Title:

Physicians and euthanasia: A Canadian print-media analysis of physician perspectives

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INTRODUCTION

Canadian society is on the verge of enacting change to the spectrum of medical practices legally provided at the end of life. Several recent events have mobilized public debate concerning the ethics of end-of-life care. The Supreme Court of Canada has agreed to hear the appeal of the case of *Carter v. Canada,* which, if decided in Carter et al.'s favor, would lift the current prohibitions on euthanasia and assisted suicide. Provincially, the Quebec National Assembly approved Bill 52 in June 2014, which will establish a permissive legal regime for 'medical aid-in-dying.' This concerted attention has arisen in response to significant changes in the social and political climate, and due to new biomedical understandings of the end-of-life. In turn, these events and others - in Canada and elsewhere - have further mobilized public debate concerning the ethics of end-of-life care.

Physicians, deeply implicated in and by these changes, represent an essential stakeholder group with respect to the ethics and practice of euthanasia and assisted suicide. Indeed, many Canadian physicians have purposively engaged with the media to voice their perspectives. Inversely, media sources often turn to physicians to provide authoritative and expert opinions on this matter. Physicians, in particular, are an authoritative stakeholder group, whose opinions can hold sway with the public and their public views about this issue may further reflect back upon the medical profession itself.

The objective of this study is to synthesize and analyze how physicians' perspectives appear in articles about euthanasia within the Canadian print-media. This analysis demonstrates how physicians are represented and therefore what the public

gleans about how physicians feel about euthanasia in Canada. While the perspectives of those physicians who engage with the print media are unlikely to accurately represent how physicians, individually or collectively, feel about euthanasia [1], the overall picture presented to the media-consuming public reflects back onto attitudes about physicians as a whole—influencing public perceptions of and trust in medical professionals during these changing times. In this analysis, we do not aim to present our own understanding or definition of euthanasia. Rather, our analysis shows that the *meaning* of euthanasia, particularly vis-à-vis other end-of-life care practices, is itself a point of contention amongst physicians in the media. Physicians' perspectives, as portrayed by the media, both encompass the broader discussions about euthanasia in Canada and, in turn, influence the debate, which will have consequences for the moral landscape of medical practice at the end-of-life.

METHODS

This paper presents a discourse analysis of print media reporting on end-of-life care. Discourse analysis is premised on the assumption that language (i.e., words, their meanings and implied values) both reflects and shapes our reality [2]. We retrieved English and French print-media articles published between 2008 and 2012 through a systematic search of two large databases, Canadian Newsstand™ and Newscan.com. Canadian Newsstand includes nearly 300 Canadian newspapers—national, provincial, and local. We augmented this search with Newscan.com to capture French-language newspapers, which are underrepresented in Canadian Newsstand. Search terms included "euthanasia", "physician-assisted suicide", "withholding and withdrawal of

treatment", "palliative sedation", as well as related terms (e.g., "mercy killing", "right to die", "withdrawal of care"). This yielded 1913 articles.

For the analysis detailed here, we present a subset of our data focusing on representations of *physician perspectives*. To do so we culled the database to the 307 articles that were either (1) authored by a physician or (2) referenced a physician perspective (i.e., an individual physician or professional medical association) within the article. Each of the articles was coded by members of the research team using AtlasTI™, a software program designed to sort and manage qualitative data. Coding at this initial stage was inductive and descriptive; each article was read line by line and initial codes were applied to facilitate the identification and categorization of topics portrayed in the media. A codebook was generated whereby each code was defined and then refined by team members during coding meetings to ensure team consensus.

These articles were read again by DKW alongside the initial coding schema. Coding at this stage was analytic; new codes were applied to identify patterns and themes with respect to how Canadian physicians are represented within media coverage about euthanasia. All authors participated in regular coding meetings about themes emerging and developed a categorization scheme of results. Finally, a portion of the dataset was re-read by two authors (DKW and HK) to verify the themes identified and ensure that nothing significant was omitted from the analysis.

