

Palliative ch members' attitudes towards assisted suicide: a mixed methods study



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Overview of the presentation

- Context
- Research questions
- Preliminary results
- Network built and interprofessional collaboration
- Next steps
- Lessons learned



Context

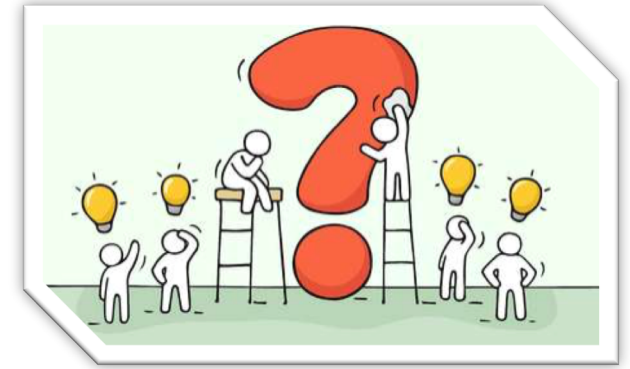
Assisted suicide in Switzerland is mainly performed by right-to-die societies. Health care professionals' involvement is underestimated and clinical recommendations addressing how to respond to assisted suicide requests are missing.

Palliative care has traditionally been perceived as generally opposed to assisted suicide, but little is known about palliative care professionals' views, experiences and practices in responding to requests for assisted suicide.

Models of interaction between palliative care and assisted dying

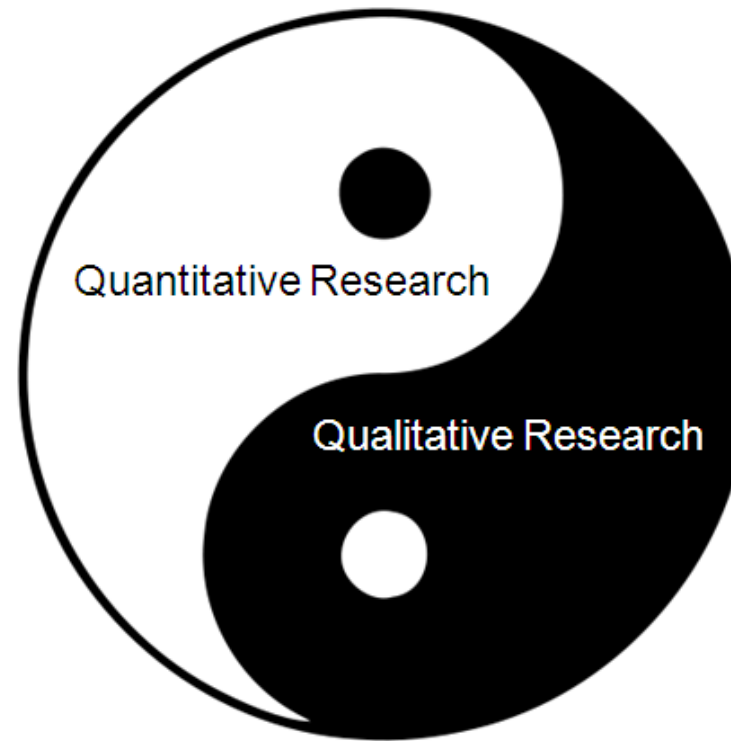
- Refusal: in this model euthanasia and/or AS are seen as mutually exclusive. (Pereira et al., 2006; Pereira et al., 2012; De Lima et al., 2017).
- Studied neutrality: as “the careful or premeditated practice of being neutral in the dispute about euthanasia”; in this model the principles of equality, individual autonomy and tolerance are core values underpinning. (Quill et al., 2003; Johnstone et al., 2012).
- “Euthanasia accompaniement”: when euthanasia and/or AS are seen as part of good general care and they are provided within palliative care only in name of the “non abandonment principle”. (Bernheim et al., 2014).
- Integral palliative care: euthanasia and/or AS are seen as an integral part of palliative. (Bernheim et al., 2014).

