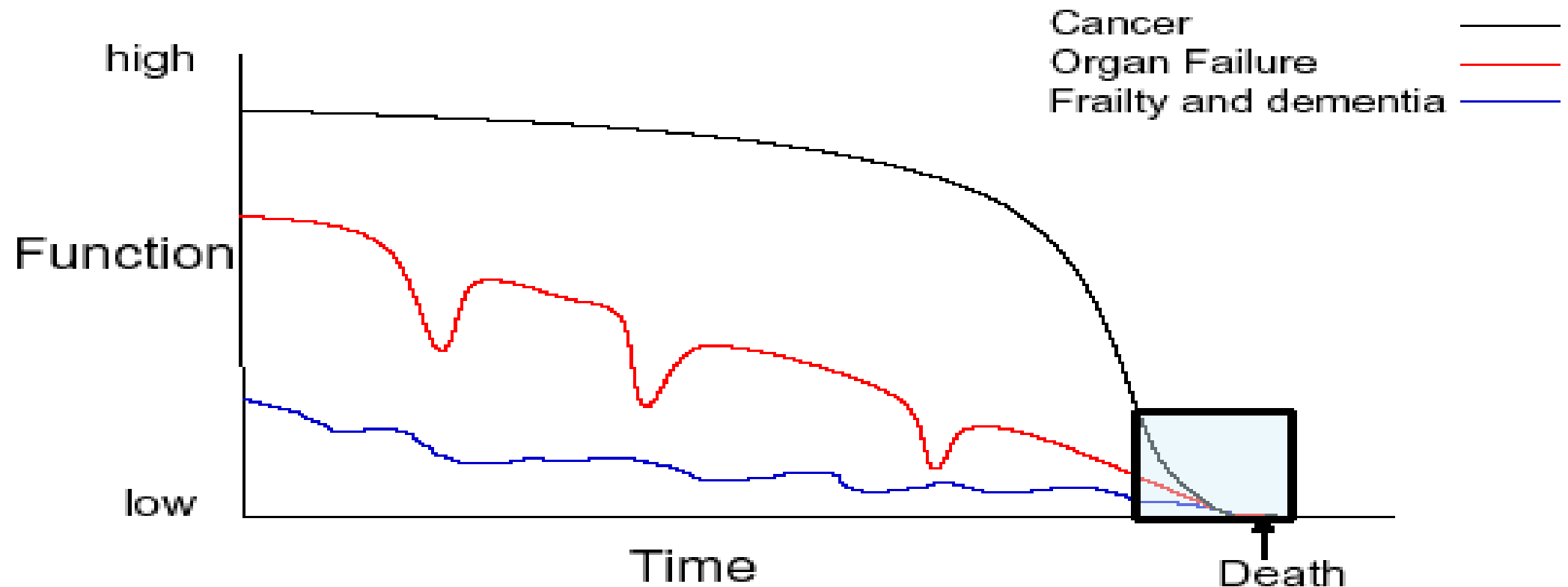


Ethical issues at the end of life

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KATEDRA OPIEKI PALIATYWNEJ CM UMK

Background – trajectories of dying



Source: Lynn, J., & Adamson, D. M. (2003). *Living well at the end of life. Adapting health care to serious chronic illness in old age*. RAND CORP SANTA MONICA CA.

Palliative Care

WHO definition [2002]

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the **prevention and relief of suffering** by means of **early identification** and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Center to Advance Palliative Care

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially trained team of palliative care physicians, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

It is important to note that palliative care is based on need, not prognosis

- ▶ **Affirms life and accept the dying/death as a natural process**
- ▶ **Intends neither to hasten nor postpone death**

Euthanasia - a physician (or other person) intentionally killing a person by the administration of drugs, at that person's voluntary and competent request.

The Netherlands (2001; >12 years); Belgium (2002; since 2014–no age restriction at all if child suffered from terminal illness); Luxembourg (2009)
Requirement – unbearable suffering (physical or psychological), with no prospect of improvement

„Medical aid in dying”

Colombia (2015); Canada (since April 2016) „medical aid in dying”

Australia–Victoria (2019), Western Australia, Tasmania, Queensland. South Australia (since 31 January 2023) i New South Wales (since 28 November 2023; New Zealand (since X 2021); Spain (since 2021)

Assisted suicide (AS) - a person intentionally helping another person to terminate his or her life, at that person's voluntary and competent request.

