Ethics, Euthanasia, and Education

Definitions

Summary of decision

Ethical implications for physicians

Discussion

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Definitions

Euthanasia

– the administration of lethal drugs with the explicit intention of ending the patient’s life, at his or her explicit request

Assisted suicide (AS)

– supply of lethal drugs with the intention of enabling the patient to end his or her life

– In Physician-assisted suicide (PAS), the doctor prescribes the lethal drug. In Assisted Suicide someone else other than the physician assists the person

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“Active” euthanasia: The person actively performs the deed that shortens the persons life (injects the lethal drug) – time of death predictable

“Passive” euthanasia: The ending of life by the deliberate withholding of drugs or other life-sustaining treatment (e.g. removing a ventilator or artificial nutrition)

• EAPC recommends to stop using the term “Passive Euthanasia”

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Voluntary euthanasia: The person gives explicit consent

Non-voluntary euthanasia: Person incapable of giving consent (e.g. severe dementia)

Involuntary euthanasia: The person has not given consent. Against the will of the patient

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Conflicts of Interest or Declarations

Palliative care is a good portion of my practice

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Supreme Court found that the prohibition of physician-assisted death limits the right to life, liberty and security of the person.
The decision rested on the ethics – specifically there is no difference between current end of life practices (withholding life sustaining treatment or providing pain management).

Consequence vs intent was essentially viewed as equivalent

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The other effect was how to protect the vulnerable

– General prohibition with specific exceptions

• Available only to grievously ill, competent, non-ambivalent, voluntary adults who were fully informed as to their diagnosis, prognosis and who were suffering symptoms that could not be treated through means reasonable acceptable to those persons

• People would be free from coercion or duress, with stringent and well-enforced safeguards

• “the risk of harm can be greatly minimized”
“it was feasible for properly qualified and experienced physicians to reliably assess patient competence and voluntariness, that coercion, undue influence, and ambivalence could all be reliably assessed as part of that process.”

Justice Lynn Smith

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“no evidence from permissive regimes that people with disabilities are at heightened risk of accessing physician-assisted dying;”

“no evidence of inordinate impact on socially vulnerable populations in permissive jurisdictions;”

“no compelling evidence that a permissive regime in Canada would result in a ‘practical slippery slope.’”

Justice Lynn Smith
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“deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely”

“denies people in this situation the right to make decisions concerning their bodily integrity and medical care and thus trenches on their liberty”

“by leaving them to endure intolerable suffering it impinges on their security of the person.”
In the end, the Supreme Court declared sections 14 and 241(b) of the *Criminal Code* invalid insofar as they prohibit physician-assisted death for a competent adult person who

1. **clearly consents** to the termination of life; and

2. **has a grievous medical condition** (including an illness, disease, or disability) that is irremediable (cannot be alleviated by means **acceptable to the individual**) and causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

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“Together...we improve the well-being of the people we serve”
“Together...we improve the well-being of the people we serve”
Values in medical Ethics

- Autonomy
- Beneficence
- Non-maleficence
- Justice

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Autonomy

The Crazy Idea That You Get To Choose What You Want With Your Life

“I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!”

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Autonomy

• Complete autonomy
• Limited autonomy
• No autonomy
• Informed consent

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Autonomy

Some cultures defer to doctors for medical decisions

• East Asians
• Vietnamese

Source
“Enhancing Cultural Competency: A Resource Kit.
https://fcrc.albertahealthservices.ca/pdfs/Enhancing_Cultural_Competency_Resource_Kit.pdf

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Beneficence

“I’m from the government, I’m here to help”

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Non-maleficence

“Primum non nocere”

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Justice in medical ethics involves the act of balancing the needs of many against the needs/wants of the one. This would be less if resources are infinite and equally available to all.
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PAS & Euthanasia: An Emotional & divisive topic

Arguments for:
- Respect autonomy & choice
- Alleviate suffering
  - Some persons experience severe suffering despite best palliative care (or prefer not to have palliative care)
- Preserve dignity
- Control the practices
- Avoid futile life prolonging measures
- Improves palliative care

Arguments against:
- Intrinsic wrongness of intentionally ending life
- Avoid abuse by physician: Hippocratic oath
- Erodes trust
- Cannot control it
- Lack of adequate palliative care
- Slippery slope
  - Increased likelihood of abuse
  - Vulnerable persons more vulnerable

Could this be a solution to the conflict between existential/spiritual approach and medical framework for end of life care?
Summary: Why do people ask to end their lives?

- Depressed
- Loss of sense of dignity
  - Including loss of autonomy and control of one’s life
- Loss of functioning and independence
- Feeling hopeless
- Feeling a burden to others
- Socially isolated
- Uncontrolled pain and symptoms

Most often requests for hastening death:
  – Fluctuate
  – Transitory
  – Ambivalent

Often call for help

Only in a few are requests consistent and persistent

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“Together...we improve the well-being of the people we serve”
Depressed
Feeling hopeless
  • Loss of Functioning and Independence
Feeling a burden to others
  • Loss of sense of Dignity
Socially isolated
Uncontrolled symptoms

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Dignity Conserving Care
Dr. Harvey Chochinov

Attitude

Behaviour

Compassion

Dialogue

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Attitude

"Together...we improve the well-being of the people we serve"
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**Attitude**

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Lack of curative options should never rationalize or justify a lack of ongoing patient contact.

