BMA Survey on Physician-Assisted Dying

Research Report

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1. Key Findings

Surveyed members' views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life[1]

- Four in ten (40%) surveyed members expressed the view that the British Medical Association (BMA) should actively support attempts to change the law, one in three (33%) favoured opposition and one in five (21%) felt the BMA should adopt a neutral position, neither actively supporting nor actively opposing attempts to change the law to permit doctors to prescribe life-ending drugs.

- Half (50%) of surveyed members personally believed that there should be a change in the law to permit doctors to prescribe life-ending drugs. Four in ten (39%) were opposed, with a further one in ten (11%) undecided.

- Forty-five percent of surveyed members were not prepared to actively participate in the process of prescribing life-ending drugs, should it be legalised. Over a third (36%) said they would be prepared to actively participate, and a further two in ten (19%) were undecided on the matter.

Surveyed members' views on a change in the law to permit doctors to administer drugs to end an eligible patient's life

- Four in ten (40%) surveyed members expressed the view that the BMA should actively oppose attempts to change the law to permit doctors to administer life-ending drugs. Three in ten (30%) favoured support, and 23% felt the BMA should adopt a neutral stance of neither actively supporting nor actively opposing attempts to change the law.

- Forty-six percent of surveyed members personally opposed a change in the law to permit doctors to administer life-ending drugs, with a further 37% supportive and 17% undecided.

- Fifty-four percent of surveyed members said that they would not be willing to actively participate in the process of administering life-ending drugs, should it be legalised. A quarter (26%) said they would, and one in five (20%) were undecided on the matter.

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[1] The term 'surveyed members' refers to BMA members who responded to the survey.

2. Introduction

2.1 Background/Context

The British Medical Association's (BMA) remit is diverse and multi-faceted. As a professional association and trade union, it protects, guides and represents doctors individually and collectively, from resolving workplace issues to championing their voices in Parliament. The BMA leads debate on key medical, ethical and scientific issues through research and publishing, whilst helping doctors to continue their learning and training throughout their careers.

BMA policy is made democratically at the Annual Representative Meeting (ARM), where members of the Representative Body (RB) debate and vote on motions. Motions are submitted ahead of time, including through 'grassroots' divisions, Regional Councils, and negotiating and professional committees.[2]

In 2019, the ARM passed the following motion:

> *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.*

The BMA commissioned Kantar, an independent research organisation, to survey BMA members on their views on what the BMA's policy position should be with respect to a change in the law to permit physician-assisted dying and the underlying rationale behind these views. In line with the BMA's policy-making process, the results are not determinative, but members' views will help to inform the BMA's debates on this topic. A policy debate on physician-assisted dying had been planned for the ARM in June 2020 but, due to the COVID-19 pandemic, this debate has been postponed until June 2021. **The BMA's policy of opposition to all forms of physician-assisted dying will remain in place unless, and until, a decision is made by the RB to change it.**

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[2] https://www.bma.org.uk/advice-and-support/ethics/end-of-life/the-bmas-position-on-physician-assisted-dying

2.2 What is physician-assisted dying?

Physician-assisted dying refers to doctors' involvement in measures intentionally designed to end a patient's life. It covers situations:

- where doctors would prescribe lethal drugs at the voluntary request of an adult patient with capacity, who meets defined eligibility criteria, to enable that patient to self-administer the drugs to end their own life. This is sometimes referred to as physician-assisted dying or physician-assisted suicide; and

- where doctors would administer lethal drugs at the voluntary request of an adult patient with capacity, who meets defined eligibility criteria, with the intention of ending that patient's life. This is often referred to as voluntary euthanasia.

Eligibility for physician-assisted dying would be set out in any piece of legislation brought forward in the future, but for the purposes of this survey we have assumed that the 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.

2.3 BMA policy on assisted dying

The BMA has policy dating back to the 1950s that opposes euthanasia. Later policy continued this approach but moved away from solely focusing on euthanasia (where a third party carries out the final act) to include situations where the patient carries out the final act themselves.

In 2005, the BMA briefly became neutral on the issue, but it adopted its current policy of opposition in 2006.[3] In 2016, the Representative Body rejected a motion to adopt a neutral position following a large-scale project engaging with over 500 BMA members and members of the public.[4]

2.4 Current legal and policy context

All forms of assisted dying are illegal in all parts of the United Kingdom. Over the last twenty years, there have been several attempts to change the law by individuals challenging the law through the courts – the most recent of which was rejected in December 2019. In that same period there have also been three Private Members' Bills considered by the Parliament at Westminster and two in the Scottish Parliament. None of these Bills have passed into law.

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[3] https://www.bma.org.uk/advice-and-support/ethics/end-of-life/the-bmas-position-on-physician-assisted-dying

[4] https://www.bma.org.uk/advice-and-support/ethics/end-of-life/end-of-life-care-and-physician-assisted-dying-project

There are a number of jurisdictions where some form of physician-assisted dying is lawful. At the time the survey took place these included 10 jurisdictions in the United States, as well as The Netherlands, Belgium, Switzerland, Canada and two states in Australia. The exact requirements of the law – for example, whether a doctor can administer lethal drugs or whether the patient must self-administer; and the eligibility criteria for patients – vary in each place. The one thing they all have in common is that doctors are involved to some extent in the process.

2.5 Public and professional opinion on physician-assisted dying

In 2015, as part of the BMA's end-of-life care and physician-assisted dying (ELCPAD) project, the BMA reviewed the academic literature on doctors' views on assisted dying and some of the main polls, surveys and research on public opinion.[5]

There have also been a number of surveys of public and professional opinion carried out since the ELCPAD work concluded. This includes:

- updated information on the British Social Attitudes Survey data provided in the ELCPAD report to include the results of questions asked in its 2017 survey;
- the 2019 survey carried out by the Royal College of Physicians;
- the 2019 survey carried out by the Royal College of Radiologists' Faculty of Clinical Oncology; and
- the 2019 survey carried out by the Royal College of General Practitioners.

Further information is available on the BMA website.[6]

2.6 Survey development

The scope and content of the survey, and the briefing materials provided, were developed under the auspices of the BMA's Medical Ethics Committee (MEC) and approved by the BMA Council.

A copy of the final questionnaire can be found in appendix A and the briefing materials provided to accompany the survey can be found on the BMA website.[7]

[5] https://www.bma.org.uk/advice-and-support/ethics/end-of-life/end-of-life-care-and-physician-assisted-dying-project

[6] https://www.bma.org.uk/media/2353/bma-physician-assisted-dying-info-pack-april-2020.pdf

[7] https://www.bma.org.uk/media/2353/bma-physician-assisted-dying-info-pack-april-2020.pdf

2.7 Methodology

The BMA has members across the UK and some overseas. To ensure as many members as possible had the opportunity to participate in the research, the survey was accessible:

- via an email invitation containing a unique survey link; and
- via a freephone number and email address widely publicised by the BMA so members could contact Kantar directly to obtain a unique link to the online survey via email. A paper version of the questionnaire was also made available on request, to members who were unable to complete the survey online. Members' details were checked before they were able to access the survey.

Fieldwork was conducted over a three-week period between 6th February and 27th February 2020. Given the size of the membership, initial email invitations were sent out in batches between 6th and 10th February.

Members were sent an initial email invitation, with up to two reminder mailings sent to non-responders. Sample details were updated before each reminder mailing to ensure members joining during the fieldwork period still had the opportunity to participate.

The online questionnaire comprised mainly closed questions along with five free text questions. These invited surveyed members to expand on their answers in more detail, typing in their own words. The free text responses were then coded into a set of closed response options and analysed quantitatively. A code frame was developed for this purpose, using a selection of early answers to indicate emergent themes deriving from the free text responses. Coding was conducted by Kantar's specialist in-house team of experienced coders. During coding, the code frames were further developed on an iterative basis where subsequent new themes emerged, these were discussed and agreed with the BMA.

The analysis of free text responses throughout this report focuses on themes (or codes) that were expressed by at least 5% of surveyed members who typed in a meaningful response at that particular question. Responses such as 'Nothing to add' were excluded from analysis. To add context and depth to the findings at each code, the report provides a range of examples of the kinds of things members consistently typed in. The responses within each code were often quite varied, covering a range of subjects that fitted within a similar broad theme and therefore the examples should not be interpreted as being reflective of all members whose views fell into that code. Overall, 42,607 free text responses were coded across these five free text questions.

The questionnaire also contained two questions with 'Other, specify' options where members could provide a free text response instead of, or in addition to, the closed set of options listed. Once fieldwork was complete free text answers were reviewed and either coded back into the appropriate closed option, assigned a new code, or coded as 'Other'.[8] Code frames were developed for these free text responses in the same way as described above.

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[8] Free text answers were coded as 'Other' if they covered things that did not fit within a broad theme and were only mentioned by a very small minority of surveyed members.

Throughout this report the analysis of free text responses provided at 'Other, specify' questions focuses on themes (or codes) that were expressed by at least 5% of surveyed members who provided a free text response at that particular question. Responses that were coded back into the appropriate closed option were excluded from this analysis. Overall, 2,368 free text responses were coded across these 'Other, specify' questions.

As standard, Kantar's coding team performs quality checks on every project once coding is complete; a minimum of 10% of each coder's work is checked to ensure quality standards are met.

2.7.1 Response rates

	Number	Percentage (%)
Total issued sample (email invitation)	152,004	100%
Bounce backs	2,190	1.4%
Total in-scope sample[9]	149,814	98.6%
Total useable interviews (Responses completed up to Q4)[10,11]	28,986	19.35%

Details of the achieved sample profile can be found in appendix B.

[9] This figure includes 8 members who requested paper copies of the questionnaire.

[10] Surveyed members were only required to answer the first four questions (about prescribing), for their responses to be included in the final analysis.

[11] While most members completed the survey online, this figure includes two members who completed a paper version of the questionnaire and one member who completed the survey over the telephone.

2.8 Interpreting the data

It should be remembered that the survey findings are based on responses given by a proportion of the BMA membership (referred to as surveyed members throughout the report). Overall, the profile of surveyed members was broadly representative of the BMA membership, at the time the survey took place, with a few exceptions. General Practitioners were slightly over-represented, and Junior Doctors and Medical Students slightly under-represented.[12] The survey findings have not been weighted to adjust for any differences.

Throughout this report, unless otherwise stated:

- Differences between sub-groups are only commented on where they are statistically significant at the 95% level of confidence.[13]
- Differences between sub-groups are only commented on if the base size for each group is 100 or more, as smaller base sizes tend to produce less reliable estimates as the margin of error is wider. In addition there is a small risk of individual members becoming identifiable.[14]
- Percentages may not total 100 due to rounding or the exclusion of 'don't know' or other similar responses or if more than one answer to the question is permitted.
- The analysis of free text responses focuses on themes (or codes) that were expressed by at least 5% of surveyed members who typed in a meaningful response at that particular question. This is primarily for practical purposes given the large number of codes generated and to focus attention on themes that were more commonly expressed.
- The analysis of free text responses provided at 'Other, specify' questions focuses on themes (or codes) that were expressed by at least 5% of surveyed members who provided a free text response at that particular question. This is primarily to focus attention on themes that were more commonly expressed. Responses that were coded back into the appropriate closed option provided in the survey were excluded from this analysis.
- Each chart presented includes a base. This is a description of who was eligible to answer the question along with the number of surveyed members included in the analysis. As surveyed members were only required to answer the first four questions (about prescribing) for their responses to be included in the final analysis the number of responding members varies throughout the report. This is because some surveyed members chose not to answer all of the questions in the survey.

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[12] Comparisons were made between surveyed members and BMA membership data on nation, branch of practice and specialty.

[13] A significant difference at the 95% level means we can be confident that if we carried out the same survey, 95 times out of 100 we would get similar findings.

[14] Armed forces and Civil service branches of practice were excluded from analysis of differences between branches of practice due to base sizes below 100.

3. Key Definitions

The language in the physician-assisted dying debate is not always perceived as neutral. Different sides of the debate have preferences for different terminology, and it can be difficult to agree terms that are viewed on all sides of the debate as neutral and non-judgmental.

Although the BMA has used ‘physician-assisted dying’ in the past as an umbrella term which covers ‘physician-assisted suicide’ and ‘euthanasia’, it was important to ensure that the BMA was not perceived as seeking to influence the results of the survey by using language aligned more with one side of the debate than another. It was also important for participants to understand exactly what they were being asked to express a view on. For this reason, it was agreed to adopt descriptive, concept-led definitions for the purposes of the survey.

There are several terms referred to throughout the report. For practical reasons and the rationale outlined above, these have often been abbreviated in the body of the report. A summary of the key terms used throughout the report and their meanings can be found below.

1. **Prescribing**: Situations where doctors would prescribe lethal drugs to eligible patients for self-administration. This is sometimes referred to as **physician-assisted dying** or **physician-assisted suicide**.

2. **Administering**: Situations where doctors would administer lethal drugs to eligible patients with the intention of ending their life. This is sometimes referred to as **voluntary euthanasia**.

3. **Eligible patients**: Eligibility would be set out in any piece of legislation, but for the purposes of this survey it has been assumed the criteria for ‘eligible patients’ 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.

4. **Drugs**: Lethal drugs to end a patient’s life. Sometimes these are referred to as life-ending drugs.

5. **Surveyed members**: BMA members who responded to the survey.

4. Surveyed members' views on doctors prescribing lethal drugs to eligible patients for self-administration

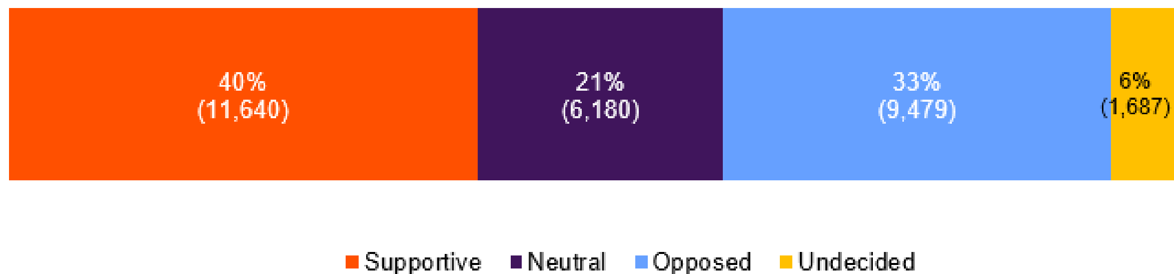
4.1 What do surveyed members think the BMA's position should be with respect to a change in the law to permit doctors to <u>prescribe</u> drugs for eligible patients to self-administer to end their own life?

Surveyed members were asked their views on what the BMA's position should be on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life. The answer options were presented in random order to minimise any impact from a specific ordering. The question wording is given below.

