

Understanding Why Terminally Ill Patients Request Physician-Assisted Death

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Introduction

Physician-assisted death (PAD) occurs when a physician provides a terminally ill patient with medication intended to end their life at the patient's request.

PAD is legally permitted in several U.S. states under specific eligibility requirements, typically limited to competent adults with terminal illness and a limited life expectancy.

As end-of-life care continues to evolve, understanding why terminally ill patients request PAD is important for improving patient-centered care, ethical decision-making, and communication between providers and patients.

This study examines the primary motivations reported by terminally ill patients requesting PAD through a literature review.

Methods

Literature review conducted using PubMed, MEDLINE, and CINAHL

Key search terms: physician-assisted death, medical aid in dying, end-of-life decision-making, autonomy, dignity.

Inclusion criteria: peer-reviewed studies, terminally ill adult patients, and studies that examined motivations for requesting PAD.

Extracted data included study characteristics and reported motivations.

Findings were compared across studies to identify recurring themes.

References



Figure 1.
Concept map from main themes

Common emotional and psychological concerns that contribute to requests for PAD are often rooted in a patient's desire to maintain autonomy and control at the end of life.

Results

Across 12 studies, 1,820 participants were included, with a mean age of approximately 68 years. The primary study designs included: cross-sectional, cohort, chart review, and mixed-methods.

Main themes

Loss of autonomy and the desire to maintain control consistently emerged as the most prominent motivations for requesting PAD.

Patients commonly reported distress related to loss of control, reduced ability to engage in meaningful activities, declining daily functioning, and personal decision-making.

Psychological and existential distress, such as fear of future suffering and loss of dignity, also played a significant role.

Uncontrolled physical pain was rarely cited as the sole or

Discussion & Health Implications

Requests for PAD are not driven solely by physical pain but are strongly influenced by loss of autonomy, dignity, and quality of life. Healthcare providers must recognize emotional and existential dimensions of end-of-life suffering. Improved communication, earlier palliative care involvement, and psychological support may better address patient concerns and support informed end-of-life decision-making. Understanding patient motivations may also help reduce stigma surrounding PAD and promote care aligned with patient values.