RESULTS

Our analysis identifies three predominant discourses concerning physician perspectives on euthanasia: 1) contentions about integrating euthanasia within the

basic mission of medicine; 2) assertions about whether euthanasia can and should be distinguished from other end-of-life medical practices; 3) palliative care advocacy. Despite the recently updated CMA policy that proscribes euthanasia [3], physicians are represented in our media data as equivocal about the ethics of euthanasia, yet more likely to speak out against its legalization through one of these discourses.

Demarcating the mission of medicine: euthanasia as care?

Many local, provincial, as well as national articles are devoted to coverage of the Quebec context, where in 2009 the Quebec College of Physicians adopted a position in favor of opening up a social discussion about euthanasia as a legitimate end-of-life care option [3]. Also in that year, media coverage began about membership surveys that were conducted amongst the Quebec Federation of Medical Specialists (QFMS) and the Quebec Federation of General Practitioners (QFGP), both of which purportedly established that the majority of physicians within these groups endorsed euthanasia as a potentially legitimate medical practice. Within this discourse of "physicians-in-favour" is the message that "death can be an appropriate type of care in certain circumstances" (Sherbrooke Record: November 4th, 2009) and that policy reform would align medical ethics with the will of the public, given repeated public opinion polls in Quebec and Canada that show high support for legalization of euthanasia.

While the coverage of Quebec medical associations gives rise to an *overall* discourse of physicians-in-favour, a reading of individual physician perspectives challenges the interpretation of a unified supportive physician voice. Indeed, in our analysis of letters to the editor as well as quotations in news articles, most individual

physicians in the media are positioned as *against* the view that euthanasia could ever constitute ethical care. Reference is often made to medicine's basic mission as healing and protecting life, and to euthanasia as fundamentally conflicting with this mission. For example, one physician is quoted as saying, "we did not enter the field of medicine and nursing to learn when to dispatch our patients when we or others are no longer able to relieve their suffering" (The Gazette: August 17th, 2010), and another: "we've managed to preserve the Hippocratic tradition for 2,400 years. I see respect for life as cultural old growth forest. It's something we've fought hard to protect" (Kamploops Daily News: March 16th, 2012). Further, several individual physicians engaged the media to challenge the validity of the QFMS and QFGP surveys, citing low response rates and biased questions, thereby questioning the conclusions that Quebec physicians support euthanasia. These physicians caution the public that the Quebec medical associations cannot be trusted to faithfully portray the perspectives of Canadian physicians as a whole as they themselves feel falsely represented in the publicity of these surveys' results.

Physicians' arguments against legalizing euthanasia, as presented in the media, explicitly seek to undermine the very logic of euthanasia *as* care. First, physicians express a concern that euthanasia as medical therapy would irrevocably destabilize the trust that society confers upon them as healers. For example, "We never want patients to wonder whether their doctor will be trying to heal or trying to kill" (The Chilliwack Progress: June 28th, 2012). Another argument is that the notion of desire for death is too complex to be understood simply from a perspective of individual choice or freedom.

Physicians making this argument suggest that their role compels them to never accept at face value a patient's wish for a hastened death. Rather, their role as healer is to understand and to respond to the motivations that underlie such a wish. For example,

> When a person says, 'I want to die'; it may simply mean, 'I feel useless.' When a person says, 'I don't want to be a burden'; it may really be a question, 'Am I a burden?' When someone says, 'I might as well be dead'; they may really be saying, 'No one cares about me'...(Victoria News: July 1st, 2011)

While in the minority, some individual physicians are represented in the media as explicitly supportive of euthanasia. For example, within the discourse on the ethics of care lies the concern that the illegality of euthanasia constrains the horizon of therapeutic possibilities at the end of life. This constraint is portrayed as a limit to a physician's ability to ethically attend to suffering:

> I have had patients who begged me to put an end to their incredible suffering and meant it. I would have complied with their wish if the law had allowed me, but I had to say time and again that under the current law I would lose my license, get a criminal record and go to jail. All I could do was to ameliorate their suffering to the best of my ability and face every day how little that was (Maple Ridge News: June 22nd 2012).

Another common argument made against euthanasia is based in consequentialist reasoning that the potential harms to society that may arise necessarily outweigh any potential benefit to individual patients. While the Quebec medical associations are represented as advocating euthanasia as a stringently safeguarded practice, individual physicians argue that evidence from other jurisdictions that have legalized euthanasia proves that the safeguards are not working. Further, these physicians predict the most vulnerable within our society, (e.g., the elderly, the disabled) would submit to covert social pressures to request euthanasia.