> The following questions concern a doctor prescribing lethal drugs at the voluntary request of an adult patient with capacity who meets defined eligibility criteria ("eligible patients"), to enable that patient to self-administer the drugs to end their own life. This is sometimes referred to as physician-assisted dying or physician-assisted suicide.
>
> 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?
>
> 1. Supportive – the BMA should actively support attempts to change the law
> 2. Opposed – the BMA should actively oppose attempts to change the law
> 3. Neutral – the BMA should neither actively support nor actively oppose attempts to change the law
> 4. Undecided
>
> We will continue to represent our members' professional interests and concerns in the event of future proposals for legislative change.

Overall, four in ten (40%) surveyed members expressed the view that the BMA should actively support attempts to change the law, one in three (33%) favoured opposition, and one in five (21%) felt the BMA should neither actively support nor actively oppose attempts to change the law.

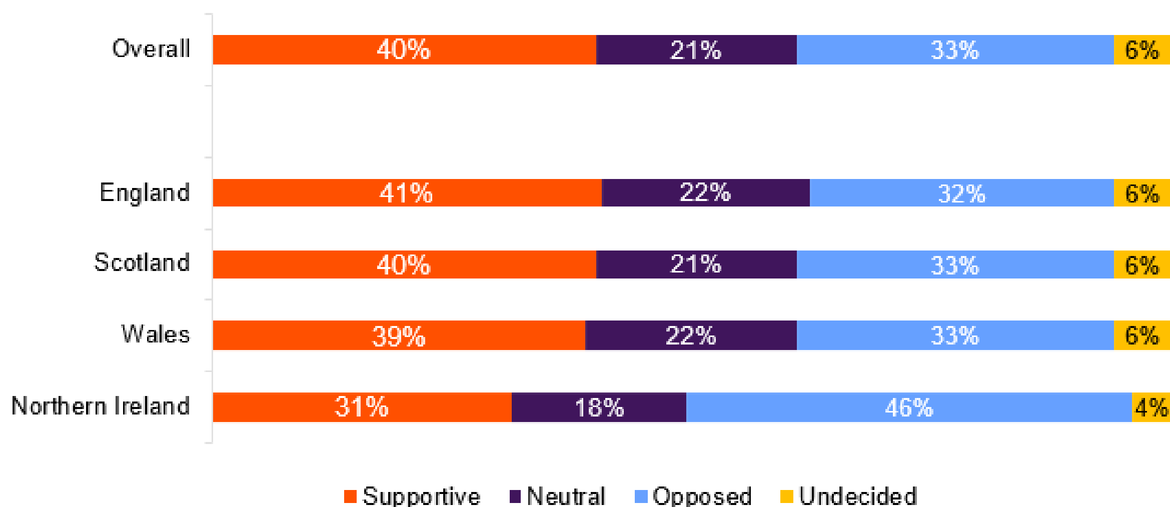
Figure 4.1 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life



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?
Base – All surveyed members: 28,986

Surveyed members in Northern Ireland were more likely than those in other nations to express the view that the BMA should actively oppose a change in the law to permit doctors to prescribe life-ending drugs (46%, versus a highest of 33% in any other nation). See figure 4.2.

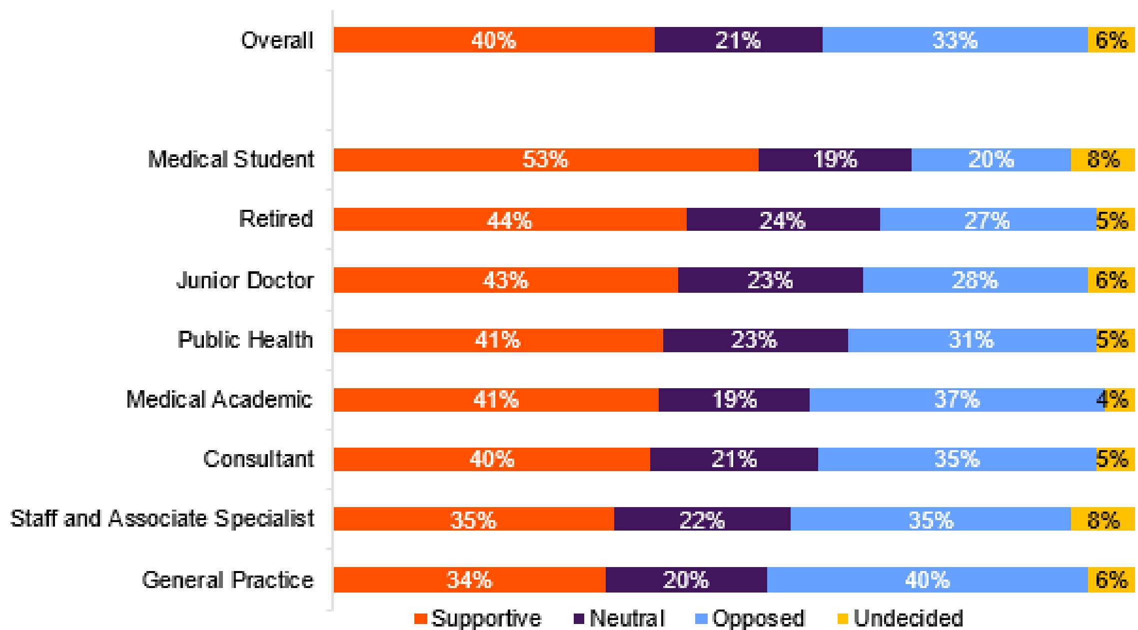
Figure 4.2 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by nation



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?
Base – All surveyed members: 28,986, England (22,616), Scotland (3,574), Wales (1,392), Northern Ireland (1,025)

Opinion also varied by branch of practice. Most notably Medical Students were more likely than all other branches of practice to believe that the BMA should change to a supportive stance (53%). Conversely, General Practitioners (GPs) (40%) and Medical Academics (37%) were more likely than most other branches of practice to believe that the BMA should oppose a change in the law to permit doctors to prescribe life-ending drugs.[15]

Figure 4.3 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by branch of practice

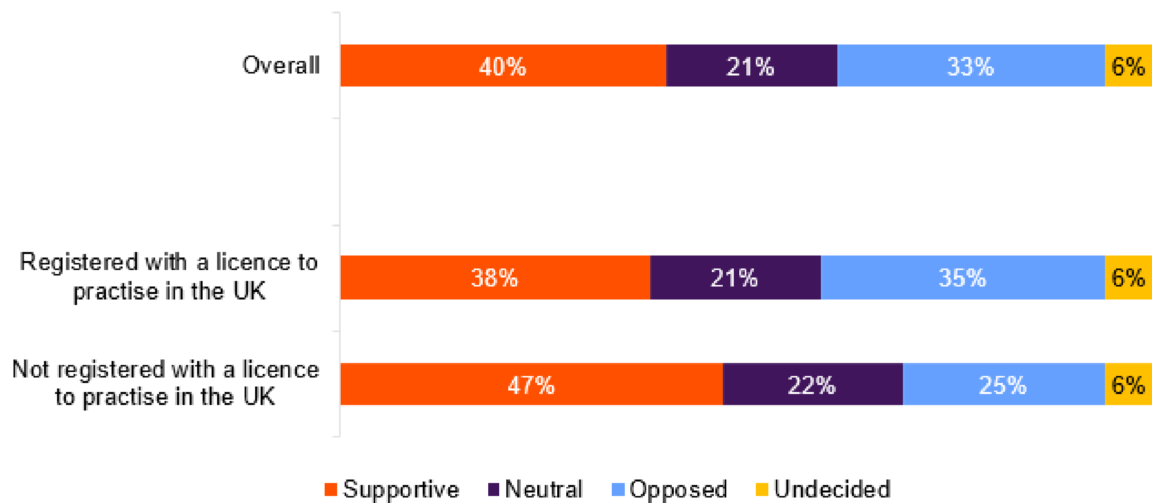


In your opinion, what should the BMA's position be on whether there should be a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life?
Base – All surveyed members: 28,986, Medical Student (2,629), Retired (3,214), Junior Doctor (5,769), Public Health (206), Medical Academic (437), Consultant (7,328), Staff and Associate Specialist (1,177), General Practice (7,826)

[15] While the figure for GPs is higher than that for Medical Academics, there is a margin of error around all figures that means it is not possible to confirm that GPs are the single most likely group to report this view.

Surveyed members registered with a licence to practise in the UK were more likely than those who were not to hold the view that the BMA should retain its opposed stance (35% compared with 25%). Conversely, surveyed members who were not registered with a licence to practise were more likely than those who were to hold the view that the BMA should support a change in the law to permit doctors to prescribe life-ending drugs (47% compared with 38%).

Fig 4.4 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by whether they were registered with a licence to practise in the UK



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?
Base – All surveyed members: 28,986, Registered with a licence to practise in the UK (22,918), Not registered with a licence to practise in the UK (6,068)

Views also differed by speciality. Surveyed members with the following specialties were more likely than surveyed members generally to believe the BMA should support a change in the law to permit doctors to prescribe life-ending drugs:

- Otolarynology (53% supportive)
- Clinical radiology (52%)
- Trauma and orthopaedic surgery (52%)
- Anaesthetics (51%)
- Emergency medicine (50%)
- Histopathology (50%)
- Intensive care medicine (48%)
- Obstetrics and gynaecology (48%)

Conversely, surveyed members with the following specialties were more likely than surveyed members generally to believe the BMA should oppose a change in the law:

- Palliative medicine (70% opposed)
- Clinical oncology (44%)
- Geriatric medicine (44%)
- General practice (39%)

See appendix C for a full breakdown of the differences by specialty.

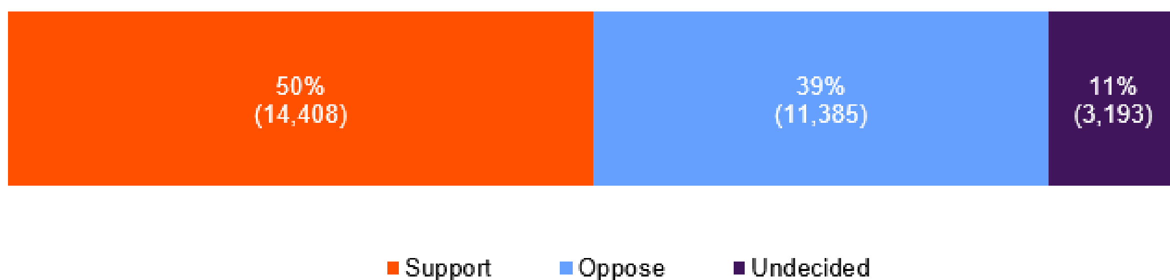
4.2 What are surveyed members' personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life?

Surveyed members were also asked about their own personal views on whether they supported or opposed a change in the law to permit doctors to prescribe life-ending drugs. The answer options were presented in random order to minimise any impact from a specific ordering. The question wording is outlined below.

> 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?
>
> 1. Support
> 2. Oppose
> 3. Undecided

Overall, half (50%) of surveyed members supported a change in the law, four in ten (39%) were opposed and one in ten (11%) were undecided.

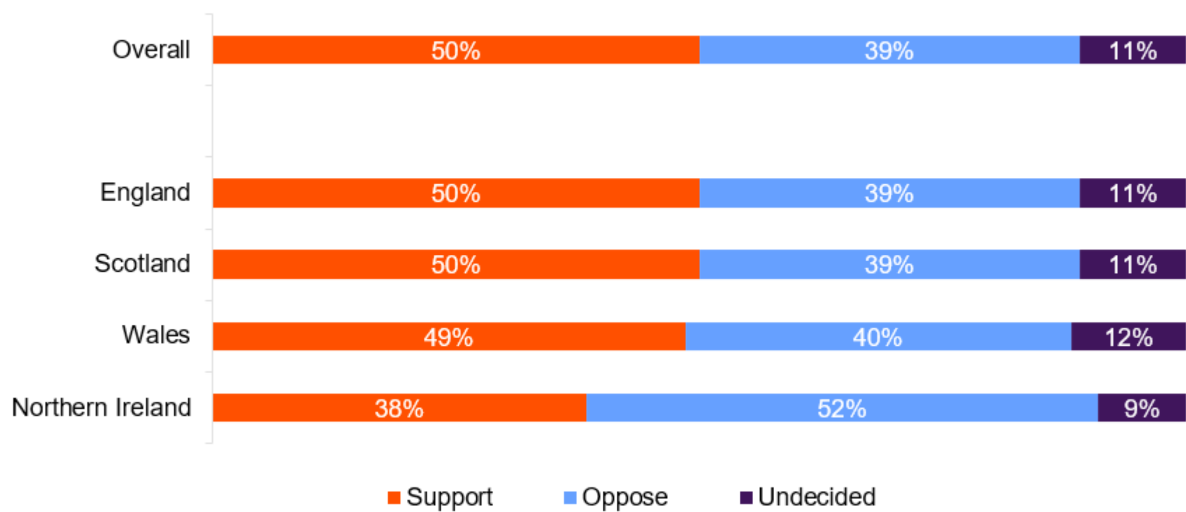
Figure 4.5 Surveyed members' personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life



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?
Base – All surveyed members: 28,986

As with views on the BMA's position to permit doctors to prescribe life-ending drugs, surveyed members in Northern Ireland were more likely than surveyed members in England, Scotland and Wales to personally oppose a change in the law to permit doctors to prescribe life-ending drugs (52%, versus a highest of 40% in any other nation). See figure 4.6.

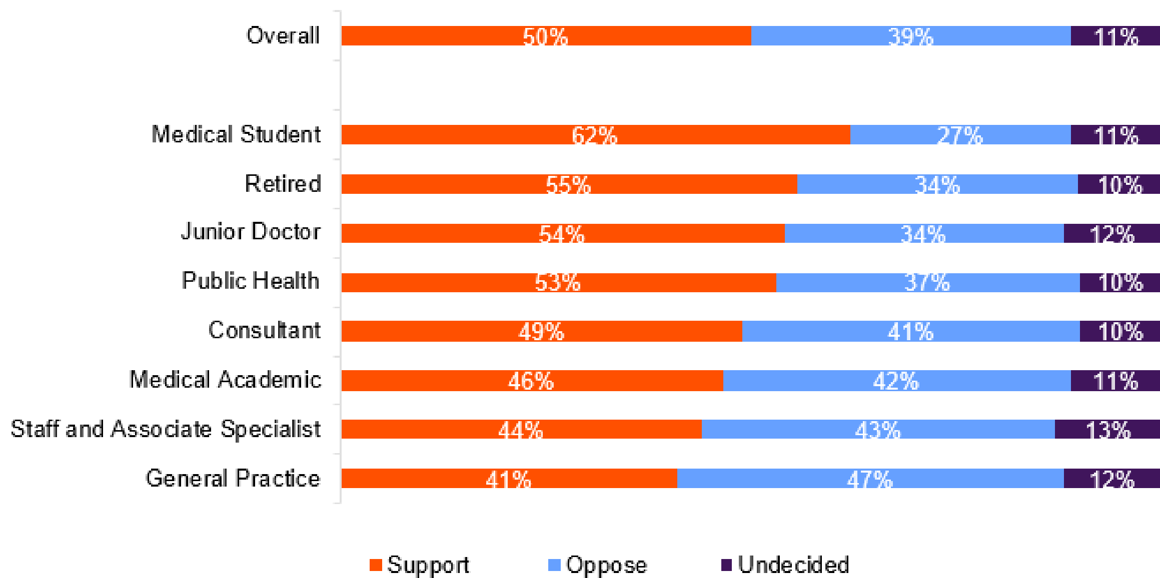
Figure 4.6 Surveyed members' personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by nation



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?
Base – All surveyed members: 28,986, England (22,616), Scotland (3,574), Wales (1,392), Northern Ireland (1,025)

There were some differences by branch of practice. Most notably Medical Students were more likely than all other branches of practice to personally support a change in the law (62%). Conversely, General Practitioners were more likely than all other branches of practice to personally be in opposition to a change in the law to permit doctors to prescribe life-ending drugs (47%).

