

Journal Watch

Prevalence of Depression and Anxiety in Patients Requesting Physicians' Aid in Dying: Cross Sectional Survey

Reference: Ganzini L, Goy ER, Dobscha SK, BMJ, 2008; 337:a1682

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Abstract:

OBJECTIVE: To determine the prevalence of depression and anxiety in terminally ill patients pursuing aid in dying from physicians. **DESIGN:** Cross sectional survey. **SETTING:** State of Oregon, USA. **PARTICIPANTS:** 58 Oregonians, most terminally ill with cancer or amyotrophic lateral sclerosis, who had either requested aid in dying from a physician or contacted an aid in dying advocacy organisation. **MAIN OUTCOME MEASURES:** Diagnosis of depression or anxiety according to the hospital anxiety and depression scale and the structured clinical interview for the Diagnostic and Statistical Manual of Mental Disorders. **RESULTS:** 15 study participants met "caseness" criteria for depression, and 13 met criteria for anxiety. 42 patients died by the end of the study; 18 received a prescription for a lethal drug under the Death with Dignity Act, and nine died by lethal ingestion. 15 participants who received a prescription for a lethal drug did not meet criteria for depression; three did. All three depressed participants died by legal ingestion within two months of the research interview. **CONCLUSION:** Although most terminally ill Oregonians who receive aid in dying do not have depressive disorders, the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug.

Strengths:

- 1-Use of psychological assessments tools, and the SCID-I to determine the presence of depression and/or anxiety.
- 2-Also, the use of blinded research psychiatrists to review the SCID-I.
- 3-Good patient assessment of their perceived suffering, quality of life, desire for death, and depression.

Weaknesses:

- 1-Small sample size.
- 2-Use of somatic symptoms for depression evaluation may inflate the prevalence of depressive disorder.
- 3-Small percentage of invited patients who requested aid in dying agreed to participate, limiting the ability to generalize the findings to the entire population of patients who request physicians' aid in dying.

Relevance to Palliative Care: Requests for physician assisted suicide occur throughout the palliative care field. Previous studies have indicated that patient depression and anxiety contribute to these requests. This article adds to the present literature on this topic, with interesting findings contrary to a number of prior studies.