

Pre-ARM briefing on physician-assisted dying

At the request of the Representative Body, in February 2020 we carried out an all-member survey on physician-assisted dying. The intention had been to debate the findings, and review our policy, at the ARM in June last year but this was postponed due to the COVID pandemic. This briefing provides information about the survey and highlights some of issues members may want to consider if they are developing motions for the 2021 ARM. A detailed briefing pack providing background information on physician-assisted dying, prepared in advance of the survey, can be found [here](#). An update on subsequent developments can be found [here](#).

What do we mean by physician-assisted dying?

The term physician-assisted dying is used to cover situations where:

- a doctor prescribes lethal drugs to eligible patients for self-administration; and/or
- a doctor administers lethal drugs to eligible patients with the intention of ending their life.

The definition of an ‘eligible patient’ would be set out in any future legislation but for the purpose of the survey we assumed that criteria would fall within the following boundaries, to cover patients who:

- are adults;
- have the mental capacity to make the decision;
- have made a voluntary request; and
- have either a terminal illness or serious physical illness causing intolerable suffering that cannot be relieved.

BMA policy

Current BMA policy on physician-assisted dying was passed in 2006, and reaffirmed in 2016:

That this Meeting:

- (i) believes that the ongoing improvement in palliative care allows patients to die with dignity;
- (ii) insists that physician-assisted suicide should not be made legal in the UK;
- (iii) insists that voluntary euthanasia should not be made legal in the UK;
- (iv) insists that non-voluntary euthanasia should not be made legal in the UK;
- (v) insists that if euthanasia were legalised there should be a clear demarcation between those doctors who would be involved in it and those who would not.

In 2019, the RB passed the following policy:

That this meeting notes the recent decision by the Royal College of Physicians to adopt a neutral stance on assisted dying after surveying the views of its members and:

- (i) supports patient autonomy and good quality end-of-life care for all patients;
- (ii) recognises that not all patient suffering can be alleviated; and
- (iii) calls on the BMA to carry out a poll of its members to ascertain their views on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying.

This survey took place in February 2020 and was carried out by Kantar, a specialist independent research agency, on our behalf.

For clarity, information was provided about what each policy position would mean for the BMA's ongoing work on this issue and the key arguments for each position (and for and against neutrality) were set out in the [briefing pack](#).

- a decision to remain **opposed** would mean that we would actively oppose attempts to change the law;
- a decision to adopt a **supportive** position would mean that we would actively support attempts to change the law;
- a decision to adopt a **neutral** position would mean that we would not take a view on whether or not the law should be changed.

We made clear throughout this process that the survey would not determine BMA policy but would help to inform a debate on the subject at the ARM; BMA policy remains opposed to assisted dying in all its forms unless, and until, the RB votes to change it. Whatever the BMA's view on whether the law should change, we have a responsibility to represent our members' professional interests and concerns in the event of any future legislative proposals.

Results of the all-member survey

Kantar contacted all 152,004 BMA members for whom we held a valid email address. We heard from 28,986 members - a response rate of 19.35% of all members who received an invitation. This sample was broadly representative of our membership when assessed by nation, branch of practice and specialty with a few exceptions: GPs were slightly over-represented and junior doctors and medical students were slightly under-represented. All respondents answered the first set of questions (on prescribing for self-administration); most also answered the subsequent questions, but these were optional.

There were some questions where members had the opportunity to provide additional information in free text responses; overall 44,975 free text responses were received. All of these responses were individually read, coded and analysed by the specialist team at Kantar, and the most common (any raised by at least 5% of those providing free text responses to that question) are included in the report.

The full report of the survey can be found [here](#). The key findings, and general trends, are set out below.

Prescribing drugs for self-administration by eligible patients

*In your opinion, what should the BMA's position be on whether there should be a change in the law to permit doctors to **prescribe** drugs for eligible patients to self-administer to end their own life?*

Supportive	Neutral	Opposed	Undecided
40%	21%	33%	6%

*In principle, do you support or oppose a change in the law to permit doctors to **prescribe** drugs for eligible patients to self-administer to end their own life?*

Supportive	Opposed	Undecided
50%	39%	11%

If the law were to change in the future so that doctors were permitted to **prescribe** drugs for eligible patients to self-administer to end their own life, would you be prepared to actively participate in any way in the process?

Yes	No	Undecided
36%	45%	19%

Administering drugs to end the life of an eligible patient

In your opinion, what should the BMA's position be on whether there should be a change in the law to permit doctors to **administer** drugs with the intention of ending an eligible patient's life?

Supportive	Neutral	Opposed	Undecided
30%	23%	40%	7%

In principle, do you support or oppose a change in the law to permit doctors to **administer** drugs with the intention of ending an eligible patient's life?