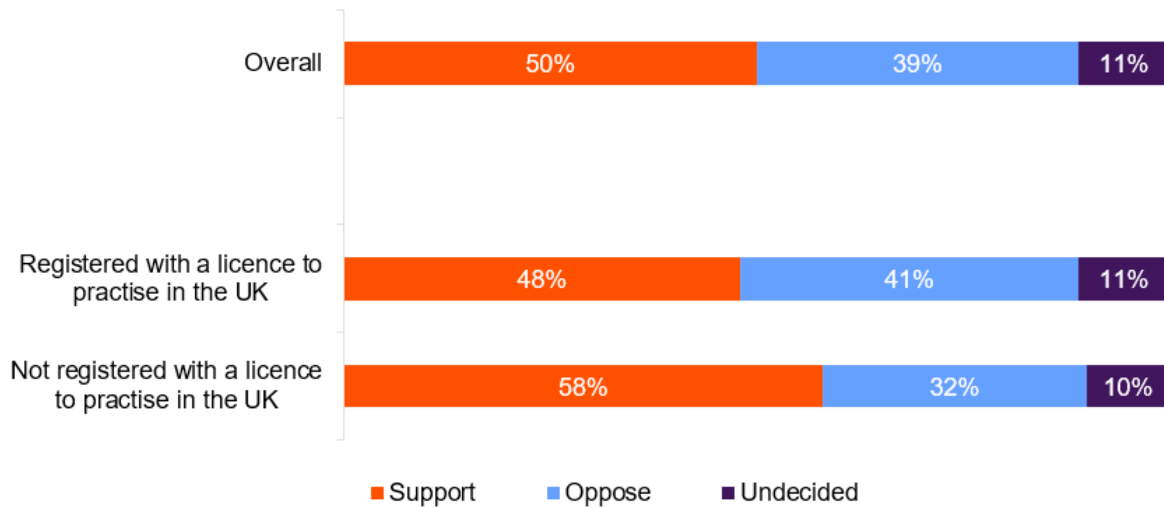
Figure 4.7 Surveyed members' personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by branch of practice



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?
Base – All surveyed members: 28,986, General Practice (7,826), Consultant (7,328), Junior Doctor (5,769), Public Health (206), Medical Academic (437), Staff and Associate Specialist (1,177), Medical Student (2,629), Retired (3,214)

Surveyed members registered with a licence to practise in the UK were more likely than those who were not to personally oppose a change in the law (41% compared with 32%). Whereas, surveyed members who were not registered with a licence to practise were more likely than those who were to personally support a change in the law to permit doctors to prescribe life-ending drugs (58% compared with 48%).

Figure 4.8 Surveyed members' personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by whether they were registered with a licence to practise in the UK



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?
Base – All surveyed members: 28,986, Registered with a licence to practise in the UK (22,918), Not registered with a licence to practise in the UK (6,068)

Surveyed members with the following specialties were more likely than surveyed members generally to personally support a change in the law to permit doctors to prescribe life-ending drugs:

- Otolaryngology (66% supportive)
- Anaesthetics (62%)
- Emergency medicine (62%)
- Trauma and orthopaedic surgery (61%)
- Clinical radiology (61%)
- Forensic psychiatry (60%)
- Intensive care medicine (59%)
- Obstetrics and gynaecology (57%)
- Histopathology (57%)
- Child and adolescent psychiatry (57%)
- Public health medicine (55%)
- General psychiatry (53%)

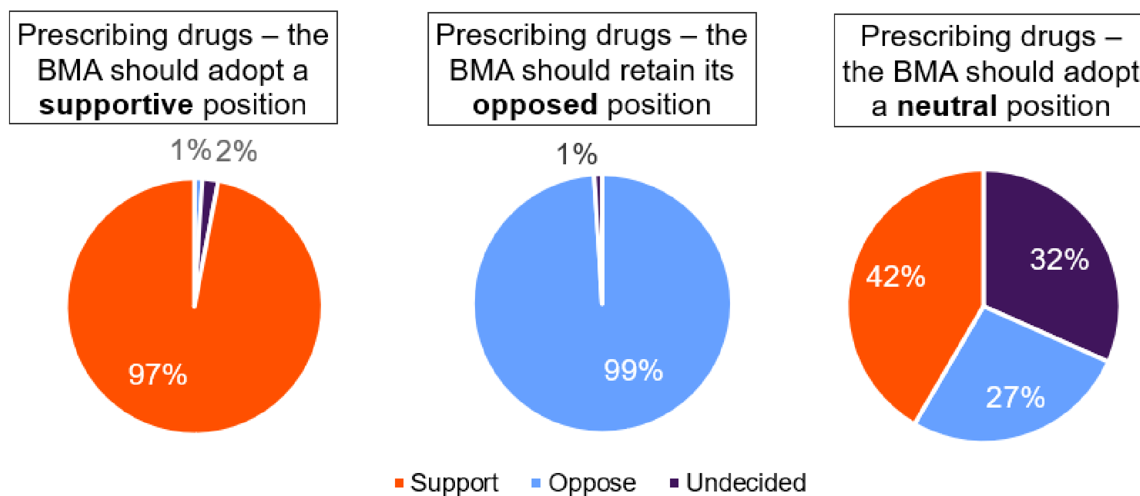
Conversely, surveyed members with the following specialties were more likely than surveyed members generally to personally oppose a change in the law to permit doctors to prescribe life-ending drugs:

- Palliative medicine (76% opposed)
- Geriatric medicine (52%)
- Renal medicine (51%)
- Clinical oncology (50%)
- Gastroenterology (49%)
- General practice (46%)

See appendix C for a full breakdown of the differences by specialty.

Virtually all (97%) surveyed members who felt the BMA should adopt a supportive stance to a change in the law to permit doctors to prescribe life-ending drugs also personally supported a change in this law. Conversely, 99% of those who believed the BMA should be opposed to a change in the law to permit doctors to prescribe life-ending drugs also personally opposed a change in this law. Those who believed the BMA should adopt a neutral stance were more likely to personally support (42%) than oppose (27%) a change in the law, with a further 32% being undecided. See figure 4.9.

Figure 4.9 Surveyed members' personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, by opinions on what the BMA's position should be



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?
Base – All surveyed members: 28,986, Supportive (11,640), Opposed (9,479), Neutral (6,180), Undecided (1,687)

4.3 Reasons for and against a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life

Surveyed members were asked to expand on their views, in their own words, on doctors prescribing life-ending drugs. Before exploring responses there are a few points to consider relating to the analysis. These can be found in the box below.

Half (50%) of surveyed members gave a free text response at this question, a total of 14,436 responses. Analysis (i.e. all percentages) is based only on these surveyed members and excludes those who selected 'Nothing to add/Prefer not to say' or typed a similar comment into the open answer field.

Surveyed members were able to type in their free text answers (up to a word limit of 300) and these were coded to a thematic code frame. The code frame was divided into two parts - views which were in **support** of a change in the law and those which **opposed** a change. Answers could fall into multiple codes, these sometimes falling on both sides of the debate depending on the content.

On average, 1.9 codes were applied to each free text response; the maximum number of codes applied to an answer was 8.

Reasons for opposing a change in the law to permit doctors to prescribe drugs for self-administration fell into a wider range of categories than those in support. Analysis focuses on the themes that were expressed by at least 5% of surveyed members who provided a free text response at this question.

Reasons for supporting a change in the law to permit doctors to prescribe life-ending drugs

Fifty-four percent of surveyed members who provided a free text response gave at least one reason for supporting a change in the law to permit doctors to prescribe life-ending drugs. Below are the top five reasons, all given by at least 5% of surveyed members who provided a free text response at this question.

The top two reasons focused on the needs of the patient. The importance of **patient choice** was the most commonly expressed opinion, with 28% giving the view that patients should have the right to choose assisted dying as a treatment option in the same way as other kinds of treatment. Responses mentioned patients' right to 'die with dignity', that they should have choice and autonomy in the decisions surrounding their death and that the option of assisted dying would provide peace of mind.

Unnecessary suffering was the second reason, cited by 23%, that patients should not have to suffer unnecessarily if they want to end their lives. Free text responses that fell into this theme mentioned that the role of the doctor is to 'relieve suffering', that this is morally and ethically the right thing to do and that they personally would want the option for themselves.

The remaining three categories focused on the needs of physicians. Eighteen percent said they would support a change in the law to permit doctors to prescribe life-ending drugs but on the condition **that doctors are equipped with clear legislation and guidelines** around how this would work in practice. Surveyed members mentioned the need for a clear set of guidelines and protocols surrounding, for example: eligibility, the exploration of other options, that a second opinion should always be given, and a number of other conditions which, if in place, meant they would support a change in the law to permit doctors to prescribe life-ending drugs.

The fourth reason for supporting a change in the law, given by 5%, also involved an important caveat that doctors should be able to **choose not to participate** where they would not feel comfortable doing so. Comments falling into this category included views that doctors should be able to 'opt out' or 'conscientiously object' so that, despite these members supporting a change in the law, individual physicians should be able to choose not to prescribe the drugs if they did not want to.

Lastly, 5% expressed the view that prescribing life-ending drugs should be a **specialist role** only. Free text responses within this theme asserted that, while these members were in support of a change in the law to permit doctors to prescribe life-ending drugs, the role should be carried out by specialist clinicians (for example, an independent, multi-disciplinary team with links to palliative care).

Reasons for opposing a change in the law to permit doctors to prescribe life-ending drugs

A similar proportion of surveyed members (52%) who gave a free text response at this question gave at least one reason for **opposing** a change in the law. Reasons for opposing doctors prescribing life-ending drugs fell into a wider range of themes than those in support. Below are the top seven reasons, all given by at least 5% of surveyed members who provided a free text response at this question.

The most commonly expressed reason, given by just over a fifth (22%), was that assisted dying **goes against their medical ethical beliefs around the role of doctors**. The Hippocratic oath of 'do no harm' was quoted in many of the free text responses falling into this theme, with surveyed members commenting that the role of doctors is to heal their patients and to provide support and care rather than bring about their deaths.

Risks to vulnerable patients was the second most commonly expressed reason for opposing a change in the law, given by 18%. There were concerns around how certain groups of patients could be protected, for instance those who may feel a burden to their families, patients who might be coerced into making this decision and those suffering from mental health issues.

The third most commonly given view, by 14%, was that the focus should instead be placed on **providing better quality palliative and end-of-life care**, rather than on assisted dying. Free text responses indicated a concern that palliative care provision may worsen as a consequence of such a change in the law and that, if high quality palliative care was readily

available for every patient who needs it, those patients may change their minds about requesting to end their lives in this way.

One eighth (12%) felt the **negative consequences of assisted dying are yet unknown** and gave views which stated the implications of such a change in the law are greater than we imagine. This category included views that a change in the law would be merely the starting point ('the thin end of the wedge') and that we would then be on a 'slippery slope' to further negative impacts, for example, a widening in eligibility criteria and the devaluing of the lives of older people and other groups in society.

A tenth (9%) cited their **own personal ethical or religious beliefs** as reasons for opposing a change in the law. Surveyed members in this group cited their own religious beliefs, a feeling that life is sacred or, for some, that to take part in assisted dying would be 'playing God'.

Six percent felt that prescribing life-ending drugs would negatively impact on the **relationship between patient and doctor**. Surveyed members in this group mentioned that being able to prescribe these drugs would harm the trust between doctors and their patients.

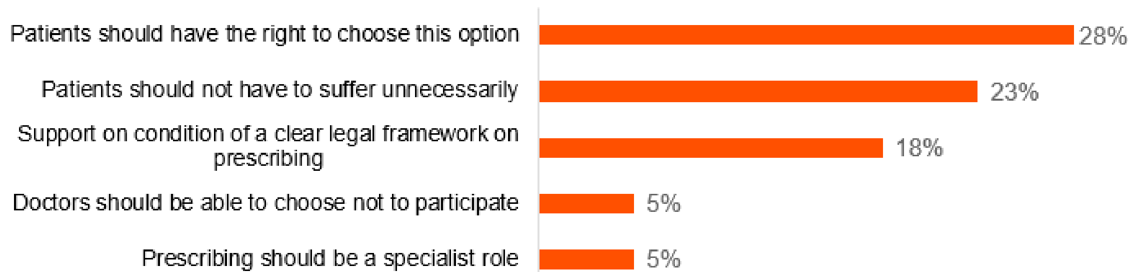
Six percent also expressed the view that the **risks to doctors** of prescribing life-ending drugs are too great. Legal liability was a concern expressed here, as was having adequate time to carry out the task of prescribing sufficiently well given doctors' already heavy workloads.

Figure 4.10 shows both supporting and opposing reasons to a change in the law to permit doctors to prescribe life-ending drugs, given by at least 5% of surveyed members who gave a free text response at this question.

