

The current practice of physician-assisted suicide in psychiatry

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Mood disorders and disturbances NEC
Study type	Observational non invasive

Summary

ID

NL-OMON48521

Source

ToetsingOnline

Brief title

Physician-assisted suicide in psychiatry

Condition

- Mood disorders and disturbances NEC

Synonym

all psychiatric disorders

Research involving

Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum

Source(s) of monetary or material Support: Stichting NVVE

Intervention

Keyword: euthanasia, physician-assisted suicide, psychiatric patients, psychiatry

Outcome measures

Primary outcome

Endpoints of the study are the views and experiences of psychiatric patients, their relatives and Dutch GP's with requests for euthanasia in psychiatry.

Secondary outcome

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Study description

Background summary

Under certain conditions, the Netherlands allows a doctor to perform euthanasia or physician-assisted suicide (hereafter: euthanasia). These conditions are formulated in the Dutch euthanasia-act (WTL). After the Chabot-arrest in 1994, it became clear that not only patients with somatic conditions are eligible for euthanasia, because it was decided that not the nature of the suffering, but the severity of the suffering was the guiding principle. This provided the possibility for psychiatric patients to request euthanasia. This research will focus on this category of patients.

The number of psychiatric patients who received euthanasia has grown from 0 in 2002 to 83 in 2016. Also the estimated number of requests has risen, from 320 in 1995 to 1100 in 2016. Although the numbers are relatively low and most of the requests are denied, euthanasia in psychiatry has evoked a strong debate. Literature on the subject is mostly ethically argumentative or quantitative in nature, qualitative empirical data is lacking. The reason that this research was set up, is to gain insight into the experiences and views of those directly involved: patients with a psychiatric disorder, their relatives and general practitioners. Research among psychiatrists has already been conducted within the framework of the third evaluation of the WTL, so this group will not be included in this research. Although a lot has been said about the patients involved, nobody spoke with them about the subject matter. Scientific literature into the experiences and views of the category patients that the debate revolves around is lacking. This research will therefore primarily focus on the main parties involved: the patient and his environment. In addition to providing information about the patient's experiences, the family members and

other relatives themselves also have an interest, they are to a large extent affected by the death wish and the request for euthanasia of their family member or relative. It is also important to gain insight into the experiences and views of general practitioners in the Netherlands. They are faced with requests from psychiatric patients (a quarter of the euthanasia requests in 2016 were carried out by the general practitioner), but little or nothing is known about their views on this, their experiences and how they assess these requests. Moreover, they usually also take care of the relatives of psychiatric patients with a death wish (sometimes they are both the general practitioner of the patient and the family). This research will provide insight into the practice of life termination in psychiatric patients, which contributes to the quality of care around their end of life. Doctors and patients all benefit from a good quality of end-of-life decisions and this research meets the need for knowledge that is needed for this.

Study objective

The number of psychiatric patients who received euthanasia has grown from 0 in 2002 to 83 in 2016. Also the estimated number of requests has risen, from 320 in 1995 to 1100 in 2016. Although the numbers are relatively low and most of the requests are denied, euthanasia in psychiatry has evoked a strong debate. Literature on the subject is mostly ethically argumentative or quantitative in nature, qualitative empirical data is lacking. The reason that this research was set up, is to gain insight into the experiences and views of those directly involved: patients with a psychiatric disorder, their relatives and general practitioners. This research will provide insight into the practice of life termination in psychiatric patients, which contributes to the quality of care around their end of life. Doctors and patients all benefit from a good quality of end-of-life decisions and this research meets the need for knowledge that is needed for this.

Study design

This is an observational study with qualitative interviews. We will conduct qualitative research by means of in-depth interviews with psychiatric patients, their relatives and general practitioners. The interviews will last approximately 1 to 1.5 hours, and will focus on the experiences and views of the aforementioned groups.

Study burden and risks

This is a non-therapeutic study, so there is no risk regarding physical or physiological aspects. This study will also not focus on incapacitated or underage persons. However, this study does involve psychiatric patients with a death wish. Although we focus on legally competent psychiatric patients, we will nevertheless have to consider any incapacity to cooperate in the study. In

addition, there is the risk of emotional distress following the interview. We believe that these risks can be minimized by means of the precautions that have been taken, in the form of training the researcher on legal competence and informing the attending physician in advance about cooperation in the interview.

The attending doctor will be informed about the risk of emotional disorder, so that the respondent can turn to this doctor for any help. Cooperation in the interview without informing the doctor will not take place.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

competent adult patients with a psychiatric illness with a wish for physician-assisted suicide;
their treating physicians and relatives

Exclusion criteria

mental incompetence
under 18 years of age

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 28-11-2019

Enrollment: 60

Type: Actual

Ethics review

Approved WMO

Date: 29-08-2019

Application type: First submission

Review commission: METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL68367.018.18