

FAST FACTS AND CONCEPTS #156 EVALUATING REQUESTS FOR HASTENED DEATH

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Background A patient's request to a health care professional to help hasten death is not uncommon. The motivation for this request is usually a combination of relentless physical symptoms, progressive debility, in combination with a loss of sense of self, loss of control, fear of the future, and fear of being a burden on others. Some physicians are frightened by these requests, feeling that they are being asked to cross unacceptable professional boundaries. Others may be tempted to quickly accede, imagining that they would want the same thing in the patient's shoes. But requests for a hastened death may provide awareness into a patient's experience of suffering, and may lead to opportunities for more effective treatment if fully evaluated. In general, the clinician should clarify, explore, evaluate, intensify treatment, and support the patient to ensure a full understanding of the request and to ensure that all alternatives have been considered before responding. This *Fast Fact* provides guidance on how to evaluate and initially respond to a patient who raises the topic of a hastened death. *Fast Fact* #159 will explore how to respond when the request for a hastened death persists after a full evaluation and search for alternatives.

1. **Clarify** which question is being asked before responding. Is the patient simply having thoughts about ending his life (very common), or is he exploring the possibility of a hastened death in the future if his condition deteriorates, or is he exploring your willingness to assist right now (1, 2)?
2. **Support** the patient, and reinforce your commitment to trying to find a mutually acceptable solution for the patient's problem and to continue to work through the process. This does not mean violating fundamental values, but it does mean searching in earnest with the patient and family to find a way to approach the dilemma (3). Attend to your own support by discussing the patient with trusted colleagues and/or with your multidisciplinary team.
3. **Evaluate** the patient's decision-making capacity. Is she seeing her medical condition clearly? Is the request proportionate to the level of unrelieved suffering? Are there dominating aspects of anhedonia, worthlessness and guilt, or is the capacity for pleasure and joy preserved in some small ways? Is this request consistent with the patient's past values? Get help from an experienced psychiatrist or psychologist if you are unsure (4).
4. **Explore** the many potential dimensions that may contribute to the patient's "unbearable" suffering to be sure you (and the patient) fully understand its underlying cause(s). Sometimes it may be an unrelenting physical symptom, other times feelings of depression, or a family or spiritual crisis, or perhaps a combination of many factors (1, 2).
5. **Respond** to the associated emotions, which may be strong and conflicted. Try to empathically imagine what the patient is going through and asking for. Distinguish your own feelings and reactions from those of the patient.
6. **Intensify treatment** of any potentially reversible elements of the patient's suffering. Depending on the patient's circumstances, offer to increase treatment of pain or other physical symptoms, consider biological or interpersonal treatment of depression; see if an appropriate and acceptable spiritual counselor is available. Be creative and brainstorm potential solutions with your multidisciplinary team (1, 2).
7. **Respond** directly to the request for hastened death only after this multidimensional evaluation has been completed. If the patient has full decision-making capacity and all alternative approaches to the patient's unbearable suffering have been fully considered, then re-explore exactly what is being requested, and look for mutually acceptable ways to potentially respond – see *Fast Fact* #159 (5). Note that many patients may be looking for the potential of an escape they will never use, but a smaller number will be looking for a way to hasten death in the present.

References

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