What do physicians think about physician assisted suicide and voluntary euthanasia?

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Clin Med
2008;8:243–5

Background

In considering the second version of the Assisted Dying for the Terminally Ill Bill, the Royal College of Physicians (RCP) opted for a position of 'neutrality',[1] changing its earlier opposition to physician assisted suicide (PAS) and voluntary euthanasia (VE).[2] 'Neutrality' towards this second version of the bill, however, was controversial, being perceived as a change to indifference or tacit support.[3] With the publication of a third version of the bill and after deliberation,[4,5] the RCP therefore launched a consultation early in 2006. This was conducted online and by post over a four-week period. It was preceded by an article in *Clinical Medicine* by a former president advocating legal change.[6] The consultation format consisted of an introductory letter from the RCP President pointing out the difficulties of framing a question that was free of controversy, but emphasising that the aim was to find out whether legal change was supported. Having maintained a close working relationship with the Royal College of General Practitioners (RCGP), the formal motion passed by that college after its own consultation was then stated. Agreement or not was requested to this. Free text comment was then invited: 'we would be interested in any other comments you might like to make'. It was then followed by a second question regarding personal participation in PAS/VE in the event of change. A follow-up online survey validated the main survey with a different question. The quantitative results have been reported elsewhere.[7,8] In brief, 26.0% thought a change in legislation was needed and 73.2% disagreed (0.8% did not respond); in answer to the second question, regardless of support for change, 18.9% were prepared to personally participate actively in a process to enable a patient to terminate their own life, 59.4% were not and 19.4% were uncertain. The opportunity for free text comment represented an attempt to capture some of the concerns that underlie the variety of views held by physicians – the qualitative dimension. The consultation was anonymous. A summary of these comments is offered here to inform participants and others of physicians' concerns. All comments were categorised into a number of themes, as suggested elsewhere.[9]

Out of 5,111 online and paper responses, 2,133 (42%) free text comments were made. Ten letters were also received. Free text comment was not designed as a check on the numerical responses. Nevertheless, it provided further validation of the overall numerical outcome.

What issues were raised?

Neutrality

Neutrality produced 33 comments (31 adverse and held by both opponents and proponents of change). The decision to consult was applauded (14 comments), albeit with some implied criticism that it had not been done before. However, 25 detected bias in asking agreement with the RCGP motion. These concerns and the desire to have confidence in the outcome led to the subsequent validation survey, using a question suggested by Lord Joffe, sponsor of the bill.

Strength of opinion

The strength of opinion varied enormously. For some, legal change appeared an outrageous affront ('murder'), for others long overdue ('patronising and cruel') but many found it less straightforward:

> *There are progressive arguments on either side and…I am tempted to believe that if anybody is entirely confident that he/she knows the answer to this question, they don't understand the problem. Very much on balance, I believe that a rigorously regulated law…is probably the least bad option.*

That sentence with its 'very much', 'rigorously', 'probably' and 'least bad' is quite wonderfully equivocal, but representative of where many physicians find themselves.

Relevant events

Three themes local to the UK led to comment. The Shipman affair (33 comments) had created anxiety in prescribing for the terminally ill. Some saw the need for clearer law to protect doctors (46 comments, not all Shipman related). Second was the experience of UK abortion law reform (27 comments), which had

led to wider provision than originally intended. Physician assisted suicide would lead to non-voluntary euthanasia. Third, was the sensationalism of the UK media with its potential for mischief.

Practice in the Netherlands (33 comments, 24 negative), Oregon (11), Switzerland (15) and Australia (1) overlapped of course, but evoked predominantly negative responses (28 critical, 18 positive; 4 unclear). Those very few with first-hand experience were more positive, although not all (3 *v* 1). Some comments reflected recent publicity on UK citizens travelling to Switzerland to have their lives terminated. Most saw the need to travel abroad as a reason for UK legal change.

Palliative care

Palliative care was widely seen as patchy with a need for investment (239 comments) especially in patients without malignant disease (46 comments). Concerns about symptom control at the end of life in those with neurological illnesses led to 81 comments. For some this justified legal change, but for others debating legal change was a distraction from the pressing needs of larger numbers. Of the 201 who believed PAS/VE was 'rarely', 'very infrequently' or never needed, 164 opposed legal change and 22 still believed it should occur.

The words 'choice', 'choosing', 'rights', 'autonomy', 'control' or 'wishes' (169 of these were pro- and 42 anti-change) were used by 201 respondents. Some said choices changed or challenged the nature, existence or practicality of free choice (24).

The words 'vulnerable', 'burden' and 'pressure' featured in 238 responses: the biggest single source of objection. Moreover, pressures for PAS were not always honourable: 46 made negative comments about relatives and 23 about pressures on, and behaviour of, doctors. The word 'abuse' featured negatively in 54 responses. Of the responses, 19 referred to the Hippocratic Oath.

Legal implications

The bill's six-month prognosis eligibility criterion was criticised by 50. Objections were either practical, being based on an inability to assess, or asserted the lack of moral basis. Four thought six months too short. 'Slippery slope', 'thin end of wedge', 'widening provision' or 'extended application' were phrases in 66 comments. Some (24) were fearful of economic pressures from government or a failing NHS. In addition, widening provision led to seven comments about experience in Germany in the first half of the last century. Many (164) respondents were concerned about the effect of legal change on society's trust in the profession and on the doctor–patient relationship. Some of these supported PAS/VE but opposed the involvement of doctors.