Act in a manner that shows the person that they have your complete attention.
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Compassion

“a deep awareness of the suffering of another, coupled with the wish to relieve it.”

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Dialogue

What should I know about you as a person to help me take the best care of you that I can?

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Suicide is NOT the answer

Stranger: Suicide is not the answer.
You: It is sometimes
You: for example
You: if someone said
You: "what is it called when you kill yourself"

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## Countries that legalize or allow euthanasia and physician assisted suicide

<table>
<thead>
<tr>
<th>Country</th>
<th>Euthanasia</th>
<th>PAS</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>✅</td>
<td>✅</td>
<td>Started allowing in 1970’s; Several guidelines passed 1980’s &amp; 1993 Legalized in 2001</td>
</tr>
<tr>
<td>Belgium</td>
<td>✅</td>
<td></td>
<td>Legalized in 2002</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>✅</td>
<td>✅</td>
<td>Legalized in 2008</td>
</tr>
<tr>
<td>Oregon, USA</td>
<td>illegal</td>
<td>✅</td>
<td>Legalized in 1997</td>
</tr>
<tr>
<td>Washington State, USA</td>
<td>illegal</td>
<td>✅</td>
<td>Legalized in 2009</td>
</tr>
<tr>
<td>Montana, USA</td>
<td>illegal</td>
<td>(✓)</td>
<td>2009/2010</td>
</tr>
<tr>
<td>Switzerland</td>
<td>illegal</td>
<td>✓</td>
<td>Allowed since mid 1900’s</td>
</tr>
</tbody>
</table>
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Legality of Euthanasia (as of June 2015)
• Legal in Netherlands, Belgium, Colombia, Luxembourg.

Assisted Suicide
• Switzerland, Germany, Japan, Albania, US (Washington, Oregon, Vermont, New Mexico, Montana)

Criminalized
• Mexico, Thailand, Australia (Northern Territory)
Ongoing debate in several countries

- France – allow terminally ill people to cease treatment and enter a “deep sleep” until they die
- United Kingdom – no charges have been laid
- Australia – prosecutions are rare
- Canada – no law at this time
- Several USA states
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- **Pygmalion effect** – the phenomenon whereby higher expectations lead to an increase in performance

- **Golem effect** – the phenomenon wherein low expectations lead to a decrease in performance

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What influences the threshold of a physician to turn to:

- A Pharmacological approach
- Palliative Sedation
- Euthanasia if available

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“What doesn’t kill you, makes you stronger

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• Definitions
  – New Form 16 (Certificate of Death)
  – Redefining Coroner’s Act – this would not be considered a natural death
  – Need specific defining
    • Define intolerable
    • Define life limiting condition or terminal condition – a necessary condition
    • What would be considered inadmissible

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Issues at hand

– Definition of unbearable suffering
  • Legal definition, or medical definition

Terminal disease – life expectancy

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Doctors euthanize deaf Belgian identical twins who could not bear to go blind

Bruno Waterfield, The Daily Telegraph, National Post Wire Services | 13/01/13 | Last Updated: 13/01/14 9:23 AM ET

More from National Post Wire Services

PHILIPPE HUGUEN (AFP/Getty Images) Just days after the twins were killed by doctors, Belgium’s ruling Socialists, lead by Thierry Gelet, tabled a legal amendment that will allow the euthanasia of children and Alzheimer’s sufferers. The controversial change will allow minors and people suffering from dementia to seek permission to die. Identical twins have been killed by Belgian doctors in a unique case under the country’s euthanasia laws.

The 45-year-old brothers from the Antwerp region were born deaf and sought euthanasia after finding out that they would soon go blind. They told doctors that they were unable to bear the thought of not being able to see each other again.

Related
- Quebec urged to legalize euthanasia
- 67% of Canadians support legalizing assisted suicide: poll
- Matt Gurney: Euthanasia a right long denied
- Alex Schadenberg: Legalizing euthanasia would leave the vulnerable unprotected

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Autonomy

Physicians’ Autonomy?

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The patient's autonomy always, always should be respected, even if it is absolutely contrary - the decision is contrary to best medical advice and what the physician wants.

Jack Kevorkian

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• Autonomy of physicians
  – Exemption?
  – Medical school curriculum – training?
  – Referral system for on demand
  – Medico-legal ramifications – if failure

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Anti-abortion MDs must refer for abortions, watchdog says
The CPSO has approved a new policy, requiring MDs who consciously object to providing some services to refer patients elsewhere.

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Catholics doctors who reject abortion told to get out of family medicine

BY MICHAEL SWAIN, THE CATHOLIC REGISTER
December 17, 2016

Catholic doctors who won’t perform abortions or provide abortion referrals should leave family medicine, says an official of the College of Physicians and Surgeons of Ontario.

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Criteria for eligibility

– Have all options failed?
– Consideration for “optimal” wait time
– Review Panel – before (can refuse) or after (will homicide rules apply – in this case would be premeditated)
– Requirement for a will
– Requirement for organ donation when possible
Impact on Oncology and Palliative Care

– Separation of the roles of palliative Care physicians as well as oncologists
  • Confusion of roles in the terminal phase of the actively dying patient
  • Intent is important – palliative knowledge not disseminated

– Decrease in research opportunities
  • Research Ethics Boards

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Family physicians changing scope of practice (limiting)

Clinical Practice Guidelines

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(or discussion)

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