Refining the terms of the debate: euthanasia as distinct from other end-of-life care practices?

In media representations about end-of-life care, specific medical practices (i.e., euthanasia, the withholding or withdrawal of life-prolonging treatment, pain relief, and palliative sedation) are regularly equated as if one phenomenon. For example:

> Of course, the euthanasia elephant in every palliative-care centre is how accelerated death is a routine procedure, albeit labeled as withheld treatment or a painkilling medication overdose. More than 80% of the Quebec doctors in the aforementioned survey [QFMS] say some form of euthanasia is quietly practiced now (The National Post: October 15th 2009).

In this example, the journalist is reporting that the use of opioids and the withholding of life-prolonging treatment are conceptually equivalent to euthanasia. For many physicians in our data, depictions such as these are a source of frustration because they are conceptual conflations. These physicians contend that euthanasia is a distinct practice that must be ethically distinguished from practices of withholding and withdrawing life-sustaining treatment, administering opioids in proportion to patient suffering, and palliative sedation. The crux of the ethical difference, they suggest, is that only with euthanasia is the patient's death deliberately intended. Importantly, it is not only the lay public whom they accuse of committing such conflations, but also other physicians.

We see examples of this conflation in the media's coverage of the physicians-in-favour discourse. Promoted by the Quebec medical associations discussed earlier is the idea that, currently, physicians are vulnerable to criminal prosecution in their attempts to deliver appropriate end-of-life care. For example,

> The change [to existing legislation] would protect doctors who withhold treatment or boost painkillers to end suffering and hasten the end, according to [a representative of the Quebec College of Physicians]. "Doctors do their best to give appropriate care, knowing it could sometimes be interpreted as a crime in the Criminal Code," [representative] said. "Appropriate care should not be defined as murder." (The Globe and Mail, November 4th 2009)

However, delineating the practices discussed here from conventional definitions of "euthanasia" is an important educational activity for other physicians engaging with media. For example,

> ...much of what the pro-euthanasia camp wants, such as the right for withdrawal of treatment and the administration of pain medication that might hasten death, is actually already available to terminally ill patients in Canada (The Ottawa Citizen, July 17 2009).

This site of contention amongst physicians serves to contextualize this discourse of physician vulnerability, and suggests a rationale for why many physicians feel compelled to engage the media to clarify such conceptual understandings.

Palliative care advocacy

The representations of physicians identified as palliative care specialists within the media collectively create a unified discourse. In this discourse, euthanasia is opposed on the grounds that optimal end-of-life care obviates the need for deliberately hastened death. Within this discourse are several distinct messages: 1) Advances in the science of pain management mean patients need not fear a painful death; 2) When suffering cannot be alleviated, palliative sedation is an ethically preferable last-resort option; 3) The end of life is an important time filled with potentially meaningful opportunities that are lost when death is deliberately hastened.

The palliative care discourse seeks to redirect the debate about euthanasia to a social discussion about how to improve access to and availability of quality end-of-life care for all Canadians. Palliative care physicians appear in the data as critical of the larger medical community for lacking basic competence in symptom management as well as in the supportive accompaniment of dying patients. They also appear as critical of the larger health care system for marginalizing palliative care. It is this marginalization, they suggest, which "pushes the debate toward euthanasia" (The Gazette: July 22nd, 2009). In other words, they contend that if palliative care were a mainstream practice, euthanasia would not be required.

The messages conveyed by the palliative care discourse are uniform within our physician data, with two notable exceptions. For one retired palliative care physician and euthanasia advocate, palliative care is a values-based practice that should not be imposed on uninterested individuals. Another physician described her experience of caring for patients in a residential palliative care facility as confirming for her the importance of euthanasia as a necessary end-of-life care option:

> Most of our patients there died a 'good death': their symptoms well controlled, serene and not alone...But, despite all our expertise and resources, there were some patients we were unable to help. They died horrible deaths: howling and writhing in pain, gasping for air, suffocating and being terrified...To let even a few people die a horrible death is unacceptable and inhumane. Assisted suicide and euthanasia must be an [sic] options" (The National Post: July 22nd, 2011).