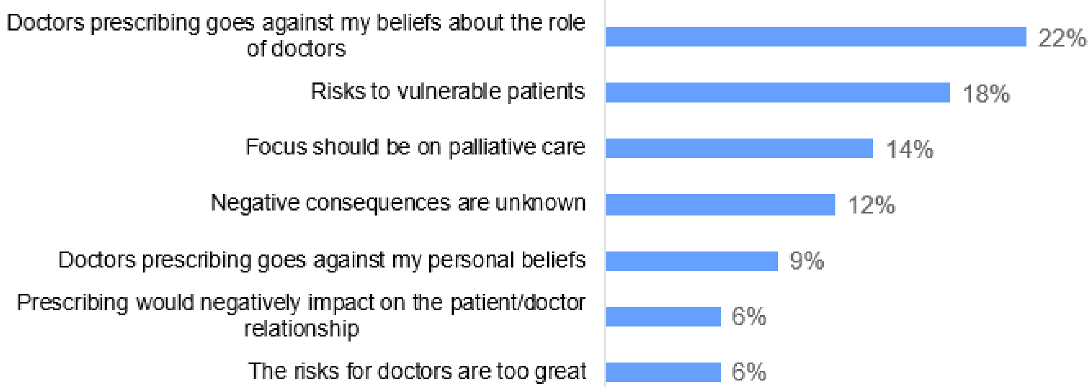
Figure 4.10 Reasons for supporting and opposing a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life

(figure shows reasons given by at least 5% of surveyed members who gave a free text response at this question)

SUPPORTING reasons



OPPOSING reasons



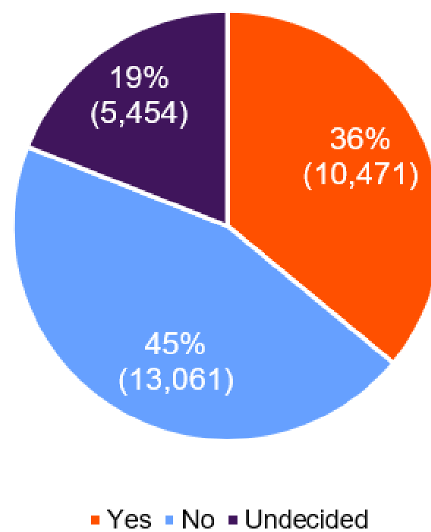
Please expand on your views on doctors **prescribing** drugs for eligible patients to self-administer to end their own life and the reasons for them.
Base – All surveyed members who gave a free text response at Q3: 14,436

4.4 What are surveyed members' views on whether they would be prepared to actively participate in any way in the process of prescribing drugs to eligible patients for self-administration?

Surveyed members were asked whether they would be prepared to actively participate in the process of prescribing life-ending drugs, should it be legalised.

Overall, 45% were not prepared to actively participate in the process, over one third (36%) were willing to actively participate in the process, while one fifth (19%) were undecided on the matter.

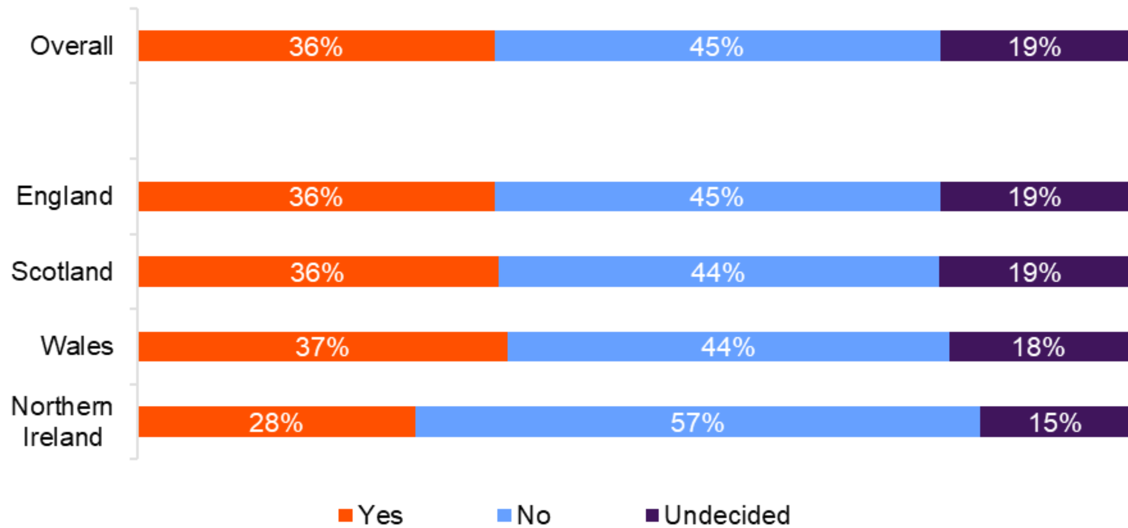
Figure 4.11 Willingness to actively participate in the process of prescribing drugs for eligible patients to self-administer to end their own life



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?
Base – All surveyed members: 28,986

Findings in England, Scotland and Wales mirrored the overall results. However, as seen at previous questions, results in Northern Ireland differed. Surveyed members in Northern Ireland were more likely than those in all other nations to say that they were not prepared to actively participate in the process of prescribing life-ending drugs, should it be legalised (57% versus a highest of 45% in other nations).

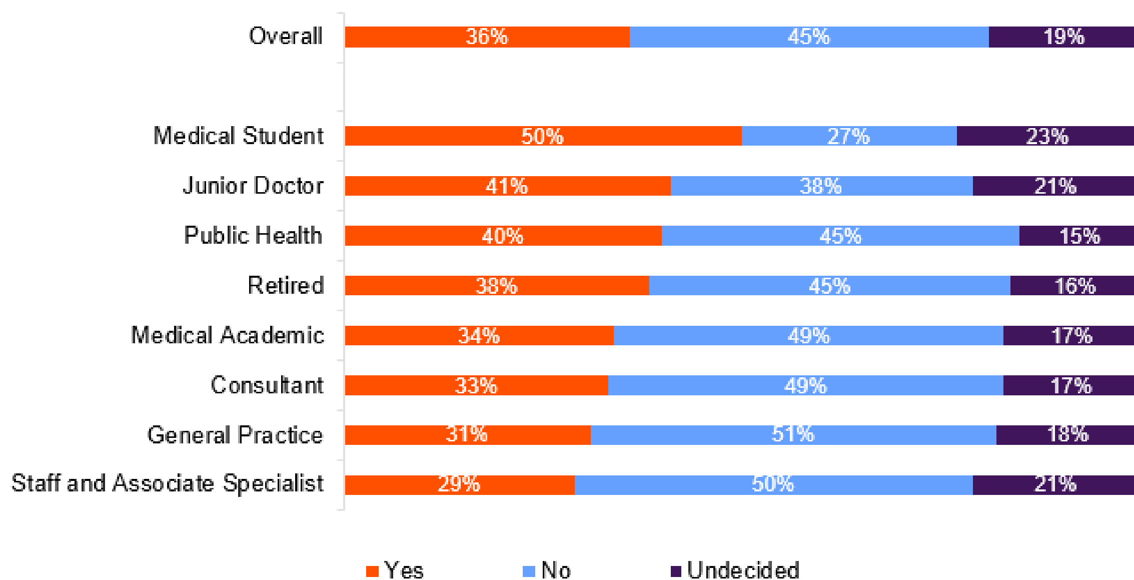
Figure 4.12 Willingness to actively participate in the process of prescribing drugs for eligible patients to self-administer to end their own life, by nation



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?
Base – All surveyed members: 28,986, England (22,616), Scotland (3,574), Wales (1,392), Northern Ireland (1,025)

Willingness to actively participate varied by branch of practice. Most notably General Practitioners (51%) along with Staff and Associate Specialists (50%), Consultants (49%) and Medical Academics (49%) were more likely than most other branches of practice to say they would not be willing to actively participate in the process.[16] On the other hand, Medical Students were more likely than all other branches of practice to say they would be willing to actively participate in the process of prescribing life-ending drugs, should it be legalised (50%). See figure 4.13.

Figure 4.13 Willingness to actively participate in the process of prescribing drugs for eligible patients to self-administer to end their own life, by branch of practice

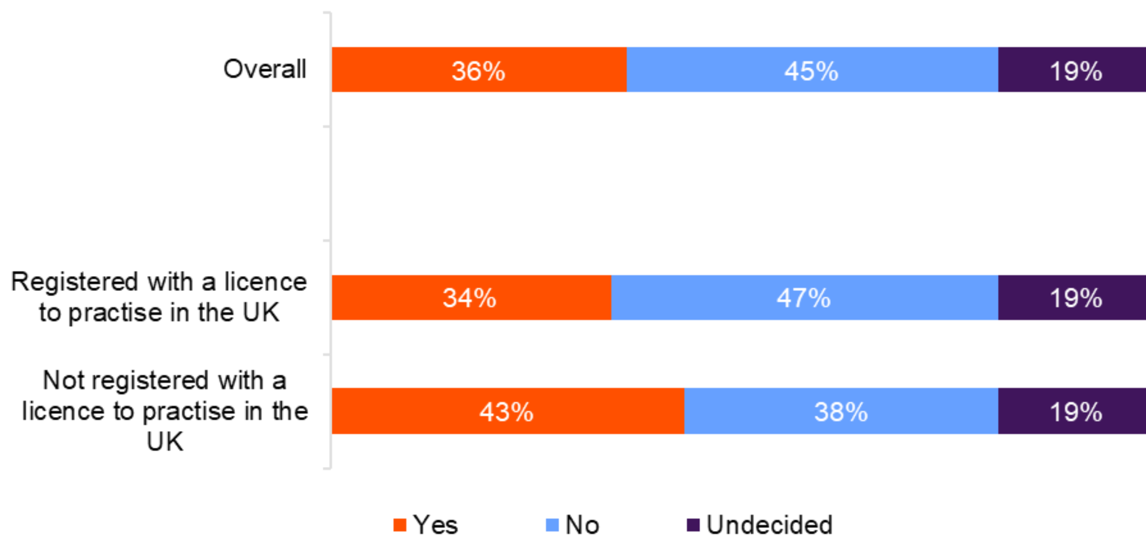


If the law were to change in the future so that doctors were permitted to prescribe drugs for eligible patients to self-administer to end their own life, would you be prepared to actively participate in any way in the process?
Base – All surveyed members: 28,986, General Practice (7,826), Consultant (7,328), Junior Doctor (5,769), Public Health (206), Medical Academic (437), Staff and Associate Specialist (1,177), Medical Student (2,629), Retired (3,214)

[16] While the figures differ between GPs, Consultants, Staff and Associate Specialists and Medical Academics there is a margin of error around all figures that means it is not possible to confirm that any one branch of practice is the single most likely group to report this view.

Differences in opinion existed between surveyed members who were registered with a licence to practise in the UK and those who were not. Surveyed members registered with a licence to practise were more likely than those who were not to say they would not be willing to actively participate in the process (47% compared with 38%). Whereas, surveyed members who were not registered with a licence to practise were more likely than those who were to be willing to actively participate in the process of prescribing life-ending drugs, should it be legalised (43% versus 34% respectively).

Figure 4.14 Willingness to actively participate in the process of prescribing drugs for eligible patients to self-administer to end their own life, by whether registered with a licence to practise in the UK



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?
Base – All surveyed members: 28,986, Registered with a licence to practise in the UK (22,918), Not registered with a licence to practise in the UK (6,068)

Surveyed members whose specialty was one of the following were more likely than surveyed members generally to say they would be willing to participate in the process of prescribing life-ending drugs, should it be legalised:

- Emergency medicine (47% willing to participate)
- Intensive care medicine (45%)
- Anaesthetics (45%)
- Obstetrics and gynaecology (41%)

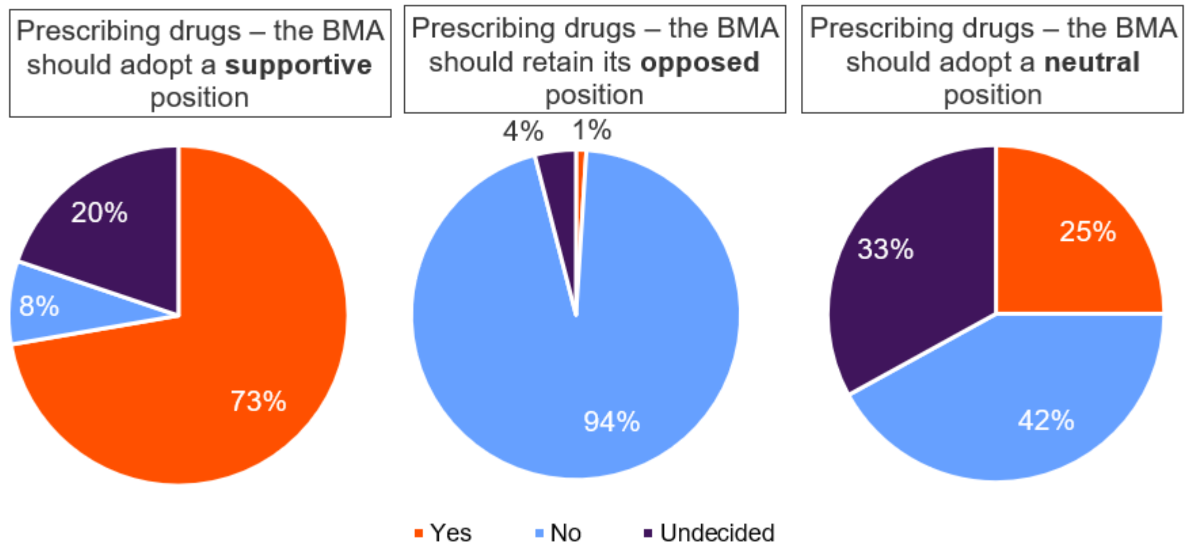
Whereas, surveyed members whose specialty was one of the following were more likely than surveyed members generally to say they would not be willing to actively participate in the process of prescribing life-ending drugs, should it be legalised:

- Palliative medicine (76% not willing to participate)
- Clinical oncology (60%)
- Geriatric medicine (56%)
- Gastroenterology (55%)
- Ophthalmology (55%)
- General practice (50%)

See appendix C for a full breakdown of the differences by specialty.

There was a clear relationship between willingness to actively participate in the process of prescribing life-ending drugs and views on what the BMA's position should be on a change in the law to permit doctors to prescribe these drugs. Over seven in ten (73%) surveyed members who felt the BMA should support a change in the law said they would be prepared to actively participate. Conversely ninety-four percent (94%) of those who felt the BMA should oppose a change in the law said they would be unwilling to actively participate in the process of prescribing life-ending drugs, should it be legalised. See figure 4.15.

