Letter to the Editor

Developments Under Assisted Dying Legislation

The Experience in Belgium and Other Countries

by Sarah Mroz, MSc, MPH, Prof. Luc Deliens, Prof. Joachim Cohen, and Prof. Kenneth Chambaere in issue 48/2022

Conclusions not Correct

In a selective review of the literature, the authors conclude that in Belgium, as in other countries with legally regulated access to assisted suicide and euthanasia (killing on request), no slippery slope (mistakenly translated as "Dammbruch" in German) towards an increase in this form of dying exists (1).

We do not agree with this assessment. The question of the consequences of legally facilitated access to assisted suicide and killing on request requires a much more differentiated approach than is taken in this paper. For example, a "slippery slope" may also mean that psychosocial desensitization is promoted, in which dying is understood as an individual decision and not as a complex process in dependency relationships with multiple contributing factors (2). An above-average number of women, persons with higher levels of education, and depressed and anxious persons are found among those considering assisted suicide (3). Unchallenged gender stereotypes and treatable mental health problems need to be addressed. There is need for a more in-depth analysis of the continuous increase in euthanasia in countries with such legislation (for example, the Netherlands) or the different application in Belgian regions (Flanders, Wallonia) despite the same legislation.

The current attitude of the German population towards assisted suicide was determined in a representative population survey. According to the survey, there is consent to assisted suicide primarily for terminally ill people, but not for younger or older healthy people experiencing life crisis (4). The study is to be repeated at the end of 2023 in order to identify possible effects of the current debate on a legal regulation on public opinion in Germany.

DOI: 10.3238/arztebl.m2023.0070

References

1. Mroz S, Deliens L, Cohen J, Chambaere K: Developments under assisted dying legislation—the experience in Belgium and other countries. Dtsch Arztebl Int 2022; 119: 829–35.
2. Klesse R, Teising M, Lewitzka U, et al.: Assistierter Suizid und Autonomie – ein Widerspruch? Das Konzept der »freien« Entscheidung zum Suizid im Lichte von anthropologischen, entwicklungspsychologischen und psychotherapeutisch-psychiatrischen Befunden. Psychosozial 2022; 45: 3–32.
3. Castelli Dransart DA, Lapierre S, Erlangsen A, et al.: A systematic review of older adults' request for or attitude toward euthanasia or assisted-suicide. Aging Ment Health 2019; 25: 420–30.
4. Fiedler, G, Drinkmann A, Schwab F, Lindner R: Suizidprävention und Suizidassistenz. Suizidprophylaxe 2022; 49: 100–2.

Prof. Dr. med. Reinhard Lindner
Universität Kassel, Institut für Sozialwesen
Fachbereich Humanwissenschaften
Kassel, Germany
Reinhard.Lindner@uni-kassel.de

Prof. Dr. med. Claudia Bausewein, Munich, Germany

Dipl. Psych. Georg Fiedler, Hamburg, Germany

Prof. Dr. med. Lukas Radbruch, Bonn, Germany

Prof. Dr. med. Barbara Schneider, Cologne, Germany

Prof. Dr. med. Raymond Voltz, Cologne, Germany

Conflict of interest
RL is member of the executive management of the National Suicide Prevention Program for Germany (NaSPro, Nationales Suizidpräventionsprogramm für Deutschland).

CB is President of the German Association for Palliative Medicine (DGP, Deutsche Gesellschaft für Palliativmedizin).

GF is an executive board member of the German Academy for Suicide Prevention (DASP, Deutsche Akademie für Suizidprävention).

LR is Chair of the Board of Directors of the International Association of Hospice and Palliative Care.

BS is member of the executive board of the National Suicide Prevention Program for Germany (NaSPro, Nationales Suizidpräventionsprogramm für Deutschland).

RV received funding for research projects to the Center for Palliative Medicine from the German Federal Ministry of Education and Research (BMBF) and the German Federal Ministry for Family Affairs, Senior Citizens, Women, and Youth (BMFSFJ).

In Reply:

We appreciate the correspondents' comments regarding our article on assisted dying. We certainly agree that dying is a complex process and is impacted by numerous relational factors and additional research is much needed to better understand the impact of assisted dying legislation on the individuals and groups involved.

With our selective literature search (1), which was based primarily on research available in limited countries/regions with long-standing laws, we address the idea that the 'slippery slope' refers to inevitable expansion that will occur after passage of assisted dying legislation and will result in error, misuse and harm – a meaning commonly used in ethical literature on euthanasia and assisted dying. Since we understand that 'slippery slope' can vary greatly depending on the context and scope, we explicitly stated that our focus was limited to four areas of assumption for which there is empirical data: the supposed increase in suicide, expansion to minors, life ending without explicit request, and reporting. However, we understand that assisted dying legislation may be accompanied by broader and more nuanced psychosocial impacts that do not lend themselves easily to empirical research. This reaction by the correspondents shows the dangers of using fuzzy catch-all terms such as 'slippery slope' in such an ethically laden topic.

