

Mette L. Rurup, PhD, Sander D. Borgsteede, PhD, Agnes van der Heide, PhD, MD, Paul J. van der Maas, PhD, MD, and Bregje D. Onwuteaka-Philipsen, PhD

J Pain Symptom Manage 2009;1: Feb;37(2):144-55

Abstract

The aim of our study was to describe trends in opioid use and perceptions of having hastened the end of life of a patient. In 2005, a questionnaire was sent to 6860 physicians in The Netherlands who had attended a death. The response rate was 78%. In 1995 and 2001 similar studies were done. Physicians less often administered opioids with the intention to hasten death in 2005 (3.1% of the non-sudden deaths) than in 2001 and in 1995 (7% and 10%, respectively). Physicians gave similar dosages of opioids in 2005, 2001, and 1995, but physicians in 2005 less often thought that life was actually shortened than in 2001 and 1995 (37% in 2005, 50% in 2001, and 53% in 1995). Of the physicians in 2005 who did think that the life of the patient was shortened by opioids, 94% did not give higher dosages than were, in their own opinion, required for pain and symptom management. Physicians in 2005 more often took hastening death into account when they gave higher dosages of opioids when the patient experienced more severe symptoms and with female patients. In older patients (>80 years), physicians took the hastening of death into account more often, but the actual dosages of opioids were lower. These data indicate that physicians in The Netherlands less often thought that death was hastened by opioids and less often gave opioids, with the intention to hasten death in 2005 than in 2001 and 1995. J Pain Symptom Manage 2009;37:144e155. © 2009 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

For more information, please contact Sander D. Borgsteede, PhD. s.borgsteede@lareb.nl