從家庭社會角度回應

網上專題座談會 — 如何死得安樂？

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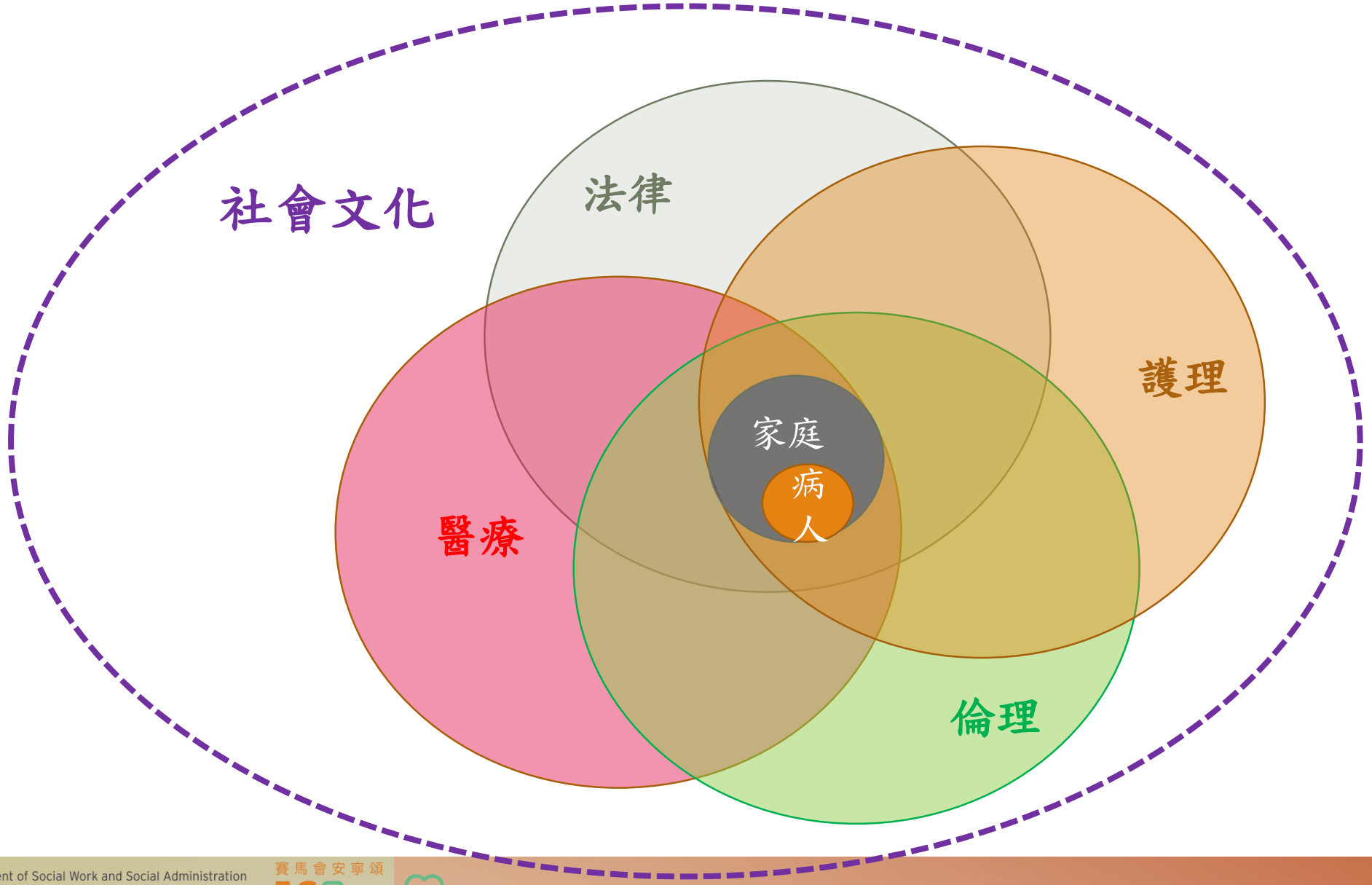
賽馬會安寧頌 項目總監

多角度看安樂死



家庭與病人相關文獻

Snijdewind et al. BMC Psychiatry (2022) 22:454
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BMC Psychiatry

RESEARCH Open Access

"I lost so much more than my partner" – Bereaved partners' grief experiences following suicide or physician-assisted dying in case of a mental disorder

M. C. Snijdewind[1,2], J. de Keijser[3], G. Casteelen[4], P. A. Boelen[1,5,6] and G. E. Smid[1,5,7*]

Abstract

Background: There is a lack of existing research on grief following the intentional death of people suffering from a mental disorder. Our study aims to provide insight into grief experiences and social reactions of bereaved persons who lost their life partners, who were suffering from a mental disorder, to physician-assisted dying (PAD) or suicide.

