DOES KNOWING PATIENTS’ WISHES INFLUENCE NURSES’ AND PHYSICIANS’ INTENTION TO PERFORM EUTHANASIA?

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8th World Research Congress of the European Association for Palliative Care, Lleida, Espagne
6 juin 2014
Background

- Respecting patients’ autonomy is often put forward as one of the main reasons why certain health professionals are favourable to euthanasia.

- Few studies have compared whether nurses and physicians hold different beliefs regarding euthanasia.
Objective of the study

- To experimentally test whether knowing patients’ wishes and health profession can affect intentions and beliefs regarding performing euthanasia using a 2 × 2 random factorial design study.

  (Experimental conditions: patient’s wishes known or not; professions: nurses or physicians).
Extended version of the Theory of planned behaviour (Ajzen, 1991)

**Socio-demographic variables**
- Job position
- Medical specialty
- Domain of practice
- Number and % of end-of-life patients
- Relatives received palliative care
- Years of experience
- Worksite
- Age
- Gender
- Level of education
- Religious affiliation
- Attitude towards legalisation

**Attitude**
- Cognitive attitude
- Affective attitude
- Behavioural beliefs

**Subjective norm**
- Normative beliefs

**Perceived behavioural control**
- Barriers
- Facilitating factors

**Moral norm**
- Autonomy
- Beneficence
- Justice

**INTENTION**

**Professional norm**

**BEHAVIOUR**
Methods – Data collection

- A **vignette** describing a person near death was used to manipulate knowledge of patient’s wishes.

- **Random samples** of nurses and physicians from Quebec, Canada
  - Weighted according to the domains of practice and medical specialties
Data were collected by means of an anonymous validated questionnaire:

1. 21 nurses and 8 physicians were interviewed to develop a questionnaire based on their beliefs;
2. 11 nurses and 10 physicians validated the clinical vignette with the fictional patient;
3. 17 nurses and 18 physicians completed the questionnaire twice to verify its psychometric qualities.
# Results – Sample characteristics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Knowledge</th>
<th>No knowledge</th>
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<tbody>
<tr>
<td></td>
<td>Nurses (n = 80)</td>
<td>Physicians (n = 58)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>41.4 (11.6)</td>
<td>47.1 (14.2)</td>
</tr>
<tr>
<td>% female</td>
<td>92.5%</td>
<td>48.0%</td>
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<tr>
<td>&gt; 10 years of experience</td>
<td>51.3%</td>
<td>56.0%</td>
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Results for nurses (n = 153)
Results for physicians (n = 117)
Discussion – Results for nurses

- Knowing patients’ wishes (autonomy) regarding euthanasia does not appear to influence nurses’ intention and beliefs concerning euthanasia;

- Sometimes healthcare providers are faced with conflicts between competing ethical principles, such as autonomy and beneficience (Beauchamp & Childress, 2009).
Discussion – Results for physicians

- Knowing patients’ wishes regarding euthanasia seems important for physicians;

- In a previous review of European physicians’ attitudes towards euthanasia, the right of the patient to decide about his/her own life and death was one of the reasons why physicians mentioned being favourable to euthanasia (Gielen et al., 2008)
Conclusion

- Does knowing patients’ wishes influence nurses’ and physicians’ intention to perform euthanasia?

- **No** for nurses:
  Patient’s beneficience seems more important.

- **Yes** for physicians:
  Patient’s autonomy seems important.
Acknowledgements

- This work was supported by the Ethics Office of the Canadian Institutes of Health Research.

- The authors would like to acknowledge the contribution of Steve Amireault, Ph.D., for his advices on the statistical analyses.
Thank you! Questions?