Switzerland (1942)

Physician assisted suicide (PAS) – a physician intentionally helping a person to terminate his or her life by providing drugs for self-administration, at that person's voluntary and competent request.

The Netherlands, Belgium, Luxembourg

Some states of USA, for example Oregon (1994); Washington (2008); Montana (2009); Vermont (2013); California (X 2015), Washington DC (2017), Colorado (2017), Hawaje (2019), New Jersey (2019), Maine (2019), New Mexico (2021);

Canada

Australia – as in case of euthanasia; New Zealand (since X 2021); Spain (since 2021); Germany , Austria

Sedation „on demand”

France (I 2016) “profound and continuous sedation, impairing consciousness until death, associated with pain-killers and an end to all life-sustaining treatment (including hydration) on patient's demand”

In the Netherlands:

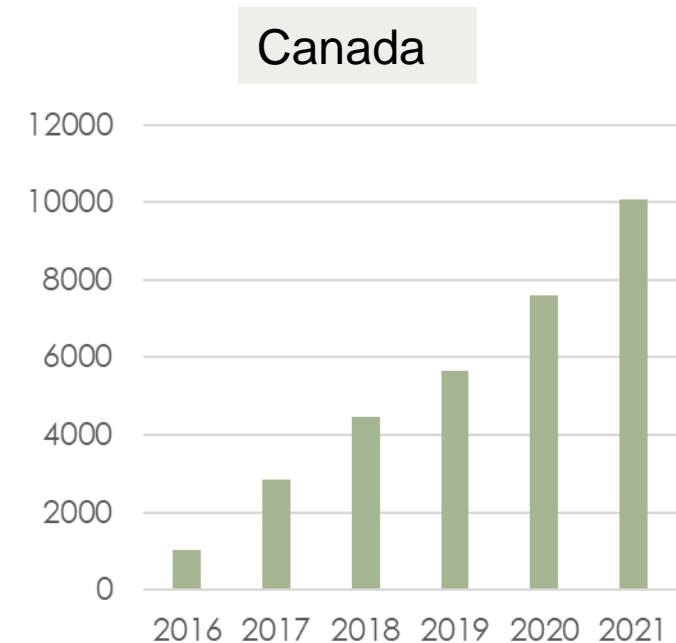
- ▶ In 2021 - 7,666 „notification of euthanasia” (**4.5% deaths**)
- ▶ In 2021 - ↑ both as a number and as % of all death compared to 2020 - 10.5% and 0.4%, respectively
- ▶ <https://wfrtds.org/dutch-euthanasia-review-committees-published-report-2021/>

In Canada:

Frequency of „assisted deaths” have risen nearly 10-fold (1,015 to 10,064 in 6 years (2016 to 2021)).

During this time - 31,664 died as the result of „medical aid in dying” (**3.3% all deaths in Canada**)

↑ „assisted death” with time



In the Netherlands:

▶ In 2017:

- ▶ - almost 6,600 cases of euthanasia
- ▶ - 1,900 physician assisted suicides
- ▶ - 32,000 people who died under terminal sedation – in theory, succumbing to their illness while cocooned from physical discomfort, but in practice often dying of dehydration while unconscious (it is not palliative sedation!!!)
- ▶ -over a quarter of all deaths in 2017 in the Netherlands were induced
- ▶ **(euthanasia also patients with dementia and psychiatric patients).**
- ▶ **protocol from Groningen – euthanasia of newborn.**

Slippery slope due to introducing euthanasia/PASe

In the Netherlands cc. 0.4% of all deaths are instances of medicalized killing without an explicit request from the patient.

Abuse of „terminal” sedation.

Extension of indications (in Belgium – no age restrictions; in the Netherland – depression and dementia as indications for euthanasia)

In the Netherlands termination the lives of newborn infants if they are born with serious disorders (f.ex. spina bifida) that termination of life is regarded by physician and parents as the best option (Gronningen protocol)

Social impact (in Belgium, a tendency of family members to consider the dying process as undignified, useless and meaningless, even if it happens peacefully.

Organ donation euthanasia

Promotion of the suicide.

AP

Euthanasia and advanced directives

Dutch court approves euthanasia in advanced dementia cases

By MIKE CORDER April 21, 2020



THE HAGUE, Netherlands (AP) — The Netherlands' highest court ruled Tuesday that doctors can carry out euthanasia in patients with advanced dementia if the patient has earlier made a written directive.