Methods: For this mixed-methods research, we conducted a survey and in-depth interviews with 27 persons living in the Netherlands and bereaved by the death of their life partners. The deceased life partners suffered from a mental disorder and had died by physician-assisted dying (n = 12) or suicide (n = 15). Interviews explored grief experiences and social reactions. In the survey we compared self-reported grief reactions of partners bereaved by suicide and PAD using the Grief Experience Questionnaire.

Results: Compared to suicide, physician-assisted dying was associated with less severe grief experiences of the bereaved partners. Participants reported that others rarely understood the suffering of their deceased partners and sometimes expected them to justify their partners' death. Following physician-assisted dying, the fact that the partner's euthanasia request was granted, helped others understand that the deceased person's mental suffering had been unbearable and irremediable. Whereas, following suicide, the involvement of the bereaved partners was sometimes the focus of judicial inquiry, especially, if the partner had been present during the death.

Conclusion: When individuals suffering from a mental disorder die by suicide or PAD, their bereaved partners may experience a lack of understanding from others. Although both ways of dying are considered unnatural, their implications for bereaved partners vary considerably. We propose looking beyond the dichotomy of PAD versus suicide when studying grief following the intentional death of people suffering from a mental disorder, and considering other important aspects, such as expectedness of the death, suffering during it, and partners' presence during the death.

Keywords: Grief, Suicide, Physician-assisted dying, Mental health, Death taboo

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Background

Grief, following the loss of a loved one, is influenced by multiple factors, including the circumstances of the death and the bereaved person's involvement in it [1]. Death from unnatural causes, e.g., suicide, is associated with more severe and prolonged grief compared to that from natural causes [2]. Previous research including people

我失去的比他還要多

(Snijdewind et al, 2022)

安樂死及醫助自殺的喪親反應
(Andriessen et al., 2020)

Research Trends

Grief After Euthanasia and Physician-Assisted Suicide

A Systematic Review

Karl Andriessen[1], Karolina Krysinska[1,2], Dolores Angela Castelli Dransart[3], Luc Dargis[4], and Brian L. Mishara[4,5]

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[2]Orygen, The National Centre of Excellence in Youth Mental Health, The University of Melbourne, Parkville, VIC, Australia
[3]School of Social Work Fribourg, HES-SO, University of Applied Sciences and Arts Western Switzerland, Fribourg, Switzerland
[4]Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE), Montréal, Canada
[5]Psychology Department, Université du Québec à Montréal, Canada

Abstract. *Background:* Several countries have regulated euthanasia and physician-assisted suicide (PAS). Research has looked at the experiences of patients, family, and professionals. However, little is known of the effects on bereaved individuals. *Aims:* We aimed to assess (a) what is known about the grief and mental health of people bereaved by euthanasia or PAS and (b) the quality of the research. *Method:* Systematic review according to PRISMA guidelines with searches in Cinahl, Embase, PsycINFO, Pubmed, and Scopus. *Results:* The searches identified 10 articles (eight studies), and the study quality was fair. People bereaved by euthanasia/PAS generally had similar or lower scores on measures of disordered grief, mental health, and posttraumatic stress compared with those who died naturally. Lack of social support and secrecy may compound their grief. Being involved in the decision-making process and having the feeling of honoring the deceased's will may facilitate their grief. *Limitations:* Studies used self-reports from non-random self-selected participants, were retrospective, and were conducted in only three countries. *Conclusion:* There is little evidence of increased risk of adverse grief or mental health outcomes in people bereaved by euthanasia/PAS. As more countries legalize assisted dying, high-quality studies of the factors that may hinder or facilitate the grief process are needed.

Keywords: assisted suicide, bereavement, euthanasia, grief, medical assistance in dying, mental health, systematic review

Over the past decades several countries and states have passed legislation to legalize euthanasia and physician-assisted suicide (PAS; Dyer, White, & Rada, 2015; Emanuel, Onwuteaka-Philipsen, Urwin, & Cohen, 2016). Both types of assistance in dying hasten an individual's death. In the case of euthanasia, a physician intentionally ends the life of a patient at his/her request, usually by the administration of a lethal drug. In the case of PAS, the physician prescribes or supplies the lethal drug to the patient, at his/her request, with the patient performing the action that will cause his/her own death (Emanuel et al., 2016).

Euthanasia and PAS were already practiced in Antiquity in the context of a "good death" and the first attempts to create a legal framework occurred about 100 years ago, in 1906 in the US states of Ohio and Iowa (Dowbiggin, 2005; Emanuel, 1994). Advocacy groups within the general population and the judiciary have driven legal changes, and currently, euthanasia and/or PAS can be legally practiced in The Netherlands, Belgium, Luxembourg, Colombia, and Canada (Dyer et al., 2015; Kelleher, Chambers, Corcoran, Keeley, & Williamson, 1998; Kelleher et al., 1995). PAS is allowed in eight US states (California, Colorado, District of Columbia, Hawaii, Montana, Oregon, Vermont, and Washington; https://www.deathwithdignity.org/), as well as in Switzerland, and most recently, in the Australian state of Victoria (Victoria State Government, 2019).