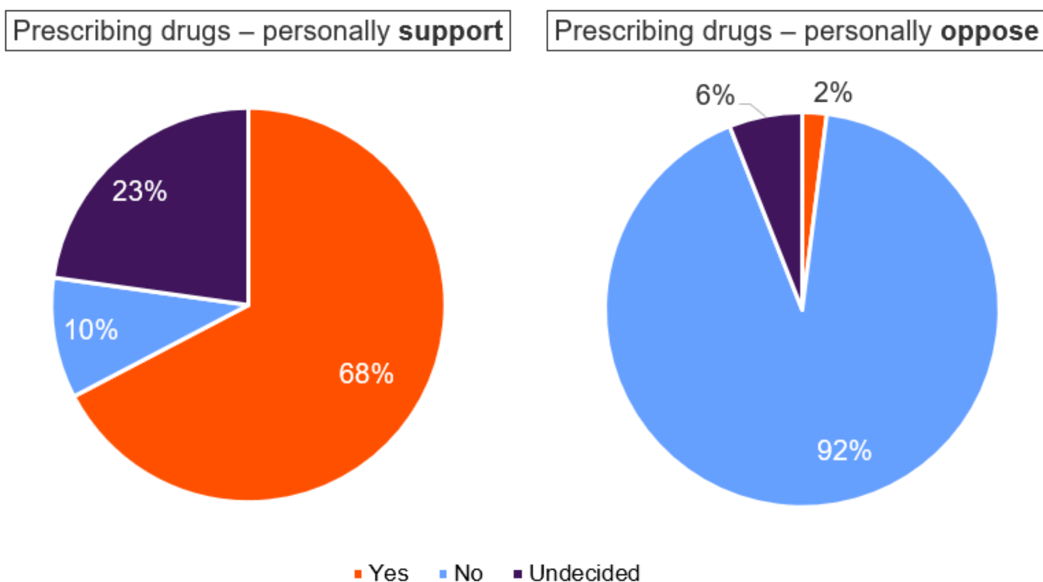
Figure 4.15 Willingness to actively participate in the process of prescribing drugs for eligible patients to self-administer to end their own life, by opinion on BMA position



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?
Base – All surveyed members: 28,986, Supportive (11,640), Opposed (9,479), Neutral (6,180), Undecided (1,687)

A similar trend was evident when looking at willingness to actively participate in the process of prescribing life-ending drugs by personal views on a change in the law to permit doctors to prescribe these drugs. Surveyed members who personally supported a change in the law were more likely to say they would be willing to actively participate in the process (68% versus 2% of those who personally opposed a change in the law). On the other hand, surveyed members who personally opposed a change in the law were more likely to say they would not be willing to actively participate in the process of prescribing life-ending drugs, should it be legalised (92% versus 10% of those who personally supported a change in the law).

Figure 4.16 Willingness to actively participate in the process of prescribing drugs for eligible patients to self-administer to end their own life, by personal views on a change in the law



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?

Base – All surveyed members: 28,986, Support (14,408), Oppose (11,385), Undecided (3,193)

4.5 Reasons for and against active participation in the process of prescribing life-ending drugs

Surveyed members were asked to expand in their own words on their views regarding **actively participating** in the process of prescribing drugs for eligible patients to self-administer to end their own life, should it be legalised. Further details about the analysis of this question can be found in the box below.

Thirty-seven percent of surveyed members gave a free text response at this question, a total of 10,618 responses. Analysis (i.e. all percentages) is based only on these surveyed members and excludes those who selected ‘Nothing to add/Prefer not to say’ or typed a similar comment into the open answer field.

Free text answers were again coded to a thematic code frame. The frame had a specific focus on personal participation in the process of prescribing and the role the individual would play. Accordingly, where surveyed members gave a general view or restated their opinion about doctors in general prescribing lethal drugs, these answers were coded under ‘Other answer’ and are not focused on again here.

The code frame was divided into two main parts: reasons for actively participating in the process and reasons for not doing so.

On average, 1.3 codes were applied to each free text response; the maximum number of codes applied to an answer was 6.

One eighth (12%) of surveyed members explicitly commented that they were unlikely to be called upon to participate in the process (for example if they were retired or worked in a non-related medical field), but many went on to give a view on whether they would be prepared to participate in the process if the circumstance did present itself.

Reasons **for** active participation in the process fell into a narrower range of categories than reasons **against** active participation in the process. Analysis focuses on the themes that were expressed by at least 5% of surveyed members who provided a free text response at this question.

Reasons for actively participating in the process of prescribing life-ending drugs

A third (33%) of surveyed members who gave a free text response at this question gave at least one free text response that indicated they would actively participate in the process of prescribing life-ending drugs for self-administration, should it be legalised. Below are the top **three** reasons, all given by at least 5% of surveyed members who provided a free text response at this question.

The most commonly expressed view on the support for active participation in the process side came with a degree of caution and a number of conditions. Sixteen percent said that

they would be prepared to participate in the process or would consider doing so on the condition that **a clear legal framework and guidelines** are put in place. Surveyed members mentioned the importance of training and support to enable their participation and clear guidance and protocols around a range of factors including patient eligibility, resources to support doctors, patients and their families and a number of other conditions.

As with views expressed in support of a change in the law to permit doctors in general being involved in the process of prescribing life-ending drugs, the importance of **patient choice** was an important theme, with 14% expressing this view in terms of their own patients and that they should have the right to choose to end their life in this way as a valid treatment option. Surveyed members' comments included giving their patients the right to a dignified and compassionate death, as they should have choice and autonomy in the decisions surrounding their death.

The third theme that emerged, cited by 9%, was that their patients should not have to **suffer unnecessarily** if they want to end their lives. Some surveyed members mentioned that their role is to support their patient to the end and relieve their suffering.

Reasons against actively participating in the process of prescribing life-ending drugs

Just over half (52%) of surveyed members who gave a free text response at this question gave at least one free text response which indicated they would not actively participate in the process of prescribing life-ending drugs, should it be legalised. Reasons against were more commonly offered than those for participation and subsequently these fell into a wider range of themes.

Below are the top **five** reasons surveyed members gave for why they would **not** be prepared to actively participate in the process of prescribing life-ending drugs for self-administration, all given by at least 5% of surveyed members who provided a free text response at this question.

In contrast with earlier expressed views, where medical ethical beliefs were most commonly cited as a reason for not supporting a change in the law to permit doctors to prescribe life-ending drugs, when it came to active participation in the process, surveyed members were more likely to reference their own **personal beliefs or principles**, with 23% falling into this category. Surveyed members whose views fell into this category frequently mentioned that they would not feel comfortable with involvement and many cited religious and personal ethical beliefs.

Medical ethical beliefs, and that personal involvement in the process would go against how they see their role as a doctor, fell in second place, this view was given by 15%. The Hippocratic oath of 'do no harm' came up regularly, as did that prescribing life-ending drugs should not fall into their remit. Some surveyed members said they did not go into medicine to be involved in ending patients' lives.

A tenth (10%) said they were **prepared to support their patients through the process but would not take an active part in the process itself**. Instead, this should be carried out by specialists or a separate agency such as a separate referral pathway or independent/multi-

disciplinary team. Ways surveyed members might provide support included advising and discussing options and the patient's decision and referring to another doctor or agency (such as a multi-disciplinary team) for the process itself.

Echoing a theme that emerged in relation to doctors in general being involved in the process of prescribing life-ending drugs, the fourth most commonly given view, by 7%, was that the focus of their care should be placed on **providing better quality palliative and end-of-life care**, rather than on prescribing life-ending drugs. Free text responses indicated that some members giving this response would rather focus on providing palliative care for their patients, who may then change their minds about requesting to end their lives in this way.

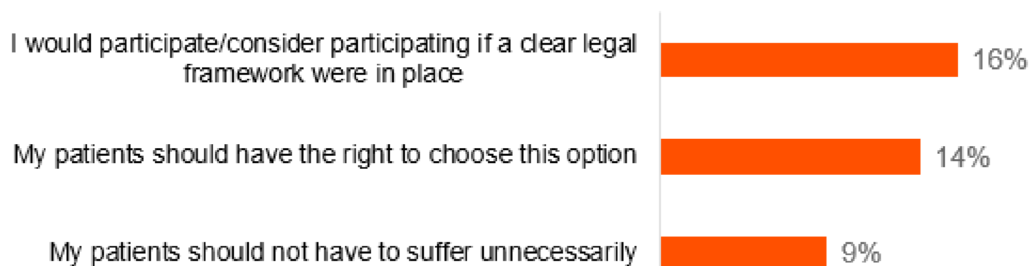
Five percent gave concerns over the **potential for abuse and adequate protection of patients** as a reason for not actively participating in the prescribing process. Some of these members expressed concerns around the process being open to abuse and misuse and that patients may not be adequately protected.

Figure 4.17 shows reasons both for and against actively participating in the process of prescribing life-ending drugs, given by at least 5% of surveyed members who gave a free text response at this question.

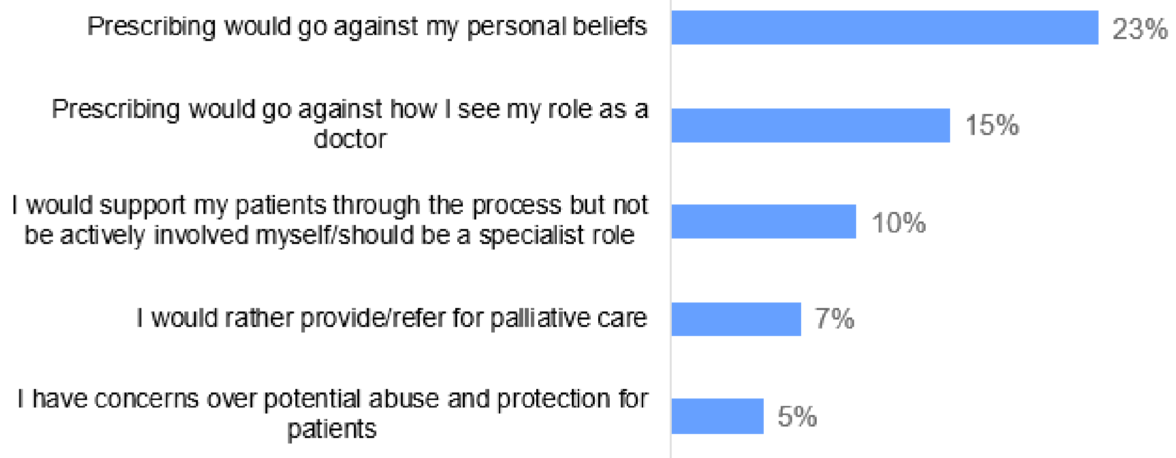
Figure 4.17 Reasons for and against actively participating in the process of prescribing drugs for eligible patients to self-administer to end their own life

(figure shows reasons for and against active participation given by at least 5% of surveyed members who gave a free text response at this question)

Reasons FOR actively participating



Reasons AGAINST actively participating



Please expand on your views on whether you would be prepared to actively participate and the reasons for them.
Base – All surveyed members who gave a free text response at Q5: 10,616

5. Surveyed members' views on doctors administering lethal drugs with the intention of ending an eligible patient's life

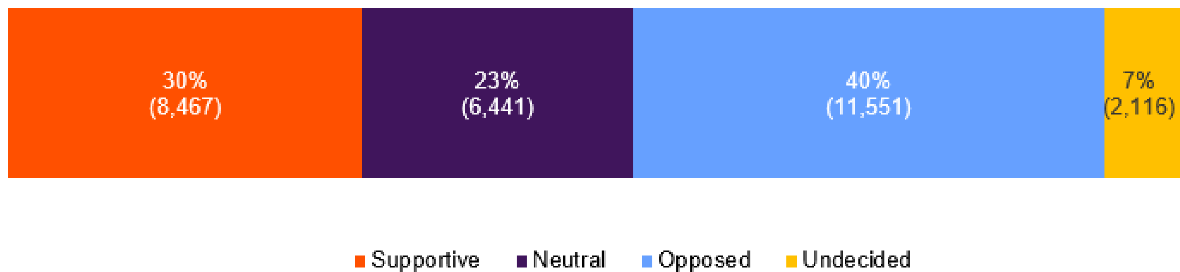
5.1 What do surveyed members think the BMA's position should be with respect to a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life?

Surveyed members were also asked a question about their views on what the BMA's position should be regarding a change in the law to permit doctors to administer life-ending drugs. The answer options were presented in random order to minimise any impact from a specific ordering. The question wording is given below.

> The following questions concern a doctor administering lethal drugs at the voluntary request of an adult patient with capacity who meets defined eligibility criteria ("eligible patients"), with the intention of ending that patient's life. This is often referred to as **voluntary euthanasia**.
>
> 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?
>
> 1. Supportive – the BMA should actively support attempts to change the law
> 2. Opposed – the BMA should actively oppose attempts to change the law
> 3. Neutral – the BMA should neither actively support nor actively oppose attempts to change the law
> 4. Undecided
>
> We will continue to represent our members' professional interests and concerns in the event of future proposals for legislative change.

Overall, four in ten (40%) surveyed members expressed the view that the BMA should actively oppose attempts to change the law, three in ten (30%) favoured support, and over two in ten (23%) felt the BMA should adopt a neutral stance of neither actively supporting nor actively opposing attempts to change the law.

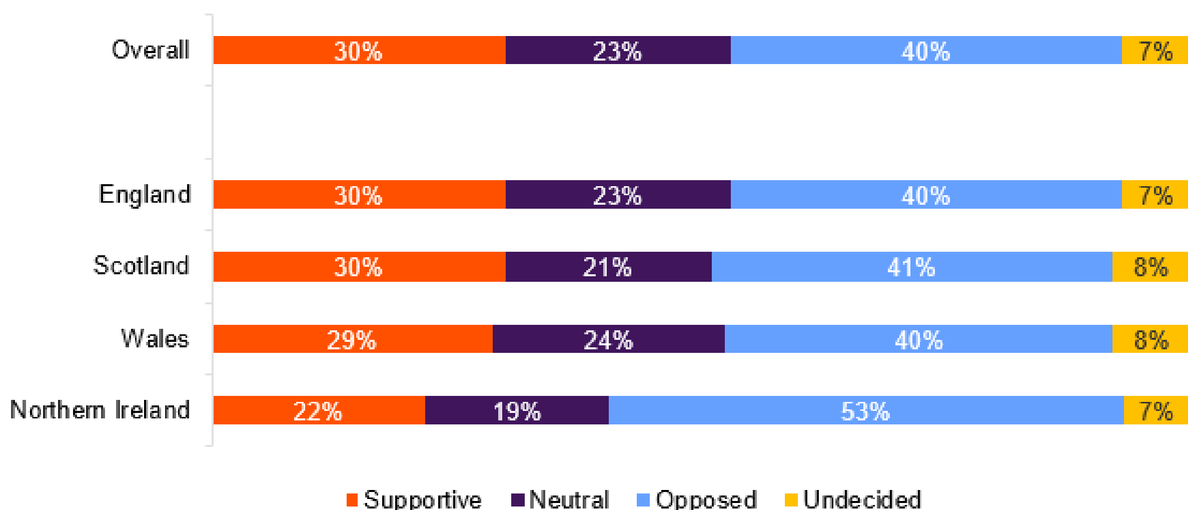
Figure 5.1 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life



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?
Base – All surveyed members: 28,575

As with views on the BMA's position on a change in the law to permit doctors to prescribe life-ending drugs, surveyed members in Northern Ireland were more likely than other nations to express the view that the BMA should actively oppose a change in the law to permit doctors to administer these drugs (53%, versus a highest of 41% in any other nation). See figure 5.2.

