

APM Member Survey 2021 – Summary of Findings

About the respondents

All APM members were emailed a link to an online survey, of who 274 practitioners responded. The majority (94%) deliver care in an NHS setting, and 65% have an NHS employment contract. 77% deliver care in an independent setting, and 35% have a non-NHS employment contract. Most respondents (78%) hold substantive posts, while 22% are either trainees, in temporary post, retired, or have “other” kinds of employment.

Palliative care employers do not openly support the legalisation of assisted suicide/euthanasia.

Fewer than 1% of respondents said that, as far as they could tell, their employer supports the legalisation of physician assisted suicide/euthanasia. 29% said their employer opposes efforts to legalise assisted suicide or euthanasia. Most (71%) said they did not know whether or not their employer supported it.

Most respondents have experienced open conversation in their clinical team regarding the issue of assisted suicide, although the pressures of Covid have prevented a degree of discussion.

While some clearly feel constrained in what can be said among palliative care teams (even in some cases describing it as ‘taboo’), 60% of respondents said there has been open discussion in their clinical team about assisted suicide/euthanasia. When conversation does occur, concerns about its legalisation are often voiced:

“staff consensus both nursing and medical feel it would provide conflicting message about hospice role and best accessed as unique service on own if introduced”

“between trainee doctors in team - concerns about ability to safeguard process and the funding to palliative care that may deteriorate with leglising assisted dying/euthanasia”

“Some discussions amongst senior clinicians and CEO. Clear views against mixing PAS/euthanasia with palliative care. Clear view that maximising palliative care services and availability is the priority”

A significant minority of clinicians report a lack of open discussion regarding the issue of assisted suicide/euthanasia, and some feel prohibited from expressing their views.

29% of respondents said they have not experienced open discussion in their clinical team about assisted suicide/euthanasia. One frequently cited reasons was work load and stressed resources, exacerbated by the COVID-19 pandemic:

“Too busy focusing on the service pressures”

“Priority has been keeping current service going due to impact of COVID upon medical and nursing staffing”

“Honestly, we're too busy to do much other than deliver the care we currently are doing and defending our funding”

Nearly 10% of respondents said the organisation where they deliver most of their care currently does or would actively inhibit them from expressing their views on assisted

suicide (and only 11% feel their organisation actively encourages them to express their views on assisted suicide).

There is a high degree of uncertainty as to employer stance on assisted suicide/euthanasia and a lack of preparation for conscience protections if the practice were to be legalised.

Majority of respondents (71%) did not know whether their employer supports the legalisation of assisted suicide, 47% did not know if their palliative care service had decided whether it would be involved in assisted suicide were the practice to be legalised, and 49% did not know if their palliative care service had considered how it will support staff and patients who want no involvement.

Only 9% of respondents said their palliative care service has decided if they are going to participate in assisted suicide if the practice were to be legalised, and only 5% of respondents said their employer has considered how they will support staff and patients who do not want to be involved.

There is a high degree of patient and family misconception of palliative care, which may be exacerbated by public discussion of assisted suicide/euthanasia.

Over one-half of respondents (67%) said that patients and families think they are definitely or probably practicing covert euthanasia. When asked how public discussions around 'assisted dying' are affecting patients' attitudes toward accessing palliative care service, respondents wrote:

“Some patients confuse palliative care with euthanasia, especially when it comes to the use of injectable opioids”

“Some families believe we hasten death so media discussions may reinforce this idea”

“I have met a number of people who are concerned that hospice care may shorten their life and I think some of this is due to the perception of euthanasia already happening.”

“palliative care is already equivalent to euthanasia in the publics mind here - they associate syringe pumps with euthanasia and this is a myth we have to dispell on a daily basis when interacting with patients and their families in the hospital.”

A large majority of respondents (87%) felt there has not been enough press coverage of good deaths. Some expounded on this issue:

“Media usually focuses on the negative and traumatic. There is also lots of misunderstanding and misinformation about ACP and resuscitation discussions.”

“There has been huge bias in reporting misery of deaths and less on good palliative care and good deaths.”

“I wish there would be a lot more publicity and promotion about all the positive experiences of death and dying that occur across the country... most of the time the bad ones hit the news and overshadow all the good work that's carried out by Palliative care teams.”

“So frequently the press covers deaths which have been awful in some way for the patient or the family - no wonder the public's perception of death and dying is so skewed towards the negative.”

“There is much more publicity around the few tragic patients whose suffering is not controlled than around the many 'good' death.”

Discussion

Based on the results of this survey, it is clear not only that palliative care clinicians do not want to participate in assisted suicide or euthanasia, but also that practitioners themselves remain uncertain as to what the reality of legalising assisted suicide would mean for them, their profession or for their patients.

There is also a significant degree of frustration at the media narrative regarding end of life care, which clinicians view as being driven by assisted suicide lobbying. There is concern that poor portrayal of palliative care in the media has led patients and families to have a skewed understanding of palliative care, and there is fear that patients are in a position of ignorance at a vulnerable moment in their lives.

There needs to be better awareness of how end of life care is delivered, which may begin with an improved media narrative. The legalisation of assisted suicide could be undermined significantly if patients were not being frightened by hard cases in the media, and instead understood that, in the majority of cases, good palliative care can facilitate a good death.