

EAPC 2023
European Association for Palliative Care
18th World Congress
EQUITY & DIVERSITY

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Rotterdam
The Netherlands

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**Wish to hasten death:
Implications for Palliative Care**
A personal reflection in three parts

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Part 1: General Background

Part 2: How do we communicate?

Part 3: What do we do?

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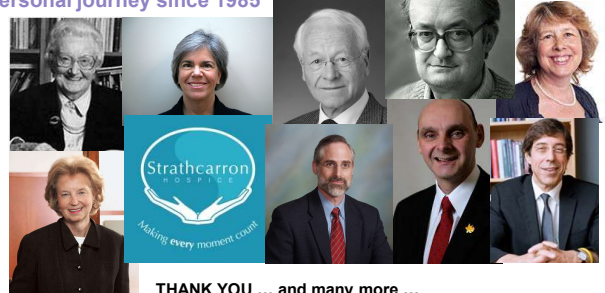
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KÖLN

Univ.-Prof. Dr. med. Raymond Voltz: Conflict of Interests

Co-Founder, Ex-Vice President, German Society of Palliative Medicine
Co-Coordinator, National Guideline on Palliative Care
President, Palliative and Hospice Network Köln
Steering Group, Caring Community Köln
International Master Leadership in Palliative Care (EUPCA)
Research Projects on desire to die
Communication trainings on desire to die

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Personal journey since 1985



THANK YOU ... and many more ...

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Case Presentation Germany

- **Killing upon request** is and stays forbidden (StGB §216)
- **Assistance in suicide** no penalty (since 1532/1871)
- 11/2015: Business-like assistance introduced into penalty law (StGB §217)
- 02/2020: Federal Constitutional Court declared **§217 unconstitutional**
 - Double obstacles (§ 217 and German Medical Association)
 - No „objective judgement“ of suffering by third party
 - No slippery slope (applies to all, except minors)
 - If will is „free, enduring, autonomous“
- Nobody can be forced to participate
- Should not become „normality“
- Parliament may pass a limiting law

„voluntary assisted dying“
„aid-in-dying“
„medical assistance in dying“
„euthanasia“
„physician-assisted suicide“
„end-of-life practices“

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EAPC Task Force on WTHD

- 57% at least one patient addressed WTHD in last month
- 58% find it (extremely, somewhat) difficult
- 73% have no specific training on WTHD
- 77% have no written team approach
- 61% do not regularly assess WTHD
- 53% (strongly) agree that WTHD should be systematically assessed

Convenience sample, members of EAPC, n=82

For more information: wthd.eapc.taskforce@uic.es

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Agree on questions: Implications for what and who?



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Agree on questions: Implications for what?



- 1 – Routine Care**
Team failure? Paternalism? Admission? ...
- 2 – Formal Assessment**
Participation? Withdrawal?...
- 3 – Intervention**
Discharge? Passive? Active? ...
- 4 – Internal**
Education? Research? Congresses?...
- 5 – External**
Initiate discussion in our health care organisation?
Political statements: Social determinants - Access to PC - Effects on society? Acknowledge suffering despite PC?...

Vollz, ZIP 2020;21

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Agree on questions: Implications for whom?



- 1 – Everybody**
We all are PC ...
- 2 – Team**
Difference to personal position? Between teams? ...
- 3 – Organisation**
PC part of bigger entity? ...
- 4 – Interest Group**
What is position of PC as a field? ...
- 5 – Society as whole**
Effect on society? Role model? ...

Vollz, ZIP 2020;21

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Agree on method to find answers: Shared leadership

Define the question/ difficult situation	What are all theoretically possible scenarios how we react?			
A	1	NO GO	AGREE TO DISAGREE	GO
	2	NO GO	AGREE TO DISAGREE	GO
	3	NO GO	AGREE TO DISAGREE	GO

„Dialogpapier“ Position Paper
DHPV German Hospice and Palliative Care Association, February 2021
https://www.dhpv.de/news/dialogpapier_hospizische-haltung-grenzsituationen.html

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Part 1: General Background

Part 2: How do we communicate?

Part 3: What do we do?

