

# Psychological Perspectives on Euthanasia and Physician Assisted Suicide

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## Euthanasia:

Easy or painless mode of death (Sansom et. al. 1998).

### Voluntary:

Intentional termination of a person's life with the competent request of the patient (Sansom et. al. 1998).

### Involuntary:

Terminally ill patient is unable to make their own decision and the physician makes one on their own (Chong & Fork 2009).

### Passive:

Omission of treatment to prolong the patient's life (Gamlie 2012).

### Active:

Treatment initiated by a physician who has the primary intent to hasten the death of another human who is terminally ill (Caddell & Newton, 1995).

## Physician Assisted Suicide (PAS):

Prescription or supply of drugs from the physician with the explicit intention to enable the patient to administer the drug themselves to end his or her life (Rurup et. al., 2005).

## Arguments in Favor of Euthanasia and PAS

### Ethical/Moral:

#### Respect an Individual's Autonomy.

- Autonomy refers to the thought, will, and actions of individuals and the belief that individuals are able to think for themselves, make decisions and act accordingly.
- Autonomy is upheld when the patient performs or requests the action that will end their own life (Freliux et. al., 2003).
- An individual should be able to exercise as much control as they please over their life and this includes the right to die and the right to die with dignity (Sansom et. al., 1998).
- The respect for autonomy is honored when the doctor provides information about the patient's condition and communicates it well (Biggs 2001).

#### Value an Individual's Quality of Life/Alleviate Suffering.

- Life is capable of being extended, however, this does not ensure a better quality of life (Rietjens et. al., 2012).
- Individuals have the power of perception to determine when their life has reached the quality peak and if it is acceptable to end life (Sansom et. al., 1998).
- If one perceives their expected quality of life so poor that life will be worse for them than death, then they should be able to choose death (Wilkinson & Gerrard 2005).
- Those who do request PAS or euthanasia very rarely uphold their determination to go through with the action. Instead, the request frequently reflects the patient's need for reassurance and for improved quality of life. In a way, it is a cry for help or attention from a patient who is suffering (Finlay Wheatley, & Izdebski 2005).

### Legal:

#### Reduce Risk for Those Who Implement Euthanasia or PAS.

- Individuals who implement euthanasia or PAS will be less likely charged with and/or convicted of a criminal offence such as murder or man slaughter (Sansom et. al., 1998).
- If guidelines are properly enforced then the actions are legal with little no room to be misjudged by the law (Rurup et. al., 2005).

