Author’s response to reviews

Title: Public and physicians’ support for euthanasia in people suffering from psychiatric disorders: a cross-sectional survey study

Authors:

Kirsten Evenblij (k.evenblij@vumc.nl)

H. Roeline Pasman (hrw.pasman@vumc.nl)

Agnes van der Heide (a.vanderheide@erasmusmc.nl)

Johannes van Delden (J.J.M.vanDelden@umcutrecht.nl)

Bregje Onwuteaka-Philipsen (b.philipsen@vumc.nl)

Version: 1 Date: 13 Jun 2019

Author’s response to reviews:

Dear Ana Donnelly,

First of all, we would like to express our sincere thanks to the editor and the reviewers, who read our manuscript (METH-D-19-00036) and identified areas that needed corrections or clarification.

The page numbers and line numbers refer to the revised manuscript. Upon the revision of the manuscript I noticed some minor details in the text and tables which I corrected using track changes.

Yours sincerely,

Kirsten Evenblij, on behalf of Roeline Pasman, Agnes van der Heide, Johannes van Delden, and Bregje Onwuteaka-Philipsen
Technical Comments

Comment 1. In the 'Funding' statement, please declare the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Response: Modified as requested.

Comment 2. Please provide figure titles/legends under a separate heading of 'Figure Legends' after the References. If titles/legends are present within the figure files, please remove them. Figures should be provided as separate files, and each figure of a manuscript should be submitted as a single file.

Response: Modified as requested.

Response to the reviewers

Reviewer 1

Comment 1: I am curious about the presumption that psychiatrists would not receive EAS requests from patients without psychiatric disorders. In Canada, for example, MAiD assessors and providers are not limited to seeing patients from their area of specialization about MAiD. Perhaps explain for international readers.

Reply: Under methods/physicians (line 127-132) the following explanation has been added: “This specification, “in patients with psychiatric disorders”, was omitted for psychiatrists as they presumably do not receive primary EAS requests from patients without psychiatric disorders. In the Netherlands, patients requesting EAS without a psychiatric disorder will usually not discuss their primary request with a psychiatrist, but rather with their general practitioner, although a psychiatrist might be consulted as a second opinion.”
Comment 2: lines 191-199 present very important data. They go directly to issues that are central to debates about EAS for psychiatric patients. I believe this should be included in the Abstract Results and reflected in the Abstract and full Conclusion section.

Reply: We have added data (see comment 2 and 3) to the results and conclusion section in the abstract and/or full conclusion and rewrote these sections in order to avoid a normative bent as much as possible (comment 5).

Abstract, Results, page 2, line 37-48: Of the general public 53% were of the opinion that people with psychiatric disorders should be eligible for EAS, 15% was opposed to this, and 32% remained neutral. Higher educational level, Dutch ethnicity, and higher urbanization level were associated with higher acceptance of EAS whilst a religious life stance and good health were associated with lower acceptance. The percentage of physicians who considered performing EAS in people with psychiatric disorders conceivable ranged between 20% amongst medical specialists and 47% amongst general practitioners. Having received an EAS request from a psychiatric patient before was associated with considering performing EAS conceivable. Being female, religious, medical specialist, or psychiatrist were associated with lower conceivability. The majority (>65%) of the psychiatrists were of the opinion that it is possible to establish whether a psychiatric patient’s suffering is unbearable and without prospect and whether the request is well-considered.

The conclusion section in abstract and full conclusion have been replaced by:

Abstract, Conclusion, page 3, line 49-55: The general public shows more support than opposition as to whether patients suffering from a psychiatric disorder should be eligible for EAS, even though one third of the respondents remained neutral. Physicians’ support depends on their specialization; 39% of psychiatrists considered performing EAS in psychiatric patients conceivable. The relatively low conceivability is possibly explained by psychiatric patients often not meeting the eligibility criteria.

Conclusion, page 12, line 272-283: The general public shows more support (53%) than opposition (15%) as to whether patients suffering from a psychiatric disorder should be eligible for EAS, even though one third of the respondents remained neutral. Physicians’ support depends on their specialization. General practitioners and elderly care specialists are most positive; about half considers performing EAS conceivable. Fewer medical specialists (20%) and psychiatrist (39%) consider performing EAS conceivable. Although, over the years, conceivability increased for general practitioners and remained stable for medical specialists and
elderly care specialists, it decreased amongst psychiatrists. As the majority of the psychiatrists were of the opinion that it is possible to establish whether a psychiatric patient’s suffering is unbearable and without prospect and whether the request is well-considered, the relatively low conceivability of performing EAS is possibly explained by psychiatric patients often not meeting the eligibility criteria as has been shown previously.(19)

Comment 3: lines 212-217 present very important data. They too should be included in the Abstract Results and Abstract and full Conclusion section (although if only 191-199 or 212-217 can be included, it should be 191-199 as that is new rather than temporally comparative data).

Reply: These data have been added to the full conclusion as requested. Please see comment 2.

Comment 4: lines 233-239 seems speculative without a grounding in the data. One can speculate that "some would argue" entirely other things.

