

Fall 2016

# Death with Dignity

Benjamin Adam

*Cedarville University*, badam@cedarville.edu

Samantha Gross

*Cedarville University*, sgross218@cedarville.edu


John Nybo

*Cedarville University*, jnybo@cedarville.edu

Joel Sweeney

*Cedarville University*, jsweeney@cedarville.edu

Follow this and additional works at: [http://digitalcommons.cedarville.edu/public\\_health\\_posters](http://digitalcommons.cedarville.edu/public_health_posters)

 Part of the [Bioethics and Medical Ethics Commons](#), [Pharmacy and Pharmaceutical Sciences Commons](#), and the [Public Health Commons](#)

---

## Recommended Citation

Adam, Benjamin; Gross, Samantha; Nybo, John; and Sweeney, Joel, "Death with Dignity" (2016). *Introduction to Public Health Posters*. 15.

[http://digitalcommons.cedarville.edu/public\\_health\\_posters/15](http://digitalcommons.cedarville.edu/public_health_posters/15)

This Poster is brought to you for free and open access by DigitalCommons@Cedarville, a service of the Centennial Library. It has been accepted for inclusion in Introduction to Public Health Posters by an authorized administrator of DigitalCommons@Cedarville. For more information, please contact [digitalcommons@cedarville.edu](mailto:digitalcommons@cedarville.edu).



# Death with Dignity

Benjamin Adam, Samantha Gross, John Nybo, Joel Sweeney

Cedarville University School of Pharmacy



## Overview of the Issue

I. Euthanasia is defined as a doctor intentionally killing a person through the administration of drugs, at that person's voluntary and competent request.

1. Physician assisted suicide is defined as a doctor intentionally helping a person commit suicide by providing drugs for self-administration, at that person's voluntary and competent request.

2. Palliative care is defined as an approach that improve the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems physical, psychosocial, and spiritual.

II. Results in death in the individual and ethical dilemmas

1. The purpose of Euthanasia is defined above as to kill (euthanize) the patient.

2. Anytime that a patient is directly or indirectly killed by a medical professional it is an ethical dilemma. Many feel that the Hippocratic oath to protect life applies to this dilemma, and insist that medical professionals not be involved. Some people see it has merit to alleviate suffering.

III. The US is divided over the use of euthanasia to end the lives of terminally ill patients.

## Which Determinants of Health could Contribute to It?

I. Age is a significant health determinant in who receives euthanasia, but the difference between the genders is small.

A. In Belgium, 53.5% of those euthanized were between 70 and 90 years old (Caldwell, 2014).

B. The number of men who are euthanized compared to women is similar since about 51 percent are men and nearly 49 for women (Caldwell, 2014).

II. The policies of countries influence the amount of people euthanized; countries that allow euthanasia see yearly increases in those who choose to die by the aid of their physicians.

A. After legalizing euthanasia in Belgium, the amount of cases increased; one year saw an increase in cases by 25% (Caldwell, 2014).

B. Many countries are now allowing children access to euthanasia, if the parent is involved in the decision (Caldwell, 2014).

## Thesis

*The death with dignity movement, which encompasses euthanasia, is a current trend in healthcare that negatively affects the public health of nations and adversely impacts the profession of pharmacy.*



## Overview of the Impact of the Issue

I. In Europe and the United States, euthanasia is a growing healthcare trend.

A. Several countries and states in the U.S. permit euthanasia including: Belgium, Switzerland, Netherlands, Luxembourg, the state of Washington, Oregon, Vermont and California with more attempting to pass laws permitting physician-assisted suicide (Radbruch et al., 2016).

B. In states where euthanasia is illegal, doctors often secretly assist in suicide by prescribing medications that will enable the patient to overdose and die (Beyond Brittany, 2014).

II. Euthanasia has economic consequences for the population as a whole.

A. The lethal medications generally are only around \$35.00, which is much cheaper than the costs for cancer care which can be between \$1769 and \$3317 after two years (Scitovski, 2005).

B. In Oregon and likely other states that would allow euthanasia, health care benefits for the poor have been terminated by the state in favor of funding euthanasia (Economic Aspects, n.d.).

III. Euthanasia negatively impacts the spirituality of the public.

A. The practice of euthanasia admits to the populace that their are certain types of life that are "not worth living" (Arguments Against Euthanasia, n.d.).

B. Long-term acceptance of voluntary euthanasia leads to a devaluing of life, which increases rates of euthanasia and other types of suicides (Arguments Against Euthanasia, n.d.).



