Gerrit Kimsma, Keith L. Obstein, and Tod Chambers, "A Response to Shalowitz and Emanuel," *The Journal of Clinical Ethics* 16, no. 2 (Summer 2005): 176-8.

# A Response to Shalowitz and Emanuel

*Gerrit Kimsma, Keith L. Obstein, and Tod Chambers*

**Gerrit Kimsma, MD, MPh,** is an Associate Professor of Philosophy and Medical Ethics at the Vrije Universiteit Medical Center, Amsterdam, the Netherlands.
**Keith L. Obstein, MD,** is a Medicine Resident at the Hospital of the University of Pennsylvania in Philadelphia, *kobstein004@md. northwestern.edu.*
**Tod Chambers, PhD,** is an Associate Professor of Bioethics and Medical Humanities at Northwestern University Feinberg School of Medicine, Chicago. 

As the authors of "Practicing Euthanasia: The Perspective of Physicians" in the Fall 2004 issue of *The Journal of Clinical Ethics*,[1] we would like to respond to some of the criticisms raised by David Shalowitz and Ezekiel Emanuel in "Euthanasia and Physician-Assisted Suicide: Implications for Physicians," published in the same issue of *JCE*.[2] We must respond to prevent misunderstandings and incorrect interpretations of our data.

1. Shalowitz and Emanuel write, "The limited available data indicate that physicians are deeply ambivalent about participating in euthanasia and PAS" (p. 233). This implies that ambivalence is, in itself, not a positive trait, a self-evident indication of the immoral nature of euthanasia or physician-assisted suicide (PAS). While we do not think that ambivalence is always desirable, we do believe, in this case, that one may conclude that it is a positive attribute. Without this ambivalence, it could be argued, there really would be cause to worry; it would be an indication of emotional callousness. Even for physicians who believe that euthanasia or PAS can be a morally appropriate action, such ambivalence may indicate that they recognize the emotional complexity of carrying out such an action.

2. "This absence of regret may reveal either of two things: (1) the physicians carefully considered their actions . . . or (2) they had and still have doubts about their actions, but try to avoid facing those doubts by affirming that their actions were right. Despite expressing confidence in their decisions, a large proportion of physicians report that participation in euthanasia or PAS significantly affects their personal and professional lives" (p. 233). In this statement, Shalowitz and Emanuel suggest that there may be some sort of mass cognitive dissonance. It again appears that admitting ambivalence and having such actions affect their lives seems philosophically problematic for Shalowitz and Emanuel. While we have a range of opinions on euthanasia and PAS, we do not think that the fact that such actions may have an emotional impact on these physicians necessarily means that their actions cannot be justified.

3. "Other Dutch physicians have stated that their attention to cases of euthanasia results in less time and energy for their family and friends. American physicians additionally cite effects of performing euthanasia

and PAS on their professional practices" (p. 233). In this statement, Shalowitz and Emanuel make a serious error in comparing the practice of euthanasia and PAS in the Netherlands with the United States, for it is only in the Netherlands and in the state of Oregon that euthanasia and PAS can be practiced openly.

4. "Many physicians are also concerned by the possibility of euthanasia becoming more common in medical practice. . . . Data collected in both the United States and the Netherlands have highlighted a troubling failure of physicians to adhere to proposed safeguards regarding the practices of PAS and euthanasia. . . . patients did not confirm their requests for the intervention . . . did not participate in the decision at all. . . . Increased requests . . . or a greater willingness to act . . . could, therefore, potentially increase the frequency with which patients' autonomy in end-of-life decisions is violated" (p. 233). Shalowitz and Emanuel's statements suggest that they are not clear as to their own objections. First, physicians who feel ambivalent about euthanasia and PAS fear an increase in requests and have reservations. Second, they insinuate that such reservations are unfounded, for, apparently, according to Shalowitz and Emanuel, patients' lives are usually ended without confirmed requests or without a request at all, violating their autonomy. Third, increased requests, with a greater willingness to act, would increase violation of patients' autonomy.

Shalowitz and Emanuel should take a stand. Either the reservations of physicians are authentic, giving rise to prudential practice, or their reservations are untrue because of the increased cases without confirmed requests or requests at all—a serious claim without substantiation—which, in turn, leads to increases in violations of the law. This may be the case in all but one of the states in the U.S., where no case of euthanasia and PAS can be officially reported, but, in the Netherlands, there has been a steady increase in the reporting of these interventions. Furthermore, even though concerns in the possibility of an increase in future requests may exist, it does not necessarily lead one to conclude that this leads to more violations of autonomy.

5. Shalowitz and Emanuel suggest ". . . the standard for euthanasia is effectively that of the most permissive physician—this visibility of this effect will increase as requests for PAS or euthanasia do" (p. 234). To substantiate this statement, Shalowitz and Emanuel cite a recent book by Raphael Cohen-Almagor, in which it is suggested that patients tend to choose their physicians on the basis of a willingness to perform euthanasia and PAS, and that physicians may face economic pressures as a result.[3]

Cohen-Almagor's conclusion was based on a limited number of interviews. As he was one of those that Cohen-Almagor interviewed, Kimsma has followed his study quite closely, from the interviews to the publication of this book. Kimsma's experiences are entirely different than those reported by Cohen-Almagor, and he feels that his experiences are representative of those of his colleagues, Dutch family physicians.

It may be surprising to those in the U.S. how few people in the Netherlands actually discuss euthanasia and PAS with their physicians. Even fewer hand their physicians a written request prior to an actual terminal disease. Further, the issue is not problematic because 88 percent of Dutch physicians are willing to engage in euthanasia and PAS. In fact, patients in the Netherlands who have long-term relationships with their physicians—an exception in the U.S. rather than the rule—hardly ever change their physician based on a physician's willingness to actively end a life. As a member of a Regional Euthanasia Evaluation Committee, Kimsma sometimes, but rarely, sees a change of physician in a terminal situation where the previous physician has refused euthanasia or PAS. If this rare change does take place, all due respect is given to all participants.

In the final part of their response, Shalowitz and Emanuel admit their opposition to euthanasia and PAS. We feel that their opposition affected their reading of the data of our study. We, the authors of the study, differ significantly in our position toward euthanasia and PAS, but we concur with Shalowitz and Emanuel that euthanasia and PAS are no substitutes for quality end-of-life care. This study is a descriptive study of the practice of euthanasia and PAS, and we do not think that it itself provides justification for or evidence against these practices.

## NOTES

1. K.L. Obstein, G. Kimsma, and T. Chambers, "Practicing Euthanasia: The Perspective of Physicians," *The Journal of Clinical Ethics* 15, no. 3 (Fall 2004): 223-31.

2. D. Shalowitz and E. Emanuel, "Euthanasia and Physician-Assisted Suicide: Implications for Physicians," *The Journal of Clinical Ethics* 15, no. 3 (Fall 2004): 232-6.

3. R. Cohen-Almagor, *Euthanasia in the Netherlands: The Policy and Practice of Mercy Killing* (Dordrecht, the Netherlands: Kluwer Academic Publishers, International Library of Ethics, Law, and the New Medicine, 2004).