1

University of Glasgow

Palliative Care Opposition to Assisted Dying

WHO definition: “neither hasten nor postpone death”

Most palliative care associations around the world are opposed and are often vocal in their opposition

2

University of Glasgow

Legalisation

what happens next …?

3

University of Glasgow

Literature Review

Wellcome funded case study
Systematic Scoping Review
Published 2020
Surprisingly little literature
WHY?

Vol. 59 No. 6 June 2020 Journal of Pain and Symptom Management 1287

Review Article

The Relationship of Palliative Care With Assisted Dying Where Assisted Dying is Lawful: A Systematic Scoping Review of the Literature

Sheri Mila Gerson, PhD, Gitte H. Koksvik, PhD, Naomi Richards, PhD, Lars Johan Materstvedt, PhD, and David Clark, PhD
School of Interdisciplinary Studies (S.M.G., G.K., N.R., L.J.M., D.C.), Dumfries Campus, University of Glasgow, Scotland, United Kingdom; and Faculty of Humanities (L.J.M.), Department of Philosophy and Religious Studies, Norwegian University of Science and Technology (NTNU), Trondheim, Norway

Abstract

Context. A central approach of palliative care has been to provide holistic care for people who are dying, terminally ill, or facing life-limiting illnesses while neither hastening nor postponing death. Assisted dying laws allow eligible individuals to receive medically administered or self-administered medication from a health provider to end their life. The implementation of these laws in a growing number of jurisdictions therefore poses certain challenges for palliative care.

Objectives. To analyze the research literature about the relationship of assisted dying with palliative care, in countries where it is lawful.

Methods. A five-stage scoping review process was adapted from the Joanna Briggs Institute. Data sources searched through October 2018 were MEDLINE, CINAHL, PsychINFO, SCOPUS, and ProQuest dissertations and theses, with additional material identified through hand searching. Research studies of any design were included, but editorials or opinion articles were excluded.

Results. After reviewing 5778 references from searches, 105 were subject to full-text review. About 16 studies were included: from Belgium ($n = 4$), Canada ($n = 1$), Switzerland ($n = 2$), and the U.S. ($n = 9$). We found that the relationship between assisted dying and palliative care practices in these locations took varied and sometimes combined forms: supportive, neutral, coexisting, not mutually exclusive, integrated, synergistic, cooperative, collaborative, opposed, ambivalent, and conflicted.

Conclusion. The studies in this review cast only partial light on challenges faced by palliative care when assisted dying is legal. There is pressing need for more research on the involvement of palliative care in the developing practices of assisted dying, across a growing number of jurisdictions. J Pain Symptom Manage 2020;59:1287–1303. © *2020 The Authors. Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).*

Key Words
Assisted suicide, euthanasia, assisted dying, palliative care, hospice

REFERENCE

Gerson, S.M., Koksvik, G.H., Richards, N. et al. (2020)The Relationship of Palliative Care With Assisted Dying Where Assisted Dying is Lawful: A Systematic Scoping Review of the Literature, Journal of Pain and Symptom Management, 59(6):1287-1303.e1,

4

Varied and Contested

BELGIUM: 4 studies – integral and synergistic relationship

CANADA: 1 study (Toronto) – institutional processes can accommodate conscientious objections – collaborative, integrative

SWITZERLAND: 2 studies – not offered as part of PC – ambivalent, cooperative, opposed

OREGON & WASHINGTON: 9 studies – co-operative, not mutually exclusive but also conflicted and opposed

5

Key Issues as of 2023

Can have AD without PC supporting it - **HOWEVER**

Without support, access can be impeded, suffering exacerbated

Inevitable involvement (even if indirect)

Often a lack of clear guidance, training etc.

Grey areas, staff confusion/unease

Conscientious objection: individual & institutional

Fears that administering AD takes time and resource away from PC

6

Conclusion

Attitudes of palliative care professionals can shift post-legalization and become more supportive

Cultural shifts within healthcare (as social stigma declines)

Significant procedural challenges post-implementation

7

8