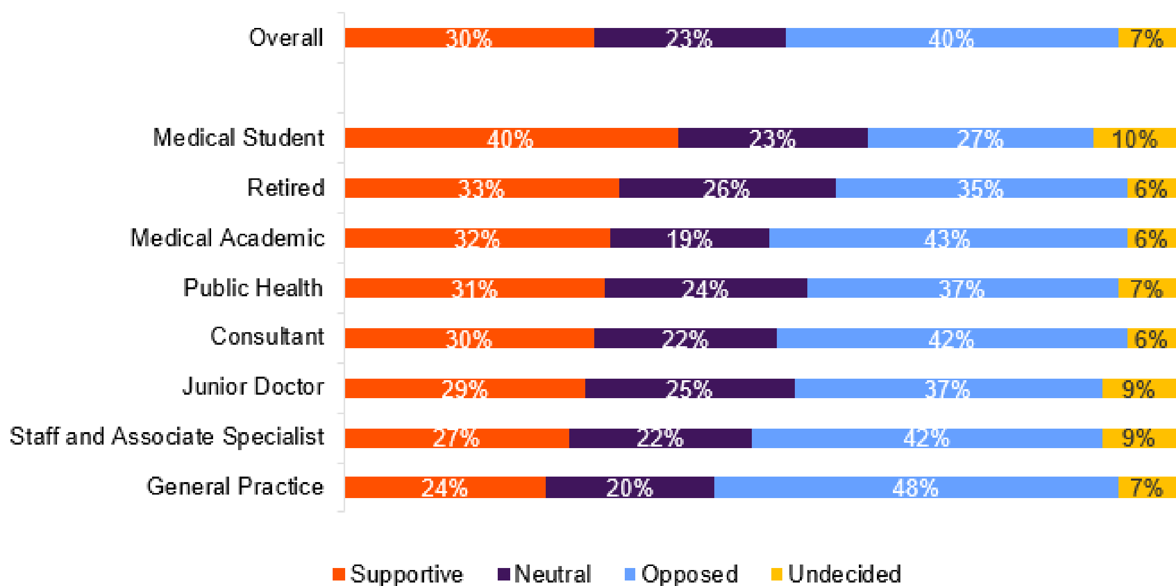
Figure 5.2 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life, by nation



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?
Base – All surveyed members: 28,575, England (22,286), Scotland (3,530), Wales (1,374), Northern Ireland (1,011)

Opinion also varied by branch of practice. Most notably Medical Students (40%) were more likely than all other branches of practice to believe that the BMA should change to a supportive stance. Conversely, General Practitioners (48%) were more likely than most other branches of practice to believe the BMA should oppose a change in the law to permit doctors to administer life-ending drugs.[17]

Figure 5.3 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life, by branch of practice

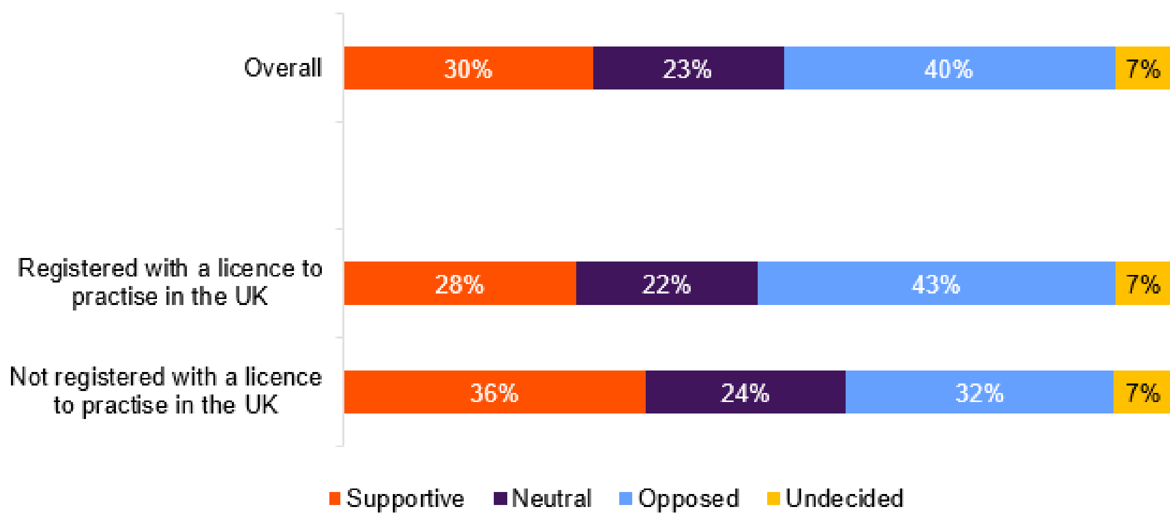


In your opinion, what should the BMA's position be on whether there should be a change in the law to permit doctors to **administer** drugs with the intention of ending an eligible patient's life?
Base – All surveyed members: 28,575, General Practice (7,741), Consultant (7,261), Junior Doctor (5,672), Public Health (206) , Medical Academic (436), Staff and Associate Specialist (1,154), Medical Student (2,533), Retired (3,179)

[17] While the figure for GPs is higher than that for Medical Academics, there is a margin of error around all figures that means it is not possible to confirm that GPs are the single most likely group to report this view.

Clear differences existed in the opinions of those who were registered with a licence to practise in the UK and those who were not. Surveyed members registered with a licence to practise were more likely to believe the BMA should be opposed to a change in the law (43%, versus 32% of those who were not registered with a licence to practise). Conversely, surveyed members who were not registered with a licence to practise were more likely to feel the BMA should adopt a supportive position concerning a change in the law to permit doctors to administer life-ending drugs (36%, compared with 28% of those who were registered with a licence to practise).

Figure 5.4 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life, by whether they were registered with a licence to practise in the UK



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?
Base – All surveyed members: 28,575, Registered with a licence to practise in the UK (22,633), Not registered with a licence to practise in the UK (5,942)

There were also differences by specialty. Surveyed members whose specialty was one of the following were more likely than surveyed members generally to believe the BMA should oppose a change in the law to permit doctors to administer life-ending drugs:

- Palliative medicine (79% opposed)
- Clinical oncology (56%)
- Gastroenterology (54%)
- Geriatric medicine (54%)
- Renal medicine (53%)
- General practice (46%)

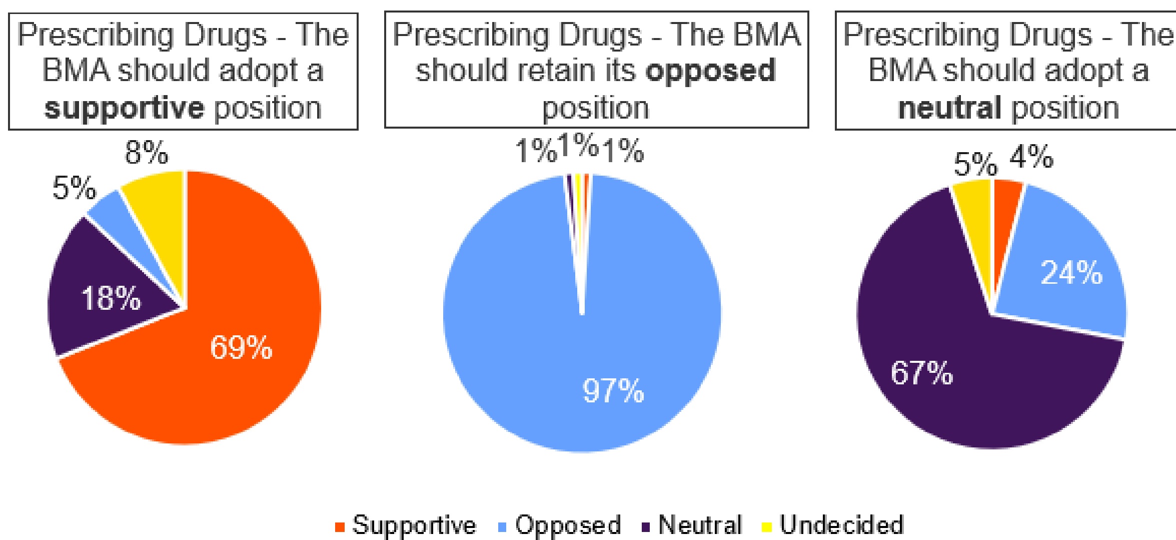
Conversely, surveyed members whose specialty was one of the following were more likely than surveyed members generally to believe the BMA should support a change in the law to permit doctors to administer life-ending drugs:

- Otolaryngology (45% supportive)
- Clinical radiology (41%)
- Trauma and orthopaedic surgery (41%)
- Emergency medicine (39%)
- Intensive care medicine (39%)
- Anaesthetics (36%)
- Obstetrics and gynaecology (37%)

See appendix C for a full breakdown of the differences by specialty.

Virtually all (97%) surveyed members who said the BMA should oppose a change in the law to permit doctors to prescribe life-ending drugs also thought the BMA should oppose a change in the law to permit doctors to administer these drugs. In comparison, only 69% of surveyed members who said the BMA should adopt a supportive position on a change in the law to permit doctors to prescribe life-ending drugs thought the BMA should adopt the same supportive position on a change in the law to permit doctors to administer them.

Figure 5.5 Surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life, by surveyed members' opinions on what the BMA's position should be with respect to a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life



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?
Base – All surveyed members: 28,575, Supportive (11,479), Opposed (9,412), Neutral (6,053), Undecided (1,631)

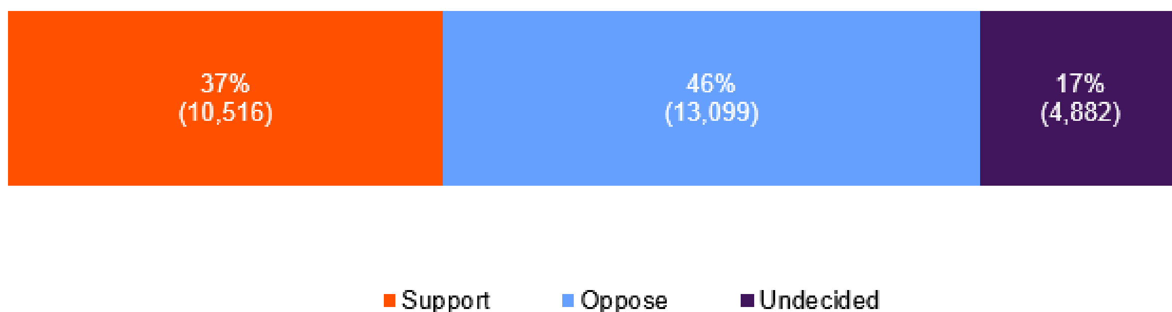
5.2 What are surveyed members' personal views on a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life?

Surveyed members were asked their personal views on a change in the law to permit doctors to administer life-ending drugs. The answer options were presented in random order to minimise any impact from a specific ordering. The question wording is given below.

> 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?
>
> 1. Support
> 2. Oppose
> 3. Undecided

Overall, 46% of surveyed members opposed a change in the law, 37% were supportive and 17% were undecided.

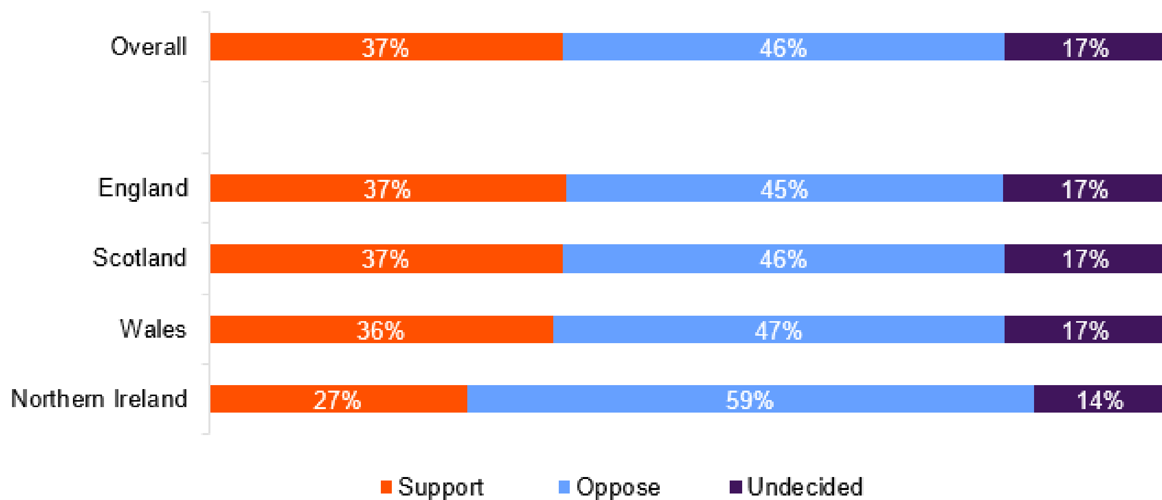
Figure 5.6 Surveyed members' personal views on a change in the law to allow doctors to administer drugs with the intention of ending the life of an eligible patient



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?
Base – All surveyed members: 28,497

As with views on the BMA's position on a change in the law to permit doctors to administer life-ending drugs, surveyed members in Northern Ireland were more likely than surveyed members in England, Scotland and Wales to personally be in opposition to a change in the law to permit doctors to administer these drugs (59%, versus a highest of 47% in any other nation). See figure 5.7.

