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The attitudes, role & knowledge of mental health nurses towards euthanasia because of unbearable mental suffering in Belgium: a pilot study.

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Accessible summary

- What is known about the subject
 - Euthanasia because of unbearable mental suffering (UMS euthanasia) has been legal in Belgium since 2002 under strict conditions of careful practice.
 - UMS euthanasia occurs fairly rarely in Belgium, but the frequency has increased substantially over the past few years.
 - Although most mental health nurses play an important role and are supportive of euthanasia in general, their role, attitude and knowledge when it comes to UMS euthanasia were unknown until now.
- What this paper adds to existing knowledge
 - Most mental health nurses in Belgium appear to be supportive towards UMS euthanasia and where UMS euthanasia is carried out, mental health nurses are often involved in the preceding decision-making process.
 - Mental health nurses critically reflect on the interpretation and application of the legal euthanasia criteria as experienced in their daily work with their patients, and identify several problems.
 - After a rather quiet period in Belgium, the public ethical debate regarding UMS euthanasia has recently been reopened and intensified.

- What are the implications for practice?
 - Sufficient attention must be paid to how mental health nurses can be involved in the process of UMS euthanasia. This applies at several levels: legal, healthcare policy, bedside care and education.
 - Specific attention must be paid within the UMS euthanasia process to ensure adequate cooperation between physicians, nurses and patients.
 - There is a need for proper training in: knowledge of psychiatric pathologies and remaining treatment options; communication skills; the legal framework and all its difficulties; transdisciplinary and multicultural approaches; ethical reflection and how nurses handle their own emotions.

Abstract

INTRODUCTION: Euthanasia because of unbearable mental suffering (UMS euthanasia) has been legal in Belgium since 2002, under certain circumstances that govern careful practice. Despite the legal framework, there are specific difficulties and concerns regarding UMS euthanasia. Mental health nurses are often involved in the process, but little is known about their attitudes towards UMS euthanasia, their role and their knowledge.

AIM: To determine the attitudes, role and knowledge of mental health nurses regarding UMS euthanasia.

METHODS: A cross-sectional survey was performed at a convenience sample of four psychiatric hospitals in Belgium (n=133) as a pilot study. Self-administered questionnaires were provided to mental health nurses.

RESULTS: Half the nurses in our sample had been involved at least once in the process of UMS euthanasia. A large majority of mental health nurses were supportive of UMS euthanasia. Nurses show differences in attitudes related to the different psychiatric pathologies of the patients, and in whether or not minors are involved. In some cases, they believed that the mental suffering of psychiatric patients can be unbearable and irreversible and that psychiatric patients can be competent to voluntarily request UMS euthanasia. Nurses stated that they have an important role in the UMS euthanasia process, but also demanded more knowledge and clear guidelines to implement the procedure.

DISCUSSION: Nurses have a key role regarding UMS euthanasia but face several challenges: the recent process, resistance to a multidisciplinary approach by psychiatrists and an unclear role defined by the legal framework. Nurses do not appear to have a common voice on the topic and the development of clear guidelines appears to be essential. Social recovery can offer a way out of an UMS euthanasia request, but it will not always offer a solution.

IMPLICATIONS FOR PRACTICE: Sufficient attention must be paid to how mental health nurses can be involved in the process of UMS euthanasia at various levels: bedside practice, healthcare management, education and policy. A form of systematic cooperation between nurses, physicians and patients can contribute to the utmost careful decision-making process

needed in these cases. There is a need for proper training in: knowledge of psychiatric pathologies and remaining treatment options; communication skills; the legal framework and all its difficulties; transdisciplinary and multicultural approaches; ethical reflection and how nurses handle their own emotions.

KEYWORDS: euthanasia, mental health nursing, psychiatric nursing, psychiatry, unbearable mental suffering

Relevance

Several professionals are involved in the care of psychiatric patients, who may thus be confronted with difficult end-of-life decisions such as euthanasia because of unbearable mental suffering. Nurses play an important role in the healthcare team and are closely involved in the daily care of patients due to the nature of their work: they are often the first to receive a request for euthanasia. Until now however, research has mainly focused on the role of physicians, and very little is known about the attitude, role and knowledge of mental health nurses regarding euthanasia because of unbearable mental suffering.

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Ethical considerations

The ethical committee of all four hospitals approved the study. An introductory text accompanied the questionnaire. There was a guarantee of anonymity for both organizations and respondents. It was stated in the introduction text of the questionnaire that participating was understood as giving his/her informed consent. The researcher's correspondence details were provided in the informed consent form. Furthermore, all questionnaires were dropped in an envelope in a closed box.

Introduction

Euthanasia is defined as the administration of lethal drugs to a patient at the explicit request of that patient. (Bilsen, Robijn, Chambaere, Cohen & Deliens, 2014). In Belgium, the euthanasia law was passed in 2002, shortly after adopting a similar legislation as in the Netherlands (2001). Luxemburg became the third country worldwide to implement a euthanasia law in 2009. (Radbruch et al., 2016)

These laws are very similar and guidelines are clear. Only a physician is allowed to administer the drugs and a strict procedure of careful practice has to be followed:

- The patient must be competent, in a medically hopeless situation and conscious at the time of the request,
- The patient must make a written euthanasia request. The request must be voluntary, considered and repeated, and not the result of any external pressure,
- The physical and/or mental suffering must be constant, unbearable, cannot be mitigated and is due to a serious and incurable disease caused by accident or illness. Belgium and Luxembourg thus specifically mention mental suffering as well as physical suffering,
- The physician must consult an independent colleague physician about the incurability of the disease and the unbearable suffering of the patient.

