

Brief communication Σύντομο άρθρο

Psychiatry trainees' attitudes towards euthanasia and physician-assisted suicide

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We investigated the attitudes towards Euthanasia (EUT) and Physician-Assisted Suicide (PAS) in a sample of Greek Psychiatry trainees (PT), (n=120, mean age 32.01±0.21, male 60.0%) and compared these to those of medical trainees of other specialties (OMT), i.e. internal medicine, surgery, intensive care (n=154, mean age 32.97±1.17, male 57.1%). Most of the responders were for the acceptance of EUT and PAS under some circumstances. More often PT answer "never" in the question regarding the permission to withdraw life-sustaining medical treatment to hasten death, if that requested by a terminally ill patient (p<0.001) and also more often answer "never" to the question regarding the permission to hasten the death of a patient if that is requested by family members (p<0.01). On the other hand OMT were more often for the acceptance of EUT (p<0.001) and more often expressed a positive view in the case allowing PAS in patients with incurable-terminal illness and low expected quality of life (p<0.001). According to the results of this study there is a need for special education of PT on end of life decisions. Also, it is important for educators to have understanding the views of the trainees since soon in the future, the new generation of physicians will have to make end of life decisions.

Key words: Euthanasia, physician assisted suicide, Psychiatry trainees, Greece.

Introduction

Euthanasia (EUT) and physician-assisted suicide (PAS), i.e. voluntary euthanasia have received increased attention over the last decades. In our days, medical assistance in dying is legal in many European countries (i.e. Switzerland, Netherlands, Belgium, Luxemburg) as well as in many states

of U.S.A. (Oregon, California, Vermont, Montana, Washington).^{1,2} In Greece, which has one of the lowest rates of suicide, EUT and PAS are illegal and punishable criminal acts.³⁻⁶ Numerous surveys have explored attitudes toward EUT expressed by lay public, terminally ill patients and/or their relatives and medical professionals.^{1,7,8} Comparative studies regarding attitudes towards EUT and PAS among psychiatry

trainees are scarce. We investigated the attitudes towards EUT and PAS in a sample of Greek psychiatry trainees (PT) and compared these to those of medical trainees of other specialties (OMT).

Methods

The Greek Questionnaire on EUT and PAS consists of 20 items and requires about 10 minutes to complete. The answers on the Questionnaire are assessed by fixed response items with three response options (yes, no, do not answer/a great deal, moderately, not at all/ never, under circumstances, always). Questions about responder's demographics, personal experience with terminally ill patients, family members or friends and factors that influence the view on the issues of EUT and PAS were included.⁹ More information about the Questionnaire has been presented in detail elsewhere.⁶ A random sample of Greek psychiatric trainees (n=120, mean age 32,01±0,21, male 60.0%)

and a random sample of other medical trainees (n=154, mean age 32,97±1,17, male 57.1%) completed the Questionnaire. Among OMT there were 104 trainees in internal medicine, 23 in surgery and 27 in intensive care. Trainees were informed briefly about the aim of the study. The study was anonymous and no identifying information was placed in the questionnaire. 15.2% of PT and 17.4% of OMT refused to participate in the study. Descriptive statistics including comparisons between PT and OPT on the frequency of the questionnaire responses using the chi-square test were made. The significance level was set at $p < 0.001$ (Bonferroni Correction). P values < 0.01 were interpreted as "trends".

Results

As table 1 shows, most of the trainees were informed about EUT and PAS. Yet, most of the responders were for the acceptance of EUT and PAS under some circumstances.