## Recommendations to Reduce Incidence of this Issue

### Palliative Care

Many countries within the EU have adopted palliative health plans designed at alleviating pain without killing the patient. This method has worked well in the United States since 1974, and with some improvement this method could greatly reduce the need for euthanasia



## The Role of Pharmacy

I. How or does it impact pharmacy?

A. Role of the pharmacist in the process in the United States

1. The attending physician must mail or hand-deliver the prescription to the pharmacy.
2. A compounding pharmacy will need to prepare the mixture.
3. The patient must wait 48 hours from their written request to fill their prescription.
4. Pharmacists must report on dispensing these medications. (Pharmacy Dispensing Record Form) (Death with Dignity, 2016).

B. Direct impact of euthanasia on pharmacy

1. Pharmacy practice and Dutch law Research shows that most pharmacists in the Netherlands are directly affected by PAS or euthanasia. Results of a survey published in 2000 show that 78 per cent of community pharmacies had received at least one request to dispense drugs for euthanasia or PAS in the years 1991-93 and 11 per cent received between six and 10 requests. The same research found that 88 per cent of the hospital pharmacies received at least one request in 1993 (Meek, 2006).

C. Guidance for Pharmacist

1. Pharmacists have the right to refuse
  - a. The Royal Dutch Pharmaceutical Society (KNMP) has issued guidance for pharmacists on dispensing drugs for euthanasia and PAS. These state, for example, that pharmacists have a right to refuse to dispense (Meek, 2006).
  - b. In the US prescriptions must make the intended use of the drug clear. This gives pharmacists the opportunity to refuse to participate and that right is legally protected (Meek, 2006).
2. Pharmacists are protected by law.
  - a. Pharmacists in Belgium are given good protection from prosecution. Revisions to the law on euthanasia in 2004 state that the pharmacist who dispenses a lethal drug does not commit any offence if the doctor states on the prescription that he or she is acting in accordance with the law. The pharmacist must deliver the drugs for euthanasia in person to the requesting doctor (Meek, 2006).
  3. Many laws draw out how the process for pharmacists to follow.
    - a. For example pharmacists and physicians must take part in the official reporting procedure if they honor a PAS request.

## Health Indicators

*Direct and Indirect Impact*

### Directly Impacted

- Life expectancy
  - Life expectancy is reduced with age, which influences consideration of euthanasia.
  - The elderly population around the globe are perhaps the most likely of all age groups to consider suicide (Wand et al., 2016).
  - According to physicians in the Netherlands, 17% of euthanasia requests were "from patients who were tired of living," which is not a substantial reason for the procedure to be carried out (Wand et al., 2016).
- Life expectancy also decreases with terminal illness, another factor that often leads to euthanasia.
  - For dementia patients, life expectancy can range from 3 to 12 years, which varies based on the cause of the disease (Beaufort & Vathorst, 2016).
- Mortality
  - From 2005 to 2015, euthanasia cases in the Netherlands increased from 3,136 to 5,516, a 75% increase (Boztas, 2016).

### Indirectly Impacted

- Premature birth
  - Premature birth can lead to health complications, such as cerebral palsy, developmental delay, and breathing difficulties (Centers for Disease Control and Prevention, 2015).
- Groningen Protocol (GP), which allows involuntary euthanasia of newborns with congenital diseases, has been adopted in some European countries (Voultos & Chatziniolaou, 2014).
  - 73% of neonatologists in France and 68% of pediatricians in Flanders, Belgium have decided to "perform active euthanasia among newborns who were terminally suffering", according to the EURONIC project study (Voultos & Chatziniolaou, 2014).
- GP leaves the determination of acceptable quality of life to physicians, allowing subjectivity to potentially influence decision-making (Voultos & Chatziniolaou, 2014).
- Birthweight
  - Correlation between low birthweight and premature birth is often seen (U.S. Department of Health and Human Services, n.d.)
    - 11.55% of newborns were premature, and 7.99% of newborns had low birth weights during 2012.
    - Infants born earlier and smaller are more likely to experience health complications (U.S. Department of Health and Human Services, n.d.).
  - The gestational age of a newborn at which continued medical treatment is considered ineffective varies from country to country (Voultos & Chatziniolaou, 2014).
    - Generally, the 23<sup>rd</sup> and 24<sup>th</sup> weeks are considered ambiguous.