A distinction is made between suffering due to terminal and non-terminal diseases. The process of euthanasia is more complex for patients suffering from non-terminal diseases, e.g. UMS due to a psychiatric disorder. To assess the competency of a patient suffering from a non-terminal disease, as well as the unbearable nature and incurability of the disease, consultation with an additional independent physician, who is a specialist in the patient's condition of the patient, is compulsory. Furthermore, in these cases, at least one month should pass between the patient's written request and the act of euthanasia. (Ministerie van Justitie, 2002; Smets, Bilsen, Cohen, Rurup & Deliens, 2010; Steck, Egger, Maessen, Reisch & Zwahlen, 2013)

Although legally possible, specific problems arise in assessing the eligibility of patients requesting euthanasia because of mental suffering due to a psychiatric disorder (Cohen, Van Landeghem, Carpentier & Deliens, 2014). The definition of incurability in such disorders is more difficult than in physical disorders. Assessing the competency of the patient is rather complex because a death wish can sometimes be part of the mental pathology and the request for euthanasia is thus considered non-voluntary. Finally, assessing the degree of suffering due caused by mental disorders is also more difficult than in a physical disease where pain measurement has a much longer tradition. (Tholen et al., 2009; Liégeois, 2013; Bazan, Van de Vijver & Lemmens, 2015; Behaegel, Vercoutere, & Matthys, 2015) This complex assessment of a UMS euthanasia request is probably also reflected in the low number of UMS euthanasia cases in comparison to the total number of cases. According to the two-yearly official registration of the occurrence of euthanasia in Belgium, there has been a substantial increase in total euthanasia cases over the years (from 349 in 2004 to 2022 in 2015, although only 4 out of 349 cases to 57 out of 2022 cases were UMS euthanasia) (Herremans et al., 2006; Herremans et al., 2008; Herremans et al., 2010; De Bondt et al., 2012; De Bondt et al., 2014; Damas et al., 2016). Nevertheless, this means a more than a tenfold increase in UMS

euthanasia cases in ten years and more than a doubling of the proportional frequency of UMS euthanasia in the total number from 1.15% in 2004 to 2.82% in 2015. These increases are probably related to several societal factors, including information and increased awareness of the euthanasia law, education of healthcare professionals, and greater public acceptance of euthanasia as an example (Cohen, Van Landeghem, Carpentier & Deliens, 2014).

The absolute figures are similar to those in the Netherlands (56 in 2015), but there they represent only 1% of the total number of 5516 euthanasia cases in 2015 (Regional euthanasia review committees, 2016). In Luxemburg, euthanasia is rare, ranging from 1 case in 2009 to 7 cases in 2014, and no UMS euthanasia has been reported so far (Commission Nationale de Contrôle et d'Évaluation de la loi du 16 mars 2009 sur l'euthanasie et l'assistance au suicide, 2015).

Several professionals are involved in caring for psychiatric patients, and thus may be confronted with difficult decisions concerning UMS euthanasia. The attending physician must make the final decision, and most of the legal regulations, public attention, and research initiatives focus on his/ her role. However, nurses appear to be in a vulnerable position in this context. Nurses are closely involved in the daily care of patients by the nature of their work and often a request for euthanasia is firstly made to them. Research on euthanasia has shown that seven out of ten patients expressed their euthanasia wish directly to the nurse who took care of them, and a quarter of these patients even approached the nurse earlier than the physician. In most cases, nurses are also more familiar with the patient's psychosocial context than the physician, and according to Belgian euthanasia law, physicians must consult the nursing team directly involved in the patients' care before granting a euthanasia request. (Bilsen et al., 2014). Belgian research has also shown that nurses were often involved in the preparation of euthanasia medication, and also in the performance of euthanasia (Inghelbrecht, Bilsen, Mortier, & Deliens, 2010). Likewise, in cases of UMS euthanasia, it was found that mental health nurses are often involved in the decision-making process (De Hert, Van Bos, Sweers, Wampers, De Lepeleire, & Correll, 2015). Nurses' attitudes towards euthanasia also tend to be positive. Studies show a large spread of percentages of nurses who are in favour of euthanasia in general, going from 22% (Finland) to 39.5% (Iran) in countries where euthanasia is illegal, and remarkably higher percentages, going from 64% (The Netherlands) to 92% (Belgium) in countries where euthanasia has been legalized. (Asai, Ohnishi, Nagata, Tanida & Yamazaki, 2001; Ryyänen, Myllykangas, Viren & Heino, 2002; Verpoort, Gastmans, De Bal & De Casterlé, 2004; Kouwenhoven, Raijmakers, van Delden, Rietjens, Schermer, van Thiel et al., 2013; Poreddi, Konduru & Bada Math, 2013; Kranidiotis, Ropa, Mprianas, Kyprianou & Nanas, 2015; Naseh, Rafiei & Heidari, 2015) There are a number of difficult issues in this context: the lack of legal protection for nurses who participate in performing euthanasia, their lack of final decision-making power, the lack of clear guidelines and their position between the patient, physician and institution (Inghelbrecht et al., 2010; Dierickx, Deliens, Cohen, & Chambaere, 2017). Some of these studies also go into greater depth with respect to the ethical aspects underpinning the arguments in favour of (e.g. quality of life, respect for autonomy etc.) or against euthanasia (e.g. belief in the possibilities offered by palliative care, religious objections and the 'slippery slope' De Beer,

Gastmans & De Casterle, 2004; Verpoort et al., 2004; Berghs, De Casterle & Gastmans, 2005).