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Projects on Desire to Die at Cologne Department



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Cologne Desire to Die Communication Courses

- >70 courses with > 700 trainees
- Health professionals (specialized and general palliative care)
 - Physicians
 - Nurses
 - Social workers
 - Psychologists
 - Chaplains
 - Volunteers
 - Hospice coordinator
 - Administrative staff...
- Type of organisations
 - University hospital
 - Inpatient hospice
 - Specialized home palliative care team
 - Palliative and hospice academy....



For more information:
tw-palliativ@uk-koeln.de
www.palliativzentrum.uk-koeln.de

Kreimeike et al., BMC Pall Care 2018, 2020
 Frerich et al., Pall Supp Care 2020
 Voltz et al., Pall Med, 2022

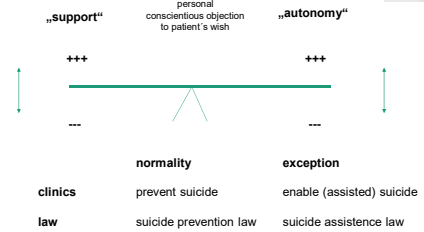
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Improve individual desire to die communication

GO

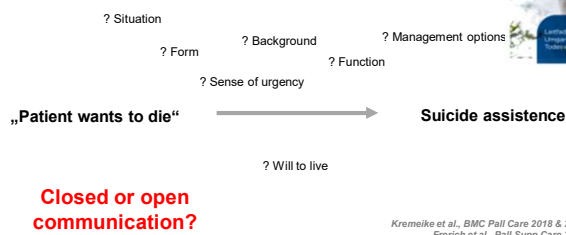


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What is your goal of conversation?



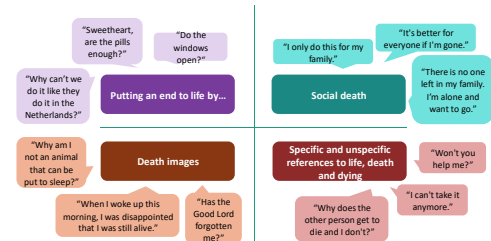
Kreimeike et al., BMC Pall Care 2018 & 2020
 Frerich et al., Pall Supp Care 2020

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Lesson 1: Desire to die is a differentiated syndrome



Kreimeike et al. Omega (2022)

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Lesson 1: Desire to die is a differentiated syndrome

		Suicidal pressure to act		
Authors		Forms of Desire to Die		
Ohnsorge et al.	Acceptance of dying	Wish to die as:		
		1) Looking forward to dying	2) Hypothetical-ly considering hastening death	3) Current wish or action
Nissim et al.	Letting go	Despair	Hypothetical exit plan	
Balaguer et al.			Wish to hasten death	
Lindner and Wolfersdorf	Satiety of life	Tiredness of life	Non-specific wishes for peace and quiet	Suicidality (distanced -> latent -> acute)

National Palliative Care Guideline, 2020; Ohnsorge, K. et al. 2014.; Ohnsorge, K. et al. 2014; Balaguer, A. et al 2016; Nissim, R. et al 2009; Wolfersdorf, M. 2008; Wolfersdorf, M. & Etzersdorfer, E. 2011; Lindner, R. 2006

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Lesson 1: Desire to die and will to live

"... if someone would give me something and said – it's all over in two seconds – I would take it... I want to live, oh my God"

– Patient breaks down in tears

Voltz et al., Support Care Cancer (2011)

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Lesson 2: Open communication can be taught

Communication Guideline
Background and Meaning
Functions
Consciously Creating a Relationship
Proactive Addressing of Desire to Die
Closing the Conversation
After the Conversation
Consciously Dealing with own Attitude and Emotions
Self Care
Further Options for Intervention



Two Day Training
1 Practical Exchange
2 Attitude, Norms and Values
3 Research Perspective and Communication Guideline
4 Reflection of own Handling (Case Work)
5 Dealing with Desire to Die (Role Play)
6 Self Care

Boström et al., ZIP (2022)
Kreimeke et al., BMC Pall Care (2020)

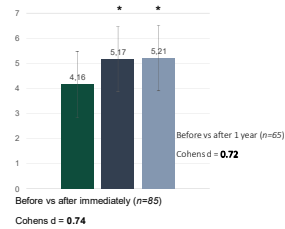
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Lesson 2: Open communication can be taught

How confident do you feel when talking about desire to die with a patient?