Research questions

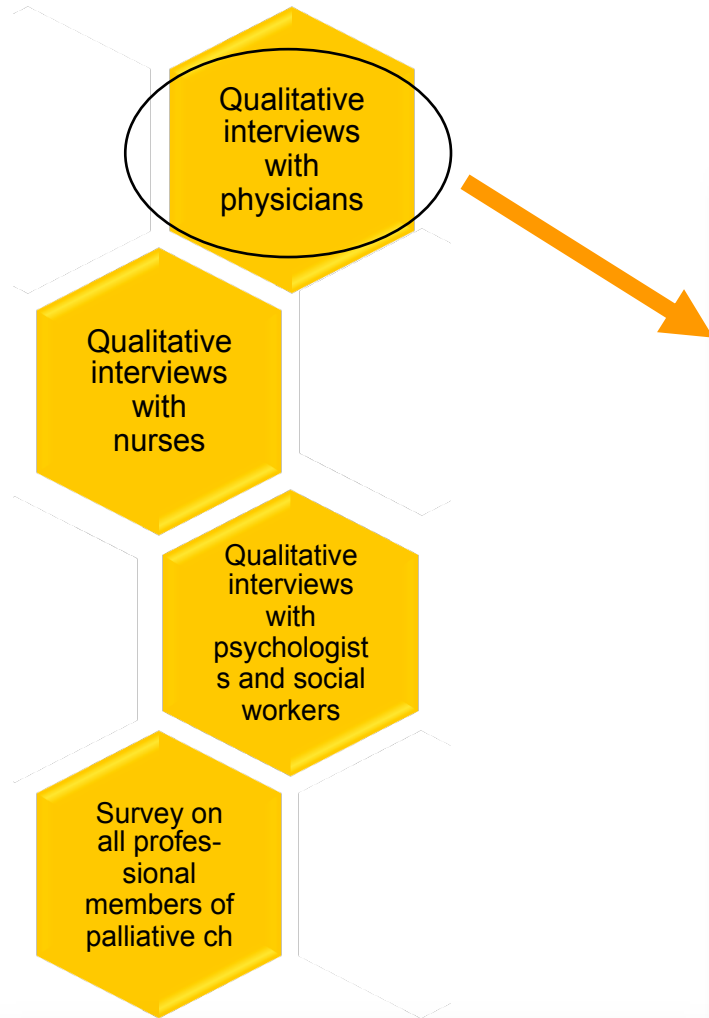


- What are the perspectives and involvement of the members of palliative CH regarding assisted suicide practices in relation to palliative care?
- What are their views on developing future legislation and recommendations in AS in Switzerland?
- Do the attitudes of nurses' and other health care professionals' working in palliative care differ from those of physicians?