## Arguments Against Euthanasia and PAS

### Ethical/Moral:

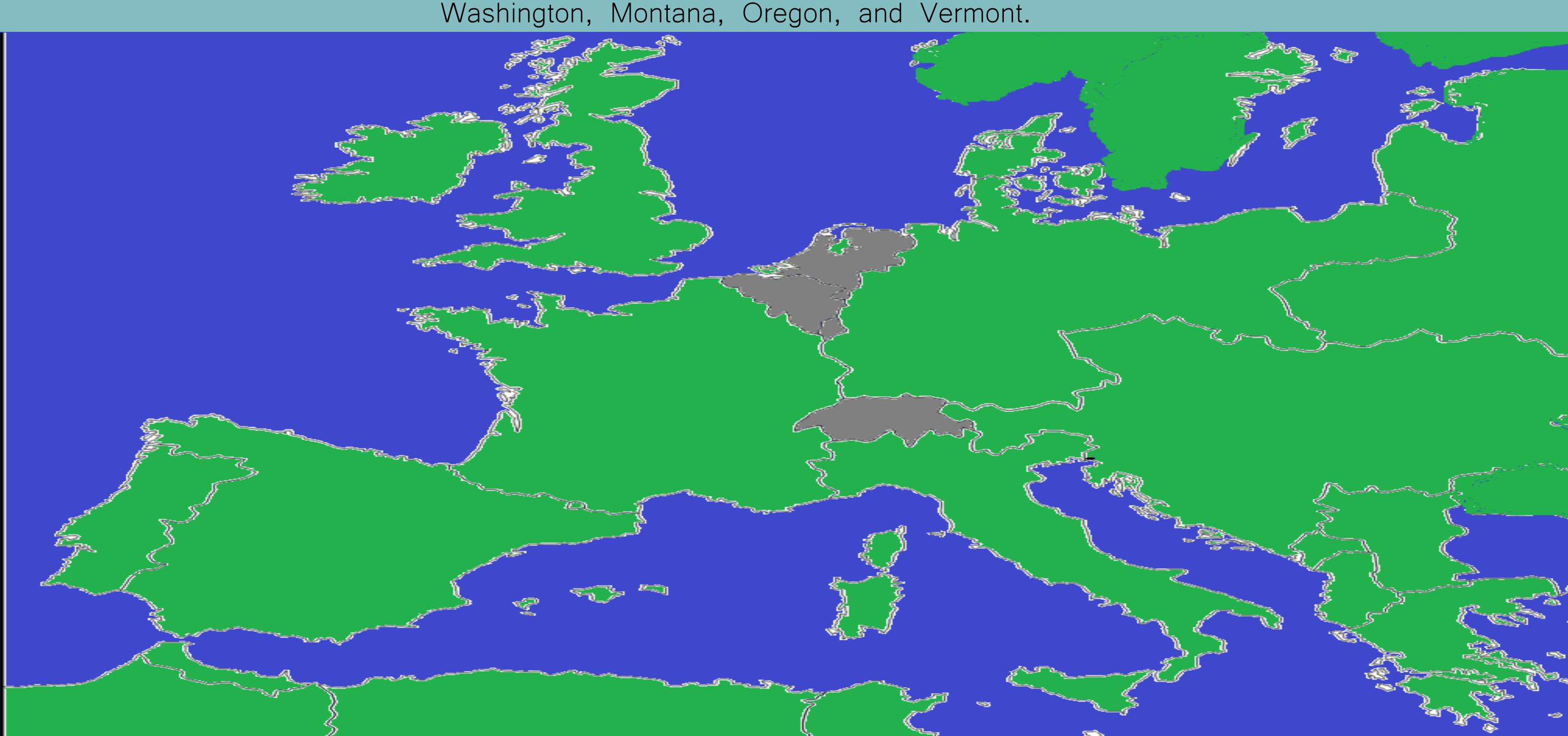
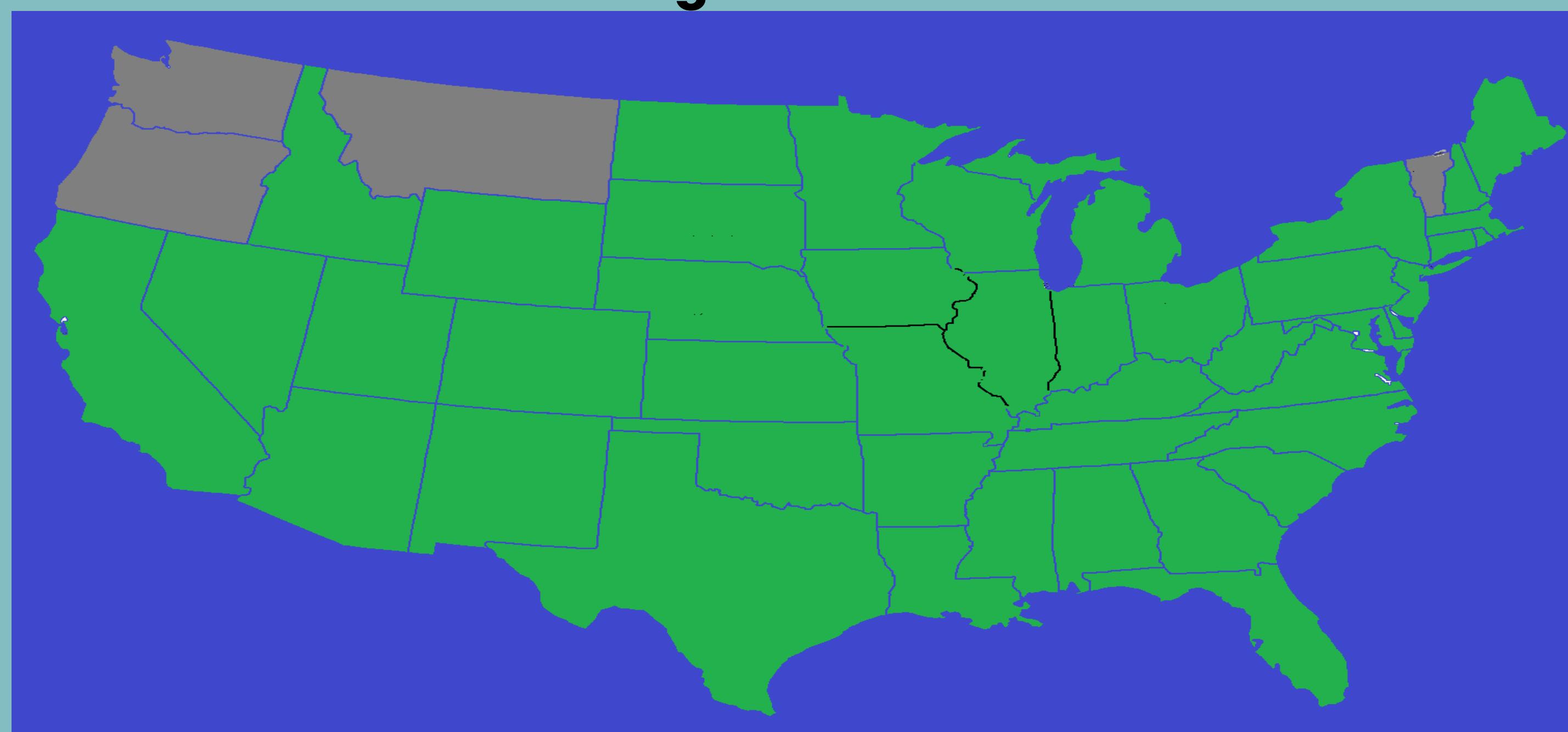
#### Poor Decision Making Leads to a Request for Euthanasia or PAS.