Reply: We removed speculative statements and added a reference (Discussion, page 11, line 248-253): “Their reticence may be explained by doubts about whether or not there still is prospect of improvement”. [19] The unpredictability of the course and prognosis of psychiatric disorders and the large variety of treatment options for psychiatric disorders make it difficult, to establish that there are no other reasonable treatment alternatives and that euthanasia is indeed the only option.20-23

Comment 5: the Conclusion appears to have been drafted with a (perhaps unintentionally) negative normative bent. It is true that there is "much reticence" (i.e. 47% of the public), but "The majority of the general public support eligibility for EAS for people with psychiatric disorders." The authors could have concluded "there is very little strong opposition to..." (as "only 15% of the general public strongly oppose EAS for people with psychiatric disorders.") I am not advocating doing that - rather, I am demonstrating the problem of the normative bent. Similarly, rather than "less than two fifth...", the conclusion re: physicians could have been "almost half of general physicians..." (as "47% of general practitioners consider performing EAS with people with psychiatric disorders conceivable"...) Given that many readers will go straight to the Abstract and full Conclusion, I believe the content should be revised to avoid misleading readers (who don't read the whole thing) about the data from the study.
Reply: The conclusion sections have been rewritten to avoid both a negative and a positive normative bent as much as possible. Please see comment 2.

Reviewer 2

Comment 1: The statement that the public should take a stand on, «I am of the opinion that patients with a psychiatric disorder should be eligible for EAS in case they ask for it», might be thought to be ambiguous as to whether the psychiatric disorder is what motivates the EAS request or whether it is present as a co-morbid state and the main motivation for the EAS request is something else, e.g., a somatic illness. I would like the authors to reflect on whether this potential ambiguity is a problem.

Reply: The authors understand the reviewer’s comment on potential ambiguity. The statement on eligibility in case of a psychiatric disorder was part of a longer list of statements assessing the opinions with regard to eligibility for EAS in other specific (medical) conditions, such as dementia and terminal illness. Although it was not specified that these conditions were the main motivation for the EAS request, we think the context did suggest this. To clarify we added the following to the Methods section, Questionnaire, page 5, line 107-115:

Public acceptance of EAS in case of psychiatric suffering was operationalized as the level of agreement with following statement: “I am of the opinion that patients with a psychiatric disorder should be eligible for EAS in case they ask for it”, ranging from 1 (completely agree) to 5 (completely disagree). This statement was part of a longer list of statements assessing the opinions with regard to eligibility for EAS including other specific settings / medical conditions (e.g. dementia and terminal illness). We did not specify whether the psychiatric disorder was the main motivation for the EAS request. Although this is the most straightforward interpretation of the question in this context, there may have been some ambiguity as to whether the psychiatric suffering was secondary to a primary somatic condition leading to the EAS request.

Comment 2: Similarly, when the authors on p. 6 write that «This specification, "in patients with psychiatric disorders", was omitted for psychiatrists as they presumably do not receive EAS requests from patients without psychiatric disorders», I wonder whether this was a wise choice. Conceivably, the question might have led some psychiatrist respondents to have thought of somatic patients seeking EAS. Some respondents might have a somatic specialty in addition to psychiatry, or might be thinking of changing their medical field. The authors should reflect on whether introducing a different formulation for psychiatrists creates a source of error in this respect.
Reply: In the Netherlands, patients requesting EAS without a psychiatric disorder will usually not discuss their primary request with a psychiatrist, but rather with their general practitioner. In these cases a psychiatrist may be consulted as a second opinion. In the questionnaire for psychiatrists it was made clear that it was about euthanasia and assisted suicide in psychiatric patients (who may have somatic co-morbidity). We therefore consider it unlikely that psychiatrists have thought about somatic patients seeking EAS when filling out the questionnaire. Our results support this presumption.

Under Methods/Physicians (page 6, line 127-132) the following has been added: “This specification, “in patients with psychiatric disorders”, was omitted for psychiatrists as they presumably do not receive primary EAS requests from patients without psychiatric disorders. In the Netherlands, patients requesting EAS without a psychiatric disorder will usually not discuss their primary request with a psychiatrist, but rather with their general practitioner, although a psychiatrist might be consulted as a second opinion.”

Comment 3: p. 10: «[Psychiatrists’] reticence rather seems to be due to doubts about whether or not there still is prospect of improvement». I do not see how this interpretation is supported by the data.

Reply: The authors agree with the reviewers comment which has also been raised by reviewer 1 (comment 5). The conclusion sections have been rewritten entirely and do no longer include this interpretation.

Abstract, Conclusion, page 3, line 49-55: The general public shows more support than opposition as to whether patients suffering from a psychiatric disorder should be eligible for EAS, even though one third of the respondents remained neutral. Physicians’ support depends on their specialization; 39% of psychiatrists considered performing EAS in psychiatric patients conceivable. The relatively low conceivability is possibly explained by psychiatric patients often not meeting the eligibility criteria.

Conclusion, page 12, line 272-283: The general public shows more support (53%) than opposition (15%) as to whether patients suffering from a psychiatric disorder should be eligible for EAS, even though one third of the respondents remained neutral. Physicians’ support depends on their specialization. General practitioners and elderly care specialists are most positive; about half considers performing EAS conceivable. Fewer medical specialists (20%) and psychiatrist (39%) consider performing EAS conceivable. Although, over the years,
conceivability increased for general practitioners and remained stable for medical specialists and elderly care specialists, it decreased amongst psychiatrists. As the majority of the psychiatrists were of the opinion that it is possible to establish whether a psychiatric patient’s suffering is unbearable and without prospect and whether the request is well-considered, the relatively low conceivability of performing EAS is possibly explained by psychiatric patients often not meeting the eligibility criteria as has been shown previously.(19)

Comment 4: The paper needs some language corrections.

Reply: The paper was revised. Corrections have been made using track changes, for example Line 60-63, 72-73, 161, 172-177, 228, 251-252