There is variety in the number of medically assisted deaths across countries. For example, PAS accounted for approximately 0.4% of deaths in Oregon and Washington in 2015 (Emanuel et al., 2016), and 1.4% in Switzerland (most recent data, year 2016; Bundesamt für Statistik, 2019). Euthanasia accounted for approximately 2.1% of deaths in Belgium (in 2018), and 4.4% in The Netherlands (in 2017) (Federale Overheidsdienst Volksgezondheid, 2019; Rijksoverheid, 2019). While eligibility criteria and application procedures vary across countries (for overviews, see: Dyer et al., 2015; Mishara & Kerkhof, 2018), access is usually limited to mentally competent patients whose suffering is considered to be unbearable.

Research in this field has focused on various aspects, such as the moral and ethical aspects (Bélanger et al., 2019; Kouwenhoven, van Thiel, van der Heide, Rietjens,

Crisis (2020), 41(4), 255–272
https://doi.org/10.1027/0227-5910/a000630

- 10篇文章進行系統回顧（1995-2018）

安樂死及醫助自殺的喪親反應
(Andriessen et al., 2020)

有問題的喪親反應 (Disordered Grief)：

- 與其他死亡相比，程度相若甚至更低

心理健康和創傷後症狀(Mental Health and PTSD symptoms)：

- 大部份程度相若，但在少數研究中的發現不一。

安樂死及醫助自殺的喪親反應
(Andriessen et al., 2020)

其他發現

- 對死亡有更多的準備和接受
- 參與決策過程的重要性
- 尊重病人的意願和自主權有助避免不良喪親反應

安樂死及醫助自殺的喪親反應
(Andriessen et al., 2020)

量化研究: 社會支持方面沒有差異

定性研究卻指出安樂死與醫助自殺喪親者有

- 孤立感
- 選擇性披露
- 害怕恥辱及警方調查
- 害怕被起訴
- 擔心與部門打交道
- 對違反社會規則感到內疚

安樂死及醫助自殺的喪親反應
(Andriessen et al., 2020)

其他發現：

- 兩種死亡
  - 與猝死相比，較少有未完成的事情。
  - 決策過程常陷於道德兩難
  - 乃故意死亡（Intended Death）
    - 醫助自殺是自殺；安樂死是謀殺
  - 因社會的開放性、法例、調查過程和服務而有國際差異

醫助自殺和自殺者遺屬的喪親反應

(Snijdewind et al, 2022)

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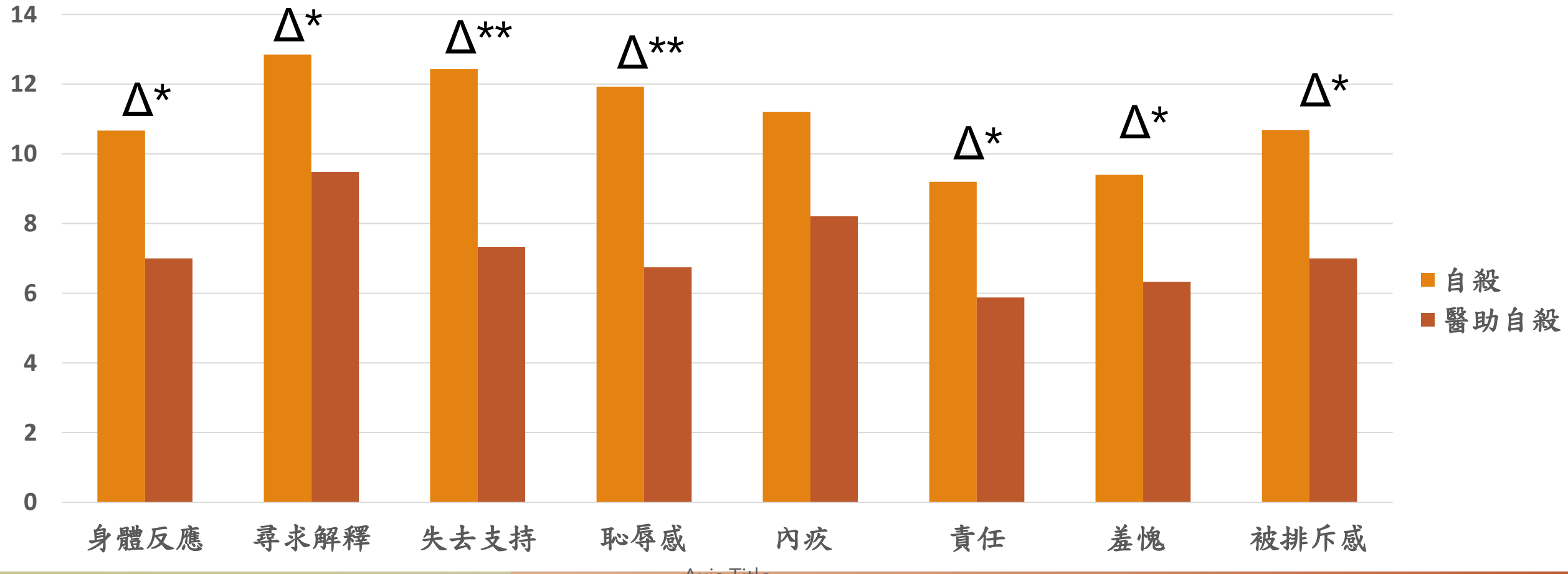
混合方法研究：