With regard to UMS euthanasia, the position of nurses is possibly even more challenging, taking into account the previously mentioned assessment difficulties related to mental suffering, but also because of the important coaching and advocacy role they have within the multidisciplinary team in most mental health services. They fulfil this role with respect to family members, as well as patients, and play a crucial role in supporting the terminally ill patient and his/her family in ethical decisions at the end of life (Hart, 1990; Oberholster, Poggenpoel & Gmeiner, 2003). Mental health nurses are faced here with a major challenge regarding knowledge, communication and coping skills, self-reflection and ethical deliberation. Furthermore, the Belgian model on mental health care has recently developed from a mainly medical model into a more social model, structurally laid down by law under Article 107: reform of mental health care (De Jaegere, De Smet, De Coster & Van Audenhove, 2010). The aim of this reform is primarily to provide care in the patient's living environment and to provide specialized residential care only in second instance, when necessary. In this way, care is tailored, more personalized and demand-driven. The patient takes the lead in the direction of their treatment process instead of a more passive role allocated to the patient under the medical model. Social recovery is registered as a paradigm shift in Article 107. *This has led to the Flemish association of psychiatrists formulating an advice with regard to dealing with UMS euthanasia emphasising the patient's autonomy and the application of all possible treatment options, including social recovery while taking the patient's euthanasia request seriously.*

However, until now very little research has been conducted into UMS euthanasia because of psychiatric diseases. As far as we know, only one Belgian study investigated nurses' opinions and attitudes with respect to euthanasia because of unbearable mental suffering (De Hert et al., 2015), mainly showing that most nurses have a highly positive attitude towards UMS euthanasia. Taking into account their findings, we have included more specific questions in our study regarding the characteristics of the patient and nurses and, additionally, investigated the actual involvement of mental health nurses in the UMS euthanasia process, their knowledge with regard to this topic, and their needs when facing such complex situations. Some ethical implications of these findings will also be discussed.

Materials and Methods

Design of study

Multicentre quantitative descriptive survey with a self-administered questionnaire.

Population and setting

A convenient sample of 15 psychiatric wards in three regional psychiatric hospitals and one psychiatric ward in a general hospital in Flanders (the Dutch speaking part of Belgium) was chosen during March and April of 2014. All acute and treatment wards for adults were included. All mental health nurses in these wards were asked to participate (n=201).

Instruments

The electronic databases CINAHL, COCHRANE, INVERT, MEDLINE, PUBMED and WEB OF SCIENCE were searched for studies concerning the attitudes of nurses towards UMS euthanasia. No standardized questionnaires were found regarding this type of euthanasia at the time of this study. A total of 24 articles were retrieved, using the keywords: ("euthanasia" OR "active euthanasia" OR "passive euthanasia" OR "assisted suicide") and ("psychiatric nursing" OR "mental health nursing" OR "psychosocial nursing").

These studies provided information about the attitude and role of nurses regarding euthanasia and a quality assessment was carried out. Seven questionnaires were checked for the clarity of the questions, the presence of a description of the setting and data location, clear criteria for the population, clarification of the definition of the participants' characteristics, clarification of the response number, clarity of the instruments' validity and their reproducibility.

Five questionnaires passed the quality control using STROBE (Vandenbroucke, von Elm, Altman, Gotzsche, Mulrow, Pocock et al. 2007) and were used to develop our final questionnaire: Brzostek, Dekkers, Zalewski, Januszewska, & Górkiewicz, 2008; Van Bruchem-van de Scheur, van der Arend, van Wijmen, Huijjer Abu-Saad, & ter Meulen, 2008; Gielen, Van den Branden, Van Iersel, & Broeckaert, 2009; Ingelbrecht, Bilsen, Mortier, & Deliëns, 2009a; Ingelbrecht, Bilsen, Mortier, & Deliëns, 2009b.

We wanted to include key topics specific to UMS euthanasia: the attitude towards UMS euthanasia, the perceived role of the nurse and knowledge regarding UMS euthanasia.

We developed a questionnaire based on existing questionnaires in the field of nursing about the attitudes of nurses towards euthanasia in general. Because we found no specific instruments concerning UMS euthanasia, some questions had to be adapted. Finally, questions were formulated regarding attitudes towards UMS euthanasia (19 items), the role of the nurse (7 items), the need for information and guidelines (4 items) and involvement in a request for euthanasia (5 items). A 5-point Likert scale was used in most questions (completely agree to completely disagree). The questions about knowledge and information were scored dichotomously (yes or no).

Procedures

For each hospital, the head nurse of the ward was contacted to act as a key person. Questionnaires were handed over by the researcher after an explanation to all head nurses

regarding the purpose of the study. The head nurse distributed the questionnaires to staff. Data collection took place in March and April 2014. Completed questionnaires were collected in a closed box at the ward, which was handed over to the researcher in week two, week four and at the end of the study.

Statistical analysis

Descriptive statistics were used for the analysis using SPSS 21 © (Statistical Package for the Social Sciences, IBM, North Castle, New York, USA). The answers agree and totally agree were combined to agree, with similar treatment of totally disagree and disagree.

Ethical considerations

The ethical committee of all four hospitals approved the study. An introductory text accompanied the questionnaire. There was a guarantee of anonymity for both organizations and respondents. It was stated in the introduction text of the questionnaire that participating was understood as giving informed consent. The researcher's correspondence details were provided in the informed consent form. Furthermore, all questionnaires were dropped in an envelope in a closed box.

Results

Respondents

The response rate was 66%: 133 of 201 nurses participated. Most nurses were at least 35 years old, female and had an education in psychiatric nursing (bachelor or graduate). They were employed at a psychiatric ward and had at least ten years' experience. Most nurses stated that they had a religious faith. (Table 1)

[Please insert Table 1]

Attitude towards UMS euthanasia

Most nurses were supportive towards the legalization of UMS euthanasia. A great majority of nurses believed that UMS euthanasia is justified. Three quarters of the sample endorsed that psychiatric patients can make well-considered requests regarding UMS euthanasia and this is not a part of their disease. Furthermore, almost all nurses believed that a psychiatric patient can be in a situation of medical hopelessness, although there are differences noticeable towards the pathology. Two thirds of nurses felt that recognizing the hopelessness of a condition does not undermine care and one of the most important therapeutic agents, namely hope and orientation towards life. (Table 2)

[Please insert Table 2]

Attitudes towards involvement in a request for UMS euthanasia

Most nurses identified different roles for nurses in assessing UMS euthanasia.