Table 1. Comparison between psychiatry trainees (PT) and other medical trainees (OMT) on the answers of the questionnaire regarding Euthanasia (EUT) and Physician-Assisted Suicide (PAS)

Question	Answer	PT (%)	OMT (%)	Stat. Sign. χ^2 , P
1. Are you informed about euthanasia and physician-assisted suicide?	YES	70.8	79.8	0.89, NS
2. Do you think that euthanasia (involuntary) may be morally acceptable under some circumstances?	YES	51.6	73.4	14.82, $P < 0.001$
3. Do you think that physician-assisted suicide (voluntary) may be morally acceptable under some circumstances?	YES	82.5	75.9	6.51, NS
4. If you had a terminal illness would you consider obtaining a physician's assistance to end your life?	NO	99.2	93.5	0.59, NS
5. If you had a family member or friend who had a terminal illness would you consider obtaining a physician's assistance to end his/her life?	NO	98.2	100.0	0,44, NS
6. Do you believe that a physician should be permitted to withdraw life-sustaining medical treatment to hasten death, if that requested by a terminally ill patient?	NEVER	49.3	26.6	14.81, $P < 0.001$
7. Do you believe that a physician should be permitted to prescribe drugs in high dosages which may hasten death, if that is requested by a terminally ill patient?	UC+A	82.5	75.9	6.51, NS

(Continued)

Table 1. Continuation.

8. Do you believe that a physician should be permitted to hasten the death of a patient, if that is requested by his/her family members?	NEVER	87.5	80.1	9.25, p<0.01
9. How important would be for you the patient's expected shortness of life time, in deciding whether physician-assisted suicide should be allowed?	AGD+M	44.5	38.3	4.54, NS
10. How important would be for you the patient's expected low quality of life, in deciding whether physician-assisted suicide should be allowed?	AGD+M	49.5	73.3	16.51, p<0.001
11. How important would be for you the financial burden of the patient or the patient's family, in deciding whether physician-assisted suicide should be allowed?	AGD+M	56.7	65.6	2.27, NS
12. To what degree influence your view on the issue of PAS your personal ethics?	NA	69.2	58.4	3.34, NS
13. To what degree influence your view on the issue of PAS your religious beliefs?	NA	86.7	81.8	2.86, NS
14. To what degree influence your view on the issue of PAS the physician's role to protect the patient's life according to Hippocrates oath?	AGD+M	95.0	95.4	0.77, NS
15. To what degree influence your view on the issue of PAS your previous experience with terminal ill patients?	NA	48.7	51.6	6.28, NS
16. To what degree influence your view on the issue of PAS the risk that physician-assisted suicide might be misused concerning certain disadvantaged groups?	AGD+M	98.3	97.4	3.01, NS
17. Do you believe that there will be sufficient legal safeguards regarding the legislation of EUT?	YES	89.1	91.5	5.76, NS
18. Do you believe that the legalization of EUT may be a risk for the legitimate everyday medical practice?	YES	96.7	98.1	6.51, NS
19. Do you believe that psychiatric evaluation of the patient is required in the case of PAS?	YES	98.0	96.6	0.75, NS
20. Do you believe that a request for PAS from a terminally ill patient is prima-facie evidence of a mental disorder (i.e. depression)?	YES	30.8	35.1	0.54, NS

AGD: A great deal, M: moderately, NA: Not at all, N: Never, UC: under circumstances, A; Always

The comparison between PT and OMT revealed some statistically significant differences. More often PT answered "no" in the question regarding the permission to withdraw life –sustaining medical treatment to hasten death if that requested by a terminally ill patient (p<0.001) and also more often answered "never" to the question regarding the permission to

hasten the death of a patient if that is requested by family members (p<0.01) (trend).

On the other hand OMT were more often for the acceptance of EUT (p<0.001) and more often expressed a positive view in the case allowing PAS in patients with low expected quality of life (p<0.001).

It is worth noting that almost all the trainees (98.0 vs 96.6%) believe that psychiatric evaluation is required in the case of PAS. However, a small proportion of them (30.8% vs 35.1%) believe that a request for PAS is prima-facie evidence of a mental disorder.

Comments

Studying attitudes on EUT and PAS in medical trainees is important as they are the future generation of physicians who will soon have to make and of life decisions. Especially, PT will have in the future the responsibility to decide about the patient's mental health status and the ability to decide about the desire for PAS.

Certainly, it is worth noting that there is a disagreement among clinicians as to whether psychiatric consultation should be mandatory for every patient who requests PAS. Some support the importance of involving an expert in assessing capacity and identifying and managing mental illness. However, others disagree citing mainly the fact that most psychia-

trists have little experience and motivation treating the terminal ill.^{7,10-12}

Given the special role of PT in end of life decisions in the future, it is important to compare attitudes of them with those of trainees of other medical specialties on the topics related to EUT and PAS.