- 對27位患有精神病患自殺者的伴侶遺屬進行問卷調查調和深入訪談（12位醫助自殺和15位自殺者）。

醫助自殺和自殺者遺屬的喪親反應

(Snijdewind et al, 2022)



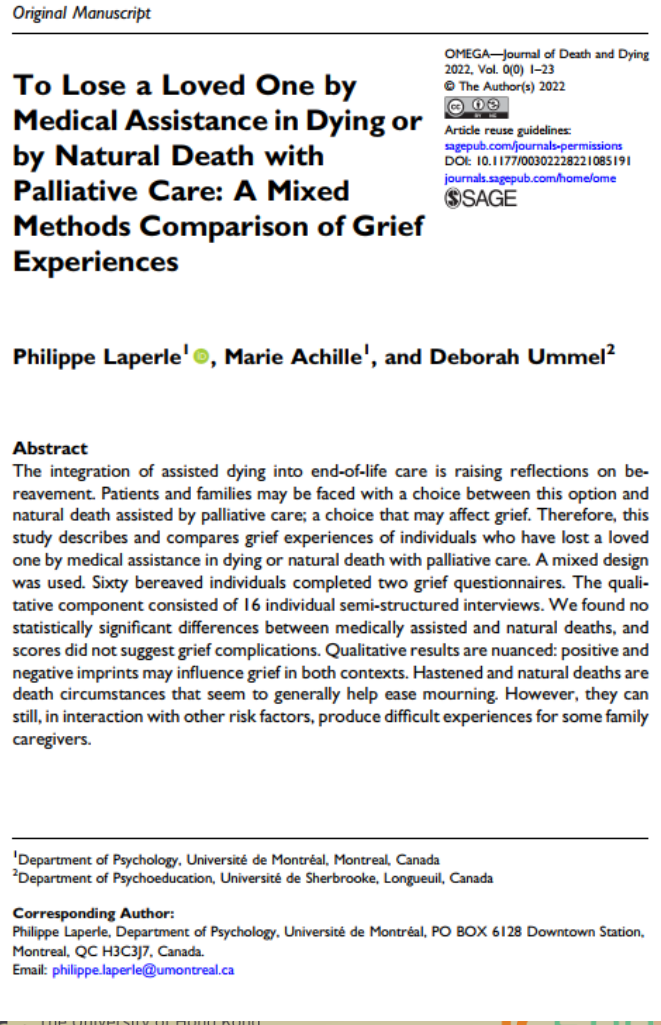
醫助自殺和自殺者遺屬的喪親反應

(Snijdewind et al, in-press)

兩者均缺乏他人的理解，
但醫助自殺比自殺遺屬至
少多了醫療團隊的支援。

https://cdn.pixabay.com/photo/2020/04/05/09/47/doctor-5005369__340.png

安樂死/醫助自殺與紓緩照顧自然死的喪親反應 (Laperle et al., 2022)



Original Manuscript

To Lose a Loved One by Medical Assistance in Dying or by Natural Death with Palliative Care: A Mixed Methods Comparison of Grief Experiences

OMEGA—Journal of Death and Dying
2022, Vol. 0(0) 1–23

DOI: 10.1177/00302228221085191
journals.sagepub.com/home/ome
SAGE

Philippe Laperle[1], Marie Achille[1], and Deborah Ummel[2]

Abstract

The integration of assisted dying into end-of-life care is raising reflections on bereavement. Patients and families may be faced with a choice between this option and natural death assisted by palliative care; a choice that may affect grief. Therefore, this study describes and compares grief experiences of individuals who have lost a loved one by medical assistance in dying or natural death with palliative care. A mixed design was used. Sixty bereaved individuals completed two grief questionnaires. The qualitative component consisted of 16 individual semi-structured interviews. We found no statistically significant differences between medically assisted and natural deaths, and scores did not suggest grief complications. Qualitative results are nuanced: positive and negative imprints may influence grief in both contexts. Hastened and natural deaths are death circumstances that seem to generally help ease mourning. However, they can still, in interaction with other risk factors, produce difficult experiences for some family caregivers.