Almost all nurses find they can discuss the request for UMS euthanasia with a psychiatric patient but that it is difficult to discuss it with a physician. Seven out of ten nurses indicated they can state their opinion to a physician about the UMS euthanasia request and six out of ten say the physician is willing to listen to their opinion. A large majority of nurses state that input from the nurse who takes care of the psychiatric patient is crucial. (Table 3)

[Please insert Table 3]

Need for information and guidelines.

A majority of nurses perceived a lack of information and guidelines regarding UMS euthanasia. They indicated that there are no guidelines available that support nurses in dealing with a request for UMS euthanasia. During their education, the topic of euthanasia had not been addressed in the context of mental health care. Almost all nurses point out that UMS euthanasia should be addressed in nursing education. (Table 4)

[Please insert Table 4]

Actual involvement in a request for UMS euthanasia

About half of the 133 nurses had been involved in a request for UMS euthanasia. A quarter had been involved once, 27% had been involved twice or more. In almost half of the cases, there was a consultation between the doctor and nurse. A 91% of the nurses suggested that a nurse who has objections to euthanasia (for personal reasons) can delegate care to a colleague. 80% of the nurses stated that a physician is not obliged to conduct the act of euthanasia but

84% stated that a physician should be obliged to refer a patient if they do not want to perform the act. (Table 5)

[Please insert Table 5]

Discussion

A considerable proportion of nurses were supportive towards euthanasia because of unbearable mental suffering (UMS euthanasia). Almost all nurses indicated that euthanasia should not be limited to physical suffering and that UMS euthanasia can be justified in some cases. They indicated that they have a crucial role in the euthanasia decision-making process, which is not regarded as something exclusively reserved for the psychiatrist and patient. In general, the nurses can express their opinions to the physician, who is usually willing to listen, but most of the 52% of nurses who had been involved in a request for UMS euthanasia reported that this involvement was limited to passing on information about the patient's request to the physician rather than directly influencing the final decision. Finally, nurses ask for UMS euthanasia to become a steady topic in regular nursing education and for clear guidelines to be available in the hospital.

As far as we know, this study is one of the first studies that investigates the attitudes, role and knowledge of mental health nurses regarding UMS euthanasia. The number of responding mental health nurses allows us to take a quantitative approach to this subject, with a satisfactory response rate of 66%. Furthermore, we did a multicentre study in two provinces, including religious and non-religious care settings, which is relevant to such a sensitive research topic. The selected care settings also showed a variety in size, both for staff and for patients. However this study has also some limitations. Although the questionnaire was based on existing instruments from studies carefully selected on basis of quality criteria, it has to be evaluated in future research. The sample size of our study limits statistical analysis, and our findings cannot be considered to be representative for all mental health nurses in Flanders, Belgium. Finally, additional qualitative research would have been useful to gain more in-depth insights into our figures

A considerable proportion of nurses in this study appeared to be supportive of UMS euthanasia. They do not support the statement that UMS euthanasia is never justified and they believe that a psychiatric patient can be in a situation of medical hopelessness. However, mental health nurses also seem to be aware of the complexity of an UMS euthanasia request by a psychiatric patient, as they clearly distinguish between the acceptability of euthanasia requests in different psychiatric disorders. A large proportion of nurses supported the thesis that a patient with a psychotic disorder (83%), a resistant depression (71%) or a bipolar disorder (70%) is able to make an informed decision about UMS euthanasia. They were more sceptical about the other psychiatric disorders. This is also in line with the more critical attitude of nurses towards UMS euthanasia than euthanasia due to physical suffering (De Hert et al., 2015). Inghelbrecht et al. (2009a) found that 92% of nurses accepted euthanasia for physical terminally ill. In the case of the non-terminal UMS euthanasia requests, nurses thus seem to be more reserved, even despite the legal possibility for euthanasia here. Their doubts seem to be related to the ability of the patient to make a voluntary and well-considered decision (due to their pathology), and to the unbearable and irreversible character of the disorder and suffering (mental versus physical), as well as its lethality. This indicates that the mental health nurses in our study go beyond a simple acceptance of the legal criteria of UMS euthanasia and critically reflect on the interpretation of these criteria as experienced in their daily work with their patients.

In cases where the nurses find UMS euthanasia requests eligible, it is notable that a large majority of them suggest that the awareness of patients that euthanasia is a legal alternative to prevent suicide and allows patients to continue living. Thus they still hope that even an approval of an eligible euthanasia request will bring some comfort and, in many cases, will empower patients and ultimately lengthen rather than shorten the patients' lifetime. Although mental health nurses are positive about the possibility of UMS euthanasia in certain cases, they focus primarily on life and hope. These approaches, focusing on the empowerment and recovery of patients, have gained increased attention in several countries, especially within mental healthcare. Such approaches are no longer based on diagnoses, but on a view of humanity that seeks out the strengths and problems associated with mental vulnerability. In addition, the entire care process is directly controlled by the needs of the vulnerable person and in close consultation with them: it is no longer controlled by the medical team (Van Os, 2014). This evolution within our society has partly been stimulated by the law on the reform of mental health care (De Jaegere et al., 2010) and partly caused by increased attention towards social recovery. In this way, care has become more personalized, differentiated and demand-driven. The patient ultimately leads the process rather than taking the passive role allocated to them under the medical model. Therefore the Flemish association of psychiatrists therefore argue for what they call a 'two-track' policy focusing on further clearance of the euthanasia request as well as an ongoing focus on life and recovery. (Vlaamse Vereniging voor Psychiatrie, 2017). Specialists agree that social recovery can indeed offer a way out of a UMS euthanasia request, but it will not always offer a solution (Callebert, 2012; Callebert, 2017).