We support the ongoing research in Germany to assess public opinion and craft appropriate legislation and hope that concurrent efforts to strengthen and embed palliative care services and develop training, support and monitoring will also be undertaken.

DOI: 10.3238/arztebl.m2023.0071

References

1. Mroz S, Deliens L, Cohen J, Chambaere K: Developments under assisted dying legislation—the experience in Belgium and other countries. Dtsch Arztebl Int 2022; 119: 829–35.

On behalf of the authors:
Sarah Mroz
End-of-Life Care Research Group
Vrije Universiteit Brussel (VUB) & Ghent University
Brussels, Belgien
Sarah.Christine.Mroz@vub.be

Conflict of interest
The author declares that no conflict of interest exists.

CLINICAL SNAPSHOT

Posterior Myocardial Infarction—a Hidden ECG Emergency Presentation

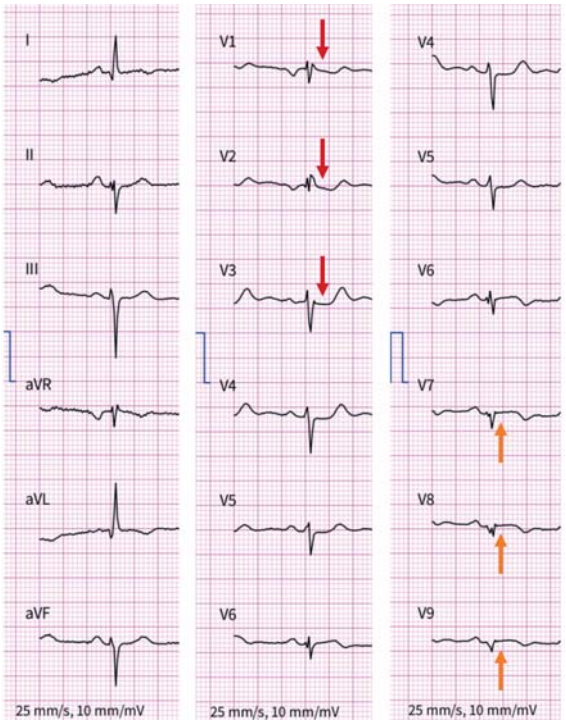

Figure: 12-Lead ECG and additional V7–9 leads
Main findings: Red arrow: descending reciprocal ST segment depression in V1–3. Orange arrow: ST segment elevations in leads V7–9 (0.5 mm). This combination is characteristic for the pathology of posterior myocardial infarction. Continuing: sinus rhythm. Small Q-waves in I and aVL. Poor R progression. rSR Configuration of the QRS complex. Discordant preterminal T inversion in I and aVL.

A 61-year-old female patient presented with a 1-day history of unstable angina pectoris. Symptoms resolved with low analgesia. Cardiac history and physical examination were normal with the exception of dyslipidemia and genetic predisposition. A 12-lead ECG with posterior leads V7–9 was diagnostic *(Figure)*. The troponin-T level was 0.24 µg/L (reference < 0.014µg/L), CK level: 738 U/L (reference < 145 U/L). Prompt coronary angiography showed triple-vessel coronary artery disease with acute occlusion of the proximal left circumflex artery. Following successful revascularization, the patient was discharged in good general condition on day 3 of treatment. The patient suffered posterolateral myocardial infarction.

Between 15 and 20% of myocardial infarctions manifest as posterior infarction. This is the most frequently overlooked entity of myocardial infarction, but, like ST elevation myocardial infarction, requires prompt revascularization. Reciprocal ST segment depression in V1–3 are an indirect sign and are easily overlooked, but should prompt the use of leads V7–9, as in the current case. ST elevations in posterior leads are diagnostic and relevant from 0.5 mm.

Dr. med. Sascha Macherey-Meyer, Prof. Dr. med. Marcel Halbach, Dr. med. Victor Mauri, Universität zu Köln, Medizinische Fakultät und Uniklinik Köln, Klinik III für Innere Medizin, sascha.macherey-meyer@uk-koeln.de

Conflict of interest statement: The authors state that no conflict of interest exists.

Translated from the original German by Christine Rye.

Cite this as: Macherey-Meyer S, Halbach M, Mauri V: Posterior myocardial infarction—a hidden ECG emergency presentation. Dtsch Arztebl Int 2023; 120: 404. DOI: 10.3238/arztebl.m2023.0057