

## Report Details Effects of Physician-Assisted Suicide on Doctors

BY Liz Townsend

A report in the spring edition of *Issues in Law & Medicine* describes the emotional and psychological impact of physician-assisted suicide (PAS) on the doctors who have helped patients die.

Written by Kenneth R. Stevens, M.D., vice president of Physicians for Compassionate Care, the study is a review of medical journal articles, legal investigations, and press reports that detail the impact of PAS.

"The physician is centrally involved in PAS and euthanasia, and the emotional and psychological effects on the participating physician can be substantial," Stevens writes. "The shift away from the fundamental values of medicine to heal and promote human wholeness can have significant effects on many participating physicians."

Stevens studied documents from around the world. In the Netherlands, where euthanasia has been practiced for years, doctors reported many negative feelings associated with euthanasia. "To kill someone is something far reaching and that is something that nags at your conscience," one physician said on a Dutch television program, according to Stevens. "I wonder what it would be like not to have these cases in my practice. Perhaps I would be a much more cheerful person."

Other doctors reported feeling pressure to practice PAS from patients who wanted to die and from hospitals when they applied for jobs. "I know from physicians who are opposed to performing euthanasia that they are afraid of saying so when applying for jobs and trying to find a post as a physician," Henk Jochemsen of the Lindeboom Institute for Medical Ethics told a British House of Lords Select Committee that was studying the issue. "In certain circumstances, that will make it much more difficult for them to get a job."

Doctors in Oregon, which legalized PAS in 1998, also reported the effects of their involvement in euthanasia.

"Participation in assisted suicide required a large investment of time and had a strong emotional impact," according to an article in *Palliative Medicine*. "Even when they felt they had made appropriate choices, many physicians expressed uncertainty about how they would respond to requests in the future."

The first annual report by the state of Oregon detailed other effects on doctors. "Physicians also reported that their participation led to feelings of isolation," the annual report stated, according to Stevens. "Several physicians expressed frustration that they were unable to share their experiences with others because they feared ostracism by patients and colleagues if they were known to have participated in physician-assisted suicide."

Stevens also discussed the effect of "countertransference" in PAS, when the doctor's own attitudes and feelings can influence the patients' decisions. "[T]he subjective evaluation by a doctor of a patient's 'quality of life' and the role of such an evaluation in making end-of-life decisions of themselves raise significant countertransference issues," wrote F. T. Varghese & B. Kelly in *Countertransference Issues in Psychiatric Treatment: Review of Psychiatry*.

"Inaccurately putting oneself 'in the patient's shoes' in order to make clinical decisions and evaluations of quality of life leave the patient vulnerable to the doctor's personal and unrecognized issues concerning illness, death, and disability."

Stevens states that those attempting to legalize euthanasia should consider the toll it takes on physicians. "Physician participation in assisted suicide or euthanasia may have a profound harmful emotional toll on the involved physicians," he writes. "Doctors must take responsibility for causing the patient's death. There is a huge burden on conscience, tangled emotions and a large psychological toll on the participating physicians."