In Belgium, multidisciplinary teams are well constructed and embedded in mental health care and our findings show that most nurses are not intimidated by the still hierarchical relationship between nurse and doctor. A well-constructed multidisciplinary team is very useful to deal with the complexity of UMS euthanasia. Perhaps this is why a large majority of nurses do not agree with the statement that UMS euthanasia decisions are only a matter between psychiatrist and patient. Like other studies (Inghelbrecht et al., 2009), our study shows that most nurses declare they want to be involved in the decision-making process preceding euthanasia. A majority of nurses suggest that in assessing the euthanasia request, input from the nurse who takes care of the psychiatric patient is critical. Having close contact with patients and relatives, mental health nurses could be key informants in end-of-life decisions, and their informed engagement in this debate is vital (McCrae & Bloomfield, 2013). Although about half of nurses in our study state that the physician is willing to listen to their opinion about the euthanasia request, only 33% of these nurses were involved in a joint decision. It is not clear why physicians are so reluctant to involve nurses in the actual decision-making process, despite the fact that it is advised by the Belgian law. A possible reason might be that UMS euthanasia is rather exceptional and physicians feel perhaps too insecure to involve nurses, or because the physician has ultimate responsibility and is the one who must make the decision. Another possible explanation could be that physicians have been informed by the nurses about their insufficient skills and knowledge to deal adequately with UMS-euthanasia.

Indeed, a striking finding of our study is the large percentage of mental health nurses who reported having insufficient information, knowledge and/or skills to deal with the question of UMS euthanasia. This may be in part related to their age. About 60% of the nurses who participated in this study were aged 35 or more, meaning they graduated before the law on euthanasia was passed, and thus got no education and information about this topic in their regular education. However, more probable, we think, is the lack of thorough and systematic discussion and education during the 15 years of existence of the Belgian euthanasia law about the applicability of the law to patients asking euthanasia due to mental suffering.

It was only last year that this discussion was vigorously revived, because of problems experienced by mental health care workers. The discussion recently turned into a nationwide protest action by 150 psychiatrists/ psychologists and university professors, in a written letter to the national media and politicians, highlighting the difficult process of UMS euthanasia and requesting a deliberating commission before the act should take place, stricter legislation or even a ban on UMS euthanasia. This discourse is very timely and still going on (Bazan et al., 2015; Vandekerckhove, 2018). As a reaction to this mainly ethical debate, the Flemish Association of Psychiatrists (Vlaamse Vereniging voor Psychiatrie, 2017) has drafted specific guidelines for UMS euthanasia. Unfortunately these guidelines do not relate to mental health nursing. Although the mental health nurses, as mentioned earlier, take a critical attitude towards the performance of UMS euthanasia in concrete situations, their involvement in the current debate stays very limited. Gradually we have seen a slight change in this situation over the last few years, as this topic is more often addressed at nursing seminars, conferences and some regular nursing education programmes. This can lead to a decrease of the large percentage of mental health nurses who reported having insufficient information, knowledge and/or skills to deal with the question of UMS euthanasia which may reduce the reluctance of psychiatrists to get nurses involved.

Our study and the one by De Hert et al. (2015) show a large involvement of mental health nurses in UMS euthanasia in our country, making it an important aspect of their daily work. We think this needs to be covered sufficiently in their educational curriculum at college or university as well as in the workplace. Besides practical knowledge and skills directly related to euthanasia, this education also needs to cover the broader context of end-of-life care, supportive care and basic skills related to death and dying. Furthermore, it also implies a more in-depth ethical reflection by nurses on assisted death, end-of-life issues and euthanasia in the realm of psychiatric care. Examples of topics to be addressed are: the legal framework of UMS euthanasia and other end-of-life decisions, with special attention to their specific difficulties in the context of mental disorders (competency, medical hopelessness, irreversibility, unbearable mental suffering etc.), thorough knowledge of psychiatric pathologies and remaining treatment options, including palliative care and social recovery; communication skills between nurses, physicians, relatives; transdisciplinary and multicultural approaches and ethical reflection groups. Besides training, we also argue in favour of structural possibilities in the workplace (time, space, guidance, support etc.) to address the profound experiences that often accompany these weighty decisions (De Beer et al., 2004; Verpoort et al., 2004; Berghs et al., 2005; de Greef, Post, Vink & Wenting, 2017). In order to gain more in-depth insights into the attitudes, opinions and involvement of mental

health nurses with regard to UMS euthanasia, more qualitative research is highly recommended.

Conclusion

In our study, a considerable proportion of mental health nurses accept the possibility of euthanasia because of unbearable mental suffering (UMS euthanasia), but they are also critical of its performance in concrete situations. In most cases of UMS euthanasia, mental health nurses are involved in the preceding decision-making process, but in a mainly informative role. They mention specific needs for more information, knowledge and skills with regard to this task.

A large public debate is currently undergoing in Belgian society questioning best practice in cases of UMS euthanasia requests, in which some believe the recently emerged social recovery model for mental health can play an important role.

Nurses' participation in the public debate is only just starting. More large-scale quantitative as well as qualitative research is needed to gain more in-depth insights into these findings so these findings can be more readily generalized.