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[2]Department of Psychoeducation, Université de Sherbrooke, Longueuil, Canada

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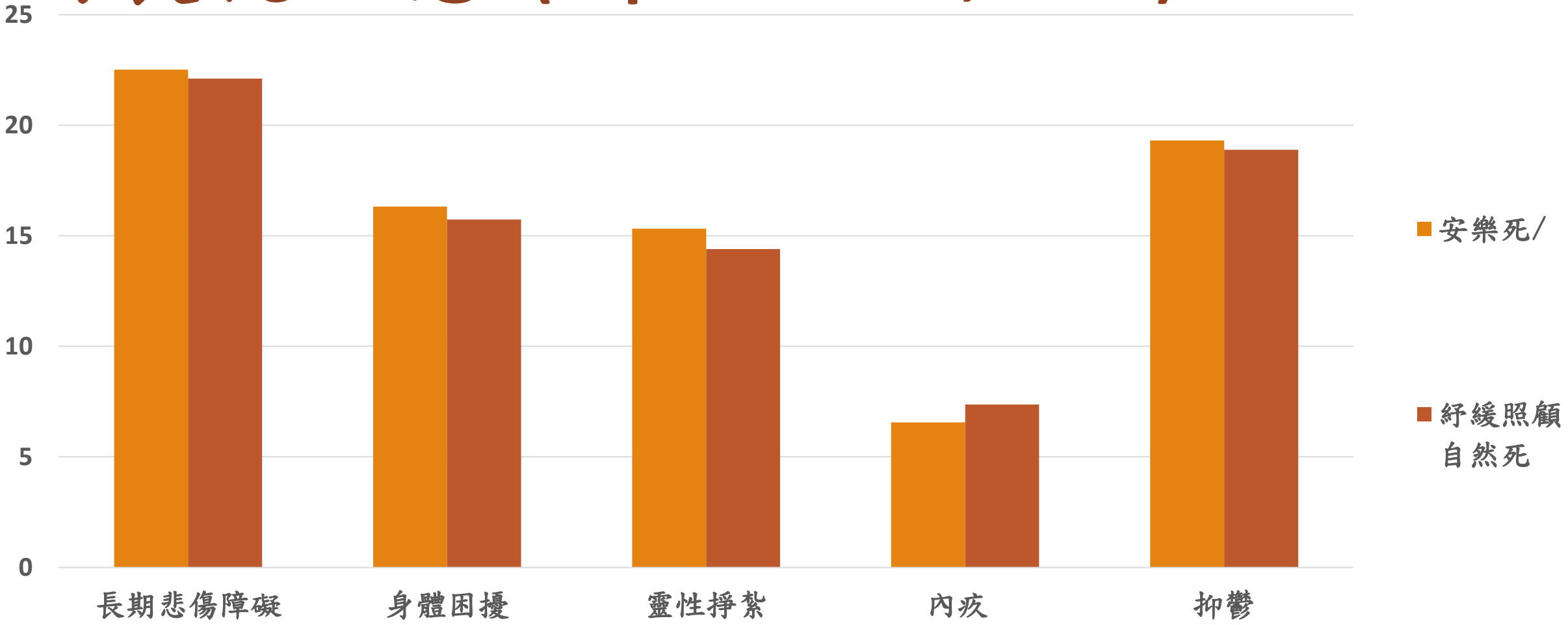
60位喪親者（25位來自MAiD，35位來自自然死亡）完成了問卷調查。

16位喪親者（8位來自MAiD，8位來自自然死亡）參加了半結構式訪談。

安樂死/醫助自殺與紓緩照顧自然死的喪親反應 (Laperle et al., 2022)

