



Pediatric Clinical Perspectives on Adolescent Physician Assisted Suicide

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BACKGROUND

Physician assisted suicide for adults has been gaining support in the U.S.¹ A 2010 study concluded that 13% of the families considered ending their terminally ill child's life prematurely and 10% had discussions about it, which is similar to the rates seen in adults.² In 2017 Children's Hospital Colorado enacted the End of life: Requests for Medical Aid in Dying policy, which grants patients older than 18 the opportunity to obtain life ending treatment. Religious beliefs have a significant impact on provider perspectives on physician assisted suicide in adults.³ There is no data on physician perspectives on adolescent physician assisted suicide across various medical specialties.

OBJECTIVE

To assess pediatric clinician perspectives on Adolescent Physician Assisted Suicide (APAS) across various medical specialties.

HYPOTHESIS

There is significant interest in APAS and clinician characteristics affect their perspectives.

STUDY DESIGN

Pediatric clinicians were prospectively surveyed about demographics, a case study, and their perspectives on APAS. The survey was sent to 13 different divisions (500 providers) at a quaternary medical center and responses were statistically evaluated. COMIRB 19-0412

FIGURES

Figure 1

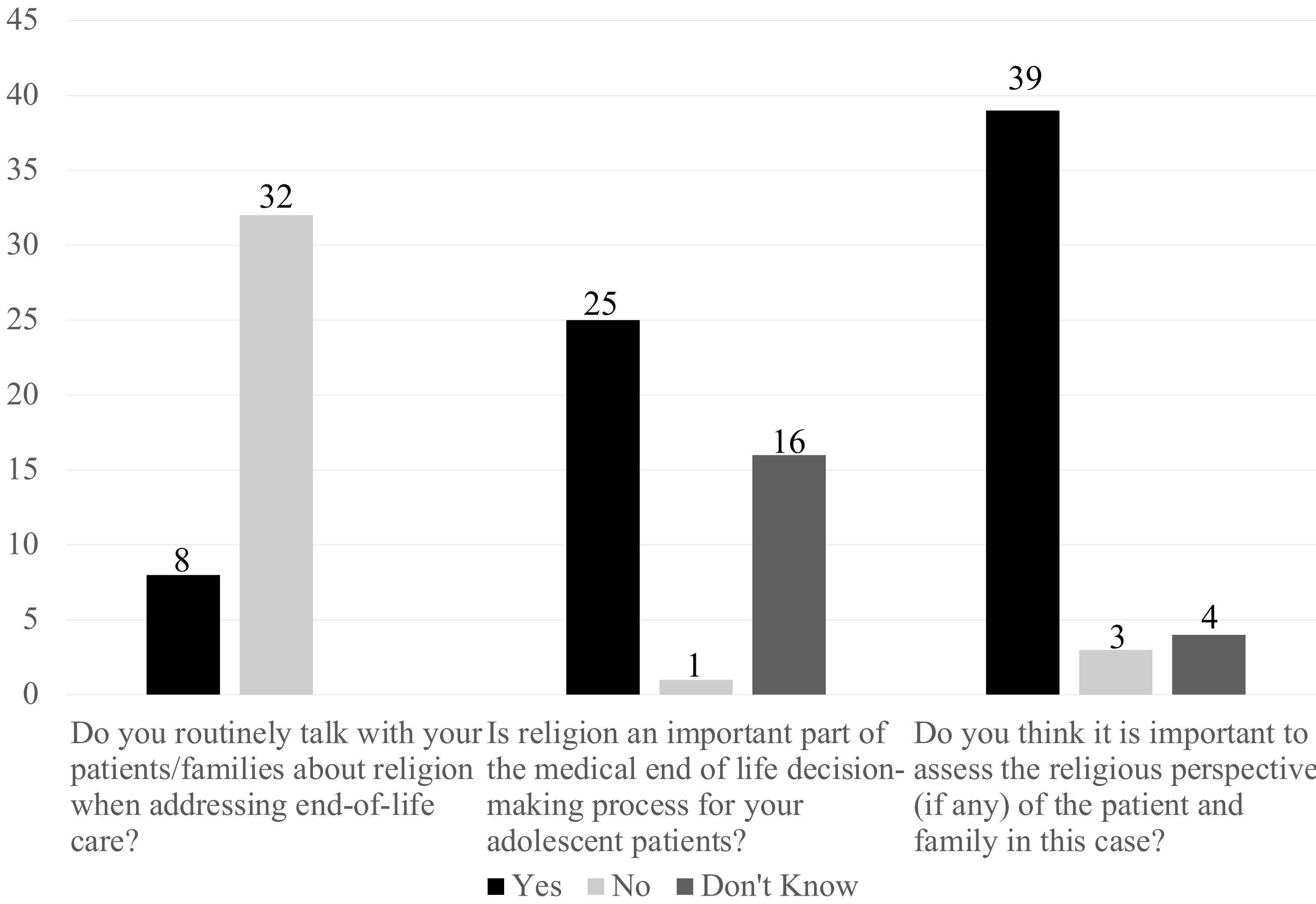


Figure 2

Case Questions	Most Common Clinician Answers
What additional information do you need to help this patient?	<ul style="list-style-type: none">What does die with dignity mean to the patientCompetency of the adolescent
What options are available to this patient?	<ul style="list-style-type: none">HospicePalliative careDon't know
What options should be available to this patient?	<ul style="list-style-type: none">Palliative careHospicePhysician Assisted Suicide
What is your responsibility as their provider?	<ul style="list-style-type: none">Assess the family's perspectiveConnect them with palliative care
Who would you consult?	<ul style="list-style-type: none">Palliative careEthics
Survey Questions	Most Common Clinician Answers
