Balancing Patient Autonomy and Psychodynamic Interventions in Requests for Hastened Death in Palliative Care: A C-L Psychiatry Case Study

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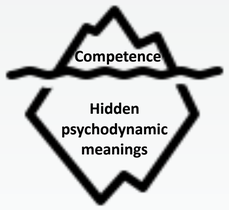
Introduction

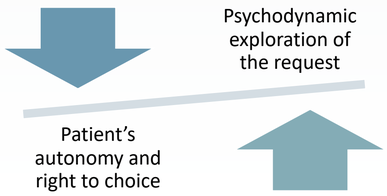
- Consultation-Liaison (CL) psychiatrists are often consulted to provide expertise on cases where patients express a wish for hastened death, particularly in palliative care
- The typical approach to these cases:

- Is the patient cognitively intact?
- Does the patient have the capacity to make this decision?
- Does the patient have the legal right of autonomy?

- However, some of these requests may be an expression by the patient of deeper hidden suffering that goes beyond the question of capacity



- This case study is an example of the role of the CL psychiatrist in the exploration of the "hidden meanings" of such requests



Case presentation

New Cancer Diagnosis

A 58-year-old woman with no prior psychiatric history is diagnosed in the inpatient setting with a new localized rectal cancer. The colorectal surgeon recommends **curative** surgical excision followed by permanent colostomy bag insertion.

Refusal of life-saving treatment

Patient refuses the procedure due to concerns about her post-operative quality of life

Palliative care consultation

The palliative care team including a CL psychiatrist are consulted.

Some providers felt that the focus of care should be on respecting her autonomy and "right to die"

Other providers interpreted the refusal of care as an expression of communication of existential suffering

Reasonable judgement

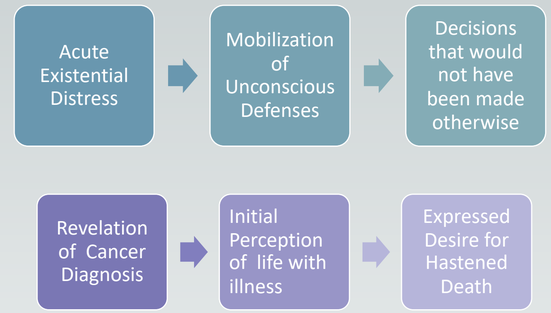
Acutely irrational manifestation of a strong unprocessed emotional state

With the patient's consent, the palliative care team adopted a psychodynamic-informed approach during the consultation process. The following unconscious themes were uncovered:

Unconscious communication of anticipatory grief	• The refusal of care as an expression of the grief with the loss of identity
Overwhelming feeling of loss of control	• The refusal of care as an attempt to regain control over choices as opposed to the unexpected cancer diagnosis
Despair and hopelessness	• The refusal of care as an unconscious attempt to explore existential meaning • Sense of lack of support and guilt of being a burden to others

Projective identification and countertransference	• Unconscious enactments from the treating providers:
	  • Primary team: "I would not have wanted this"
	  • Surgeon: "Why is this patient refusing this simple surgery?"

Discussion



- The consultation for the request for hastened death should not be limited to the mere determination of capacity and it is crucial for the psychiatrist to explore hidden meanings underlying the request to offer relief from psychological suffering
- By integrating these psychodynamic concepts in the assessment, the CL psychiatrist can foster a more profound empathy to the patient and offer a chance for self-understanding

By integrating psychodynamic knowledge to offer a chance for therapeutic exploration, the palliative team in this case joined with the patient, leading to a **positive outcome** with the patient not just agreeing but choosing to proceed with the recommended treatment plan.

REFERENCES

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[2] Briggs S, Lindner R, Goldblatt MJ, Kapusta N, Teising M. Psychoanalytic understanding of the request for assisted suicide. Int J Psychoanal. 2022 Feb;103(1):71-88. doi: 10.1080/00207578.2021.1999773. PMID: 35168484.

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