References

- Asai, A., Ohnishi, M., Nagata, S. K., Tanida, N., & Yamazaki, Y. (2001). Doctors' and nurses' attitudes towards and experiences of voluntary euthanasia: survey of members of the Japanese Association of Palliative Medicine. *Journal of Medical Ethics*, 27(5), 324-330. doi: 10.1136/jme.27.5.324
- Bazan, A., Van de Vijver, G., & Lemmens, W. (2015, December 8th) Schrap euthanasie op basis van louter psychisch lijden uit de wet. *De Morgen*. Retrieved from: <https://www.demorgen.be/opinie/schrap-euthanasie-op-basis-van-louter-psychisch-lijden-uit-de-wet-b277b650/>
- Behaegel, J., Vercoutere, S., & Matthys, D. (2015) Euthanasie bij psychiatrische patiënten. *Tijdschrift voor geneeskunde*, 71(17), 1086-1089. doi:10.2143/TVG.71.17.2001931 [Dutch]
- Berghe, M., De Casterle, B. D., & Gastmans, C. (2005). The complexity of nurses' attitudes toward euthanasia: a review of the literature. *Journal of medical ethics*, 31(8), 441-446. doi: 10.1136/jme.2004.009092
- Bilsen, J., Robijn, L., Chambaere, K., Cohen, J., & Deliens, L. (2014). Nurses' involvement in physician-assisted dying under the euthanasia law in Belgium. *International journal of nursing studies*, 51(12), 1696-1697. doi: 10.1016/j.ijnurstu.2014.05.007
- Brzostek, T., Dekkers, W., Zalewski, Z., Januszewska, A., & Górkiewicz, M. (2008). Perception of palliative care and euthanasia among recently graduated and experienced nurses. *Nursing ethics*, 15(6), 761-776. doi:10.1177/0969733008095386
- Callebert, A. (2012) *Euthanasie bij ondraaglijk psychisch lijden : Een onaf verhaal*. Leuven: Acco.

Callebert, A. (2017) *Herstel als antwoord op euthanasie?*. Leuven: Acco.

Cohen, J., Van Landeghem, P., Carpentier, N., & Deliens, L. (2014). Public acceptance of euthanasia in Europe: a survey study in 47 countries. *International journal of public health*, 59(1), 143-156. doi: 10.1007/s00038-013-0461-6

Commission Nationale de Contrôle et d'Évaluation de la loi du 16 mars 2009 sur l'euthanasie et l'assistance au suicide (2015) *Troisième rapport à l'attention de la Chambre des Députés (Années 2013 et 2014)*. Consulted on the government website:

<http://www.sante.public.lu/fr/publications/r/rapport-loi-euthanasie-2013-2014/index.html>

Damas, F., De Bondt, W., Distelmans, W., Herremans, J., Proot, L., & Verslype, C. (2016) *Zevende verslag aan de wetgevende kamers (Jaren 2014-2015)*. Brussels: Federale controle en evaluatiecommissie euthanasie. Retrieved from: <http://leif.be/professionele-info/rapporten/>

De Beer, T., Gastmans, C., & De Casterle, B. D. (2004). Involvement of nurses in euthanasia: a review of the literature. *Journal of Medical Ethics*, 30(5), 494-498. doi: 10.1136/jme.2003.004028

De Bondt, W., De Groot, E., Englert, M., Herremans, J., Proot, L., & Thomas, J-M. (2014) *Zesde verslag aan de wetgevende kamers (Jaren 2012-2013)*. Brussels: Federale controle en evaluatiecommissie euthanasie. Retrieved from: <http://leif.be/professionele-info/rapporten/>

De Bondt, W., Distelmans, W., Englert, M., De Maegd, M., & Herremans, J. (2012) *Vijfde verslag aan de wetgevende kamers (Jaren 2010-2011)*. Brussels: Federale controle en evaluatiecommissie euthanasie. Retrieved from: <http://leif.be/professionele-info/rapporten/>

de Greef, L., Post, G., Vink, C., & Wenting, L. (2017). *Designing interdisciplinary education: A practical handbook for university teachers*. Amsterdam University Press.

De Hert, M., Van Bos, L., Sweers, K., Wampers, M., De Lepeleire, J., & Correll, C. U. (2015). Attitudes of psychiatric nurses about the request for euthanasia on the basis of unbearable mental suffering (UMS). *PloS one*, 10(12), e0144749. doi:10.1371/journal.pone.0144749

De Jaegere, V., De Smet, A., De Coster, I., & Van Audenhove, C. (2010). Een starterskit voor betere GGZ: visie en methodieken. Leuven: LUCAS

Dierickx, S., Deliens, L., Cohen, J., & Chambaere, K. (2017). Euthanasia for people with psychiatric disorders or dementia in Belgium: analysis of officially reported cases. *BMC psychiatry*, 17(1), 203. doi: 10.1186/s12888-017-1369-0. doi: 10.1186/s12888-017-1369-0

Gielen, J., Van den Branden, S., Van Iersel, T., & Broeckaert, B. (2009). Flemish palliative care nurses' attitudes toward euthanasia: a quantitative study. *International journal of palliative nursing*, 15(10), 488-497. doi: 10.12968/ijpn.2009.15.10.44886