## Cedarville University School of Pharmacy's Mission

*The school of pharmacy develops exceptional pharmacy practitioners focused on meeting the physical, emotional, and spiritual needs of patients through servant leadership. The school pursues innovative, ethical solutions to health-related issues in diverse populations through collaborative teaching, research, and practice.*

## Reference List

- Arguments against euthanasia. (n.d.). Living With Dignity. Beaufort, L., & Vathorst, S. (2016). Retrieved from <http://vivedignite.org/en/against-euthanasia/>
- "ASHP Statement on Pharmacist's Decision-Making on Assisted Suicide." ASHP, ASHP, 1 Jan. 2013. [www.ashp.org/docs/default-source/bestpractices/ethicssuicide.aspx](http://www.ashp.org/docs/default-source/bestpractices/ethicssuicide.aspx).
- Boztas, S. (2016, May 11). Netherlands sees sharp increase in people choosing euthanasia due to 'mental health problems.' The Telegraph. Retrieved from <http://www.telegraph.co.uk/news/2016/05/11/netherlands-sees-sharp-increase-in-people-choosing-euthanasia-du/>
- Griggs, B. (2014, October 18). Beyond Brittany: Assisted suicides happen everyday, insiders say. NBC News. Retrieved from <http://www.nbcnews.com/health/health-news/beyond-britanny>
- Caldwell, S. (2014, May 28). Five people killed every day by assisted suicide in Belgium as euthanasia cases soar by 25 per cent in last year alone. Daily Mail. Retrieved from <http://www.dailymail.co.uk/news/article-2641773>
- Centers for Disease Control and Prevention. (2015, December 4). Preterm birth. Retrieved from <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
- Dementia and assisted suicide and euthanasia. Journal of Neurology, 263(7), 1463-1467. doi:10.1007/s00415-016-8095-2
- Economic aspects of euthanasia (n.d.). Life.org. Retrieved from <http://www.life.org.nz/euthanasia/euthanasia-political-key-issues/economics/>
- "For Healthcare Providers - Death With Dignity." Death With Dignity, Death With Dignity, 1 Jan. 2016. [www.deathwithdignity.org/learn/healthcare-providers/](http://www.deathwithdignity.org/learn/healthcare-providers/).
- Lemierre, J., Dierckx de Casterlé, B., Schotsmans, P., & Gastmans, C. (2014). Written institutional ethics policies on euthanasia: an empirical-based organizational-ethical framework. Medicine, Health Care, and Philosophy, 17(2), 215-228. doi:10.1007/s11019-013-9524-y
- Matersteedt, L. J., Clark, D., Ellershaw, J., Färde, R., Gravgård, A. B., Müller-Busch, H. C., & ... Rapin, C. (2003). Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force. Palliative Medicine, 17(2), 97-101. doi:10.1191/0269216303pm6739a
- Meek, Colin. "Pharmacy Involvement Where Assisted Suicide and Euthanasia Are Permitted." Pharmaceutical Journal, The PHARMACEUTICAL JOURNAL, 18 Nov. 2006. [www.pharmaceutical-journal.com/opinion/comment/pharmacy-involvement-where-assisted-suicide-and-euthanasia-are-permitted/10002638.article](http://eids.a.ebscohost.com/eids/pdfviewer/pdfviewer?pdftitle=6872612e-1)
- Parrot, Carol. "FAGS - Death With Dignity." Death With Dignity, Death With Dignity, 1 Jan. 2016. [www.deathwithdignity.org/fags/](http://www.deathwithdignity.org/fags/).
- Radbruch, L., Legert, C., Bahr, P., Müller-Busch, C., Ellershaw, J., de Conno, F., Berge, P. V. (2016). Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care. Palliative Medicine. Retrieved from <http://eids.a.ebscohost.com/eids/pdfviewer/pdfviewer?pdftitle=6872612e-1>
- Saad, Lydia (2013). U.S. support for euthanasia hinges on how it's described. Gallup Poll. Retrieved from <http://www.gallup.com/poll/162815/support-euthanasia-hinges-described.aspx>
- Scitovski, A. A. (2005, December). "The high cost of dying": what do the data show? US National Library of Medicine National Institutes of Health. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690284/>
- U.S. Department of Health and Human Services. (n.d.). Preterm birth and low birth weight. Retrieved from <http://mchb.hrsa.gov/chusa14/health-status-behaviors/infants/preterm-birth-low-birth-weight.html>
- Voultos, P., & Chatziniolaou, F. (2014). Involuntary euthanasia of severely ill newborns: is the Groningen Protocol really dangerous?. Hippokratia, 18(3), 196-203.
- Wand, A. F., Peisah, C., Draper, B., Jones, C., & Brodaty, H. (2016). Rational suicide, euthanasia, and the very old: two case reports. Case Reports in Psychiatry, 1-5. doi:10.1155/2016/4242604
- Woitha, Kathrin, Carrasco, Jose Miguel, Clark, David, Lynch, Tom, Garralda, Eduardo, Martin Moreno, Jose Maria, Centeno, Carlos (2016). Policy on palliative care in the WHO European region: an overview of progress since the Council of Europe's (2003) recommendation 24. The European Journal of Public Health, 26(2), 230-235

