



Doctors Research Report for End of Life Choices Jersey

September 2019

Contents

Background	3
Executive Summary.....	4
Scope, Sample and Methodology	5
The Survey.....	6
Answers by type of Healthcare Professional, contact with terminally ill patients and willing to assist.....	9
Type of Healthcare Professional	9
Contact with terminally ill patients.....	9
Willing to assist	10
Appendix	11
Healthcare professionals demographic	11

Background

The organisation End of Life Choices Jersey was set up in response to the wish of many Islanders to determine how and when they end their own life, without incriminating those assisting them. Alongside sharing information and opinions on end-of-life choices, they are campaigning for a change in Jersey law to enable doctors the legal right to assist in the death of mentally competent patients with incurable health problems that result in their perceived quality of life falling permanently below the level they are able to accept, without infringing criminal law.

End of Life Choices Jersey recently commissioned an independent survey from 4insight to gather Islanders views on end-of-life choices here in Jersey. Questions were designed around a recently completed UK survey designed and conducted by The National Centre for Social Research, sponsored by 'My Death, My Decision', allowing Islanders views to be directly compared to those of UK residents.

End of Life Choices Jersey then commissioned 4insight to carry out a survey specifically targeting Healthcare Professionals with the objective of exploring their views on assisted dying. The survey was designed to have the same scenarios as that of the general islanders' survey and the UK survey.

Survey participants were shown three similar scenarios which included many aspects that were perceived as important safeguards in those countries that have assisted dying legislation. It also focused on the dying person's own assessment of the quality of life that they were prepared to accept. A fourth scenario was then shown and tested that concerned those suffering from Alzheimer dementia.

Executive Summary

The independent survey completed by 71 Healthcare Professionals, all doctors, testing the 4 different scenarios demonstrated that 34% of respondents believed that assisted dying was “always acceptable” when the condition would eventually cause death, rising slightly to 35% when the condition would cause death in the next 6 months.

Across all scenarios shown, between 45% and 63% of doctors believed that assisted dying would be acceptable in these stated circumstances.

When the condition would not directly cause death, a greater proportion of respondents believed that it was only “sometimes acceptable” (39%), with only 6% stating “always acceptable”.

The proportion of respondents answering “never acceptable” ranged from 31% to 41%. This demonstrated an element of polarisation in views from the doctors. These “never acceptable” results were also much higher than general islanders’ views, as may have been anticipated.

70% of the doctors completing the survey were dealing with terminally ill patients ‘frequently’ plus another 25% ‘sometimes’.

Doctors were asked how willing they would be to assist in cases such as those outlined within the survey, were legislation removed any legal or professional risk. 38% of the doctors felt that they would “never” be willing, while 25% believed that they would “always” be willing.

Scope, Sample and Methodology

The **scope** of this research was with those who were Healthcare Professionals, ie doctors in Jersey, both General Practitioners, GPs and Hospital doctors.

An **online structured survey** was programmed and hosted by 4insight around the same scenarios as the recently completed general islanders survey.

The survey included some demographic information such as type of doctor, ie GP or Hospital doctor, whether their work brings them into contact with terminally ill patients and how willing they might be to assist in the outlined cases if there were no legal or professional risk.

Respondents completed the survey between the 1st and 28th of August 2019. The online survey was optimised for easy completion on Smartphone, tablet, laptop and PC.

In total 82 responses were received from the survey. Following data cleaning (removing short partial results), **71 total responses** were captured and analysed with cross tabulations being conducted to explore if there were any differences by demographic segment.

The Survey

In the survey respondents were asked to give their views on assisted dying in various scenarios.

Survey respondents were firstly shown the following vignette, before being asked the extent to which they believed that it was acceptable for a doctor to assist that person to die in various scenarios.

*John/Hannah has been diagnosed with an incurable medical condition that **will eventually cause his/her death**.*

He/She is currently mentally competent and has asked several times to be medically assisted to die because his/her quality of life has fallen permanently below a level he/she is willing to accept.

His/Her case has been approved by two doctors and checked by independent professionals to ensure that this is his/her free and informed choice.

On the above scenario, doctors were asked how acceptable they believed it would be for a doctor to assist someone to die, where the condition “*will eventually cause death*”. 34% of doctors believed that if the condition will eventually cause death it would be “always acceptable”, with 27% stating that it would be “sometimes acceptable”. Only 6% of respondents believed that it was “rarely acceptable” and 34% thought that it was “never acceptable”.

The following scenario included the phrase “*will cause death in the next 6 months*”, while maintaining all other wording. In this scenario, doctor’s perceptions remained similar to the first scenario with 35% that thought that it was “always acceptable”, 28% believing that it would be “sometimes acceptable” and 31% stating that it was “never acceptable. 6% of these participating doctors believed that it was “rarely acceptable” again.