Impact of personal experiences

Personal wishes or personal experiences of deaths featured in a number of responses, particularly those of parents or spouses. One might expect that doctors would be at least as good at accessing good end-of-life care for their families as others. I found that negative experiences made a powerful impression. These tended to be more frequent although both views were represented. It is impossible to know how far negative experiences reflected sub-optimal care.

A second type of personal response is that of conscientious objection (22 comments). A third personal factor is religious belief. The consultation did not support assertions of religious belief as a major source of opposition to PAS/VE. Explicit opposition to legal change was based on religious belief for 30 respondents only. Others were eager not to have their opposition to change attributed to religion; nor do all those of religious faith oppose legal change.

Doctors have been the key agents in proposals for PAS/VE. Many (60) respondents challenged this – probably more than have featured in public debate. These comments were made by both proponents and opponents of legal change.

Are there any conclusions?

The free text comments should be treated with great caution. The Select Committee is right to express reservations about the shortcomings of simple techniques to explore so complex and sensitive a topic as PAS/VE. The comments here, for example, were framed by the two questions on either side of the free text response box.

Despite this, and whatever reasonable criticism can be levelled at the RCP's consultation, the grounding of these comments in the experience of their authors gives them authority and interest. It is impossible to do them justice in so short a space.

In Section 5.1 of their report,[10] the House of Lords Select Committee comment that doctors view legal change as less straightforward than the lay public. Moreover 'research into public and health sector attitudes…is limited in value and cannot be accepted at face value as an authentic account of opinion within the UK'. In paragraph 233, they continue, 'only a few attempts have been made to understand the basis of the opinions of doctors'. The free text comments in the RCP consultation contribute to that understanding. The size of the consultation, with over 2,000 free text responses, is itself larger than any of the 13 previous surveys discussed by the Select Committee.

Physicians' support for PAS/VE does differ from most surveys of the wider public. Reservations are greater and surely originate in an experience that is not available to the non-professional. But the strength of feeling in favour of change is also fuelled by a rich experience. The responses in this consultation demonstrate why doctors argue with such passion and seriousness. As the Select Committee states, reliable data are lacking for the reasons behind public attitudes. My impression – and in the absence of good comparative data, it is only that – is that some reasons feature more strongly in this consultation than in the wider societal debate. These include:

- a bigger concern about whether assisted suicide/VE should be carried out by doctors or someone else. Paragraph 223 of the Select Committee Report comments that a YouGov

poll commissioned by the Voluntary Euthanasia Society (VES) in 2004 found that 55% of respondents thought doctors (and relatives in 19%) should carry out VE. This sheds no light on the objection of physicians, with their concerns about the impact of such activity on trust; nor does it discuss alternative professionals.

- a greater suspicion of the occasional, but real, mixed motives of relatives. A 1987 survey of the general public (paragraph 223) suggested widespread disinclination to trust next of kin to request euthanasia for those unable to communicate, but that is neither comparable nor recent.
- a much less apparent influence of religious belief than has been alleged. The much smaller 2004 Medix survey, also commissioned by the VES, alleged that religious belief influenced the attitudes of doctors in 41% to 'at least a small extent'. Participation in the survey was by invitation and its validity therefore dubious. Again these data are not comparable. The free text comment reported here would indicate where religious belief was a significant, rather than a 'small' concern.
- a surprisingly negative view of legal change elsewhere and, in particular, in the Netherlands. Proponents of change may wish to explore this apparent negativity in more detail. For example, is it based on accurate information?
- informed comment on the shortcomings of palliative care provision. The high standards of the best palliative care were praised, but it appears that there are many perceived shortcomings, especially for non-malignant disease. For some, these shortcomings were enough to justify PAS/VE. Such comments also raise the question of what quality palliative care might mean in other jurisdictions.
- the belief that the need for PAS/VE is extremely rare where good palliative care is available and that the balance of benefit to such small numbers is offset by the risks to the majority.
- claims of experience of changing choice. Although such comments are necessarily anecdotal, they are powerful individual experiences.
- a major concern for pressures on the vulnerable and the concern that some may be brought to feel a burden in a subtle way that is difficult to detect. This featured far more strongly than 'slippery slope' arguments or concerns about erosion of trust between doctors and patients, although some linked these.
- and, of course, views on the role of the RCP – and implicitly of medical institutions in public debate. Like the RCGP consultation, it is clear that Fellows and Members believe that the RCP was right both to consult and to adopt an overall view based on a substantial majority opinion.

It is hoped that these comments assist ongoing discussions. Meanwhile, in its recent report, the RCP continues to strive for better palliative care provision.[11] This is one focus on which all agree. Lord Joffe estimated that of about half a million deaths per annum in the UK, the bill might lead to less than a thousand from PAS. In the heat of debate, it is easily forgotten that, even if successful, his bill would have been largely irrelevant to the overwhelming majority of us in our final days.

References

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