

Euthanasia and the Terminally Ill: Can the Civil Killing of Others Be Eroded?

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The present paper assesses attitudes towards the ending of life among a sample of 100 terminally ill hospice patients. Such a sample best provides an insight into the demand for euthanasia in this most extreme of circumstances. Of the completed interviews (64), 43 patients were fully aware of the implications of their condition; 35 expressed a definite opinion regarding euthanasia, 22 of whom favored the individual's right to choose the timing of death. Only 6 of these 22 were fully competent at the time of the interview and were not suffering from any depressive disorder. The implications of these results point to the need to consider the prevalence of depression, anxiety, and related disorders among those who seek an end to life. A failure to do so is likely to affect legislation worldwide and, in turn, civilization itself.

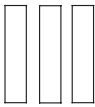
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Introduction

It is believed that voluntary euthanasia occurs in 12 out of the 49 countries affiliated to the International Association for Suicide Prevention (IASP), although it is in fact illegal in all [Kelleher et al., 1998]. It is not known what "demand" there would be for euthanasia services if these were legally available. Nor is it precisely known what proportion of those requesting euthanasia suffer from a mood disorder or the fear that their condition will get out of control.

Method

We examined 100 consecutive admissions of terminally ill people, mostly dying from cancer, admitted to hospice care in Ireland, using a specially constructed, semi-structured, questionnaire and examination sheet, filled out by a qualified physician (based on clinical opinion) soon after admission [Payne et al., 1998]. Items regarding euthanasia, anxiety, depression, fearing symptoms would get out of control, and religiosity were included (see Appendix 1). The question dealing with euthanasia read as follows: "Do you think we should be able to choose the time of our going (euthanasia), should we wait or bring it about ourselves?"



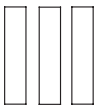
Results

Of the 100 consecutive hospital admissions, full interviews were obtained from 64. Of the remainder 30 had significant impairment of cognitive function and or consciousness, four died before they could be examined, and two had expressive dysphasia. However, according to the clinician and based on ICD-10 classification, only 43 of the 64 were fully aware of the nature, extent, and implications of their disease. Of these 35 expressed a definite opinion regarding euthanasia; of those, 22 favored the right to choose the time of death, while 13 felt that it is God's Will and against their religion.

This group of 22 forms the primary concern of this paper. Of these 22 favoring euthanasia, 10 were either depressed or anxious and 15 feared their symptoms would get out of control. However, six patients were free of these incapacities and still felt that patients should have the right to choose the timing of their own deaths. Over 90% of those interviewed described themselves as being religious.

Table 1
Terminally Ill Patients with Full Insight
Who Favored Euthanasia

		Fear loss of control of symptoms		
		Yes	No	Total
Depression	Yes	9	1	10
And/or anxiety	No	6	6	12
Total		15	7	22



Discussion

Of the 100 consecutive admissions to the hospice 64 were cognitively intact, and of these 43 were fully aware of their terminal prognosis. Of these 22 had a positive attitude toward euthanasia, but 16 of them were either clinically depressed or anxious, or they

feared their symptoms would get out of control. Six patients, however, were devoid of such distress and still viewed euthanasia in a positive light. But it is important to emphasize that they were not asked whether they would favor euthanasia *for themselves* in their own particular circumstances; rather, the question was indirect and general. While this is a shortcoming it was necessitated by the fact that the ethos of the hospice, run by a religious community, was dedicated to the care of the terminally ill and ethically opposed euthanasia.

If all those who favored it had asked for it, on the basis of this study the numerical expression of demand for euthanasia would be as follows: 22 out of 100 consecutive admissions might ask for euthanasia. Were the study confined to those who were considered competent, then the figure would be much higher, namely, 22 out of 43 (8 did not express an opinion) or roughly 50%. Of these 22, however, 16 (ca. 75%) were suffering from depression, anxiety, or feared their symptoms would get out of control. Six patients however, who were considered both competent and free of distressing psychological symptoms favored euthanasia. It must be stressed that over 90% of the competent sample described themselves as being religious.

The opinion in the Netherlands is that the proportion of deaths due to euthanasia is likely to remain very small despite the introduction of guidelines for physicians to follow in the assisting of suicide in the terminally ill [van der Wal et al., 1996]. However, the categories relating to euthanasia may be widening [Kelleher, 1997] or may be relaxed in the future. The "demand" for euthanasia may then increase.

The second implication of this study is the relevance of depression, anxiety, and fear of symptoms getting out of control in the terminally ill, particularly in those favoring euthanasia. These important factors have already been noted in the United States [Chochinov et al., 1995]. Obviously, such distress needs intervention. The person subjected to euthanasia in the Dutch television film "Death on Request" was clearly depressed but apparently untreated. The psychological and psychopharmacological needs of the depressed terminally ill may not yet be fully understood or indeed appreciated. In conclusion, it is an issue that warrants further in-depth research in a range of settings and societies.

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Appendix 1: Questionnaire for Patients**1. Demographic data:**

- 1.1 Name:
- 1.2 Address:
- 1.3 Age:
- 1.4 Sex:
- 1.5 Referred by whom:
- 1.6 How do you feel about the move here?
- 1.7 Do you mind leaving home?
- 1.8 Who recommended the hospice?
- 1.9 Where were you cared for prior to this admission and by whom?

2. Insight into illness:

- 2.1 What do you understand about the illness?
- 2.2 What do you expect to happen?
- 2.3 Where and when were you told (e. g., rushed or planned/discussed)?
- 2.4 Were your questions answered to your satisfaction? (*only asked if conversation allows*)
- 2.5 Did you suspect the nature of the illness before you were told?
- 2.6 If yes, why did you suspect it?

3. Attitudes to illness:

- 3.1 Of all the symptoms, if you could get rid of one, which one would it be?

3.2 Why?

3.3 Have you any other concerns or worries about the illness?

3.4 Do you have any fears about the symptoms getting out of control in the future?

3.5 How do you feel when you look in the mirror?

4. Coping mechanisms:

4.1 How did you cope with stress in the past?

4.2 How do you see yourself coping now?

4.3 Have you any problems with family or relatives?

5. Attitudes to death and dying:

5.1 How do you see the future?

5.2 Have you any worries or fears?

5.3 Are you a spiritual person, what do you think of a life hereafter?

6. Do you think we should be able to choose the time of our going (euthanasia): should we wait or bring it about ourselves?

7. ICD-10 diagnostic details from patients chart noted.

8. Mental state examination along with cognitive assessment noted.