

# Palliative care standpoint on euthanasia: Basics beliefs about suffering and end of life care

Presented by Ange Geba, Nursing student under the supervision of Dr. David Kenneth Wright  
Contact: ageba055@uottawa.ca

## INTRODUCTION

- Recently there has been public attention about whether voluntary euthanasia (VE) should become a legal medical practice in Canada. VE is the act of ending the life of a terminally ill patient, at their explicit request, for compassionate reasons. VE was recently legalized in Quebec and decriminalized across Canada.
- Activists in the pro-euthanasia movement suggest that those who are opposed to euthanasia are promoting suffering. Many palliative care stakeholders oppose euthanasia. Does this mean they promote suffering?

## PURPOSE

- To identify some basic beliefs about suffering and care as articulated by palliative care stakeholders in the context of the recent Canadian euthanasia debate.

## METHODOLOGY

- This project reports on a sub-sample (n=5) of interviews conducted with palliative care stakeholders, about their perspectives on VE. These interviews were collected as part of a larger project about the ethics of medicalized dying in Canada.
- For the analysis described here, participant statements about VE were analyzed using principles of discourse analysis. Our goal was to offer insight into the palliative care standpoint on VE through a “deconstruction of meanings”, using participants’ own words as a “lens through which to examine the development of community values and attitudes” (O’Connor & Payne, 2006, p. 833).
- Our analysis of the interview transcripts was guided by the following questions:
  - *What beliefs are reflected in these texts?*
  - *How does the participant describe suffering?*
  - *Is there a value to suffering?*
  - *What is the role of healthcare in responding to suffering?*

## RATIONALE

- The field of palliative care plays a major role in the end-of-life care of Canadians. It is therefore important to better understand the beliefs and perspectives of the palliative care community about VE.

## RESULTS

- those of us who work in palliative care, uniformly and without exception **hate suffering**. ... it’s the reason why we’re in the business [of palliative care] (Palliative care physician)
- I don’t agree, for example, with people who talk about the **redemptive nature of pain**, and that people going pain, there’s some sort of religious benefits to it. **I don’t believe in it at all**, I believe in good methods to treat the pain ... and that **suffering is not a good thing** (Palliative care physician)
- **suffering is a very complex entity**...and so to address existential distress, psychological distress, et cetera, it takes, **it’s sometimes a journey**. I’m not suggesting that it be protracted and that people’s suffering gets prolonged for a long time, but expecting an overnight...cure of that within a few hours is **not realistic**. (Palliative care physician)
- ...[we] have a duty to care for people... **we will provide the best care we know how to provide**, we will keep you comfortable, we will minimize suffering, and **our role** is to do that (Palliative care association)
- ...the right response [to a request for VE] is to **explore where it’s coming from**; is there depression? Is there a lack of support? Is there a need to explore, you know, existential issues around meaning or spiritual issues ... is there a need to increase practical supports in other things? So often we would see it [request for VE] as **a cry for help**, the way you would anyone else requesting suicide (Palliative care association)
- and I don’t think it’s up to us to try to convince patients and families ... I think you just continue to provide the best care that you can, ... [Euthanasia is] **not what hospice palliative care is about**, and we’ll do our best to provide the best quality care that we can, and control your pain and death will happen when death happens, and **I can’t be part of that** [euthanasia]... (Palliative care association)

## CONCLUSION

- The words of palliative care stakeholders in this analysis reveal a discourse about suffering and care that both aligns with and diverges from the discourse of the requested death movement.
- Palliative care stakeholders, like euthanasia activists, express an adamant rejection of the value of suffering in the human experience. Unlike euthanasia activists, however, these palliative care stakeholders see the caregiving role for people who suffer as one that *takes time*.
- This analysis raises important questions about the caregiving relationships palliative care providers will have with patients seeking euthanasia. Will patients be willing to go on the “journey” proposed by palliative care? Will palliative care providers be willing to adjust their perspective about what they are “about” in the new landscape of end-of-life care in Canada?

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- O’Connor, M., & Payne, S. (2006). Discourse analysis: Examining the potential for research in palliative care. *Palliative Medicine*, 20(8), 829-834.



University of Ottawa  
**Nursing  
Palliative Care  
Research and  
Education Unit**