Physician-assisted dying: the doctor-patient relationship

Insights from the BMA End of Life Care and Physician-Assisted Dying Project

In 2015, as part of the BMA’s End of Life Care and Physician-assisted Dying Project (ELCPAD), we commissioned social research experts TNS BMRB to undertake qualitative research with the public and doctors. Alongside researching perceptions and experiences of end-of-life care and palliative care, views were also sought on:

– the potential impact of legalised physician-assisted dying on the doctor-patient relationship; and
– the professional and emotional impact of involvement in assisted dying upon doctors.

TNS BMRB ran 21 dialogue events in locations across the UK: 10 events with members of the public and 11 events with a range of doctors. The parts of the discussion relating to physician-assisted dying were expressly not concerned with the pros and cons of the issue, nor whether it should be legalised. Instead, participants were asked to imagine a hypothetical scenario in which physician-assisted dying had been legalised for people requesting it and who meet certain criteria. They were then asked to think about the impact of this on the doctor-patient relationship and then to consider different ways in which eligibility could be decided and how these in turn might affect the relationship.

The full methodology, results and analysis of the dialogue events can be found in Volume 2 – public dialogue research ELCPAD report.

Views on the potential impact of legalising physician-assisted dying on doctor-patient relationships

Overall, the public presented a balanced range of views and potential positive and negative impacts on the doctor-patient relationship. Doctors were more likely to focus on the potential negative impacts on the relationship than the public.
Public and medical attitudes to end of life care and physician assisted dying

The impact of the legalisation of physician assisted dying on doctor-patient relationships

**Positive**
- Doctors more able to provide a good death:
  - Relieve pain and suffering
  - Help maintain control and dignity
  - Improve quality of life
- Improve communication and openness about wishes

**Negative**
- Increase fear of doctors
  - Increase fear of hospitals and hospices (particularly for the elderly, disabled, vulnerable, religious, opposed, those who see themselves as a burden)
- Increase fear and suspicion of doctors (particularly for disabled, frail, elderly and those who feel they're a burden)
  - Fear of hospices and palliative doctors
  - Affect what information patients share with doctors
- If doctor refuses due to eligibility
  - If doctor opts out of assisted dying
- Affect doctors' relationships with the family (during EOLC or after death) if they disagree with the patient or doctor
- Affect if doctor refuses / disagrees / opts out
- Harm reputation of doctors in small communities
- Accusations of coercion undermine doctors
- Would be seen to be able to 'help' those who want this
  - Would be able to give patients choice
- Would be seen to be 'Dr Death' and doctors 'killing'
  - Fears about 'Dr Death' and doctors 'killing'
  - Doctors should work to maintain and preserve life

**Positive**
- More able to provide a 'good death'
  - Some patients would see doctors as 'on their side' helping them have a more dignified death
  - More able to provide conversations about options
  - More discussions about EOLC enabled

**Negative**
- Changes the fundamental role of a doctor (they can 'kill')
  - Puts doctors in a 'God' role
- More able to provide a 'good death'
  - Some patients would see doctors as 'on their side' helping them have a more dignified death

**Public**

**Doctors**

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## Options for deciding eligibility

There was no consensus among the public and doctors about the potential impact of three different options given for who could decide eligibility between:

- the individual’s treating doctor
- a doctor who has no clinical relationship with the individual or
- a judge, on the basis of information provided by doctors.

A suggestion emerged among the public and doctors for eligibility to be decided by a panel, committee or ombudsman.

### Public views: potential positive and negative impacts on doctor-patient relationships of three options for deciding eligibility for physician-assisted dying from the public

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| More personal and emotional – know you and your medical history and perhaps also the family | A lot of responsibility and emotional for the doctor
| Have medical knowledge, unlike judges | Refusal or opt out could ruin the relationship
| Better able to assess coercion from family members | Concerns about reactions of and relations with the family – during and after
| Would be involved anyway |

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| Protect doctors from litigation and families and their reactions | Bureaucratic/ a burden/ upsetting
| Protects the doctor-patient relationship | Loss of time – prolongs pain & process
| Impartial, objective, detached, legalistic | Cost – who pays? 
| Able to assess evidence and manage disputes | Strain on family
| Able to assess coercion | Impersonal
| Protects the doctor-patient relationship |

### Doctors views: potential positive and negative impacts on doctor-patient relationships of three options for deciding eligibility for physician-assisted dying

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| Could give some people a service/option they want, control, quality of life, relieve suffering | Difficult to estimate prognosis
| A privilege to help people make this decision (GPs and palliative doctors) | Doctors may distance themselves from patients
| Know the patient and their history | Would be seen as ‘death doctors’
| Less pressure if responsibility is shared | Too close and emotional
| Separates the decision and the administration | Damage relationship if disagree
| Could involve specialists | Damage relationship with family
| Could involve specialists to assess depression and capacity |

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| Protects doctors from blame and litigation | May have insufficient information and lack of personal knowledge about the patient, their history, and family
| Protects trust and the relationship | If a separate specialism, they would be known as ‘death doctors’
| Creates distance |
| Separates the decision and the administration | |
| Independent and objective – but still gives doctors a central role |

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| Time, cost, bureaucratic process burdensome | Question how it would work in practice
| Impact on doctor if judge makes a different decision | Judges unqualified for this role
| Patients may pressure how information is presented |

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Thoughts on the possible impact of legalising physician-assisted dying on the view of doctors in society

Both the public and doctors reported that the impact on the view of doctors in society would strongly depend on the media’s coverage of this issue – as well as the method, process and safeguarding procedures, and particularly the extent of doctors’ involvement. There was a high degree of fear among doctors about media coverage of this topic for their profession. The positive and negative impacts raised reflected the same categories raised in the discussions about the impact on the relationship itself.

Potential emotional and professional impacts on doctors

Doctors thought there would be emotional and professional impacts on themselves, their colleagues and the profession, and they more often reported negative than positive impacts.