- Hart, C.A. (1990). The role of psychiatric consultation liaison nurses in ethical decisions to remove life-sustaining treatments. *Archives of psychiatric nursing*, 4(6), 370-378. doi: 10.1016/0883-9417(90)90028-J
- Herremans, J., De Bondt, W., Englert, M., Mathijs, R., & Van Neste, F. (2006) *Tweede verslag aan de wetgevende kamers (Jaren 2004-2005)*. Brussels: Federale controle en evaluatiecommissie euthanasie. Retrieved from: <http://leif.be/professionele-info/rapporten/>
- Herremans, J., De Bondt, W., Englert, M., Mathijs, R., & Van Neste, F. (2008) *Derde verslag aan de wetgevende kamers (Jaren 2006-2007)*. Brussels: Federale controle en evaluatiecommissie euthanasie. Retrieved from: <http://leif.be/professionele-info/rapporten/>
- Herremans, J., De Bondt, W., Englert, M., Mathijs, R., & Van Neste, F. (2010) *Vierde verslag aan de wetgevende kamers (Jaren 2008-2009)*. Brussels: Federale controle en evaluatiecommissie euthanasie. Retrieved from: <http://leif.be/professionele-info/rapporten/>
- Inghelbrecht, E., Bilsen, J., Mortier, F., & Deliëns, L. (2009a). Attitudes of nurses towards euthanasia and towards their role in euthanasia: a nationwide study in Flanders, Belgium. *International journal of nursing studies*, 46(9), 1209-1218. doi:10.1016/j.ijnurstu.2009.02.009
- Inghelbrecht, E., Bilsen, J., Mortier, F., & Deliëns, L. (2009b). Nurses' attitudes towards end-of-life decisions in medical practice: a nationwide study in Flanders, Belgium. *Palliative Medicine*, 23(7), 649-658.
- Inghelbrecht, E., Bilsen, J., Mortier, F., & Deliëns, L. (2010). The role of nurses in physician-assisted deaths in Belgium. *Canadian Medical Association Journal*, 182(9), 905-910. doi:10.1177/0269216309106810
- Kouwenhoven, P. S., Raijmakers, N. J., van Delden, J. J., Rietjens, J. A., Schermer, M. H., van Thiel, G. J., Trappenburg, M. J., van de Vathorst, S., van der Vegt, B., Vezzoni, C., Weyers, H., van Tol, D. G., & van der Heide, A. (2013). Opinions of health care professionals and the public after eight years of euthanasia legislation in the Netherlands: a mixed methods approach. *Palliative medicine*, 27(3), 273-280. doi: 10.1177/0269216312448507
- Kranidiotis, G., Ropa, J., Mprianas, J., Kyprianou, T., & Nanas, S. (2015). Attitudes towards euthanasia among Greek intensive care unit physicians and nurses. *Heart & Lung: The Journal of Acute and Critical Care*, 44(3), 260-263. doi: 10.1016/j.hrtlng.2015.03.001
- Liégeois, A. (2013). Euthanasia and mental suffering: An ethical advice for Catholic mental health services. *Christian Bioethics*, 19(1), 72-81. doi:10.1093/cb/cbt004
- McCrae, N., & Bloomfield, J. (2013). Mental health nursing and the debate on assisted dying. *Journal of psychiatric and mental health nursing*, 20(7), 655-661. doi:10.1111/jpm.12036
- Ministerie van Justitie (2002) Euthanasiewet. Consulted on the government website: <http://www.health.belgium.be/nl/gezondheid/zorg-voor-jezelf/levensbegin-en-einde/euthanasie#Wet>

- Naseh, L., Rafiei, H., & Heidari, M. (2015). Nurses' attitudes towards euthanasia: a cross-sectional study in Iran. *International journal of palliative nursing*, 21(1), 43-48. doi: 10.12968/ijpn.2015.21.1.43
- Oberholster, M., Poggenpoel, M., & Gmeiner, A.C. (2003). 'n Geestesgesondheidsmodel vir ondersteuning van gesinslede wat moet besluit oor die onttrekking van lewensondersteunende behandeling. *Curationis*, 26(1), 27-36. doi:10.4102/curationis.v26i1.1292
- Poreddi, V., Konduru, R., & Bada Math, S. (2013). Euthanasia: the perceptions of nurses in India. *International journal of palliative nursing*, 19(4), 187-193. doi:10.12968/ijpn.2013.19.4.187
- Radbruch, L., Leget, C., Bahr, P., Müller-Busch, C., Ellershaw, J., de Conno, F., & Berghe, P. V. (2016). Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care. *Palliative medicine*, 30(2), 104-116. doi:10.1177/0269216315616524
- Regional euthanasia review committees (2016). *Annual report 2015*. The Hague: Regional euthanasia review committees. Retrieved from: <https://english.euthanasiecommissie.nl/documents/publications/annual-reports/2002/annual-reports/annual-reports>
- Ryynänen, O. P., Myllykangas, M., Viren, M., & Heino, H. (2002). Attitudes towards euthanasia among physicians, nurses and the general public in Finland. *Public health*, 116(6), 322-331. doi: 10.1038/sj.ph.1900875
- Smets, T., Bilsen, J., Cohen, J., Rurup, M.L., & Deliens, L. (2010). Legal euthanasia in Belgium: characteristics of all reported euthanasia cases. *Medical care*, 48(2), 187-192. doi:10.1097/MLR.0b013e3181bd4dde
- Steck, N., Egger, M., Maessen, M., Reisch, T., & Zwahlen, M. (2013). Euthanasia and assisted suicide in selected European countries and US states: systematic literature review. *Medical care*, 51(10), 938-944. doi:10.1097/MLR.0b013e3182a0f427
- Tholen, A. J., Berghmans, R. L., Huisman, J., Legemaate, J., Nolen, W. A., Polak, F., & Scherders, M. J. (2009). Richtlijn omgaan met het verzoek om hulp bij zelfdoding door patiënten met een psychiatrische stoornis. Nederlandse Vereniging voor Psychiatrie. Utrecht: De Tijdstroom. Retrieved from: https://richtlijndatabase.nl/richtlijn/verzoek_hulp_bij_zelfdoding_door_patiënten_psychiatri_sche_stoornis/hulp_bij_zelfdoding.html
- van Bruchem-van de Scheur, A., van der Arend, A., van Wijmen, F., Huijter Abu-Saad, H., & ter Meulen, R. (2008). Dutch nurses' attitudes towards euthanasia and physician-assisted suicide. *Nursing Ethics*, 15(2), 186-198. doi:10.1177/0969733007086016.