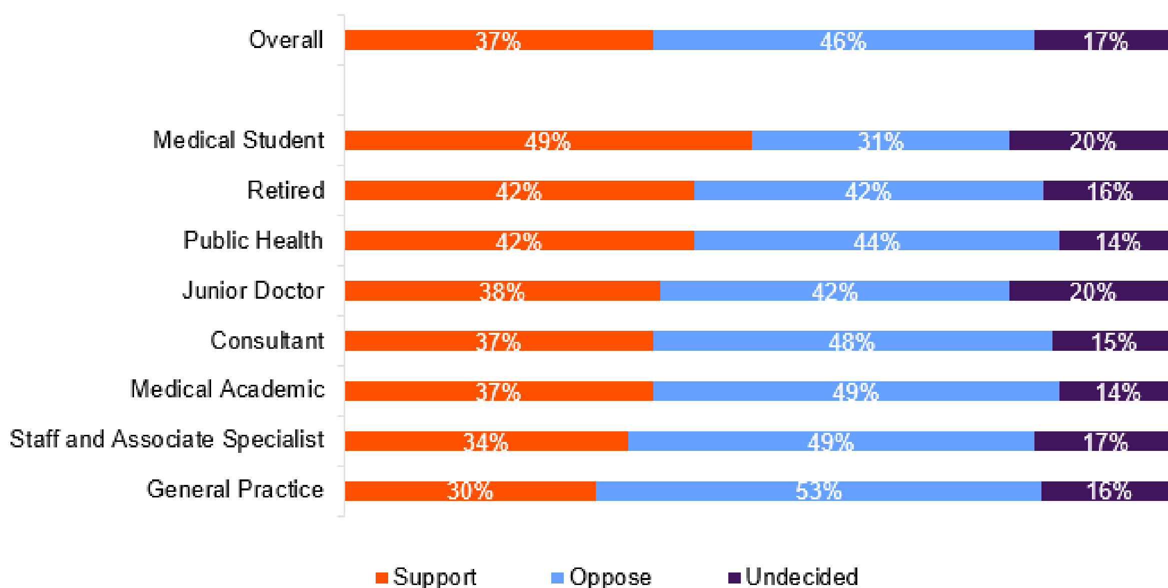
Figure 5.7 Surveyed members' personal views on a change in the law to allow doctors to administer drugs with the intention of ending the life of an eligible patient, by nation



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?
Base – All surveyed members: 28,497, England (22,217), Scotland (3,528), Wales (1,371), Northern Ireland (1,007)

There were some differences by branch of practice. Most notably Medical Students (49%) and Public Health (42%) were more likely than almost all other branches of practice to personally support a change in the law.[18] Conversely, General Practitioners (53%) and Medical Academics (49%) were more likely than almost all other branches of practice to personally oppose a change in the law to permit doctors to administer life-ending drugs.[19]

Figure 5.8 Surveyed members' personal views on a change in the law to allow doctors to administer drugs with the intention of ending the life of an eligible patient, by branch of practice



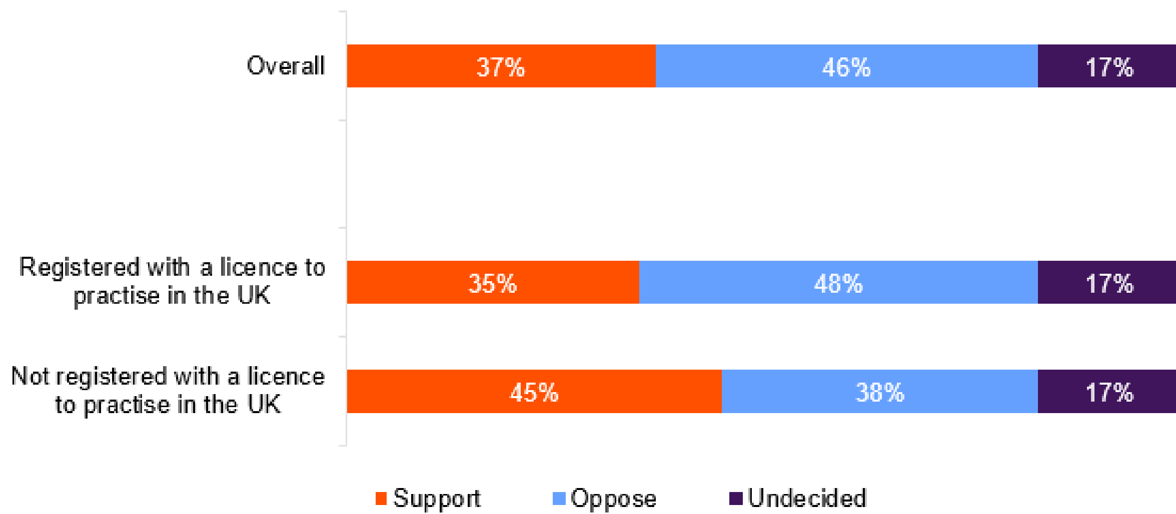
In principle, do you support or oppose a change in the law to permit doctors to **administer** drugs with the intention of ending an eligible patient's life?
Base – All surveyed members: 28,497, General Practice (7,724), Consultant (7,253), Junior Doctor (5,652), Public Health (206) , Medical Academic (435), Staff and Associate Specialist (1,150), Medical Student (2,513), Retired (3,172)

[18] While the figure for Medical Students is higher than that for Public Health, there is a margin of error around all figures that means it is not possible to confirm that Medical Students are the single most likely group to report this view. It is however possible to confirm that the figure for Medical Students is higher than Retired, even though Retired has the same percentage as Public Health, due to the different margins of error.

[19] While the figure for GPs is higher than that for Medical Academics, there is a margin of error around all figures that means it is not possible to confirm that GPs are the single most likely group to report this view. It is however possible to confirm that the figure for GPs is higher than for Staff and Associate Specialists, even though Staff and Associate Specialists has the same percentage as Medical Academics, due to the different margins of error.

Differences in opinion existed between those who were registered with a licence to practise in the UK and those who were not. Surveyed members registered with a licence to practise were more likely than those who were not to personally oppose a change in the law (48%, compared with 38%). Whereas, surveyed members who were not registered with a licence to practise were more likely than those who were to personally support a change in the law to permit doctors to administer life-ending drugs (45%, versus 35% respectively).

Figure 5.9 Surveyed members' personal views on a change in the law to permit doctors to administer drugs with the intention of ending the life of an eligible patient, by whether they were registered with a licence to practise in the UK



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?
Base – All surveyed members: 28,497, Registered with a licence to practise in the UK (22,585), Not registered with a licence to practise in the UK (5,912)

There were also differences by specialty. Surveyed members whose specialty was one of the following were more likely than surveyed members generally to personally oppose a change in the law to permit doctors to administer life-ending drugs:

- Palliative medicine (83% opposed)
- Clinical oncology (61%)
- Gastroenterology (57%)
- Geriatric medicine (61%)
- Renal medicine (62%)
- Respiratory medicine (54%)
- General practice (52%)

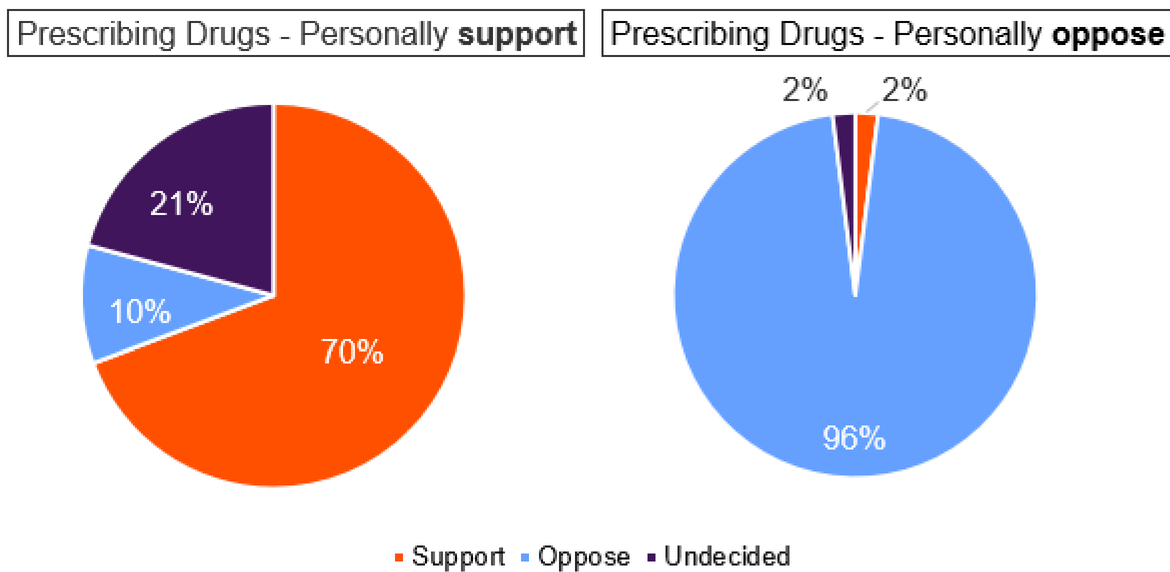
Conversely, surveyed members whose specialty was one of the following were more likely than surveyed members generally to support a change in the law to permit doctors to administer life-ending drugs:

- Otolaryngology (52% supportive)
- Emergency medicine (49%)
- Intensive care medicine (48%)
- Histopathology (47%)
- Trauma and orthopaedic surgery (47%)
- Anaesthetics (46%)
- Clinical radiology (45%)
- Obstetrics and gynaecology (45%)
- Public health medicine (44%)

See appendix C for a full breakdown of the differences between specialties.

Surveyed members who personally opposed a change in the law to permit doctors to prescribe life-ending drugs were also more likely to personally oppose a change in the law to permit doctors administering these drugs (96%). However, only seven in ten (70%) who personally supported a change in the law to permit doctors to prescribe life-ending drugs also personally supported a change in the law to permit doctors to administer these drugs, with one in ten (10%) opposing and one in five (21%) being undecided.

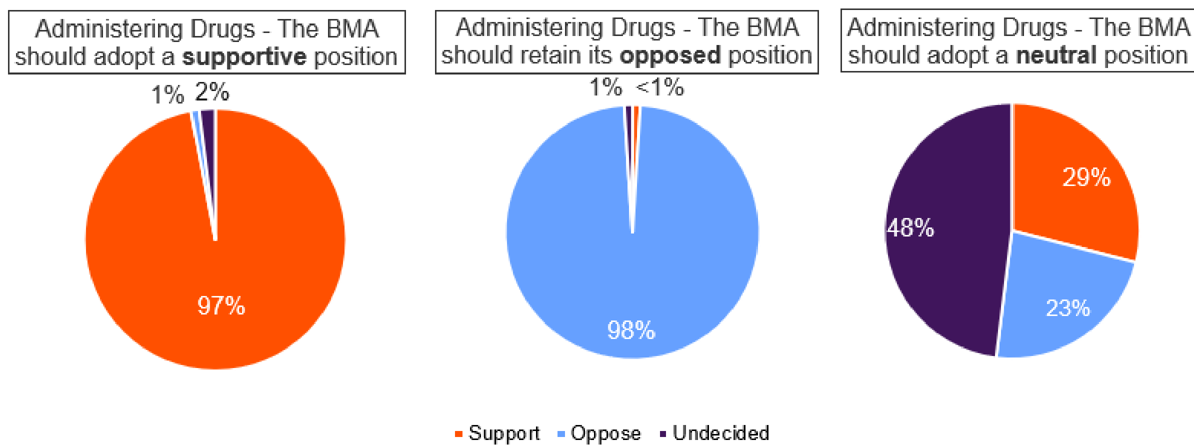
Figure 5.10 Surveyed members' personal views on a change in the law to permit doctors to administer drugs with the intention of ending the life of an eligible patient, by personal views on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer



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?
Base – All surveyed members: 28,497, Support (14,142), Oppose (11,267), Undecided (3,088)

Surveyed members' own personal views aligned with their views with respect to the BMA's position on a change in the law to permit doctors to administer life-ending drugs. Virtually all (97%) surveyed members who felt the BMA should adopt a supportive position also personally supported a change in this law. Conversely, 98% of those who believed the BMA should be opposed to a change in the law also personally opposed a change in the law. Those who believed the BMA should adopt a neutral stance were more likely to be undecided (48%), with a further 29% supportive and 23% opposed to a change in the law to permit doctors to administer life-ending drugs.

Figure 5.11 Surveyed members' personal views on a change in the law to permit doctors to administer drugs with the intention of ending the life of an eligible patient, by views on what the BMA's position should be[20]



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?
Base – All surveyed members: 28,497, Support (8,438), Oppose (11,533), Neutral (6,412), Undecided (2,106)

[20] The total base of respondents who answered this question is higher than the sum of subgroup base sizes visible in the base text. This is because 8 respondents who answered the question on personal views on a change in the law did not provide any response to the question on the BMA's position.

5.3 Reasons for and against a change in the law to permit doctors to administer drugs with the intention of ending the life of an eligible patient

Surveyed members were asked to expand on their views, in their own words, on doctors administering drugs with the intention of ending the life of an eligible patient. Further details about the analysis of this question can be found in the box below.

Three in ten (29%) surveyed members gave a free text response at this question, a total of 8,139 responses. Analysis (i.e. all percentages) is based only on these surveyed members and excludes those who selected 'Nothing to add/Prefer not to say' or typed a similar comment into the open answer field.

Again, free text answers were coded to a thematic code frame. To allow analyses to focus on the differences in views between doctors **prescribing** and **administering** life-ending drugs, the code frame was designed with this focus in mind. Accordingly, in the many cases where surveyed members gave a view relating to the wider topic of assisted dying more generally, these answers were coded under 'Other answer' and are not focused on again here. A quarter (25%) of free text responses fell into this category. Three common themes that emerged in these responses were: a) palliative care (that this should be the focus and should be better resourced and available); b) vulnerable patients and the potential that they could be coerced into making this decision; and c) that doctors should be able to opt out/conscientiously object to involvement.

The code frame was divided into two parts: views which **opposed** a change in the law and those which were in **support** of a change. Answers could fall into multiple codes, these sometimes falling on both sides of the debate depending on the content.

On average, 1.4 codes were applied to each free text response; the maximum number of codes applied to an answer was 6.

Analysis focuses on the themes that were expressed by at least 5% of surveyed members who provided a free text response at this question.

Reasons for supporting a change in the law to permit doctors to administer life-ending drugs

Four in ten (41%) surveyed members who gave a free text response at this question gave at least one reason for supporting a change in the law to permit doctors to administer life-ending drugs. Below are the top **four** reasons for supporting a change in the law, all given by at least 5% of surveyed members who provided a free text response at this question.

The most commonly given reason, cited by 16%, was that this would be the right thing for patients who would like to end their lives but are **not able to self-administer the drugs**. This point of view was in line with the top reason for supporting doctors prescribing life-ending drugs, where surveyed members felt strongly that patients should have the right to

choose this as a treatment option. Free text responses here mentioned that these patients should not be discriminated against unfairly due to their inability to administer the drugs themselves and that they should be able to choose to die in the same way as fully able patients.

Echoing earlier findings concerning doctors being involved in the process of prescribing life-ending drugs, the second reason for supporting the administration of these drugs by doctors came with a range of **conditions**; 13% said they would support doctors administering these drugs as long as there were clear guidelines and legislation around how this would be carried out. Surveyed members mentioned the importance of rigorous legislation and protections and careful monitoring of the process.

Next, a tenth (10%) expressed the view that they would support administering life-ending drugs for **any eligible patient**. Free text responses within this theme mentioned the importance of overall holistic care for patients and that administering these drugs would be included under this provision; this would be an extension to prescribing these drugs and if patients would like to die in a calm dignified way on their terms, then that is their choice.

The fourth most common view, expressed by 7% was that administering life-ending drugs should be **a specialist role**, carried out by specially trained doctors or by more than one doctor. This felt a continuation of the views expressed earlier, where surveyed members also said the prescribing process should be a specialist role. Here, these responses mentioned the importance of making administering life-ending drugs a specialist area, involving experts who have undergone dedicated training and certification.

