

Do religiosity and spirituality influence a terminally ill patient's view on suicide? An explorative study with ALS patients and their primary caregivers (Basel/St. Gallen, Switzerland)

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Background

In the secular society of Switzerland self-determination, esp. regarding end-of-life decisions, is highly esteemed. As suicide and also assistance to suicide are not legally punishable acts (unless in cases of "selfish motivation"), health care professionals as well as family members or friends of severely ill patients are facing ethical dilemma, when the patient asks them to help terminating his / her life. This has been observed in groups of patients with malignancies and progressive diseases, including those suffering from ALS (Amyotrophic Lateral Sclerosis). Given the incurable nature of this motor neuron disease the patients face death in the near future. The study includes collaboration and exchange with a related project in Germany, a country where assisted suicide is, by law, not criminalized either, but in reality hardly accessible, due to restrictive interpretation of the duty to protect human life.

Method

An ongoing explorative interview study with 30 patients and their primary caregivers explores the factors that may influence the wish to die and especially to commit suicide among these patients.¹ A mixed strategy with structured as well as unstructured interview questions was chosen in order to gain insight into these sensitive issues often blurred by taboo. 15 months after the first interviews, all participants will be inquired again in order to find out whether the course of the disease and the length of suffering may have an impact on their preferences and views.

Results

The overall majority of the patients had already either thought about or discussed the option of ending his or her life with the help of a relative, close friends, pastor or medical doctor. At the same time, none of the interviewees showed any sign or interest to commit suicide or actively ask for assistance to terminate their life until then. Particularly believers in a certain faith such as Christianity and others who practice a highly individualized form of spirituality emphasized the value and love of their personal life and felt a responsibility to face the challenges of their disease. A comparative analysis of the Swiss and the German data will be discussed in the light of the respective societal status of assisted suicide.

Conclusion

Even in a most secularized society such as the Swiss, individual religious faith and spirituality seem to play a vital role when facing existential and life-threatening situations. The factual accessibility of assistance for suicide in the country does not motivate these patients to make use of it at this point of their disease. Personal religious faith and practiced spirituality -often highly individualized and not following institutionalized norms- exercise a strong influence on a patient's decision of whether or not to end his or her life.

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