Why APAS is needed and should be legal?	<ul style="list-style-type: none">It is ethical to allow people to die on their own termsCompassionate thing to doThere is suffering that cannot be alleviated through palliative measuresOften adolescents have the competency to make this decision
Why APAS is not needed and should not be legal?	<ul style="list-style-type: none">Adolescents are not developed enough to make these kinds of decisionsDoctors should not be in the business of ending lifePalliative care can effectively limit suffering

REFERENCES

1. Emanuel EJ. Euthanasia and Physician-Assisted Suicide: A Review of the Empirical Data From the United States. *Arch Intern Med.* 2002;162(2):142-152.
2. Dussel V et. Al. Considerations About Hastening Death Among Parents of Children Who Die of Cancer. *Arch Pediatr Adolesc Med.* 2010;164(3):231-237.
3. Vrakking AM, van der Heide A, Looman CW, et al. Physicians' willingness to grant requests for assistance in dying for children: a study of hypothetical cases. *J Pediatr* 2005;146:611-7.

RESULTS

- 79 clinicians aged 29-65 years responded. 46 completed the case-study and 34 completed all sections.
- This cohort was a good representation of age ($P = 0.77$) and years of practice ($P = 0.85$) of clinicians at Children's Hospital Colorado
- Of this group 23/42 (54.7%) identified as religious vs. 19/42 (45.2%) non-religious.
- 11 identified as general pediatricians and 31 as pediatric subspecialists.
- 52.4% felt APAS should be legal and 42.9% said APAS is needed.
- 7.1% noted they previously had been requested to discuss APAS 1-5 times.
- There were no statistical differences based upon specialty, years of practice, experience or religious identity on perspectives of legalizing APAS.
- 84.8% think religion is important in such decisions, however only 20% discuss it with patients (See Figure 1).

CONCLUSION

- A slight majority of pediatric clinicians support APAS though it is rarely being requested in clinical practice.
- Although there was no significant difference amongst variables, approaches likely vary and data suggests clinicians require additional training.
- Clinicians feel religion is important during end-of-life decision making, but infrequently discuss it.
- Further research on this topic is needed