- › Evaluation of two-day training
- › In 12 courses, N = 102 multiprofessional health professionals reported **significantly raised self-confidence**
- › The training course is **adaptable** as inhouse-trainings

"After the training I thought: Aha, did you not recognize these topics before? Because suddenly I had some people that I could refer to the study and I thought, where is this coming from now? Is that because I now have an ear for it and didn't notice before?"

48-year old hospice coordinator

Boström et al., ZIP (2022)
Boström et al., Pall Support Care (2022)

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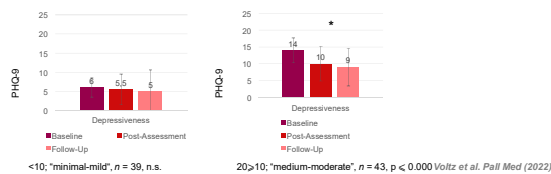
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Lesson 3: Open communication is not harmful

Hopelessness, death anxiety and wish to hasten death decreased (trend) N = 82

Patient-doctor relationship and will to live increased (trend)

Depressiveness was lowered



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What do we do in our organisations?

- Killing upon request (§216 StGB)
- Assistance in suicide (former §217 StGB)
- Voluntarily stopping eating and drinking
- „Indirect effect“ – shortening life as potential side effect of therapies
- „Letting die“ – Stopping or not starting life-prolonging therapies
- Palliative sedation
- Say NO to medically indicated therapies



AGREE TO DISAGREE

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What do we do in our organisations?

AGREE TO DISAGREE



- „Intends neither to hasten nor postpone death“
- Not postponing death?
Side effect of good palliative care
- Not hastening death?
 - THOU SHALL NOT KILL: What type of killing?
 - Without request = Murder?
 - With request = „MAID, euthanasia“?
 - Assisting in SUICIDE?
 - What type of suicide?
 - „Classical“ psychiatric?
 - With severe somatic disease?
 - Stopping indicated disease modifying therapies?
 - Smoking?

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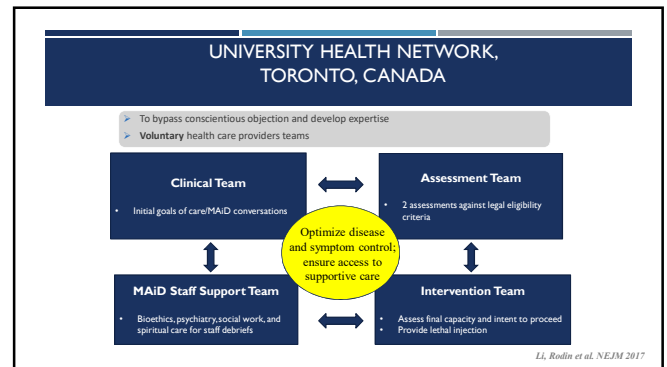
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What do we DO in our organisations?

AGREE TO DISAGREE

Define the difficult situation.	What are all theoretically possible scenarios how we react?			
Patient in our hospice despite all efforts wants assisted dying.	We discharge patient.	NO GO	AGREE TO DISAGREE	GO
	We stay with patient, someone else performs procedure.	NO GO	AGREE TO DISAGREE	GO
	We do procedure ourselves.	NO GO	AGREE TO DISAGREE	GO

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Summary

- No single answer to one single question
- Define questions first and method how to answer them
- Reflect your personal attitude: What is the aim of your communication?
- Open communication does not harm and may even benefit (patients, relatives, volunteers, team, field)
- Communication skills must and can be improved
- Reflect your role, role of team, organisation, field of hospice/palliative care

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Conclusion with personal opinion

- Change in attitude: From speechlessness to open communication
- Assisted dying is not a task for the field of palliative care
- We have to be tolerant: individuals and organisations will participate
- Society and Palliative Care have the right to evolve, sometimes only „over our graves“ (Max Planck)
- Palliative Care should actively engage in societal debate
- Provide a good example how to openly communicate and enable assisted dying even if we do not perform it ourselves

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Vielen Dank!

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