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Pfister, E ; Biller-Andorno, N

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Physician-Assisted Suicide: Views of Swiss Health Care Professionals

Eliane Pfister*, Nikola Biller-Andorno*

*Institute of Biomedical Ethics, University of Zurich, CH-8032 Zurich

Introduction

The matter of physician involvement in assisted suicide has been discussed for many years and continues to be the subject of intense debate (Gielen et al. 2008, Ganzini et al. 2001). This is certainly the case in Switzerland, where suicide assistance is punishable only if it is provided for selfish reasons (cf. Swiss Penal Code Art. 115), and where suicide assistance organizations have established themselves over the last two decades, attracting not only Swiss citizens but also suicide “tourists” from abroad.

We conducted a survey among Swiss health care professionals on study participants’ attitudes towards physician-assisted suicide (PAS). This survey was carried out in the context of a larger study on the reception of several ethics guidelines of the Swiss Academy of Medical Sciences (SAMS), among them the guideline “Care for Patients at the End of Life” (SAMS, n.d.), which states that assisting patients to die is not to be considered a medical activity but should not in principle be morally condemned if a physician decided to act on his or her individual conscience and if the patient was terminally ill. The position of the guideline was not stated as such in the questionnaire, in order to avoid biasing participants with regard to this option.

Methods

In June 2008, an anonymous questionnaire was sent to 1933 physicians and nurses, randomly chosen from address lists of the relevant professional associations (Foederatio Medicorum Helveticorum [FMH]; Swiss Professional Association of Nurses [SBK]; Swiss Interest Group for Intensive Care [IGIP]). Our sample included 500 family practitioners, 434 intensive care physicians, 426 internists, 295 nurses and 278 intensive care nurses working in Swiss hospitals, private practices, nursing homes and home care. The response rate was 43.1% (834). We conducted a descriptive statistics analysis, including frequencies, cross tabulations and Pearson χ^2 test to assess the differences in response between subgroups (physicians, nurses). Analyses were performed using SPSS 16.0 for Windows.

Results

8.7% of study participants thought PAS should be morally condemned in any case, whereas 15.8% considered PAS as a legitimate part of medical practice. The majority thought of assisted suicide as a non-medical intervention that should not be morally condemned. 51.5% were in favour of limiting PAS to terminally ill patients (as are the SAMS guidelines), whereas 16.2 % did not consider this limitation justified. Statistical analysis showed a significant association between professions and attitudes on PAS ($p = .000$). Physicians, who are in a certain sense more directly involved in the provision of assisted suicide than nurses (i.e. through prescribing the lethal dose), were relatively more sceptical, considering PAS a legitimate part of medical practice and argued more frequently in favour of limiting it to terminal illness.

Table 1. Health care professionals' attitudes on physician-assisted suicide (Cross-tabulation)

		Profession		Total
		Physicians	Nurses	
Which of the following response options comes the closest to your personal attitude on physician assisted suicide?	PAS should be morally condemned in any case	46 (8,4% ^a)	25 (9,2%)	71
	PAS should not be morally condemned but is a non-medical intervention and must be limited to terminally ill patients	311 (56,8%)	111 (40,8%)	422
	PAS should not be morally condemned but is a non-medical intervention and has not to be limited to terminally ill patients	83 (15,2%)	50 (18,4%)	133
	PAS is a legitimate part of medical practice	71 (13,0%)	58 (21,3%)	129
	I have an individual response to this question	36 (6,6%)	28 (10,3%)	64
Total Valid Cases		547	272	819
Missing (no response)		8	7	15
a. percent of total valid cases (per profession)				
Chi-Square Test		Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square		21.592 ^b	4	.000
b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 21.26.				

Discussion

In Switzerland, the legal possibility of PAS is accepted by a large number of health care professionals, as long as it proceeds within well-defined rules and does not become a medical standard patients could claim. Our results are similar to those of a survey on Oregon physicians' attitudes on legal PAS, where a majority (59%) of study participants did not consider writing a lethal prescription unethical (Ganzini et al. 2001). Just like Switzerland, Oregon is one of the few states that provides for the legal possibility of PAS. A survey among

palliative care physicians from Germany, where assisted suicide is widely considered to be unworthy of a physician, yielded a substantial majority of 75% who were opposed to legalizing PAS, mostly citing personal moral values (Müller-Busch et al. 2004).

The differences in the acceptance of PAS that we found between professional subgroups fit well with a recent study from Vermont which found that physicians who did not care for patients through the end of life were significantly more likely to favour legalization of PAS than physicians who did care for patients with terminal illness and were thus more directly concerned (48% vs. 33%) (Craig et al. 2007).

In Switzerland, where assisted suicide has become an established though not uncontroversial practice, the majority of health care professionals are prepared to respect the provision of suicide assistance as a matter of individual conscience yet are reluctant to consider it as a part of medicine.

Declaration

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Conflicts of interest: None.

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