Supportive	Opposed	Undecided
37%	46%	17%

If the law were to change in the future so that doctors were permitted to **administer** drugs with the intention of ending an eligible patient's life, would you be prepared to actively participate in any way in the process?

Yes	No	Undecided
26%	54%	20%

General trends across the questions

- Members in Northern Ireland were generally more opposed to physician-assisted dying than those in the other nations. (No significant differences were found between members in England, Scotland and Wales.)
- Members who are registered with a licence to practise in the UK were more opposed to physician-assisted dying than those without a licence to practise.
- Overall, when all questions were assessed by branch of practice, medical students were generally more supportive of physician-assisted dying, and general practitioners generally more opposed, than most other branches of practice.
- Members within some specialities tended to be generally more supportive of physician-assisted dying, across all questions, including anaesthetics, emergency medicine, intensive care and obstetrics & gynaecology; those in other specialties tended to be more opposed, across all questions, including clinical oncology, general practice, geriatric medicine and palliative care.

Broader issues

Whatever the BMA's view on *whether* the law should change, we continue to have an important role in representing our members' interests should legislation be brought forward. The final (optional)

part of the survey was intended to put us in a better position to do this by beginning to explore our members' views on some of the broader issues. Members' views were sought on the following questions. Should there be a change in the law...

- what should the role of doctors be?
- which patients should be eligible to access life-ending drugs?
- which patients should be eligible to have life-ending drugs administered by a doctor?
- should individual doctors be able to exercise a conscientious objection to participation?

The responses to these questions, and analysis of all of the free-text responses, can be found in the full report.

Representing our members' interests in the event of future legislative proposals

Taking account of the responses to the all-member survey, the Medical Ethics Committee (MEC) has begun to give some consideration to how, in the event of a change in the law, we can best ensure that our members are protected (both those who would be willing to participate in PAD and those who would not) and that their views and interests are represented. Irrespective of one's view on whether the law should be changed, there are some points on which there may be broad consensus in relation to any future legislation; these include:

1. the need for a robust legal and regulatory framework providing clarity about what is, and is not, permitted under the law, particularly in relation to eligibility criteria, process and any obligations placed on doctors;
2. the provision of clear guidance, training and both practical and emotional support for those involved;
3. a statutory mechanism to ensure that there is no requirement, or pressure, on any doctor to participate in the process against their wishes;
4. a formal mechanism for oversight of individual cases;
5. a national system for the collection and publication of data; and
6. improvements to the provision of, and access to, palliative care services alongside the introduction of any new legislation on assisted dying.

Protecting those members who do not wish to actively participate in PAD

Current BMA policy 'insists that if euthanasia were legalised there should be a clear demarcation between those doctors who would be involved in it and those who would not'. In the all-member survey, 93% of respondents felt that individual doctors should be able to exercise a conscientious objection to participation. What protection any legislation offers for those doctors who do not wish to participate will, therefore, be a key issue for our members in the event of a change in the law.

Some points emerged from the free text answers that are helpful when thinking about this issue.

- Some members said they were not opposed to physician-assisted dying, as a matter of principle, but would not personally want to actively participate and so questioned whether they would be protected by any conscientious objection clause.
- Some members expressed concern that, even with a statutory right to conscientious objection, they could face pressure (from other doctors or patients), or be marginalised, as a result of their refusal to participate.

- A suggestion was made that, if legalised, PAD should be set up as a separate service (either within or outside the NHS) that those doctors who were willing to participate could opt in to, rather than being part of standard clinical practice that would be expected of all doctors.

Previous discussions

Some of the broader issues around physician-assisted dying were also discussed as part of the BMA's end-of-life care and physician-assisted dying (ELCPAD) project carried out in 2015. In dialogue events with the public and BMA members across the UK, discussion focussed on the possible impact of the legalisation of PAD on doctor-patient relationships and whether the impact would be different depending on who made decisions about eligibility (the individual's own doctor, an independent doctor, or a judge). The report of these events can be found [here](#).

In a subsequent open debate at the 2016 ARM, representatives discussed, if legislation were to be introduced:

- what role, if any, doctors should have in the process (no involvement at all, providing information, assessing eligibility, referral, prescribing etc); and
- what should be expected of a doctor with a conscientious objection (to inform patients of their objection, to signpost to neutral information or a doctor willing to assist, to refer the patient to appropriate services).

In addition to the central policy issue of whether the BMA should retain, or change, its position with regard to a change in the law on assisted dying, those developing motions for the ARM may also wish to consider how the BMA could best represent members' interests and concerns in the event of future legislative proposals.