

P 5 FAMILY MEMBERS' RESPONSES TO BEING PRESENT AT AN ASSISTED SUICIDE: A BRITISH FOLLOW-UP STUDY.

Colin Brewer. *My Death, My Decision*. London, England.

"Of old when folk lay sick and sorely tried/The doctors gave them physic*, and they died.
But here's a happier age: for now we know/Both how to make men sick and keep them so."
(Hilaire Belloc. British poet. Died 1953. * 'physic' is an obsolete word for 'medicine'.)

METHOD

Where possible, family members were interviewed as part of the psychiatric or mental capacity assessment of 23 British residents who had been accepted for a medically assisted suicide (MAS) in Switzerland. Four patients died in Britain from their illness or other natural causes and did not need MAS. In six cases, follow-up was not possible. Two patients committed suicide in Britain with medication obtained through the internet. Family members of the remaining 12 patients who had MAS were re-interviewed between six-months and three years after the initial assessment.

DIAGNOSES IN THE 12 FOLLOWED-UP CASES.

Complex neurological conditions	4	
Early Alzheimer dementia	3	
Parkinson's Disease	1	
Multiple Sclerosis	1	
Cancer+blindness	1	
Cancer+diabetic neuropathy	1	Average age = 68.5 (range 35-87)
Blindness+Parkinson's Disease	1	(The oldest patient of the 23 was 99)

Average interval between first assessment and MAS = 6.2 weeks, except for 2 patients who waited for 4-6 months for organizational reasons and one who waited for 14 months in the hope of further effective treatment.



Photograph Dr Erika Preisig, Switzerland.

HOW QUICKLY DID THE MEDICATION TAKE EFFECT? The time from ingesting oral barbiturate to unconsciousness did not exceed three minutes. For intravenous barbiturate, it did not exceed 30 seconds.

REACTIONS OF FAMILY INFORMANT TO WITNESSING THE ASSISTED SUICIDE.

All used words like 'peaceful' and 'dignified'. Many also described it as 'beautiful' and 'uplifting'. The opportunity to say a final 'goodbye' followed by a rapid death with no terminal symptoms that were distressing for the patient and/or the observers was particularly appreciated. All thought that being able to die in the presence of friends or family was good for the patient.

REACTIONS AT FOLLOW-UP INTERVIEW.

None thought that the likely alternative ways of dying would have been better. The only informant who still found it difficult to come to terms with it was mainly angry about the perceived misdiagnosis and mismanagement of the condition. None of them felt the need for professional help such as counseling or medication but all thought that a support group (now established) where they could exchange thoughts and experiences with other people facing or reflecting on the same situation would be a good idea. A semi-structured interview form was used that could be completed either during a telephone conversation or filled-in and emailed subsequently.

POLICE INVOLVEMENT

Not all families reported the death on their return and it is apparently not a legal requirement. When local police forces were involved, they often behaved sensitively but the behaviour of some forces and of the public prosecution directorate were sometimes much more distressing than the MAS itself, or the grieving process. In one case, a patient about to go to Switzerland was compulsorily admitted to a psychiatric hospital, where he died over a year later. It was two years before the family learned that they would not be prosecuted. In another case, the police, alerted by a daughter who was opposed to her unaccompanied mother's MAS, intercepted her at an airport outside Britain where she had to change planes and refused to let her continue to Switzerland.

TWO PATIENTS WHO HAD UNASSISTED SUICIDES.

In both cases, the severe mobility problems caused by their illnesses (paraplegia with limited arm movements, severe chronic fatigue syndrome) and the subsequent difficulty of travelling to Switzerland led them to search for barbiturates on the internet. One partner thought that MAS would have much less distressing because he would have been able to be present when she died. The other patient had no close family.

THE SPECIAL PROBLEM OF DEMENTIA

Dementia is more feared than cancer and raises more complex ethical issues than most other conditions. It is not legal or possible in Switzerland, even with prior documentation of the request, to have MAS once mental capacity has been lost. Therefore, the only way to avoid a very slow decline into the widely-feared state of indignity and annihilation of the personality is to have MAS while mental capacity is preserved. This may mean losing months or years of potentially enjoyable existence.

LIMITATIONS OF THE STUDY.

Only family members who were broadly supportive of the choice of MAS were interviewed. They may have had different responses. However, one member who had threatened to commit suicide himself if the patient had MAS was eventually reconciled and was present at the death. I would argue that family members who disagree with MAS in general or in particular have no more right to prevent it than to prevent a marriage of which they disapprove.

CONCLUSION.

As previous follow-up studies in other countries have found, most family members who accompany someone to MAS are not specifically traumatised by the experience and do not believe that alternative ways of dying would have been better either for themselves or for the patient.