The Supreme Court ruling solidifies in law a practice that already was being carried out on rare occasions in the Netherlands.

Dutch euthanasia advocacy group NVVE welcomed the ruling, saying in a statement that the decision should help doctors “to feel strengthened and supported if they want to carry out euthanasia on a patient with dementia.”

The case before the Supreme Court revolved around a district court's acquittal last year of a doctor who in 2016 carried out euthanasia on a 74-year-old woman. Prosecutors argued at the doctor's trial in The Hague there were indications the woman might have changed her mind since she declared her wish to be euthanized in a written statement.

Trending on AP News

Belgian Modified Classification for Donors After Circulatory Death

Uncontrolled DCD

I	Dead on arrival	Includes victims of a sudden death, whether traumatic or not, occurring out of or in the hospital and who, for obvious reasons, have not been resuscitated.
II	Unsuccessful resuscitation	Includes patients who have a CA and in whom CPR has been applied and was unsuccessful. CA occurs out of or in the hospital, being attended by healthcare personnel with immediate initiation of CPR.

Controlled DCD

III	Awaiting cardiac arrest	Includes patients in whom withdrawal of life-sustaining therapies is applied, as agreed on within the healthcare team and with the relatives or representatives of the patient.
IV	Cardiac arrest while brain dead	Includes patients who have a CA during a DBD procedure.
V	Euthanasia	Includes patients who grant access to medically assisted circulatory death.

Evrard P on behalf of the Belgian Working Group on DCD National Protocol. Belgian Modified Classification of Maastricht for Donors After Circulatory Death. *Transplant Proc* 2014, 46:3138-42.

ODE – models

1: Patient residence



Private
versus
Presence of
medics/paramedics and
monitoring
versus
Private with just family
and MAiD provider

2: Transport to hospital



Private
versus
Deceased
versus
Under sedation or
anesthesia

3: Hospital stay



Awake, presence of
medics/paramedics and
MAiD provider
versus
Deceased
versus
Under sedation or
anesthesia

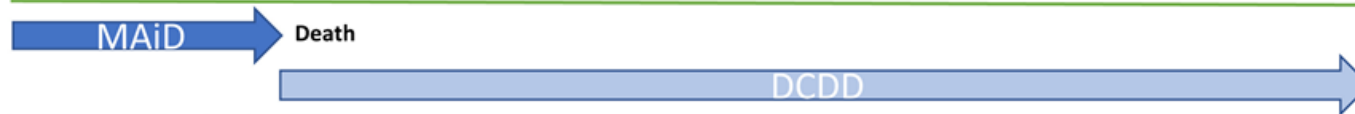
4: Transplantation



A: ODE



B: Canadian ODEH: MAiD completed at residence, followed by lung-only DCDD



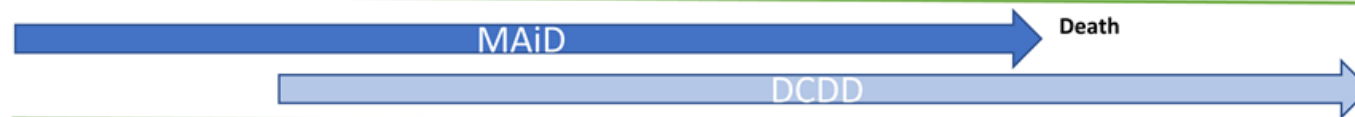
C: Dutch-II/III ODEH: "hospital-to-home" MAiD and DCDD started at residence



D: Spanish ODEH: MAiD provided in hospital



E: Dutch-I ODEH: "home-to-hospital" MAiD started at residence



Mulder et al. Practice and challenges for organ donation after medical assistance in dying: A scoping review including the results of the first international roundtable in 2021. Am J Transplant. 2022 Dec;22(12):2759-2780

„Euthanasia donors accounted for 12.8% of all lung DCDs. Immediate post-transplant graft function and long-term outcome in recipients was excellent. **More euthanasia donors are to be expected with more public awareness**”

Raemdonck et al. Lung transplantation with grafts recovered from euthanasia donors. Interact CardioVasc Thorac Surg (2013) 17 (suppl 1): S1-S62. doi:10.1093/icvts/ivt288.99