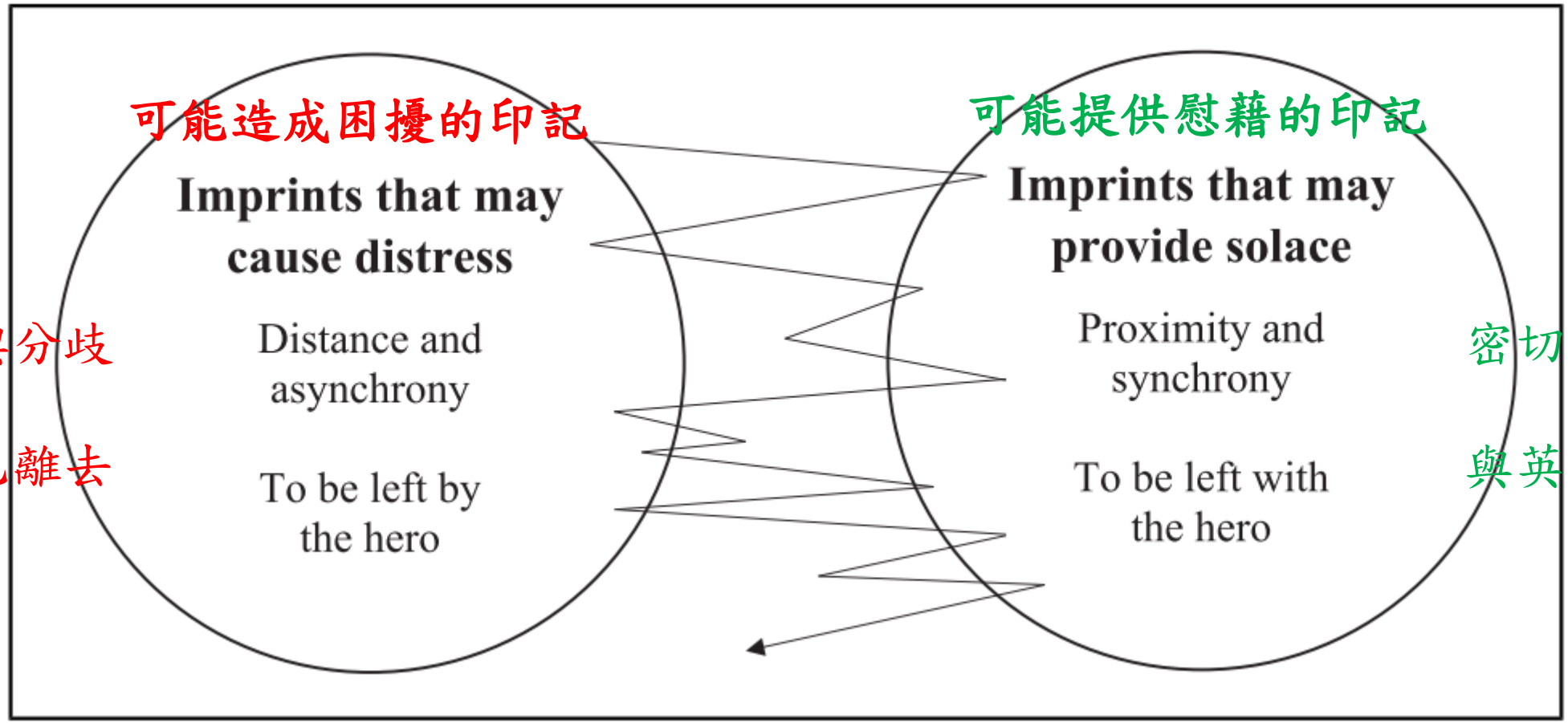


安樂死/醫助自殺與紓緩照顧自然死的喪親反應 (Laperle et al., 2022)

定性研究發現

- 正面和負面的印記
- 英雄的隱喻
  - 戰勝邪惡的力量（死亡、痛苦和它們的惡果）
- 同步與不同步
  - 心靈與情感
  - 預期與意外
  - 病人和家人

安樂死/醫助自殺與紓緩照顧自然死的喪親反應 (Laperle et al., 2022, p.19)



距離與分歧

英雄已離去

密切與同步

與英雄同行

醫助死亡的喪親之痛：範圍審閱 (Yan et al., 2022)

Review

OPEN ACCESS

Grief and bereavement of family and friends around medical assistance in dying: scoping review

Han Yan ,[1,2] Jessica Bytautas ,[3] Sarina Roslyn Isenberg,[4] Ari Kaplan,[5,6] Narges Hashemi,[2,7] Mona Kornberg,[5] Tekla Hendrickson[5]

► Additional supplemental material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/spcare-2022-003715).

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ABSTRACT

Objectives The increase in the number of jurisdictions legalising medical assistance in dying (MAiD) has contributed to a growth in the number of family and friends who may face unique elements of grief and bereavement. The aim of this study was to review the literature of grief and bereavement of family and friends following MAiD, and to summarise findings for the development of community resources and programming.

Methods We performed a scoping review with workshop consultation of stakeholders. Six electronic databases and the grey literature were searched for qualitative, quantitative and review articles. Content-analytical techniques and multidisciplinary discussions led to the development of concepts and a conceptual framework.

Results Twenty-eight articles met the inclusion criteria. We identified five concepts that impact the grief and bereavement of family/friends: relationships between family/friends and the patient as well as healthcare providers; aspects of MAiD grief which can include secrecy and/or anticipatory grief; preparations which may include family/friends and should be centralised and harmonised; end of life as an opportunity for ceremony; and the aftereffects during which mental health outcomes are studied.

