Category: Care of the older people

Study type: Systematic review

Bazian's declarative title: Health professionals generally have more restrictive attitudes towards assisted dying in dementia than the public.

Citation: Tomlinson E, Stott J. Assisted dying in dementia: a systematic review of the international literature on the attitudes of health professionals, patients, carers and the public, and the factors associated with these. *Int J Geriatr Psychiatry* 2015;**30**:10–20.

Commentary

Implications for practice and research

- Different levels of advocating for assisted dying between people with dementia and health professionals may mean professionals need more confidence, support and awareness to have these conversations.
- Further qualitative research is needed to explore in more detail the views carers and people with dementia have about assisted dying.

Context

There is growing attention on assisted suicide and dementia internationally.¹ At the end of life we see people with dementia lose their ability to make their own decisions and maintain control. This is often epitomised by dignity which was once intrinsic and controlled by the individual and later becomes extrinsic and maintained by those around them. Assisted dying in a way empowers the person with dementia to retain their control and choice with decisions.

Methods

This review explored the attitudes of health professionals, patients, carers and the public towards assisted dying in dementia, as well as the factors associated with these attitudes. Assisted dying was defined as: voluntary euthanasia when 'a doctor intentionally kills a person by the administration of drugs' and physician assisted suicide (PAS), in which 'a doctor helps a person to commit suicide by providing drugs for self-administration'.² Papers were excluded if they reviewed attitudes towards terminal sedation and withholding life sustaining treatment. The search is described as broad, however, it was restricted to English language peer reviewed papers which only explored attitudes towards assisted dying in dementia. Five databases were searched including; CINAHL, Excerpta Medica Database, PsychINFO and web of science from 1992-2013, and . Quality of the included articles was appraised using separate checklists for qualitative and quantitative studies, providing an overall assessment of quality as opposed to a rating.

Findings

18 studies were included, most of which were from the USA (eight), followed by the Netherlands (five). The public were most in favour of euthanasia and PAS for people with severe dementia, whereas carers and people with dementia were more supportive of PAS in the early stages of dementia. Physicians and nurses were most resistant to assisted dying in general, being more favourable in mild dementia; however, there may be a trend to be more supportive for euthanasia in advanced dementia when advanced euthanasia directives are written. Several factors were found to be associated with attitudes towards assisted dying including age, ethnicity, gender and religion.

Commentary

This is the first review which has explored attitudes towards assisted dying specifically in relation to dementia. This narrow overview of studies comes at a point at which assisted dying has received heightened media attention in recent years.

The review demonstrates a division of opinion across different populations as well as severity of dementia. Support in particular from professionals who would need to perform assisted dying is greater in mild dementia as this is when capacity is less of an issue. However, Bolt and colleagues demonstrated that a small number of Dutch physicians find it conceivable they would assist death with a person with dementia.³

The study suggests healthcare professionals should be mindful of the more supportive views of people with dementia and carers towards assisted dying when discussing end-of-life care options. However, extreme caution must be taken. As demonstrated in this study, not all will have such a supportive view and opinions will vary. As shown in previous reviews of attitudes towards end-of-life care in dementia, carers' views in particular may change and span a spectrum of beliefs.⁴ Caution would also need to be taken of any other co-morbid psychological disorders such as depression, which may compound an individual's desire for assisted dying.⁵

The authors rightly acknowledge that there are several limitations with the studies included in this review, including poor design of survey methodologies leading to biased responses and a lack of standardised measures. They highlight the need for research to explore the explanations behind the attitudes reported.

This information is important in informing on-going debate internationally about the role of assisted dying in dementia and the attitudes of those most affected about this sensitive topic of debate.

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Competing interests None