existence of DAS
    - There are boundaries to the Dutch PAD law
    - Being confronted with these boundaries can result in people seeking DAS.



# Demedicalised Assistance in Suicide

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- Objective of today's presentation
  2. Provide information on which people seek DAS
    - People who want to escape current suffering who are unable or assume to be unable to obtain PAD (due to a denied request, a troubled relationship with GP, or afraid to discuss)
    - People wanting to prevent possible prospective suffering seek DAS as a back-up plan for when PAD is not possible in due time, or even prefer DAS as a result of valuing self-determination, independence and own responsibility.

# Demedicalised Assistance in Suicide

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- Want to read more?

Hagens M, Pasma HRW, Onwuteaka-Philipsen BD.  
Cross-sectional research into counselling for non-physician assisted suicide: who asks for it and what happens? *BMC Health Services Research* 2014;14(1):1. doi:10.1186/1472-6963-14-455  
[published Online: Oct 2014]

And keep an eye out for our future publications...

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