INTERPRETATION

Our data show that while Canadian professional bodies appear in the media as largely supporting a movement towards the legalization of euthanasia, individual physician voices are represented as largely opposed. The three predominant discourses

that recur include claims about the incommensurability of euthanasia with the basic mission of medicine, a need to define end-of-life medical practices in order to disentangle the ethics of unique practices, and advocacy for the development of palliative care.

Many physicians in our sample appear in the print media with a stated purpose of clarifying ethical and practical distinctions between euthanasia and other medical practices. This act of clarification can be read as an important contribution: better conceptual clarity amongst the medical communities and general public will hopefully lead to a more informed and productive debate. A critical analysis of how these distinctions are drawn is necessary. For example, moral differences between euthanasia and potentially life-shortening palliative treatment (e.g., pain relief and palliative sedation) are often argued to hinge on whether the physician intends to cause death. Moral differences between euthanasia and the withdrawal of life-sustaining treatment are often argued to hinge on an inherent normative distinction between killing and letting die (i.e., commission versus omission). Some have claimed that such distinctions are unsustainable [4] and that they amount to "moral fictions:" motivated false beliefs that justify established medical practices in light of prevailing moral norms [5]. While a detailed ethical analysis of these ideas is beyond the scope of this article, any discourse that characterizes euthanasia as absolutely unrelated to other potentially life-shortening medical practices is an oversimplification, and thereby limits the public's opportunity to engage fully in an informed discussion about the ethics of hastened death.

The idea that palliative care, as a discipline, opposes acquiescing to euthanasia requests is not new. Indeed, the very definition of palliative care includes a statement that it neither hastens nor postpones death [6]. In response to recent events in Canadian society concerning euthanasia, the Canadian Hospice Palliative Care Association urges that the discussion be refocused on how to improve access to quality end-of-life care for all Canadians [7]. In our sample, some palliative care physicians entered the media discussion expressly to convey this exact message. They also opted to use the media to communicate the inherently complex and multidimensional nature of desire for death in terminal illness. This is extremely important information. Indeed, for a productive discussion to occur about end-of-life care, the public, clinicians and policy makers need to understand that an expressed desire for hastened death by a patient can mean many different things [8-9]. Healthcare providers do their patients a disservice if they do not engage with the underlying meaning of a patient's apparent desire for death in order to understand where this feeling is coming from and what might be done to help them [10].

In the data, some physicians take this claim one step further, espousing the idea that palliative care is a panacea; good palliative care obviates the relevance of euthanasia because of its potential to alleviate all suffering at the end of life. This stance is problematic in that it denies that suffering may persist for some patients despite the best that palliative care has to offer. There is thus cause for concern that this discourse can be interpreted as naïve or patronizing, thereby undermining the legitimacy of the

palliative care discipline as an authority and source of wisdom regarding the horizon of therapeutic possibilities at the end of life.

Our analysis does not make definitive claims about what physicians think about euthanasia, nor even present a coherent understanding of its parameters and definitions—the very definition of euthanasia remains a point of contention. Our analysis is based on the portrayal of physicians within newspaper print media representations shaped by actors located outside of the medical world (e.g., journalists, newspaper editors). In fact, it is possible that the voices of physicians who support euthanasia are underrepresented in the media due to fears about how their patients and colleagues might respond to their opinions. These representations are read by the media-consuming Canadian public and likely interpreted and understood as how physicians as a group feel about euthanasia, with few ways for the public to construct any counter narratives to this portrayal. Physicians, whose profession is considered to be expert and authoritative on the matter of euthanasia, hold a privileged place in society for swaying public opinion on this issue. Those vocal few who have engaged with the media are *de facto* representing physicians on public contemporary debates on medical aid in dying, in general, and euthanasia, in particular. It is vital for physicians to be aware of this public debate, how they are being portrayed within it, and its potential effects on impending changes to provincial and national policies. Although out analysis shows the equivocal opinions of physicians on euthanasia, an even greater diversity of opinions from within the medical community would enhance the debate and contribute to the cultural and policy changes for Canada.

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