



# ***Osteopathic EPEC***

**Education for Osteopathic Physicians on End-of-Life Care**

*Based on The EPEC Project, created by the American Medical Association and supported by the Robert Wood Johnson Foundation. Adapted by the American Osteopathic Association for educational use.*



AMERICAN OSTEOPATHIC ASSOCIATION

**American Osteopathic Association**  
**AOA: Treating our Family and Yours**

# **Module 5**

# **Physician-Assisted Suicide**



# Objectives

- Define physician-assisted suicide (PAS) and euthanasia
- Describe their current status in the law
- Identify root causes of suffering that prompt requests



# **. . . Objectives**

- **Understand a 6-step protocol for responding to requests**
- **Be able to meet most patients' needs**



# Physician-assisted suicide/euthanasia . . .

- Ancient medical issue
- Aiding or causing a suffering person's death
  - physician-assisted suicide
    1. physician provides the means, patient acts
  - euthanasia
    - physician performs the intervention



# . . . Physician-assisted suicide / euthanasia

- Many physicians receive a request
- Requests are a sign of patient crisis



# Why patients ask for PAS

- Asking for help
- Fear of
  - psychosocial, mental suffering
  - future suffering, loss of control, indignity, being a burden
- Depression
- Physical suffering



# The legal and ethical debate . . .

- **Principles**
  - obligation to relieve pain and suffering
  - respect decisions to forgo life-sustaining treatment
- **The ethical debate is ancient**
- **US Supreme Court recognized**
  - **No right to PAS**



# . . . The legal and ethical debate

- The legal status of PAS can differ from state to state
- Oregon is the only state where PAS is legal (as of 1999)
- Supreme Court Justices supported
  - right to palliative care



# **6-step protocol to respond to requests . . .**

- 1. Clarify the request**
- 2. Assess the underlying causes of the request**
- 3. Affirm your commitment to care for the patient**



# **. . . 6-step protocol to respond to requests**

- 4. Address the root causes of the request**
- 5. Educate the patient and discuss legal alternatives**
- 6. Consult with colleagues**



# Step 1: Clarify the request

- Immediate, compassionate response
- Open-ended questions
- Suicidal thoughts, plans?
- Be aware of
  - personal biases
  - potential for counter-transference



# Step 2: Assess underlying causes . . .

- **The 4 dimensions of suffering**
  - physical
  - psychological
  - social
  - spiritual



# . . . Step 2: Assess underlying causes

- Particular focus on
  - fears about the future
  - depression, anxiety



# Assess for clinical depression . . .

- Underdiagnosed, undertreated
- Source of suffering
- Barrier to life closure, “good death”
- Diagnosis challenging
  - no somatic symptoms
  - helplessness, hopelessness, worthlessness



# . . . Assess for clinical depression

- Treatment choices depend on time available
  - fast-acting psychostimulants
  - SSRIs
  - tricyclic anti-depressants



# Psychosocial suffering, practical concerns . . .

- Sense of shame
- Not feeling wanted
- Inability to cope
- Loss of
  - function
  - self-image
  - control, independence



# . . . Psychosocial suffering, practical concerns

- Tension with relationships
- Increased isolation, misery
- Worries about practical matters
  - who caregivers will be
  - how domestic chores will be tended to
  - who will care for dependents, pets



# Physical suffering

- Pain
- Breathlessness
- Anorexia/  
cachexia
- Weakness/  
fatigue
- Loss of function
- Nausea/vomiting
- Constipation
- Dehydration
- Edema
- Incontinence



# Spiritual suffering

- Existential concerns
- Meaning, value, purpose in life
- Abandoned, punished by God
  - questions faith, religious beliefs
  - anger



# Common fears

- Future
- Pain, other symptoms
- Loss of control, independence
- Abandonment, loneliness
- Indignity, loss of self-image
- Being a burden on others



# Step 3: Affirm your commitment

- Listen, acknowledge feelings, fears
- Explain your role
- Commit to help find solutions
- Explore current concerns



# Step 4: Address root causes

- Professional competence in:
  - Withholding / withdrawal interventions
  - aggressive comfort measures
  - palliative care principles
  - local palliative care programs
- Address suffering, fears



# Address psychological suffering

- **Treat**
  - depression
  - anxiety
  - delirium
- Individual, group counseling
- Specialty referral as appropriate



# Address social suffering, practical concerns . . .

- Family situation
- Finances
- Legal affairs



# **. . . Address social suffering, practical concerns**

- What setting of care**
- Who caregivers will be**
- How to manage domestic chores**
- Who will care for dependents, pets**



# Address physical suffering...

- Aggressive symptom management
- *Maximize residual functional capacity utilizing Osteopathic Manipulative Treatment*
- Engage other health professionals
  - Nursing, Physical therapy, Occupational therapy, Pharmacy, Dietary, Counseling



# ...Address spiritual suffering

- **Explore**
  - prayer
  - transcendental dimension
  - meaning, purpose in life
  - the power of touch
  - gift giving, legacies
- **Consult chaplain, psychiatrist, psychologist**



# Address fear of loss of control . . .

- Explore areas of control, independence
- Right to determine one's own medical care
  - accept or refuse any medical intervention
  - life-sustaining therapies



# . . . Address fear of loss of control

- **Select**
  - personal advocate(s)
  - proxy for decision-making
- **Prepare advance directives**
- **Plan for death**
- **Make a commitment to help patient maintain as much control as possible**



# Address fear of pain, other symptoms

- **Explain**
  - control of pain, other symptoms
  - sedation for intractable symptoms
- **Commitment to manage symptoms**



# Address fear of being a burden

- **Establish specifics**
  - **worry about caregiving**
    1. family willing
    2. alternate settings
  - **worry about finances**
    - resources, services available
- **Refer to a social worker**



# Address fear of indignity

- Discuss what indignity means to the individual
  - dependence, burden, embarrassment
- Importance of control
- Explore resources to maintain dignity
- Reassure patient



# Address fear of abandonment

- Assurance that physician will continue to be involved in care
- Resources provided by hospice and palliative care



# Step 5: Educate, discuss legal alternatives

- Information giving
- Refusal of treatment
- Withdrawal of treatment
- Declining oral intake
- Sedation



# Decline oral intake . . .

- Any person can decline oral intake
- Force-feeding not acceptable
- Ensure food, water always accessible



# **. . . Decline oral intake**

- **Accept / decline artificial hydration, nutrition**
- **Educate, support family members, caregivers**
  - **re-focus their need to give care**



# **End-of-life sedation . . .**

- **When symptoms are intractable at the end of life**
- **Continuous, intermittent**
- **Death attributed to illness, not sedation**



# **. . . End-of-life sedation**

- Benzodiazepines**
- Anesthetics**
- Barbiturates**
- Continue analgesics**



# Step 6: Consult with colleagues

- **Seek support from trusted colleagues**
- **Reasons for reluctance to consult**



# Physician-Assisted Suicide Summary

