The Physician’s Role in PAD: Ethnographic Insights from Vermont

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Vermont’s law: the “Patient Choice and Control at End of Life” Act (Act 39)

• Signed into law May 2013

• Requirements:
  • Terminal diagnosis
  • 2 voluntary oral requests, 15 days apart
  • Written request signed by two witnesses
  • Dx and prognosis confirmed by second doctor
  • Medication is self-administered

• Utilization: paperwork for 52 patients submitted as of 6/30/17
The Vermont Study on Aid-in-Dying

1) How do ordinary people understand, access, and contest AID once it is legally authorized?

2) How do healthcare providers and policy stakeholders accommodate or resist AID as a new end-of-life practice?

3) What are the ethical challenges for clinical communication and the patient-clinician relationship?
Methods

• 144 Semi-structured, in-depth qualitative interviews
  • Physicians (n=29)
  • Nurses, chaplains, and social workers (n=22)
  • Terminally ill patients (n=9)
  • Lay caregivers (n=34)
  • Policymakers/activists (n=37)
  • Other VT residents (n=13)
• range: 16-118 minutes, mean=57.5

• Participant observation: medical conferences, advocacy events, judicial hearings
Interview sample
Two key points

1) The physician’s role is more than just writing an Rx.

2) The communication challenges are broader than responding to requests.
The physician’s role

- Determining eligibility
  - Prognosis, competency, state residency
- Counseling and educating patients
- Finding a second physician
- Finding a pharmacy
- Figuring out what to prescribe
- Completing the bureaucratic paper work
- Planning for the death

- Conceptualization of practical and moral burden varies widely.
Lessons learned

“But that first case we also talked to risk management, we talked to ethics. Ethics I think actually met with the patient as well just so that we were very clear about—the patient knew that he had options. Again, the hospice piece was important—to know that there were other options through hospice. So um, it just seemed that there was a whole lot involved that first time and I thought if we have to do this every time. Now we’ve got it down a little bit better.” (Physician)

“I felt so bad that I had not started the process with him earlier. So, each one you do you learn, you learn something. I should have started that, I should have said to him you need to get up here, you need to get up here now when things are not bad. Have you been thinking about this, we need to get the drug early, we need to get the paperwork done. I waited until it was too late and then you couldn’t get through the second week.” (Physician)
Responding to Patients Requesting Physician-Assisted Death: Physician Involvement at the Very End of Life

Objective: To present the landscape of physician-assisted death, discuss the ethical and legal considerations, and review strategies for engaging patients in discussions about end-of-life care.

Introduction

Physician-assisted death is a sensitive topic that continues to be a subject of debate and discussion. In this article, we will explore the landscape of physician-assisted death, including its ethical and legal considerations, and discuss strategies for engaging patients in discussions about end-of-life care.

History

Physician-assisted death has been a topic of discussion since ancient times, with varying cultural and religious perspectives. In the United States, the first legal case of physician-assisted suicide occurred in Oregon in 1997, where patients with terminal illness were able to obtain a prescription for medication that would result in their death. Since then, several other states have legalized physician-assisted death, including Washington, Vermont, and New Jersey.

Position Statements

Physician organizations have issued position statements on physician-assisted death, with some supporting it as a means to control suffering and others opposing it. The American Medical Association (AMA) has taken a position of opposition, stating that physician-assisted death is not in the best interest of patients and that it undermines the trust between the doctor and the patient.

Talking About HPM

Engaging in open and honest communication with patients about end-of-life care is crucial for both the doctor and the patient. It is important to approach the conversation with empathy and respect, and to allow patients to express their feelings and concerns.

Governance

Institutional policies and guidelines for end-of-life care are important for ensuring that patients receive appropriate care. It is essential to involve all stakeholders, including patients, families, and healthcare providers, in the decision-making process.

Strategic Plan

Developing a comprehensive strategic plan for end-of-life care that includes training and education programs, communication strategies, and patient support services is crucial for improving the quality of care provided.

Awards

Recognizing and rewarding excellence in end-of-life care is important for motivating healthcare providers to continue providing high-quality care.

Shaping the Future

Advancements in technology and healthcare delivery models provide new opportunities for improving end-of-life care. It is essential to stay informed about these developments and to adapt our practices accordingly.

Conclusion

Physician-assisted death is a complex and controversial issue. As healthcare providers, it is important to approach the conversation with empathy and respect, and to ensure that patients receive appropriate care. It is crucial to stay informed about advancements in technology and healthcare delivery models to improve end-of-life care.

References


Beyond patient requests

In July 2016, the VT Alliance for Ethical Healthcare and the Christian Medical and Dental Associations filed a federal lawsuit against the Board of Medical Practice and several other state agents.

Should physicians inform patients that they have the option of hastening death under Act 39 in Vermont?
Providers’ views on the duty to inform

8/19 providers reported waiting for patients to initiate

“I think because it’s new and people are sensitive, people pretty much … across the board feel that it needs to be a patient-directed question. I don’t know of anybody who would put that on the table before somebody asked about it. …For two reasons. Number one, the population that’s gonna ask about this … they’re a savvy population. They’re people who really want control, they’re going to know about it; they’re going to ask. And the people that aren’t going to ask may be less likely to be interested. So that’s the way I think it.” (Physician)
Providers’ views on the duty to inform

Nurse: We never bring it up. It’s something that somebody else brings up with you.

MB: And is that an intentional choice?

Nurse: I think so, because my opinion is, I think you have to be careful about how people feel about this. And let’s say, for example, that you have a relationship with the patient and the family, and it’s a comforting, trusting relationship and they happen to be individuals who are completely against this. If I bring that up and it’s something that they wouldn’t even consider, that could, create a huge scar in that relationship. And so, again, they can bring it up and then you know that the door is open to that conversation, but, unless that door was opened, I would not bring it up to a patient.
Providers’ views on the duty to inform

11/19 providers reported that there are circumstances in which they might initiate a discussion

“I try to bring it up … [as] it’s part of the slate of options, but I don’t dwell on it. And a patient will pick up on it, if it’s something they really want.” (Physician)

“I think I want my patients to understand everything that’s available and I don’t think it’s fair to leave a patient in the dark. Whether or not they want to do it or ethically agree with it is not the issue. I want them to be informed.” (Physician)

“I think I brought it up maybe twice with patients, but mostly because, it would take very unusual situations.” (Physician)
Equal access to information?

Patients who already know about assisted dying are more likely to be more educated and from higher SES backgrounds.

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Privileging access for advantaged groups raises justice concerns (Buchbinder 2017, forthcoming)
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