- Patients who express the wish to die may be too cognitively, emotionally or physically impaired to make a proper decision.
- Individuals who request euthanasia or PAS usually stated they: were through with life, experienced a physical decline or were tired of living (Rurup et. al., 2005).
- Elderly individual's perception may be skewed due to the emotional crisis that is attached to a developed disability or hospitalization. This could lead to a poor decision (Reitjens et. al., 2012).
- Individuals cannot foresee the near end, unless there is a presence of a serious medical condition, therefore they tend not to put too much thought into their end of life decisions and may make a poor decision (Klinkenber et. al., 2004).

#### Respect for Human Life.

- If patients do not suffer unbearable/hopeless pain from an illness, or the patients do not suffer from a severe disease, they should NOT have a life ending option readily available (Rurup et. al. 2005).
- The survival of humans demands that life be protected and not easily terminated based on an undesirable will to live (Sansom et. al., 1998).

## Legal Status



## Attitudes

### Physicians:

- Physicians' main concern is whether or not there will be an impact on patient trust if/when they have legal authority to end a life.
- Some argue that trust is essential to the doctor-patient relationship and is established when the physician's actions are intended to heal a patient. However, this may be mistaken as harm when the physician employ euthanasia or PAS. By partaking in the PAS, the trust in the patient-physician relationship could be lowered (Hall, Trachtenberg & Dugan 2005).
- Some believe that euthanasia is a violation of requirement of benevolence (healing, helping, alleviating pain) (Chong & Fork 2005).

### The General Public:

- Attitudes are influenced by the values and expectations embedded in the structure of society in which an individual lives in.
- Practical considerations (age, burden, medical system) play a larger role in attitudes of the public (Chong et. al., 2005).
- The level of the patient's suffering, extent to which the patient requests the life ending treatment, and the degree of the curability of the patient's condition affect attitudes (Freliux et. al., 2005).
- The more suffering there is and the more limited an individual is, the more likely the public is to support or be indifferent rather than object to the idea (Klinkenber et. al., 2004).
- The public believes: the older the patient, the more suffering experienced, the less curable the illness and the more requests that are repeatedly made by the patient for euthanasia or PAS, the more acceptable euthanasia or PAS are viewed to be (Freliux et. al., 2005).

$$\text{Acceptability} = \text{Request} + \text{Age} + \text{Curability}$$

How individuals typically form an opinion on Physician Assisted Suicide or Euthanasia

Figure were adopted from Freliux et. al., 2005

### The Elderly:

- The elderly support euthanasia and PAS more than most of the general public and the physicians. Their support stems from their own concerns about pain, suffering, burden and uselessness that they may feel with regard to their ability to contribute to their family and society (Chong & Fork 2005).
- There is a relationship between psychological factors, environment and cognition. If a crisis arises and an elderly individual is unable to control the outcome, they are more likely to express a yearning to die. For example, the elderly persons with depression, a terminal illness, or Alzheimer's disease are more likely to choose euthanasia or PAS as a course of action. (Robinson et. al., 2001).

## Influence of Social Factors

### 1. Religion.

- Religion is one of the social factors with the most influence on views.
- Many religious groups have a strong opposition because individuals who are religious tend to believe God is the Divine Creator and that he should decide when life should end (Caddell & Newton, 1995; Chong & Fork 2009).
- Conservative Protestants look at The Bible for ultimate authority. They view euthanasia and PAS as a violation of The Bible, in which God is the decision maker in life and the sanctioning of life (Hill, Burdette, & Moulton 2006).
- Moderate Protestants often support autonomy for end of life decisions (Hill, Burdette, & Moulton 2006).
- Liberals are more tolerant because of their focus on individual rights (Hill, Burdette, & Moulton 2006).
- Catholics look toward the Vatican and believe life is sacred and only God should determine the outcome (Hill, Burdette, & Moulton 2006).

### 2. Education.

- Those with higher education tend to support active euthanasia or PAS because they better understand the options and outcomes (Caddell & Newton 1995).
- Euthanasia and PAS are more frequently used by the highly educated (Rurup et. al., 2005; Rietjens et. al., 2012).

### 3. Income.

- Limited research
- There is a correlation between higher income individuals and support for euthanasia and PAS compared to lower income individuals. This suggests attitudes about euthanasia and PAS are based on psycho-emotional behavior rather than financial concerns (Chong & Fork 2009).