To our knowledge up to now only one comparative study focused on the differentiations regarding EUT and PAS attitudes of medical trainees of different speciality fields. In 1997, Weiss-Roberts et al¹³ compared residents in three medical speciality fields (internal medicine, emergency medicine, psychiatry). They found that psychiatry residents expressed greater opposition to PAS and EUT than emergency medicine residents.

According to the results of this study there were also differentiations between PT and OMT in some parameters related to EUT and PAS. Therefore, there is a need for special education of PT on end of life decisions and also is important for educators to have understanding the views of the trainees although most of them feel uncomfortable with death and dying patients.^{2,14-19}

Απόψεις ειδικευομένων στην Ψυχιατρική σχετικά με την ευθανασία και την υποβοηθούμενη από γιατρό αυτοκτονία

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Μελετήθηκαν οι στάσεις σχετικά με την Ευθανασία (ΕΥΘ) και την Υποβοηθούμενη από Γιατρό Αυτοκτονία (ΥΓΑ) σε ένα δείγμα Ελλήνων ιατρών ειδικευομένων στην Ψυχιατρική (ΕΨ) (n=120, μέση ηλικία 32,01±0,21, άνδρες 60,0%) και συγκρίθηκαν με τις στάσεις ειδικευομένων ιατρών σε άλλες ιατρικές ειδικότητες (ΕΑΕΕ) όπως παθολογία, χειρουργική, εντατική φροντίδα (n=154, μέση ηλικία 32,97±1,17, άνδρες 57,1%): Οι περισσότεροι από τους ειδικευόμενους ιατρούς ήταν υπέρ της άποψης της αποδοχής της ΕΥΘ και της ΥΓΑ υπό προϋποθέσεις. Συχνότερα οι ΕΨ απάντησαν «ποτέ» στην ερώτηση σχετικά με την επιθυμία ασθενούς που πάσχει από ανίατη-καταληκτική ασθένεια να πραγματοποιηθεί διακοπή της μηχανικής υποστήριξης των ζωτικών του λειτουργιών (p<0,001), και ακόμη

συχνότερα απάντησαν «Ποτέ» στην ερώτηση σχετικά με την επιθυμία συγγενών του ασθενούς που βρίσκεται σε μη αναστρέψιμη κατάσταση προκειμένου να τερματιστεί η ζωή του ασθενούς ($p < 0,01$). Εξάλλου οι ΕΑΕΕ ήταν συχνότερα υπέρ της αποδοχής της ΕΥΘ κάτω από ορισμένες προϋποθέσεις ($p < 0,001$) και συχνότερα υποστήριζαν την άποψη της θετικής στάσης απέναντι στην ΕΥΘ και την ΥΓΑ σε ασθενείς με ανίατη-καταληκτική νόσο και χαμηλή ποιότητα ζωής ($p < 0,001$). Σύμφωνα με τα αποτελέσματα της μελέτης υπάρχει ανάγκη ειδικής εκπαίδευσης των ειδικευομένων στην Ψυχιατρική σε θέματα χειρισμού αποφάσεων τερματισμού της ζωής. Επίσης θεωρείται σημαντικό για τους εκπαιδευτές να γνωρίζουν τις απόψεις των ειδικευομένων στα εν λόγω θέματα.

Λέξεις ευρητηρίου: Ευθανασία, υποβοηθούμενη από γιατρό αυτοκτονία, ειδικευόμενοι στην Ψυχιατρική, Ελλάδα.