Vandekerckhove, S. (2018, January 9th) Verzet tegen euthanasie bij psychisch lijden neemt toe. *De Morgen*. Retrieved from: <https://www.demorgen.be/binnenland/verzet-tegen-euthanasie-bij-psychisch-lijden-neemt-toe-b9f96ba9/>

Vandenbroucke J.P., von Elm, E., Altman, D.G., Gøtzsche, P.C., Mulrow, C.D., Pocock, S.J., Poole, C., Schlesselman, J.J., & Egger, M. (2007) Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): Explanation and Elaboration. *PLoS Med* 4(10): e297. doi:10.1016/j.ijisu.2014.07.014

van Os, J. (2014). Zorgvraagzwaartemodel 1.0: naar een model van random zorgtoewijzing?. *Tijdschrift voor Psychiatrie*, 56(2), 125-8.

Verpoort, C., Gastmans, C., De Bal, N., & De Casterlé, B. D. (2004). Nurses' attitudes to euthanasia: a review of the literature. *Nursing ethics*, 11(4), 349-365. doi: 10.1191/0969733004ne708oa

Vlaamse Vereniging voor Psychiatrie (2017). Hoe omgaan met een euthanasieverzoek omwille van ondraaglijk psychisch lijden binnen het huidig wettelijk kader? Adviestekst van de Vlaamse Vereniging voor Psychiatrie over te hanteren zorgvuldigheidsvereisten. Kortenberg: Belgium

Table 1: Socio-demographic data participants (N=133)

Variable	Frequency (%)
Age	
20-24	11
25-34	28
35-44	20
45-54	23
>55	18
Sex	
Male	20
Female	80
Education	
Master in nursing sciences	4
Bachelor ¹ in psychiatric nursing	37
Higher professional education ² in psychiatric nursing	27
Bachelor in nursing, not psychiatry	22
Higher professional education, not psychiatry	10
Faith (No response =11)	
Believers	68
Non-believers	32
Experience (years)	
0-2	12
2-5	16
5-10	13
>10	59

¹Bachelor in nursing comparable to level 6 of the European Qualifications Framework

²Higher professional education comparable to level 5 of the European Qualifications Framework

Table 2: *Attitude of mental health nurses towards UMS euthanasia in Flanders, 2014 (N=133)*

	Agree (%)	No opinion (%)	Disagree (%)
UMS euthanasia is never justified	1	2	98
UMS euthanasia legislation should be limited to physical suffering	2	2	96
UMS euthanasia because of unbearable mental suffering in adults is legal and that is fine by me	93	2	5
UMS euthanasia because of UMS for minors is illegal. I think this should remain so	31	17	52
UMS euthanasia is too easily applied	3	17	80
If a psychiatric patient requests euthanasia then that is a part of their disease, and it cannot be a reason to perform euthanasia	8	16	76
A psychiatric patient can never be considered refractory / terminal	10	10	80
A psychiatric patient suffering from a personality disorder can make an informed decision about euthanasia	62	23	15
A psychiatric patient suffering from a treatment-resistant depression can make an informed decision about euthanasia	71	19	10
A psychiatric patient with episodes of psychosis can make an informed decision about euthanasia during psychosis-free periods	83	10	7
A psychiatric patient suffering from dissociative identity disorder can make an informed decision about euthanasia	51	35	14
A psychiatric patient suffering from schizophrenia can make an informed decision about euthanasia	66	18	16
A psychiatric patient suffering from bipolar disorder can make an informed decision for euthanasia	70	19	11
A psychiatric patient suffering from autism spectrum disorder can make an informed decision about euthanasia	65	24	11
If a psychiatric patient has not got a treatment perspective, and all means have been used, then the request for UMS euthanasia is justified	76	16	8

The course of a psychiatric illness is unpredictable and uncertain, so UMS euthanasia cannot be granted	4	13	83
By recognizing hopelessness, the caregiver undermines one of the most important therapeutic agents, namely hope and orientation towards life	14	23	63
Knowing that UMS euthanasia is possible can operate as anti-suicidal and allows the patient to continue their life	73	20	7

Table 3: Attitudes towards involvement in a request for UMS euthanasia in Flanders, 2014 (N=133)

	Agree (%)	No opinion (%)	Disagree (%)
To discuss UMS euthanasia is a matter between the psychiatrist and patient only	12	6	82
The nurse can discuss the UMS euthanasia request with them	91	7	2
In assessing the UMS euthanasia request, input from the nurse who takes care of the psychiatric patient is crucial	70	14	16
Patients will more easily express a UMS euthanasia request to a nurse than a doctor	36	50	14
The nurse is better able to assess the real needs of the patient than a physician	13	53	34
It is difficult for me to give my opinion about the UMS euthanasia request to the doctor because of the professional relationship	7	23	70
The doctor is willing to listen to my opinion about the patient's UMS euthanasia request	60	36	4

Table 4: *Mental health nurses opinion about information and guidelines considering UMS euthanasia in Flanders, 2014 (N=133)*

	YES (%)	No opinion (%)	NO (%)
Do you feel you have enough information, knowledge and/or skills to deal with a euthanasia request from a psychiatric patient?	33	2	65
In my institution/department, guidelines are available that help me and support me in dealing with a request for euthanasia by a psychiatric patient	29	5	66
In your training, was the topic of euthanasia addressed in the context of mental health care?	38	1	61
Should the subject of "euthanasia in psychiatry" be addressed in the nursing education?	99	1	0

Table 5: *Involvement of nurses in a request for UMS euthanasia in Flanders, 2014 (N=69)*

	%
The consultation between the doctor and myself only consisted of passing on information about the general condition of the patient to the doctor	36
The consultation between the doctor and myself consisted only of passing on the patient's request for euthanasia to the doctor	41
The doctor discussed the euthanasia request from a patient with me on their own initiative	13
The doctor asked me to give my personal opinion about the patient's euthanasia request	9
A joint decision was made by the physician and the healthcare providers	33
There was no consultation with the doctor	6
No answer	3