In the third scenario, the patient did not have a terminal illness with the phrase “will eventually cause death” being substituted with “*will not directly cause death*”. In this scenario, “always acceptable” was the least frequent answer with only 6%, decreasing by 29% in comparison to the second scenario. In contrast “never acceptable” was the most common answer with 41%, and thus increasing by 10% in comparison with the second scenario. In similar figures to this was “sometimes acceptable” with 39%, while those choosing “rarely acceptable” increased to 14%.

Steve/Annabel has been diagnosed with Alzheimer dementia, an incurable medical condition that will eventually cause his/her death but may take 7 or more years of decline to do so. Symptoms of late stage dementia include, among others, loss of mental capacity.

He/She is currently mentally competent, and has asked several times to be medically assisted to die before he/she loses mental capacity and his/her quality of life falls permanently below a level he/she is willing to accept.

His/Her case has been approved by two doctors and checked by independent professionals to ensure that this is his/her free and informed choice. Once Steve/Annabel has lost mental capacity he/she would not be able to have a medically assisted death.

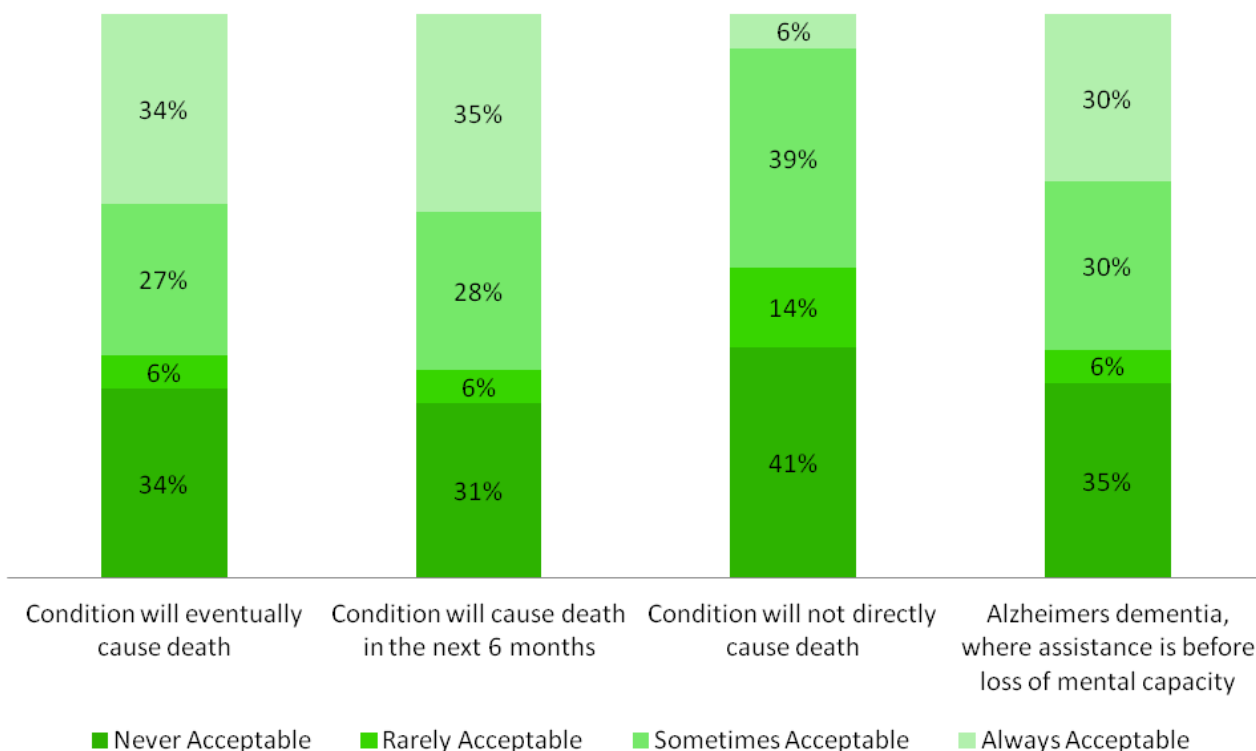
After having read the vignette, respondents were again asked:

In your opinion, to what extent is it acceptable for a doctor to assist Steve/Annabel to die at a time of his/her choosing before he/she has lost mental capacity and his/her quality of life falls permanently below a level he/she is willing to accept?

On the above scenario, 35% of doctors thought that it was “never acceptable”, while those believing that it was “always acceptable”, and those that thought that it was “sometimes acceptable” were the same at 30% each. The lowest response was once again “rarely acceptable” with 6%.

Across the scenarios, there were similar figures between “always acceptable” and “rarely or never acceptable”. Although, between 6% and 41% of doctors believed that it was “rarely or never acceptable”, while “always acceptable” figures ranged between 6% and 35%.

How acceptable is it for a doctor to assist someone to die when they have an incurable medical condition that reduces their quality of life below the level they can accept?