References

- Cohen J, Van Landeghem P, Carpentier N, Deliens L. Public acceptance of euthanasia in Europe: A survey study in 47 countries. *Int J Publ Health* 2014, 58:143–156, doi: 10.1007/s00038-013-0461-6
- Sheehan K, Gaiend KS, Downar J. Medical assistance in dying: Special issues for patients with mental illness. *Curr Opin Psychiatry* 2017, 30: 26–30, doi: 10.1097/Yc000000000000298.
- Kontaxakis V, Papaslanis T, Havaki-Kontaxaki B, Tsouvelas G, Giotakos O, Papadimitriou GN. Suicide in Greece: 2001–2011. *Psychiatriki* 2013, 24:170–174, PMID:24185083
- Papaslanis T, Kontaxakis V, Christodoulou C, Konstantakopoulos G, Kontaxaki M-I, Papadimitriou GN. Suicide in Greece 1992–2012: A time-series analysis. *Int J Soc Psychiatry* 2016:1–6, doi: 10.1177/0020764016647753
- Douzenis A, Havaki-Kontaxaki B, Kontaxakis V. Ethical and deontological matters in confrontation of suicide-suicidality. In: Douzenis A, Lykouras L (eds) *Ethics and Deontology in Mental Health*. BETA Medical publications, Athens, 2014:189–198 (in Greek)
- Kontaxakis VP, Paplos KG, Havaki-Kontaxaki BJ, Ferentinos P, Kontaxaki M-I, Kollias CT et al. Attitudes on euthanasia and physician-assisted suicide among medical students in Athens. *Psychiatriki* 2009, 20: 305–311, PMID: 22218231
- Emanuel EJ, Onwuteaka-Philipsen BD, Urwin JW, Cohen J. Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada and Europe. *JAMA* 2016, 316:79–90, doi: 10.1001/jama.2016.8499
- Kontaxakis V, Kontaxaki M-I, Paplos K. Euthanasia and physician-assisted suicide. In: Kontaxakis V, Lykouras L, Havaki-Kontaxaki B, Christodoulou C (eds) *Suicidal behavior*. BETA Medical Publications, Athens 2013: 325–331 (in Greek)
- Kontaxakis V, Havaki-Kontaxaki B. *Euthanasia and Physician Assisted Suicide Questionnaire*. 1st Department of Psychiatry, Athens University Medical School, Eginition Hospital, Athens, 2002
- Mc Cormack R, Price A. Psychiatric review should be mandatory for patients requesting assisted suicide. *Gen Hosp Psychiatry* 2014, 36:7–9, doi: 10.1016/j.genhosppsy.2013.08.003.
- Ganzini L. Psychiatric evaluations for individuals requesting assisted death in Washington and Oregon should not be mandatory. *Gen Hosp Psychiatry* 2014, 36:10–12, doi: 10.1016/j.genhosppsy.2013.08.006
- Bannink M, Van Gool AR, van der Heide A, van der Maas PJ. Psychiatric consultation and quality of decision making in euthanasia. *Lancet* 2000, 356:2067–2068, doi: 10.1016/S0140-6736(00)03407-3
- Weiss-Roberts L, Roberts BB, Welner TP, Solomon Z, Hardee TT, Mc Carthy T. Internal medicine, psychiatry and emergency medicine residents' views and assisted death practices. *Arch Intern Med* 1997, 157:1603–1609
- Ohn F, Harrold J, Lynn J. Medical education must deal with end-of-life care. *Chornical High Educ* 1997:43–56
- Dickinson GE, Merman AC. Death education in US medical schools 1975–1995. *Acad Med* 1996, 71:1348–1349
- Holstein M. Reflections on death and dying. *Acad Med* 1997, 72:848–855
- Shaffer CS, Cook AN, Connolly DA. A conceptual framework for thinking about physicians assisted death for persons with a mental disorder. *Psychol Publ Polic Low* 2016, 22:141–157, doi: 10.1037/law0000082.
- Appelbaum PS. Physician assisted death for patients with mental disorders –reason for concern. *JAMA Psychiatry* 2016, 13: 325–326, doi: 10.1001/jamapsychiatry.2015.2890.
- Marije L. van der Lee, Johanna G. van der Bom, Nikkie B. Swarte, A. Peter M. Heintz, Alexander de Graeff, Jan van den Bout. Euthanasia and Depression: A prospective cohort study among terminally ill cancer patients. *J Clin Oncol* 2005, 23: 6607–6612

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