



# Association for Palliative Medicine

## **Association of Palliative Medicine of Great Britain and Ireland (APM) survey on Assisted Suicide.**

### Executive Summary

In January 2015 the APM surveyed its membership on Assisted Suicide, as proposed in Lord Falconer's Assisted Dying bill. 387 (39%) members responded representing all grades and levels of experience in Palliative Medicine. There are 4 key points from this survey which give a clear message about this important issue from those who work daily with the people most likely to be affected.

- 82% were opposed to changing the law on Assisted Suicide as proposed in this bill.
- If Assisted Suicide became legal 82% thought it should be entirely outside the sphere of medicine.
- 89% would not be prepared to participate fully in the implementation of Assisted Suicide, 4% would.
- 73% thought Assisted Suicide would have an adverse or very adverse effect on palliative care.

### Introduction

The APM is an organisation of over 1000 doctors working in Palliative Medicine and as such takes a close interest in matters affecting people with life limiting illness including Assisted Suicide. The APM last surveyed its members about their views on Assisted Suicide in 2005, when there was an overwhelming majority opposed to its legalisation. Since then there has been much debate and change both nationally and internationally about this issue.

At the time of the survey Lord Falconer's Assisted Dying bill was before parliament. A similar Bill was being debated in the Scottish Parliament. This bill was based on the Oregon Death with Dignity Act 1997. It would have allowed doctors in England and Wales to assist an adult with a life expectancy of 6 months or less to commit suicide by supplying that person and assisting them to ingest or self-administer a lethal drug. If this bill did not pass on this occasion (as indeed it did not as Parliament was dissolved before it could progress) it is likely that it would be used as a basis for further such bills in the future and so the Executive of the APM wanted to know what their members' current views were on this matter.

It is clearly a matter for society and Parliament to decide if such legislation is passed. However, it is a legitimate matter for doctors to seek to influence legislation that puts Assisted Suicide squarely in routine medical practice. The APM represents doctors who work intimately with exactly the group of people likely to be affected by this proposed change in the law.

In order to represent their current views properly the Executive wished to understand members' views on Assisted Suicide as proposed in this bill. We also wanted to know APM members' view on how much Assisted Suicide should be a matter for doctors and how much APM members would be prepared to actually participate if it became legal.

The survey was intended to focus on this particular proposal, Lord Falconer's bill, and was intended to allow both numerical replies and free text comments. The numerical information is now here on the website and the free text is currently being analysed. The themes and illustrative comments may be published with the free text analysis in due course, with permission from the authors.

### Method

We sent a unique email link for a Survey Monkey to all 996 members for whom we had an active email address and had not opted out from surveys. The Initial email was sent 18/12/2014, a reminder 7/1/2015 and the survey closed 15/1/2015 thus giving a four week deadline for completion. We also sent out a postal reminder with our newsletter to ensure that as many people as possible had the chance to complete the survey.

The explanatory introduction is reproduced here.

### Results

The anonymised quantitative results are now available here on the website and the considerable amount of qualitative data is still being analysed

### Discussion

The survey gave very clear results on the four key questions we asked about Lord Falconer's bill which have given this question of Assisted Suicide reality. Members of the APM are all doctors who work in Palliative Medicine and who have special expertise and experience in working with exactly the group of patients who this bill was aimed at- those with a short life expectancy. Thus this survey is an accurate reflection of the views of doctors who are best placed to understand the reality of legalising Assisted Suicide as an integral part of the health care system and the effects it might have on the group of people for whom the bill was meant to serve and others in need of palliative and end of life care.

The vast majority, 82%, of APM members were opposed to legalising Assisted Suicide and only 12%, or less than one in eight were in favour. An almost identical number, again 82%, thought that Assisted Suicide should be entirely outside medicine- for instance in the Family Court. Only 5% of APM members thought that Assisted Suicide should be a part of routine medical practice.

What was even more striking was the proportion of APM members who were not prepared to personally participate in Assisted Suicide, even if it was legalised. 89% would not be prepared to personally fully participate in its implementation with only 4%, only 16 doctors, being prepared to personally participate. APM members did recognise their obligations and expertise as doctors by 71% being prepared to provide a court with factual information such as diagnosis, extent of disease and treatments. So this did not seem to be a shirking of responsibility but more a recognition of areas of expertise and professional responsibility.

The final question was again one that the APM members were uniquely qualified to consider, trying to assess whether the legalisation of Assisted Suicide was likely to be beneficial or harmful to the delivery of Palliative Care in general and the care given by hospices. This was an important question as it tried to gauge the wider effect on a service which might be influenced by such legislation. Here there were also clear opinions with 73% considering that such a law would have adverse or very adverse effects and only 5% predicting that it would be positive or very positive. 73% is slightly lower than the proportion against the law so perhaps a few of those opposed to changing the law think the effect of allowing Assisted Suicide to be part of healthcare not to harmful to palliative care, but a very small proportion think it will improve it. So those in the best position to predict considered that the effect of this bill would be to harm Palliative Care in England and Wales.

We did not know whether opposition to, or support for, Assisted Suicide might be dependent upon seniority in the profession or length of time in the specialty. Might there be for instance a substantial minority whose voice was not able to be heard for fear of upsetting the status quo or their senior colleagues? Detailed analysis of the figures showed that the opinions were held uniformly across the board with neither doctors' grade, nor length of time in palliative medicine making any significant difference to their views. Neither was there any evidence of a substantial minority whose voices were being silenced: even in an anonymous survey with opportunity for free text comments the picture remained the same.

This survey has been very helpful to the APM and gives a clear mandate to those representing the APM at different levels to both oppose the principle of Assisted Suicide in general and the involvement of doctors in particular. It should also give pause for thought to those with the responsibility for legislation to consider both whether legalising Assisted Suicide is wise, and especially whether it should be removed entirely from the sphere of medicine.

The Executive Committee of the Association of Palliative Medicine.