

# Physician-assisted suicide does not increase severity of depression, grief among family members

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Unlike other forms of suicide, physician assisted death does not cause substantial regret, or a sense of rejection among surviving family members. In addition, the prevalence and severity of depression and grief among family members whose loved ones received aid in dying is no different than family members whose loved ones did not pursue physician assisted suicide. These findings are the result of a study conducted by researchers at Oregon Health & Science University and published online this week in the *Journal of Pain and Symptom Management*.

"Grief following the death of a loved one can be persistent, painful and debilitating," said Linda Ganzini, M.D., a professor of psychiatry and medicine in the OHSU School of Medicine and lead author of the research paper. "Prior studies on suicides indicate high levels of shame, guilt, stigma and sense of rejection in surviving family members. However, until now, little was known about mental health outcomes in the family members of a patient who receives physician aid in dying. Based on our research, we know that family members of loved ones who pursue physician assisted suicide do not have different prevalence and severity of [depression](#) and prolonged grief compared to the general population."

To conduct the study, researchers surveyed 95 family members whose loved ones requested aid in dying through Oregon's Death with Dignity

Act. This group included 59 family members whose loved one received a lethal prescription and 36 whose loved one died by lethal ingestion. The researchers compared this information with responses received from 63 family members whose loved one had died from cancer or amyotrophic lateral sclerosis (Lou Gehrig's disease) and had not requested aid in dying.

In comparing survey results, the researchers found that the rate of grief and depression between these two groups was nearly identical. However, family members of loved ones who requested a lethal prescription indicated they felt more prepared for and more accepting of the death.

Among family members whose loved one requested but did not receive a lethal prescription, there was greater likelihood that the family members had regrets about how their loved one died. This group also was less likely to confirm that the patient's preferences for care were honored, and they gave a lower rating for overall quality of care the last week of life.

"One of the other interesting findings in this research was the fact that families often had shared views when it came to the acceptability of physician aid in dying," added Ganzini. "When we communicated with the family members of those who received aid in dying, 98 percent said they would consider physician assisted suicide for themselves."

Source: Oregon Health & Science University ([news](#) : [web](#))

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