

Retrospective evaluation of psychological pain in Dutch euthanasia and assisted suicide cases.
Data abstraction form

Case No. ...

Evaluator: 1 2

1.	Sex	<ul style="list-style-type: none"> a) Woman b) Man c) Not specified
2.	Category of age (years)	<ul style="list-style-type: none"> a) 30-49 b) 50-69 c) 70 or more
3.	History of suicide attempts	<ul style="list-style-type: none"> a) Yes b) No or not specified
4.	History of institutional care (acute and chronic)	<ul style="list-style-type: none"> a) Yes b) No or not specified
5.	History of psychological trauma	<ul style="list-style-type: none"> a) Yes b) No or not specified
6.	Lifetime history of diagnosed psychiatric disorders	<ul style="list-style-type: none"> a) Anxiety disorders other than PTSD b) Depression, including depression with psychosis c) Personality disorders d) PTSD or posttraumatic residua e) Psychotic disorders f) Bipolar disorder g) Eating disorders h) Substance use disorders i) Autism spectrum j) Neurocognitive impairment k) Somatoform disorder l) Other:
7.	Number of identified psychiatric conditions	<ul style="list-style-type: none"> a) One b) Two c) Three or more
8.	History of ECT	<ul style="list-style-type: none"> a) Yes b) No or not specified
9.	Time from first described psychiatric condition to life termination	<ul style="list-style-type: none"> a) Up to 20 years b) 21 – 40 years c) More than 40 years d) Undetermined

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10.	Time from first described wish for life termination to euthanasia or assisted suicide.	<ul style="list-style-type: none"> a) Up to 6 months b) 7 months - 1 year c) More than 1 year d) Undetermined
11.	Current social contacts outside treatment facilities (family members, friends) mentioned in the case summary	<ul style="list-style-type: none"> a) Yes b) No c) Not specified
12.	Functional dependency* * Presence/need of constant care or assistance	<ul style="list-style-type: none"> a) Yes b) No or not specified
13.	Indication of pain* with no apparent physical origin *Synonyms: suffering, agony, torture, torment, ache, hurt, stinging, stabbing, discomfort, unpleasant feeling	<ul style="list-style-type: none"> a) Yes b) No
14.	Psychological pain dimensions identified*: *See the explaining table in the next page	<ul style="list-style-type: none"> a) Irreversibility b) Loss of control c) Narcissist wounds d) Emotional flooding e) Freezing f) Self-estrangement g) Confusion h) Social distancing i) Emptiness <p>Total number of dimensions: ...</p>
15.	History of treatment refusal by the patient	<ul style="list-style-type: none"> a) Yes b) No or not specified
16.	Existence of physical pain* *Explained by identified physical cause(s)	<ul style="list-style-type: none"> a) Yes b) No or not specified

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Psychological pain dimension	Description
<p>1. Irreversibility</p>	<p>The individual has expressed the feeling of irreversibility, inability to change the situation, to reduce the pain/suffering/problems, or to be the same person again.</p> <p>OR Indication by the doctor or the patient of the patient's complete loss of hope, inability to image the life/future without the existing problems/suffering.</p>
<p>2. Loss of control</p>	<p>The patient has expressed the fear of the future, feelings of lack of control of the situation or the future in general, uncertainty, defeat, helplessness, falling apart, being not able to trust himself/herself.</p> <p>OR The doctor reported a completely passive and fearful patient's position towards the present symptoms, surrendering without signs of active coping.</p>
<p>3. Narcissist wounds</p>	<p>The patient has claimed to feel rejected/abandoned/cut off/discarded/cast out/excluded/neglected/hated by others/everybody/society.</p> <p>OR The psychiatrist has reported that the patient has a narcissistic personality disorder and perceived judgement/rejection.</p>
<p>4. Emotional flooding</p>	<p>Indication by the patient that he/she cannot control, keep in control their emotions/feelings/affections. Description of an emotional turmoil/feeling flooded/ nerves "on the edge"/constantly changing feelings.</p> <p>OR Description of the patient as being overwhelmed by emotions, excessively anxious, nervous, unease, perturbed, agitated, edgy, or extremely tense in emotionally charged situations.</p>
<p>5. Freezing</p>	<p>The patient has expressed the feeling of being paralyzed/ numb/not alive/dead/ frozen/inoperative.</p> <p>OR The doctor has indicated that the patient did not do anything all the time (lying in bed or sitting all day).</p>
<p>6. Self-estrangement</p>	<p>The patient has expressed the feeling not being himself or herself/not real/ like a stranger/an alien/odd/ not recognizing himself/herself.</p> <p>OR Description of depersonalization by the doctors.</p>
<p>7. Confusion</p>	<p>The patient has indicated that he/she cannot concentrate/focus/think straight/pay attention to something/keep one's mind on something/has difficulties thinking/foggy mind, or feels confused/ disoriented/not lucid.</p>
<p>8. Social distancing</p>	<p>The patient has expressed the wish to be left alone/not wanting contacts with others.</p> <p>OR Descriptions by doctor that the patient actively avoided social contacts with others.</p>
<p>9. Emptiness</p>	<p>The patient has stated that he/she does not see any meaning in life/find life meaningless/senseless/ futile/ pointless/empty/vain/purposeless/valueless, has no desire, wish or goal.</p> <p>OR The doctor has indicated that the patient was not engaged in any goal-directed activity.</p>