Euthanasia and PAS: Medical students’ perspectives

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OUTLINE

• Background
• Study design
• Results
  – Attitudes
  – Who is eligible?
  – Decision
  – Preferred method
• The future?
• Personal choices
• Final thoughts
• Acknowledgements
STUDY DESIGN

Objective:
Ascertain the views of SU medical students regarding E/PAS and their stance on its legalisation in SA.

Methods:
• Design
  Paper-based, 16Q, semi-quantitative, questionnaire
• Sampling
  Convenient sampling method
• Subject population
  3rd – 5th year, SU FMHS MB, ChB students

Data collection & analysis:
April 2016 – March 2017
Thematic analysis – qualitative data (Excel ®)
Frequency tables – quantitative data (Word®)
RESULTS

- **Overall response** = 69.25% (277/400)

<table>
<thead>
<tr>
<th>Religious affiliation</th>
<th>Male n (%)</th>
<th>Female n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>59 (68.6%)</td>
<td>136 (71.2%)</td>
<td>195 (70.4%)</td>
</tr>
<tr>
<td>Islam</td>
<td>13 (15.1%)</td>
<td>33 (17.3%)</td>
<td>46 (16.6%)</td>
</tr>
<tr>
<td>Judaism</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hinduism</td>
<td>1 (1.2%)</td>
<td>6 (3.1%)</td>
<td>7 (2.5%)</td>
</tr>
<tr>
<td>Agnostic</td>
<td>12 (14%)</td>
<td>11 (5.8%)</td>
<td>23 (8.3%)</td>
</tr>
<tr>
<td>Not specified</td>
<td>1 (1.2%)</td>
<td>5 (2.6%)</td>
<td>6 (2.2%)</td>
</tr>
</tbody>
</table>
ATTITUDES TOWARD E/ PAS

Pt. should be allowed to decide when to die

- Yes: 57.0%
- No: 27.1%
- Undecided: 15.9%

Drs should be able to help pts end their life

- Yes: 48%
- Undecided: 34%
- No: 18%
WHO IS ‘ELIGIBLE’ FOR E/PAS?

Pt. ‘types’ requesting E/PAS

<table>
<thead>
<tr>
<th>Responses (in %)</th>
<th>Patient description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Yes</td>
<td>41.9</td>
</tr>
<tr>
<td>No</td>
<td>35.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>22.7</td>
</tr>
</tbody>
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Panel: A, B, C, D
WHO SHOULD DECIDE?

**Ethics committee**
- Team decisions are generally better than individual based decisions.
- Ethics committees are generally better equipped to deal with and come to an objective decision regarding who is eligible for life ending interventions.
- A decision taken by an ethics team ensures that the doctor is protected from whatever consequences may ensue.

**Refer the patient**
- Not to be ‘burdened’ by the decision.

**Consult a colleague/ decide self**
- Ethics committees take too long.
PREFERRED METHOD TO HAStEN DEATH

None
- Goes against religious/ personal morals/ beliefs.
- A doctor should aim to preserve life, not shorten/ end it.

PAS
- Not to be directly involved in the patient’s death (some participants’ feel that active euthanasia is equivalent to murder).
- Individual will have a ‘clear’ conscious (by not being directly involved).

Undecided
- No reason provided

Active euthanasia
- More control over situation with less room for error.
THE FUTURE?

Patient requested to hasten their death

- Yes 34%
- No 66%
- Undecided 24%

Should E/ PAS be legalised in SA?

- Yes 53%
- No 23%
- Undecided 24%

Arguments supporting legalising euthanasia/ PAS
- Patient autonomy
- Relief of suffering

Arguments opposing legalising euthanasia/ PAS
- Doctor’s oath – to preserve life
- Morally wrong – against personal/ religious worldview
- Slippery slope – towards active involuntary euthanasia

PERSONAL CHOICES

Support loved-one who wishes to opt for E/PAS

- Yes: 47.7%
- No: 24.2%
- Undecided: 28.2%

Persuade pt. for palliative care option

- Yes: 63.5%
- No: 14.8%
- Undecided: 21.7%
• Reason for majority of students (54.2%) being opposed to assisting a patient with intractable psychiatric condition with E/ PAS?

• If E/PAS were to be legalised in SA, would (mandatory) organ donation be feasible?
  - Ensuring legitimacy of request?
• More information needed, from all major role players, before policy can be informed – need to consider religious and cultural beliefs.
ACKNOWLEDGMENTS

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THANK YOU