

Study counts the cost of denying assisted dying

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A new study suggests permitting assisted dying would substantially benefit both those seeking assisted suicide and the general population.

The researchers, Dr. David Shaw of the Universities of Basel and Maastricht, and Professor Alec Morton of the University of Strathclyde, posit three economic arguments for consideration in the debate on the ethics of the legalization of assisted dying.

They highlight the cost to terminally-ill patients of a poor quality of life, the cost of care that could be better used elsewhere and potential benefits to [organ donation](#).

The authors of the paper, published in the journal *Clinical Ethics*, stress that the arguments are not intended as a rationale for legalizing assisted suicide or euthanasia in and of themselves but rather are supplementary to wider considerations around the issue.

Real lives

Lead author Dr. Shaw said: "Some people might suggest that it is callous to consider assisted dying from the perspective of resource management; these are real people with real lives. This criticism is misplaced. Part of the motivation for our argument is precisely that these are [real people](#) with real lives who wish to avoid suffering.

"As we have striven to make clear, we are simply arguing that the [economic costs](#) of denying assisted dying should not be ignored; they should not be the key driver of any legal change, but it would be irresponsible not to consider them."

The first argument the researchers give in favor of permitting assisted dying is that it enables consenting patients to avoid negative 'quality-adjusted life years' (QALYS).

QALYs are a measurement of disease burden which encompasses the quality and quantity of life lived which is used by health professionals to

determine the value of health outcomes.

Second, the authors argue that resources consumed by patients who are denied assisted dying could instead be used to provide additional QALYs for patients elsewhere who wish to continue living and improve their quality of life.

Their third argument is that organ donation may provide an additional source of QALYs in this context.

The authors argue that, together, the avoidance of negative QALYs and gain in positive QALYs suggests permitting assisted dying would substantially benefit both the small population that seeks assisted suicide and the larger [general population](#).

They argue that denying assisted dying is a lose-lose situation for all patients.

In the paper the authors write: "Quality-adjusted life years have been used for decades in healthcare allocation decision-making.

"By combining quality of life and mortality into one metric, they enable quantification of the medical gains and losses and relative financial costs of a vast diversity of treatments and interventions, in turn enabling these different treatments to be compared against each other and funding decisions to be made.

"Organ donation could also benefit because there are several reasons why donation after assisted dying is better from a clinical and economic perspective.

"First, if patients are denied assisted dying, organ function will gradually deteriorate until they die naturally, meaning that transplantation is less

likely to be successful. Second, patients who choose assisted dying have to go through a lengthy process, and organ donation can be easily integrated into that process, non-coercively, decreasing the risk that [family members](#) will attempt to overrule donation, which often occurs when a patient dies in a way that is not planned.

"The legal arrangements for assisted dying vary widely from country to country, and if the UK was to legalize assisted dying (presumably in the form of assisted suicide) the calculations here could be made more precise based on the specifics of the approach under consideration. Nevertheless, our paper shows in general that denying dying plausibly imposes great costs on both patients who wish to die and those who do not.

"However, our argument is not that legalization of assisted dying should be primarily based on economic arguments; these are supplemental facts that should not be neglected. Legalising assisted dying in the UK is likely to yield a substantial increase in QALYs across the patient population as a whole."

More information: David Shaw et al. Counting the cost of denying assisted dying, *Clinical Ethics* (2020). [DOI: 10.1177/1477750920907996](https://doi.org/10.1177/1477750920907996)

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