International Platform of Registered Systematic Review and Meta-analysis Protocols

INPLASY

Psychiatric assessment of assisted dying requests in adults with incurable somatic illness: a scoping review protocol

INPLASY202690106

doi: 10.37766/inplasy2026.9.0106

Received: 24 September 2026

Published: 24 September 2026

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ADMINISTRATIVE INFORMATION

Support - No specific funding.

Review Stage at time of this submission - Completed but not published (retrospective registration). Formal searches were run on 6 December 2022, 28 July 2024 and 28 August 2026; in each round, records were screened independently by two reviewers, and data charting and synthesis were completed before registration. The review was planned within the first author's original doctoral project, and its protocol was summarised in a conference abstract published in 2023 (see field 17). Registration was delayed because the project was interrupted when that doctoral topic changed; it was later resumed in order to complete and publish the review. The changes relative to the 2023 abstract, and their timing, are described in field 17.

Conflicts of interest - The authors declare no conflicts of interest. For transparency, RB is the sole author of an opinion article on the role of psychiatry in physician-assisted death in Portugal (Acta Med Port. 2020;33(9):629; doi:10.20344/amp.14443), which was retrieved by the searches; like all records, it was screened independently by two reviewers, one of whom had no involvement in that article.

INPLASY registration number: INPLASY202690106

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 24 September 2026 and was last updated on 24 September 2026.

INTRODUCTION

Review question / Objective Using a population, concept and context framework, what methods have been proposed or used for psychiatric or mental-health assessment of assisted dying requests made by adults with incurable somatic illness? We will map the assessment domains, procedures, instruments, referral arrangements, documentation practices, reassessment approaches and supporting evidence.

Background Requests for euthanasia or physician-assisted suicide by adults with incurable somatic illness may involve depression, cognitive impairment, demoralisation, communication difficulties or disagreement about voluntariness and decisional capacity. Psychiatric assessment is frequently discussed, but the assessor's role, the threshold for referral and the methods used are not uniform. Existing literature includes functional capacity models, comprehensive psychiatric consultations, structured checklists, clinical algorithms and narrative approaches. A scoping review is appropriate because the evidence is

heterogeneous and includes empirical studies, clinical guidance, legal analyses and descriptions of practice.

Rationale The review addresses the absence of a clearly mapped account of how psychiatric assessment is performed in assisted-dying requests arising from somatic illness. It will distinguish assessment methods from broader legal or ethical commentary and from requests based exclusively on psychiatric illness. The review will also clarify how its broader unit of analysis differs from reviews limited to named decisional-capacity instruments.

METHODS

Strategy of data synthesis We searched PsycINFO, PubMed/MEDLINE, Scopus, Web of Science and Google Scholar. The core concepts were psychiatry and assisted dying, using the conceptual string Psychiatry AND (Euthanasia OR (Suicide AND Assisted)); database-specific adaptations were used where necessary. Searches were conducted on 6 December 2022, updated on 28 July 2024 and updated again in 28 August 2026. Google Scholar screening was limited to the first 200 results in 2022 and the first 100 results in each later round, ordered by relevance. Records were managed in EndNote with automatic and manual deduplication. Eligible sources were charted in a structured form and synthesised descriptively under non-exclusive categories: legal-functional tests, comprehensive psychiatric consultations, structured protocols or checklists, narrative or conversational clinical judgement, and empirical implementation or service descriptions. No meta-analysis is planned or appropriate.

Eligibility criteria Participants or population: adults with incurable somatic illness who request euthanasia, physician-assisted suicide or another legally recognised form of assisted dying. Psychiatric or cognitive comorbidity is eligible; requests based exclusively on psychiatric illness are excluded. Mixed-population sources are eligible when findings relevant to somatic illness can be identified. Concept: any reproducible operational component of psychiatric or mental-health assessment, including domains, questions, procedures, instruments, thresholds, referral triggers, communication support, documentation or reassessment. Context: any country, legal framework, healthcare setting or care level. Eligible evidence sources include primary studies, service descriptions, reviews, book chapters, editorials, opinion articles and clinical case conferences. No language, date or geographical restrictions were imposed. Sources dealing only with general ethics, law, professional attitudes, epidemiology or risk, without an operational assessment component, are excluded.

Source of evidence screening and selection In each search round, two reviewers (RB and SM) independently screened titles and abstracts and assessed potentially eligible full texts. Disagreements were discussed and, where necessary, resolved by a third reviewer (FSM). The same publication identified in more than one search round was counted once in the synthesis. Reasons for full-text exclusion were coded retrospectively from the final decisions and will be reported in the review. Sources that did not meet the somatic-illness scope or lacked an operational assessment component were excluded.

Data management Records were deduplicated in EndNote and screening decisions were recorded in spreadsheets. One reviewer charted bibliographic characteristics, jurisdiction, source type, intended assessor, referral trigger, assessment domains, procedures, instruments, validity information, documentation and reassessment. The chart was checked against the original full texts during manuscript revision. Multiple reports of the same publication were linked and counted once. No personal participant data were collected. No formal risk-of-bias or certainty-of-evidence assessment was undertaken because the aim was descriptive mapping.

Reporting results / Analysis of the evidence We will report the number and characteristics of included sources, the types of assessment method described, the domains and procedures covered, the use and limitations of instruments, referral arrangements, documentation and reassessment practices, and the evidence supporting each approach. Findings will be presented descriptively and interpreted in relation to the heterogeneity of source types and jurisdictions.

Presentation of the results Results will be presented in a PRISMA-ScR flow diagram, summary tables and a narrative synthesis. Tables will describe source characteristics and map methods, domains, procedures, instruments, referral criteria, documentation and reassessment. A separate table will distinguish validated instruments from informal tools, structured protocols and broader clinical approaches.

Language restriction No language restrictions.

Country(ies) involved Portugal.

Other relevant information An outline protocol was published as a conference abstract in 2023: Barranha R, Ferreira AR, Gonçalves E, Fernandes L. Psychiatric role in physician-assisted death requests – a study protocol for a literature review. Eur Psychiatry. 2023;66(Suppl 1):S1038. doi:10.1192/j.eurpsy.2023.2201. Although the abstract described a broader scope (including legislation, official reports and searches of government and right-to-die organisation websites), the population and assessment focus specified in this registration guided study selection from the first search round onwards.

Keywords psychiatric assessment; assisted dying; euthanasia; physician-assisted suicide; decisional capacity; incurable illness; palliative care; scoping review.

Dissemination plans The completed review will be submitted to a peer-reviewed journal and presented through academic or professional meetings. The INPLASY record will provide a public, citable account of the methods and their retrospective timing.

Contributions of each author

Author 1 - Rui Barranha - Conceptualization and methodology (protocol and study design); investigation (screening, as one of the two independent reviewers); data curation; formal analysis; visualization; drafting of the manuscript (with Filipa Santos Martins and Catarina Campolargo); project administration.
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