Karolinska
Institutet

Department of oncology-pathology
End-of-life care and euthanasia: attitudes of medical students and dying cancer patients

AKADEMISK AVHANDLING

som för avläggande av medicine doktorsexamen vid Karolinska Institutet

offentligen försvaras i Radiumhemmets föreläsningssal, P1:01,

Onsdagen den 25 maj, 2011, kl 13.00

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Stockholm 2011

ABSTRACT

Introduction: In end-of-life care, supporting the factors required for a good death is a goal. Core concepts in a good death are dignity, autonomy, and the relief of suffering. Paradoxically, these concepts are used both in palliative care and to promote euthanasia, which are traditionally seen as conflicting alternatives.
In this thesis, attitudes towards end-of-life care and especially euthanasia were explored in medical students and dying cancer patients.

Material and methods: Two separate studies were performed: in the first study, data were collected from 165 medical students using a questionnaire (Papers I and II) and, in the second study, 66 dying cancer patients were interviewed on their attitudes to euthanasia (Papers III and IV). The data were analyzed by inductive qualitative content analysis without predetermined categories.

Results: Heterogeneous attitudes to euthanasia were identified in the studies, where the medical students more frequently had a fixed opinion of opposition to or support of euthanasia, while the dying cancer patients were more often undecided. None of the dying cancer patients wanted euthanasia for themselves at the time of the interview. The medical students described a dignified death as involving relief of suffering, respect for autonomy, being nursed professionally in a secure environment, acceptance of impending death, and with limited medical-technical interventions. The students criticized the medicalization of death and preferred a "natural death". The medical students' attitudes toward euthanasia were explained using well-known arguments as supporting euthanasia due to respect for autonomy and the relief of suffering, and opposing euthanasia due to the sanctity of life, the fear of unwanted gradual changes in society's norms (the slippery slope argument), doubts about the true meaning of euthanasia requests, and because of the strain put on medical staff.
In contrast to the medical students' perspectives on euthanasia, the dying cancer patients reasoning on euthanasia was more complex and involved more consideration of practical problems. The patients' perspectives on autonomy in relation to euthanasia focused on medical decision-making, where aspects of trust and power were important. Euthanasia was not solely seen as a means to increase patient empowerment, but also, in contrast, as a means to decrease patient influence. Patients expressed various levels of trust in healthcare, ranging from complete trust to mistrust, which affected their attitudes toward euthanasia. Dying cancer patients draw varying conclusions from suffering: suffering can, but does not necessarily, lead them to advocate euthanasia. Patients experiencing continued meaning in their existence and feelings of trust, and who find strategies to handle suffering opposed euthanasia. In contrast, patients with anticipatory fears of multi-dimensional meaningless suffering and with lack of belief in the continuing availability of help advocated euthanasia.

Conclusion: These results have possible implications for the education of medical students and the understanding of patients' situations in end of life. The findings indicate a need for healthcare staff to address issues of trust, meaning, and anticipatory fears in patients. The results also serve as a background to the current debate on euthanasia in end-of-life care.

ISBN 978-91-7457-295-7