

RESEARCH IN END-OF-LIFE DECISIONS: INTENTIONS OR ACTIONS?

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Object

In all existing research on medical end-of-life decisions, the intentions of physicians play a crucial role in the classification of decisions. However, intentions are fraught with philosophical and methodological difficulties: they are complex, unstable, ambiguous and often unrealistic, and demand reliance on introspection. In the history of ethics, intentions have a much-disputed status.

Method

Analysis of existing data from end-of-life research, mainly regarding so-called double effect decisions, such as rapidly increasing opioids and terminal sedation. Conceptual analysis and comparison with insights from the debate on intentionalism in aesthetics and ethics.

Results

- intentions are often unrealistic (physicians attribute stronger lethal effects to drugs than is warranted) and ambiguous
- when realistic, Occam's razor condemns data on intentions because they are superfluous
- in ethics and aesthetics, intentions do not seem necessary to judge or explain actions or art works

Discussion

This paper shows the difficulties to which reliance on intentions has led in research on end-of-life decisions from different countries; arguments from the debate on intentionalism in ethics and aesthetics support the possibility of studying end-of-life decisions without relying on self-reported intentions. Even if intuitively appealing, intentions are empirically unhelpful and ethically unsound as a basic concept for studying end-of-life decisions. Data about actions performed are sufficient for classifying end-of-life decisions.

Conclusions

End-of-life research should abandon intentions as a classification criterion. Actions, and if necessary, motives, are better criteria.