Across the four scenarios there is a trend for some polarization with about a third of doctors believing it being “never acceptable”. However, over half of all doctors thought that it was either “always acceptable” or “sometimes acceptable”, while the figures for those believing it was “rarely acceptable” were consistently significantly lower.

Answers by type of Healthcare Professional, contact with terminally ill patients and willing to assist

Type of Healthcare Professional

Doctors were asked what type of Healthcare Professional they were. 55% of respondents were General Practitioners, (GPs) and 45% were Hospital doctors.

In the scenarios where it *“will eventually cause death”*, Hospital doctors were only slightly more likely to agree that it is acceptable to assist.

Where the scenario was that it *“will cause death in the next 6 months”* there was no significant difference between the Hospital doctor’s or General Practitioner’s answers.

In scenario where it *“will not directly cause death”*, a higher proportion of General Practitioners believed that it was either *“rarely acceptable”* or *“never acceptable”* than Hospital doctors.

In contrast, in the fourth scenario where the patient will lose mental capacity or quality of life, more General Practitioners thought that it was either *“always acceptable”* or *“sometimes acceptable”* than Hospital doctors.

Contact with terminally ill patients

When asked whether their work required them to be with contact with terminally ill patients, 70% of doctors chose *“frequently”*, with 25% responding *“sometimes”*.

Only 4% of doctors were either *“Rarely”* or *“Never”* in contact with terminally ill patients.

Across all scenarios, the doctors that are frequently in contact with terminally ill patients were more likely to choose *“never acceptable”*, than those who were only in contact with these patients sometimes.

However, the numbers of doctors which believed that it was either *“always acceptable”* or *“sometimes acceptable”* were higher in comparison with those who thought that it was either *“rarely acceptable”* or *“never acceptable”*.

Willing to assist

Respondents were asked how willing they would be to assist in cases such as those outlined within the questionnaire, where legislation removed any legal or professional risk.

38% of participants felt that they would “never” be willing, while 25% of participants believed that they would “always” be willing.

The numbers of participants responding “sometimes” and “occasionally” are similar being 17% and 20% respectively.

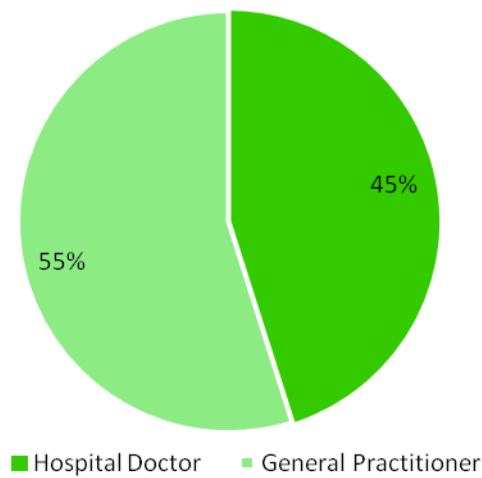
Across all scenarios given, doctors who believed that it was “always acceptable” in all scenarios were more likely to “always” be willing to assist, than those who felt that it was “never acceptable”, with the exception of when the patient’s condition “*will not directly cause death*”.

Doctors that felt that it was “sometimes acceptable” were also more inclined to be “sometimes” or “occasionally willing” than those that thought it was “rarely acceptable”.

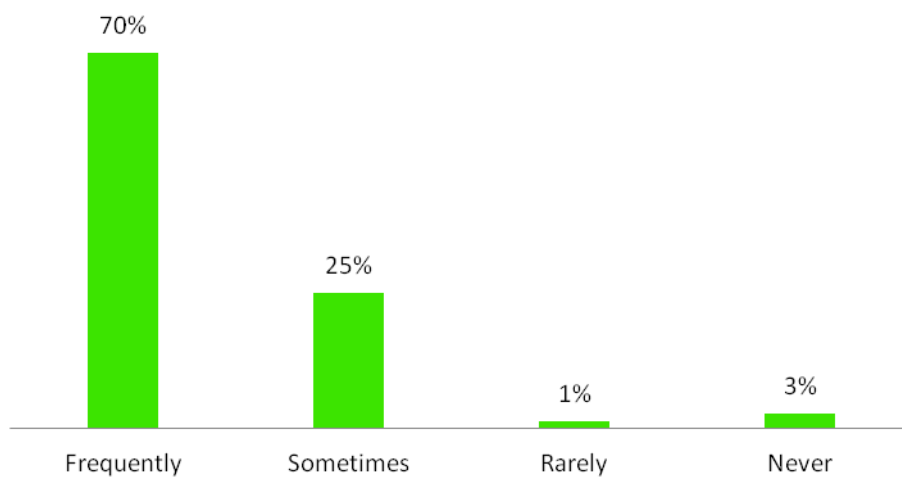
Appendix

Healthcare professionals demographic

Type of healthcare professional



Does your work bring you into contact with terminally ill patients?



Given legislation that removed any legal or professional risk, how willing would you be to assist in cases such as those outlined above?

