



Association for Palliative Medicine

FOR IMMEDIATE RELEASE

Doctors who care for dying people are unwilling to participate in physician assisted suicide.

A survey of members of the Association for Palliative Medicine (APM) published today confirms firm opposition to physician assisted suicide. The APM members are doctors who specialise in the care of terminally ill patients

The survey shows that a majority of respondents (82%) do not support a change in the law on assisted suicide, confirming the similar finding in a recent survey by the Royal College of Physicians (RCP). Eighty-five percent of palliative physicians who are members of the RCP opposed any change in the law and 92% opposed physician-assisted suicide.

The APM survey went on to ask "If Parliament decides to change the law in the UK to allow assisted suicide, should it be within routine medical practice or should its assessment, approval and implementation be entirely outside the sphere of medicine, for instance in the family court?" Eighty two percent responded that it should be outside of medicine, with only 5% responding it should be part of routine medical practice. Seventy-two percent believed that such legislation would have an adverse or very adverse effect on the delivery of palliative care, including the care given by hospices.

Less than 4% of practicing doctors who responded would be willing to participate fully in the implementation of such legislation, by assessing and deciding suitability, recommending to the court and prescribing lethal medication as envisaged by the Bill currently before parliament. This questions the practicality of implementing such legislation.

The full questions and answers were:

Do you think that the law in the UK should be amended to allow Assisted Suicide as proposed in Lord Falconer's bill?

| | | |
|------------|-----|-----|
| Yes | 12% | 43 |
| No | 82% | 298 |
| Don't Know | 6% | 24 |

If Parliament decides to change the law in the UK to allow assisted suicide, should it be within routine medical practice or should its assessment, approval and implementation be entirely outside the sphere of medicine, for instance in the family court?

| | | |
|--------------------------|-----|-----|
| Part of routine medicine | 5% | 18 |
| Outside medicine | 82% | 297 |
| Don't Know | 13% | 47 |

Doctors currently licensed to practice:

If Assisted Suicide became legal in the UK in the current bill you would be able to limit your involvement to the level your conscience permitted. So would you personally be prepared to:

a) Participate fully in its implementation by assessing and deciding suitability, recommending to the court and prescribing lethal medication?

| | | |
|------------|-----|-----|
| Yes | 4% | 16 |
| No | 89% | 320 |
| Don't Know | 7% | 25 |

b) Assist the court by preparing judgements to the court to support the court's decision (e.g. Assessment of capacity, fixed will, and degree of coercion)?

| | | |
|------------|-----|-----|
| Yes | 22% | 79 |
| No | 62% | 227 |
| Don't Know | 16% | 58 |

c) Provide a court with factual information alone (e.g. diagnosis, extent of disease, involvement of palliative care services etc)?

| | | |
|------------|-----|-----|
| Yes | 71% | 256 |
| No | 16% | 57 |
| Don't Know | 13% | 48 |

What impact do you think the passing of this bill, or similar one legalising assisted suicide, would have on the delivery of palliative care including the care given by Hospices?

| | | |
|---------------|-----|-----|
| Very Adverse | 35% | 128 |
| Adverse | 37% | 135 |
| Neutral | 22% | 80 |
| Positive | 4% | 15 |
| Very Positive | 2% | 3 |

The results confirm those of other surveys of groups of doctors which show that the majority of doctors are opposed to a change in the law to legalise assisting suicide, and especially physician-assisted suicide. Furthermore, amongst those who do support a change in the law a significant proportion do not think that medicine should be involved in the process, either through approval of requests or the implementation process. The vast majority of doctors would not be willing to actively participate were physician-assisted suicide to be made legal. Finally, the more a doctor specialises in caring for seriously-ill patients whose lives are drawing to an end, the more strongly he or she is likely to oppose a change in the law.

APM President Dr David Brooks, Macmillan consultant in palliative medicine at the Chesterfield Royal Hospital and Ashgate Hospice, welcomed the results.

"Palliative physicians dedicate their working lives to helping patients with incurable illness live as well as they can for as long as they can. We accept where death is imminent, and help them to live those dying days in as much comfort and dignity as possible," he said.

"These results give a clear message to legislators. Those who care for terminally ill people day-in day-out believe society should be supporting people at this time in their lives, not putting them at risk. They also make clear that if society does want to legalise assisting suicide, this should not be part of medical practice. People need to be confident that the doctor is there to care for them whatever happens, not to kill them."

"We need to ensure that all patients, whatever their care setting, have equitable access to the care and support they need at the time when they need it and end the postcode lottery in specialist palliative care provision."

Hospice UK National Director for Hospice Care Dr Ros Taylor MBE, Hospice Director, Hospice of St Francis, Berkhamsted commented:

"As a hospice doctor and National Director for Hospice Care for Hospice UK, I agree with the majority of palliative care doctors who feel that assisting suicide will have an adverse effect on hospice care. I am concerned it would undermine the learning, the care and potential of the hospice sector to care for more people."

Ends-

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For more information, please contact Becki Munro becki@compleat-online.co.uk on, 01489 565665
For out of office hours calls please contact David Brooks on 07789935724

Notes to editors

1. Spokespeople from the APM are available on request
2. The RCP statement can be found at <https://www.rcplondon.ac.uk/press-releases/rcp-reaffirms-position-against-assisted-dying>
3. The RCGP survey can be found at <http://www.rcgp.org.uk/news/2014/february/rcgp-remains-opposed-to-any-change-in-the-law-on-assisted-dying.aspx>
4. A survey by Medix can be found at: <http://medixglobal.com/Medix-Case-Study-18-Euthanasia-and-Physician-assisted-Suicide.pdf>
5. The Association of British Neurologists statement can be found at:
http://www.theabn.org/media/docs/ABN%20publications/Assisted_Dying_April_2011.pdf

6. Definition of Palliative Care

Palliative care provides a rounded approach to improving the quality of life of patients and families affected by a life-threatening illness. Care includes the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative medicine is the specialty of doctors – otherwise known as palliative physicians – working within palliative care.

7. About the Association for Palliative Medicine

The Association for Palliative Medicine of Great Britain and Ireland (APM) is an association for doctors who work in hospices and palliative care, specialist and generalist, in the community and hospitals. Formed in 1986, it has just over 1000 members from all over UK and Ireland, and a few doctors based overseas. The Association exists to promote the advancement and development of palliative medicine and is recognised as representing physicians at all grades who work in palliative medicine and those with an interest in the specialty.