Mixed methods methodology

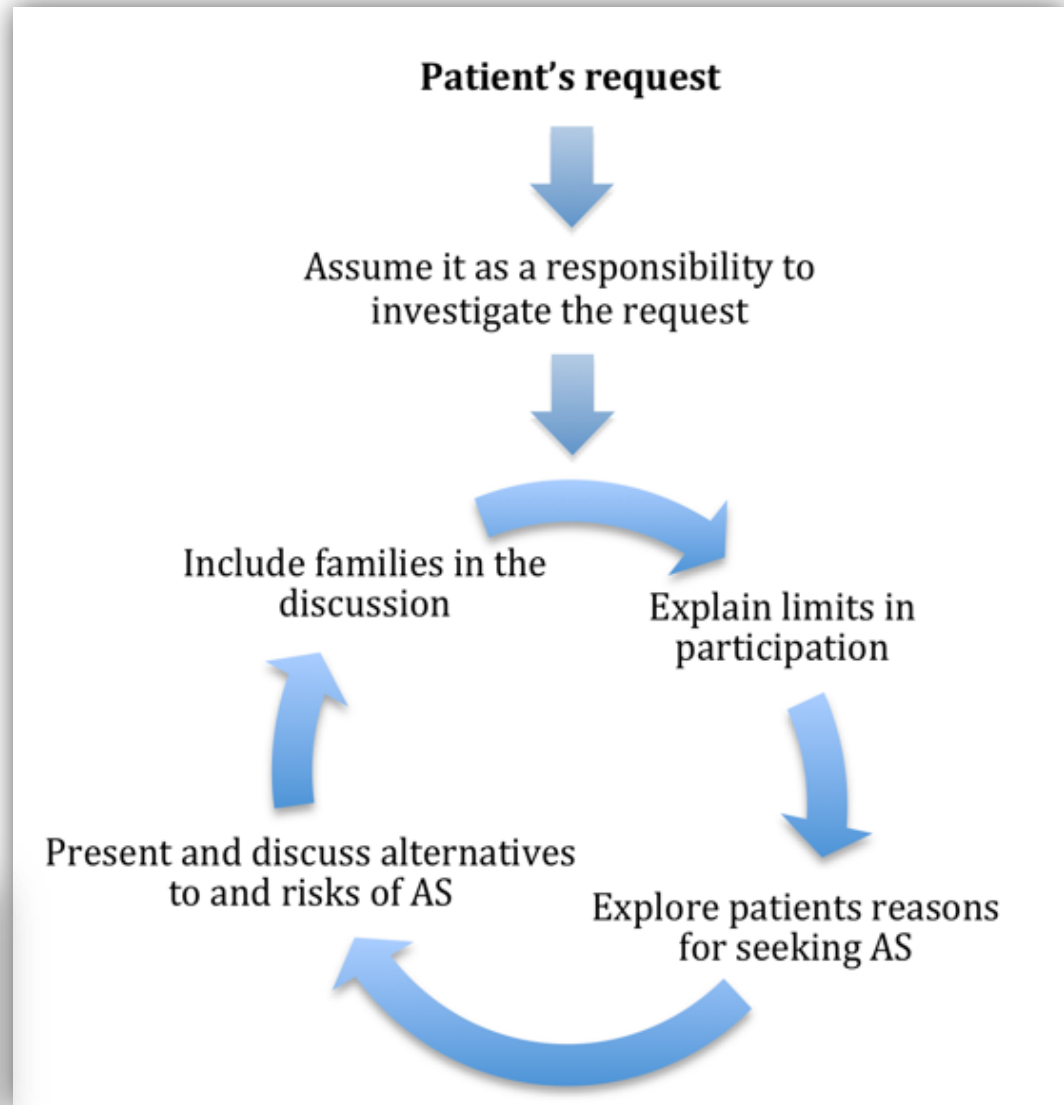


Results



Responses to assisted suicide requests: an interview study with Swiss palliative care physicians

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Nancy Preston,⁴ Sheila Payne⁴



Preliminary results



- ✓ 25 nurses, social workers and psychologists were interviewed. Participants tended to process requests preferentially on the basis of their experience and personal system of belief, rather than clinical guidelines or protocols.
- ✓ No participant had undertaken or were aware of any training specifically aimed at how to respond as a health care professional to requests for AS. All of their learning was 'on-the-job'.
- ✓ Participants in teams that had developed their own policies or protocols and guidelines were both more confident about what was an appropriate response and more likely to support patients to explore their AS inquiry.

Preliminary results



480 members of palliative ch

- *Survey questions and response options were based on data from the interview study and international literature on AD surveys.*
- *30 ‘topic’ (rating or other multi-choice items) questions + 11 demographic questions. Several questions comprised multiple sub-questions.*
- *30 minutes to complete.*
- *The survey was disseminated through palliative ch by email to all members.*
- *Inclusion criteria were:*
 - Being member of palliative ch*
 - Being a health care professional*
 - Volunteers were excluded*

Network built and interprofessional collaboration

The research team was constituted of two physicians and a nurse, with clinical and academic background in palliative care and ethics. The PI has conducted this study within a PhD program in health research at Lancaster University.



Next steps

Further steps will be to analyse the results of the survey and interpret them in the light of the qualitative interviews.

The overall results will provide an evidence-based background to develop a position paper from palliative ch helping professionals to navigate the civil model of assisted suicide in Switzerland.



Lessons learned

The medicalized model of assisted suicide in Switzerland requires professionals' participation at least in the decision-making phase and for the prescription of lethal medication.

Palliative care professionals' experiences, views and type of participations in assisted suicide decision are mostly shaped by cultural and personal attitudes.

The Mixed-Methods approach has proven to be an appropriate way to explore this complex and sensitive topic.



thank you

*for your time
and support*