„The dead donor rule states that donation should not cause or hasten death. Since a patient undergoing euthanasia has chosen to die, it is worth arguing that the no-touch time (depending on the protocol) could be skipped, limiting the warm ischaemia time and contributing to the quality of the transplanted organs . **It is even possible to extend this argument to a ‘heart-beating organ donation euthanasia’ where a patient is sedated, after which his organs are being removed, causing death.**”

Bollen J et al. Legal and ethical aspects of organ donation after euthanasia in Belgium and the Netherlands. J Med Ethics 2016



The world's first 3D-printed euthanasia pod 'The Sarco'

„The Sarco uses liquid nitrogen to rapidly lower the oxygen level within the capsule (like the depressurization of a plane). On activation from inside the capsule, there is a rapid drop in oxygen level, followed by a peaceful death a few minutes later. „

„The Sarco capsule is detachable and can be used as a coffin for burial or cremation. The mechanism within the base is infinitely reusable.”



Elderly woman's hands - Credit: fteikov / DepositPhotos - License: DepositPhotos

HEALTH POLITICS COMPLETED LIFE FULL LIFE EUTHANASIA COUNCIL OF STATE » MORE TAGS
FRIDAY, 20 MAY 2022 - 19:15

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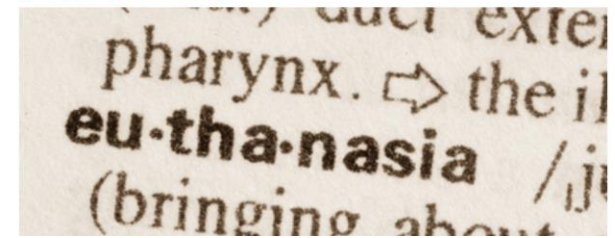
Completed life euthanasia proposal needs more safeguards against misuse: Council of State

The Council of State believes that the [bill for euthanasia at the end of a full life](#) is not yet good enough. It needs more safeguards to establish that people are really eligible for euthanasia, the advisory body determined in December 2020. The advice was only published on Friday.

The law revolves around euthanasia for non-terminally ill people who want to die. According to the Council of State, it is important to establish that people really want to die, have thought about it thoroughly, no longer have any doubts, and that their wish for death is not related to other issues, like financial problems. The Council of State recommended building in more safeguards before the bill drafted by former D66 MP Pia Dijkstra is considered.

Euthanasia law proposed for healthy over-75s who feel their lives are complete

Politics Society July 19, 2020 - By Senay Boztas



Features

Dutch destinations: take a walk in the wild Westerkwartier in Groningen

DutchNews podcast – The Nightmares at the Binnenhof Edition – Week 41

Thinking about buying a house? Don't forget you'll need a home office

Playing around with social robots in healthcare

'I was new here, and we saw 30 or 40 people on bicycles and they were naked!'

The legislative proposal allows people over the age of 75 who feel that they have come to the end of their life and have a persistent wish to die to ask for euthanasia. "There is a group of elderly people who have finished their lives. They say: I go to sleep every night with the hope that I won't wake up again. I want to make euthanasia possible for that group under strict conditions," Dijkstra said to AD.

<https://nltimes.nl/2020/07/17/submission-euthanasia-completed-life-law-causing-strife-among-coalition-parties>

The European Association for Palliative Care position paper states that euthanasia is not a part of palliative care.

Wish to hastened death ?

- 1. Manifestation of the will to live**
- 2. Gesture of altruism**
- 3. A despairing cry depicting of the misery of the current situation („I do not want to live like that/under present condition”)**
- 4. Acute crisis/suffering**
- 5. Crying for help**
- 6. Crying for attention**
- 7. Manifestation of the last control the dying can exert**
- 8. Trial to manipulate own family /carers**
- 9. The only way to discuss his own death**

Palliative sedation – accepted in Palliative Care

(different from sedation on demand from France or terminal sedation from the Netherlands/Belgium)

Rarely

Only in intolerable suffering due to the **very severe REFRACTORY physical symptoms,**

Only in dying patient

According to this/her will

Allowing him/her first to make what is important before he/she dies

Proportionally (the depth of sedation proportional to the suffering/effects and a state of "**conscious sedation,**" in which the ability to respond to verbal stimuli is retained, may provide adequate relief)

Monitoring

Assessment of short-term intermittent sedation

Potentially reversible

Do not shorten life

Dr Cicely Saunders (1918-2005)



'You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die.'