Conclusion This multidisciplinary scoping review incorporates stakeholder consultation to find that support is needed to address the complicated and changing emotions of family/friends before, during and after a MAiD death. Furthermore, additional societal normalisation of MAiD is necessary to reduce secrecy and stigma and improve the accessibility of resources for family/friends.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Past reviews have shown that grief and bereavement associated with medical assistance in dying (MAiD) are affected by secrecy and stigma.
⇒ Family/friends may require ongoing psychosocial support.

WHAT THIS STUDY ADDS

⇒ Grief and bereavement surrounding MAiD may start early and involve the concepts of: relationships, aspects of MAiD grief, preparations, end of life and aftereffects.
⇒ MAiD experiences create emotions that change over time and can be complicated by secrecy or fear of stigma.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Bereavement resources are necessary before and after MAiD.
⇒ Research regarding MAiD bereavement should occur at multiple time points.

INTRODUCTION

Changes in legislation and cultural values have increased the prevalence of medical assistance in dying (MAiD). Currently, assisted death is recognised by 5 of 6 Australian states, 11 of 50 states of the USA, Canada, Luxembourg, Belgium, Netherlands, Switzerland, New Zealand, Colombia, Spain and Italy.[1–4] The increasing prevalence suggests a corresponding increase in the number of bereaved individuals following MAiD.

The focus of MAiD is often on the patient, although family/friends are the ones who bereave, whether they were supporters or not of MAiD. Previous research suggests improved bereavement with MAiD due to the opportunity for closeness, saying goodbye, or copreparing for end of life (EOL).[5–7] Nonetheless, with a limited number of jurisdictions permitting MAiD, factors such as social isolation, stigma or religious acceptance can impact the expression of grief and bereavement.[8 9] These factors can change over time and the increasing legalisation of

截至2022年6月，審閱了28篇學術期刊文章

五個醫助死亡的喪親之痛核心概念 (Yan et al., 2022, p.11)

準備

與家屬就生命末期的社會心理決定進行**對話**

明確和和諧的步驟有助於MAiD的評估和後勤工作

關係

之前、期間和之後的需求

價值觀可能影響支持的程度

非評判性的護理和容易獲得的資訊

生命的終結

儀式、反思和意義

設定現實的期望

後果

與其他死亡相似

社會分享促進了意義的形成

MAiD悲痛

由於**社會污名**而導致的**保密**或**害怕披露**，可能是焦慮和厭惡的來源。

在考慮MAiD之前，**預期的悲痛**可能已經開始。

社會文化的反思

溝通 Communication

病人和家屬之間

與他人

忌諱的話題

- 間接和隱含的方式

長幼有序

MAiD背後的原因

- 長者自殺率高
- 擔心在現實中給他人帶來負擔，但卻說成是個人選擇

決策 Decision Making

個人或家庭的決定

家庭成員之間的不一致（不同步）

誰是話事人

愛與孝的表現 Expression of Love

控制與尊重

面子 Face

隨著時間改變決定的困難（失去面子）。

社會壓力

MAiD的喪親者跟隨MAiD (連鎖反應)

印記和創傷容忍度Imprints and trauma tolerance

產房裡陪產後的創傷

道家思想 Taoist concept

順天而行

順其自然

其他反思

誤導名稱

Euthanasia

Physician-Assisted Suicide

Assisted Dying

Medical Assistance in Dying

不是安「樂」死，而是安「排」死！

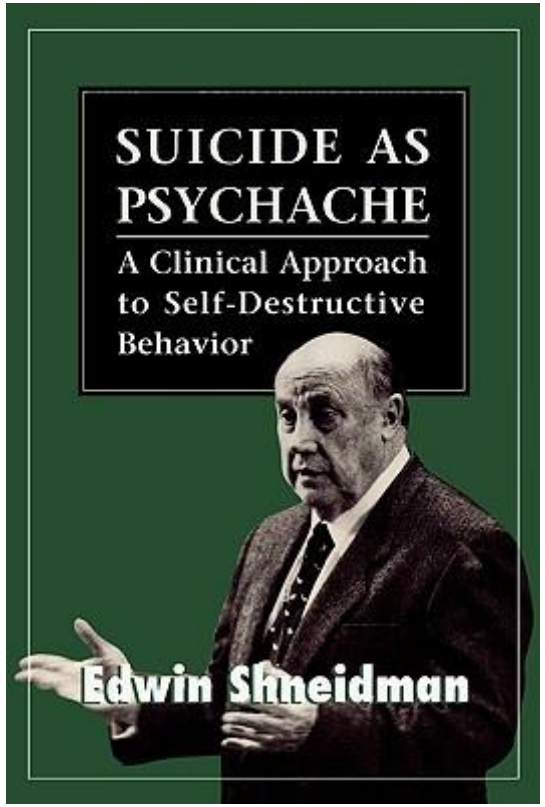
#1 建議

將安「樂」死 改稱為 安「排」死

相關概念

自殺:

