

A bioethical perspective on the meanings behind a wish to hasten death: A meta-ethnographic review.

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Review question

How do the meanings behind the “wish to hasten death” and/or “wish to die” relate to and can be interpreted in light of the ethical principles of autonomy, dignity, and vulnerability in palliative care?

Searches

We will search electronic bibliographic databases, namely PubMed and Web of Science + Scopus + CINAHL + PsycINFO + EBSCOhost.

Preliminary searches were conducted in July 2022. The initial searches for the review started in October 2022 and were updated and validated in January 2023. Searches will be updated before the submission of the manuscript in May 2023. Searches will be re-run just before the final analysis.

Only studies in English will be included and there will be no restrictions on the year of publication.

Types of study to be included

The review will consider empirical original articles in peer-reviewed journals in English language. Only qualitative studies focusing on patients experiencing and/or verbalizing a “wish to hasten death” and/or “wish to die” at the end of life will be included.

Condition or domain being studied

Wish to hasten death and wish to die in patients at the end-of-life and its relation with ethical principles, namely autonomy, dignity and vulnerability.

These ethical principles support the adequate clinical practices as well as the human integrity in life-threatening and/or life-limiting diseases.

Participants/population

Inclusion: Adults (> 18 years old) experiencing or verbalizing the wish to hasten death and/or wish to die in terminal illness.

Exclusion: Citizens under 18 years old, adults with mental disorders, pregnant women, and individuals with cognitive impairment.

Intervention(s), exposure(s)

Qualitative studies that explore the meanings behind a “wish to die” and/or a “wish to hasten death” expressed by adult participants with terminal illness and/or at the end-of-life.

Comparator(s)/control

Not applicable.

Context

Any context of palliative and end-of-life care for adult patients.

Main outcome(s)

This review will reveal the meanings behind a “wish to die” and/or “wish to hasten death” and how these meanings relate to the ethical principles and reasoning used to explore this ethical issue.

Additional outcome(s)

Not applicable.

Data extraction (selection and coding)

The articles retrieved from of the literature searches will be imported into EndNote and any duplicates will be removed. Data will be independently extracted by one reviewer (P.B.) under the supervision of the other two reviewers (P.H.M. and S.M.P.). Titles, headings, keywords, and abstracts will be screened for a multiple combination of MeSH and free terms associated with “wish to hasten death”, “wish to die”, palliative care/terminal care, autonomy, dignity, and vulnerability. Conflicts will be resolved by a consensus discussion among the three reviewing authors. We will screen the references of included studies for potential additional publications.

Data sheets will be used to extract data from the studies. Data will be extracted into a structured data form that will be purposely built for this study. This form will be based on and adapted from PICOS's (Methley et al., 2014; Eriksen and Frandsen, 2018): P = Population (patients at the end-of-life), I = Intervention/exposure/phenomenon of Interest (meanings behind a wish to die or wish to hasten death), C = Context/Comparison (any context of palliative and end-of-life care provision), O = Outcomes (meanings), S = Study Design (qualitative studies). Descriptive data will include authors, year of publication, country where the study was developed, year of the study, design, type of population (patients, family caregivers and/or healthcare professionals), and number of participants in the study.

Risk of bias (quality) assessment

The methodological rigor of the included studies will be evaluated following the 9-item tool developed by Hawker et al. (2002). This tool has been widely used in the review literature since the nine questions are easily scored to assess the quality of the study, and can even be transformed into a quantitative scale.

To minimize bias, one researcher (P.B.) will screen the first 25% of retrieved articles under the supervision of the two other researchers (P.H.M. and S.M.P.). Articles will initially be screened by titles and abstract, followed by full-text reading of selected articles. Selected articles will be read full by two researchers independently (P.B. and S.M.P.) to identify eligible studies; any doubts will be discussed until reaching consensus among the three researchers (P.B., P.H.M. and S.M.P.).

Strategy for data synthesis

A narrative synthesis will be undertaken and guided by Popay et al. (2006). Data synthesis will be performed by one researcher (P.B.) under the supervision by the other two researchers (P.H.M. and S.M.P.). This will be done by the PhD student (P.B.) and validated by supervisors who will act as mediators for the themes, inclusions, and exclusions. Main themes are defined a priori and aligned with the research questions as follows: (i) Meanings behind the wish to hasten death and/or the wish to die; and (ii) relation between these meanings and the ethical principles of autonomy, dignity, and vulnerability in palliative care. All authors will work together to produce a comprehensive set of synthesized findings. The systematic literature review and narrative synthesis will be reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines.

Analysis of subgroups or subsets

Not applicable.

Contact details for further information

Paulo Borges

padrepauloborges@gmail.com

Organisational affiliation of the review

Universidade Católica Portuguesa

www.ucp.pt

Review team members and their organisational affiliations

Mr Paulo Borges. (1) Hospital do Divino Espírito Santo (HDES), Ponta Delgada, São Miguel, Portugal; (2) Universidade Católica Portuguesa, Instituto de Bioética, Porto, Portugal.

Professor Sandra Pereira. (3) Universidade Católica Portuguesa, Católica Porto Business School, CEGE: Research Center in Management and Economics, Porto, Portugal.

Professor Pablo Hernández-Marrero. (3) Universidade Católica Portuguesa, Católica Porto Business School, CEGE: Research Center in Management and Economics, Porto, Portugal.

Type and method of review

Narrative synthesis, Synthesis of qualitative studies, Systematic review

Anticipated or actual start date

15 October 2022

Anticipated completion date

31 May 2023

Funding sources/sponsors

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Conflicts of interest

Language

English

Country

Portugal

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Anthropology, Cultural; Hospice and Palliative Care Nursing; Humans; Palliative Care; Respect

Date of registration in PROSPERO

24 January 2023

Date of first submission

13 January 2023

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

24 January 2023

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