自殺是一種精神痛苦 “Suicide as Psychache”



https://i.gr-assets.com/images/S/compressed.photo.goodreads.com/books/1347568226l/2497078.jpg

相關概念

離婚:

須為婚姻已破裂至**無可挽救** “the marriage has **broken down irretrievably**”

#2 建議

在考慮安排死之前，請用盡所有的替代方案。

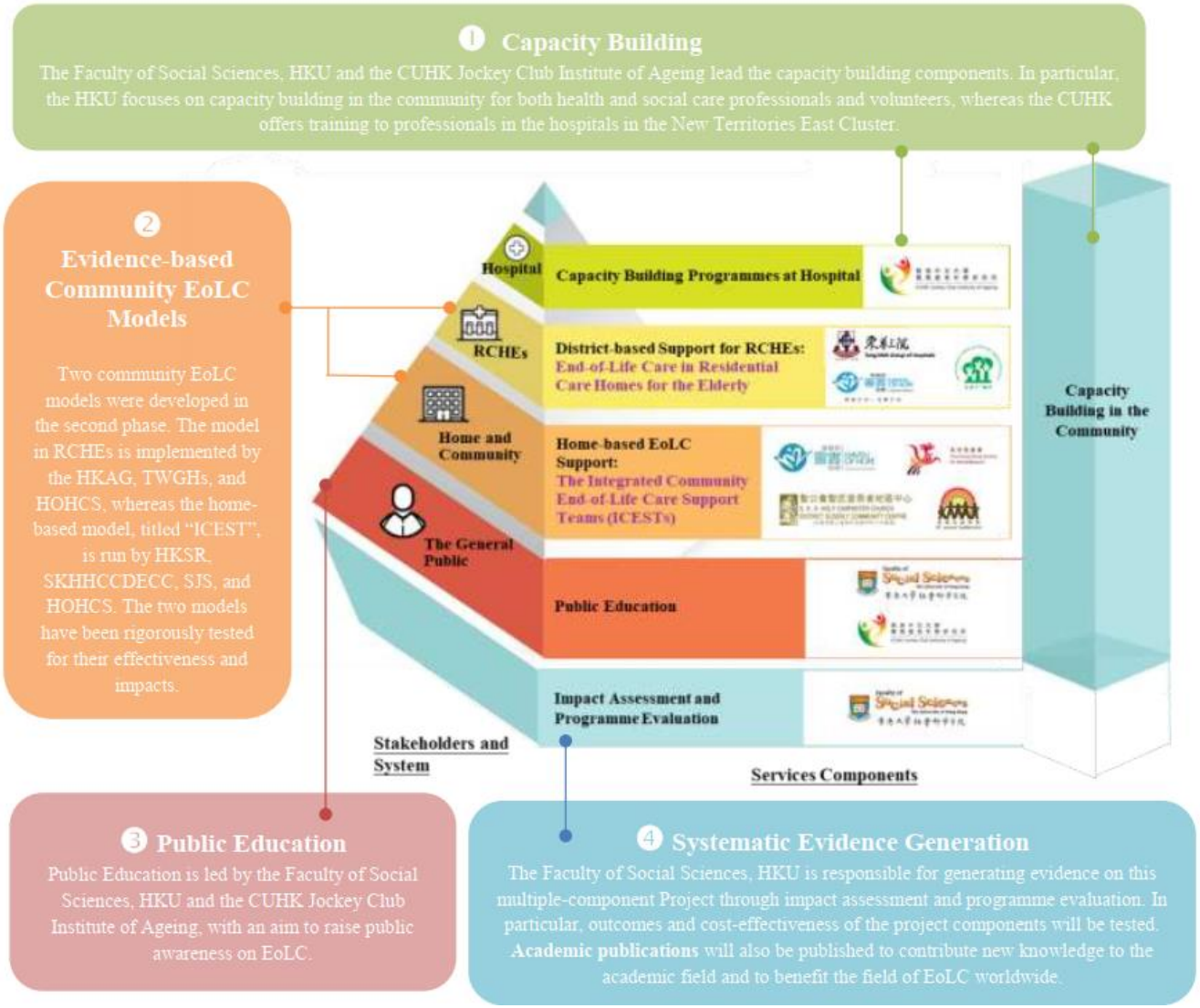
紓緩治療與安寧照顧是可行方案

- 繼續透過紓緩治療團隊，為晚期病人和家屬提供紓緩治療服務，並加強心理和情緒支援。（醫務衞生局）

行政長官2022年施政報告政策措施 p 40

#2 建議

「賽馬會安寧頌」計劃



https://foss.hku.hk/jcecc/zh/

#3 建議

溝通的重要

- 明確和和諧的對話
- 「你就一了百了，我就沒完沒了！」

預設照顧計劃

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