Reasons for opposing a change in the law to permit doctors to administer life-ending drugs

Just under half (48%) of surveyed members who gave a free text response at this question gave at least one reason which opposed doctors administering life-ending drugs. Below are the top **five** reasons for opposing a change in the law, all given by at least 5% of surveyed members who gave a free text response at this question.

The top two most commonly expressed reasons for opposing doctors administering life-ending drugs centred on surveyed members' beliefs. The top reason, given by 22%, matched that given earlier when exploring views on doctors prescribing these drugs, this time that administering goes **against their medical ethical beliefs around the role of doctors**. Some surveyed members cited the Hippocratic oath of 'do no harm' and commented that doctors administering life-ending drugs is a step further than prescribing and that this does not fit with their views around the role of doctors.

Differing to views on prescribing however, **personal beliefs and principles** was the second most common reason for opposing doctors administering life-ending drugs, given by 17%, in comparison with 9% where it was the fifth most common reason for opposing prescribing life-ending drugs. Some surveyed members mentioned their own personal religious beliefs and that this would be a line that should not be crossed by doctors.

The third most commonly given view, by 8%, was that administering life-ending drugs would be an **additional burden on doctors**, exposing them to greater risk than their involvement in prescribing. Free text responses indicated that surveyed members felt the administering of life-ending drugs would be a huge pressure on doctors and a greater responsibility than prescribing due to the challenging nature of such a task and that it would simply be too much to ask. Views also expressed concerns relating to doctors being open to litigation from patients' family members.

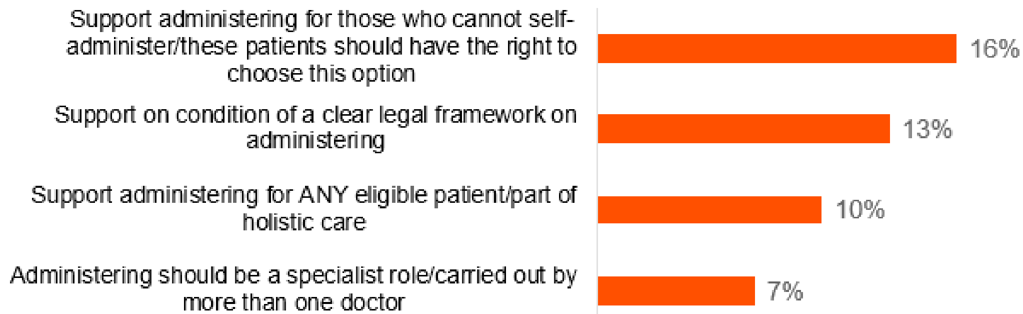
Seven percent felt that administering life-ending drugs would **negatively impact on the relationship between patients and doctors** and the trust held between them. Surveyed members who gave this reason felt that the trust between doctors and patients would be in danger of being undermined should administering life-ending drugs be an option.

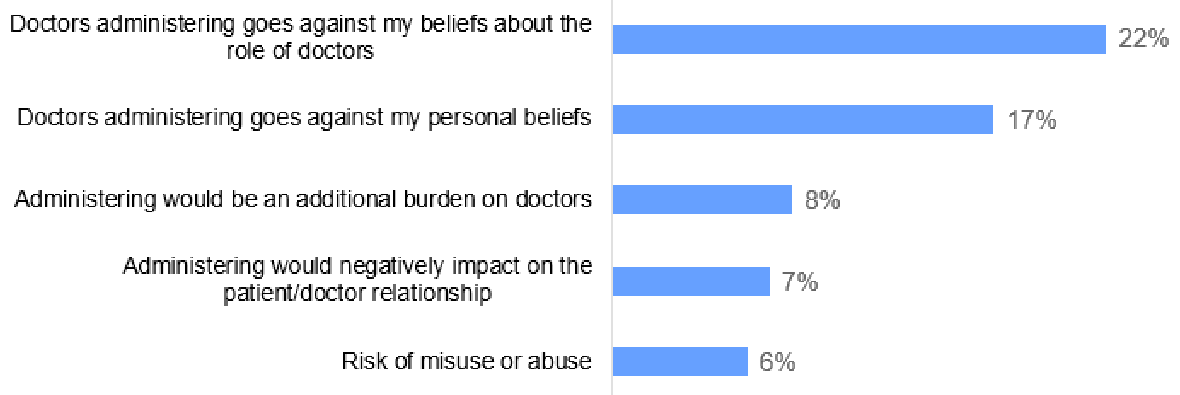
Six percent cited **concerns surrounding the risk of misuse or abuse**. Comments referred to misuse or abuse by individual doctors or more widely within families or as a way to save money.

Figure 5.12 shows both supporting and opposing reasons to a change in the law to permit doctors to administer life-ending drugs, given by at least 5% of surveyed members who gave a free text response at this question.

Figure 5.12 Reasons for supporting and opposing a change in the law to permit doctors to administer drugs with the intention of ending an eligible patient's life

(figure shows reasons given by at least 5% of surveyed members who gave a free text response to this question)





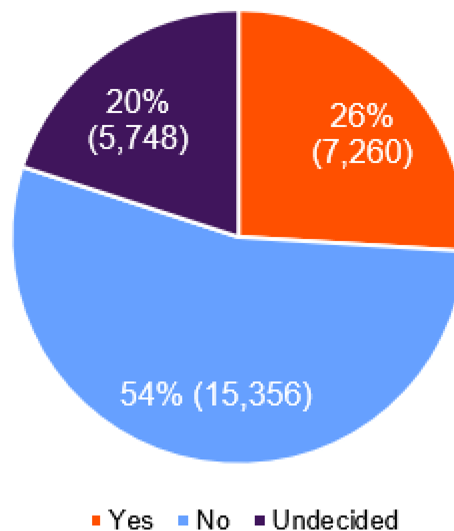
Please expand on your views on doctors **administering** drugs with the intention of ending an eligible patient's life and the reasons for them.
Base – All surveyed members who gave a free text response at Q8: 8,139

5.4 What are surveyed members' views on whether they would be prepared to actively participate in any way in the process of administering drugs to eligible patients?

Surveyed members were asked whether they would be prepared to actively participate in the process of administering drugs, should it be legalised.

Overall, 54% were not prepared to actively participate in the process, a quarter (26%) were willing to actively participate, while one fifth (20%) were undecided on the matter.

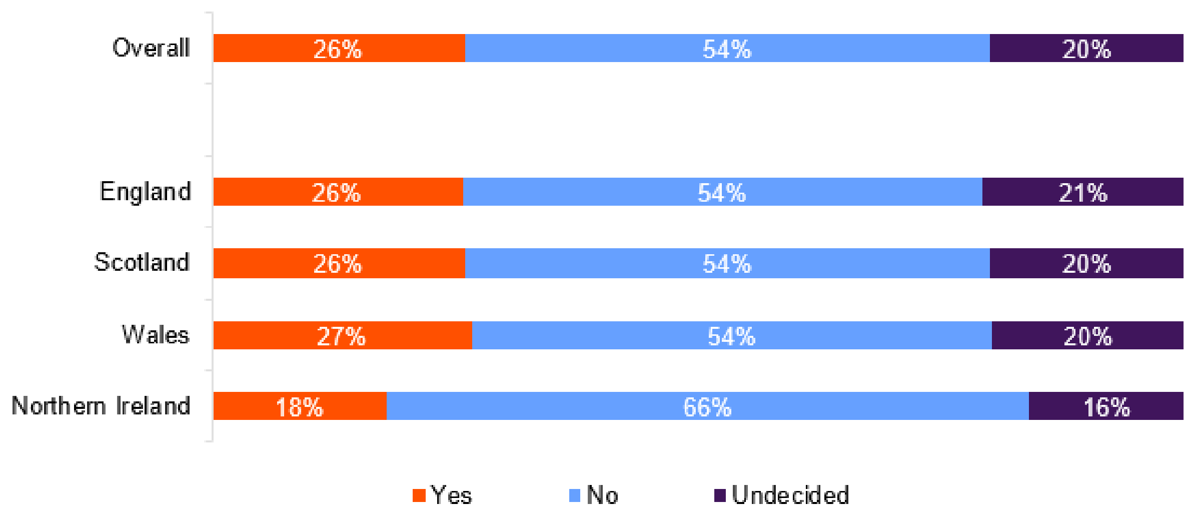
Figure 5.13 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life



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?
Base – All surveyed members: 28,364

As seen with many questions throughout the survey, there was little to no variation between surveyed members in England, Scotland and Wales. However, surveyed members in Northern Ireland were more likely to say they would not be willing to actively participate in the process of administering life-ending drugs, should it be legalised (66%, versus 54% in England, Scotland and Wales).

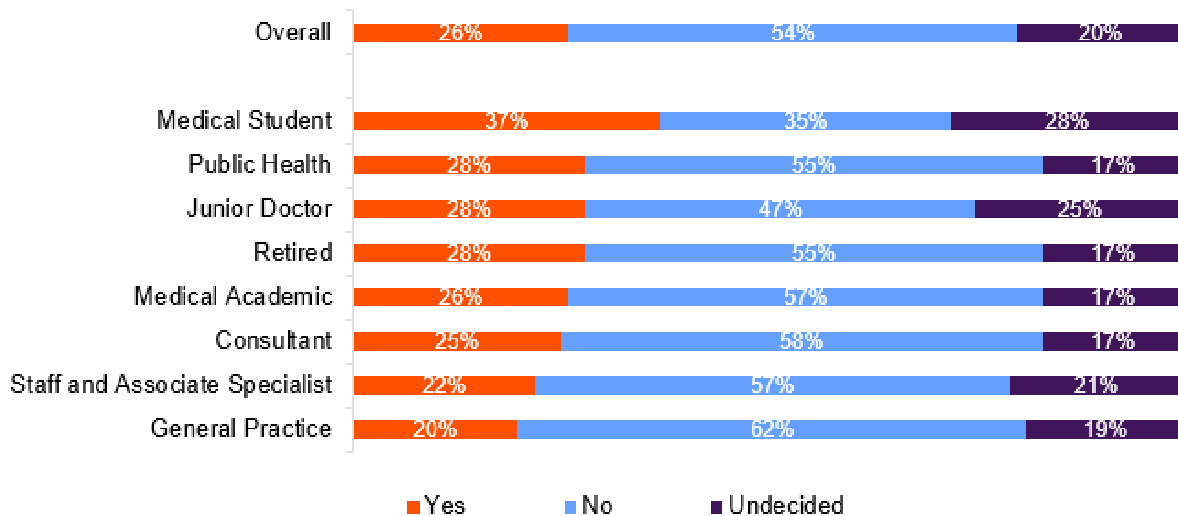
Figure 5.14 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life, by nation



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? Base – All surveyed members: 28,364, England (22,113), Scotland (3,512), Wales (1,366), Northern Ireland (1,001)

Willingness to actively participate in the process varied by branch of practice. Most notably General Practitioners (62%) and Medical Academics (57%) were more likely than almost all other branches of practice to say they would not be willing to actively participate in the process.[21] Whereas, Medical Students were more likely than any other branch of practice to say they would be willing to actively participate in the process of administering life-ending drugs, should it be legalised (37%, versus a highest of 28% amongst any other branch of practice).

Figure 5.15 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life, by branch of practice

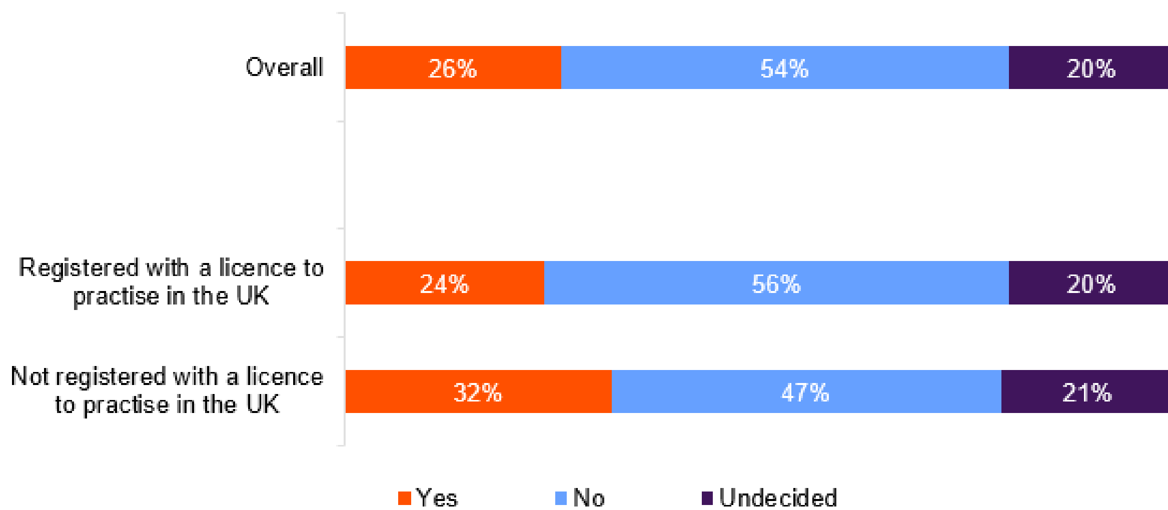


If the law were to change in the future so that doctors were permitted to administer drugs with the intention of ending an eligible patient's life, would you be prepared to actively participate in any way in the process? Base – All surveyed members: 28,364, General Practice (7,698), Consultant (7,223), Junior Doctor (5,626), Public Health (205), Medical Academic (433), Staff and Associate Specialist (1,141), Medical Student (2,492), Retired (3,154)

[21] While the figure for GPs is higher than that for Medical Academics, there is a margin of error around all figures that means it is not possible to confirm that GPs are the single most likely group to report this view. It is however possible to confirm that the figure for GPs is higher than for Staff and Associate Specialists, even though Staff and Associate Specialists have the same percentage as Medical Academics, due to the different margins of error.

Differences in opinion existed between surveyed members who were registered with a licence to practise in the UK and those who were not. Surveyed members registered with a licence to practise were more likely than those who were not to say that they would not be willing to actively participate in the process (56% compared with 47%). Conversely, surveyed members who were not registered with a licence to practise were more likely than those who were to say they would be willing to actively participate in the process of administering life-ending drugs, should it be legalised (32% compared with 24%).

Figure 5.16 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life, by whether they were registered with a licence to practise in the UK



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? Base – All surveyed members: 28,364, Registered with a licence to practise in the UK (22,491), Not registered with a licence to practise in the UK (5,873)

Surveyed members whose specialty was one of the following were more likely than surveyed members generally to say they would be willing to participate in the process of administering life-ending drugs, should it be legalised:

- Intensive care medicine (38% willing to participate)
- Emergency medicine (35%)
- Anaesthetics (33%)
- Obstetrics and gynaecology (32%)
- Trauma and orthopaedic surgery (31%)

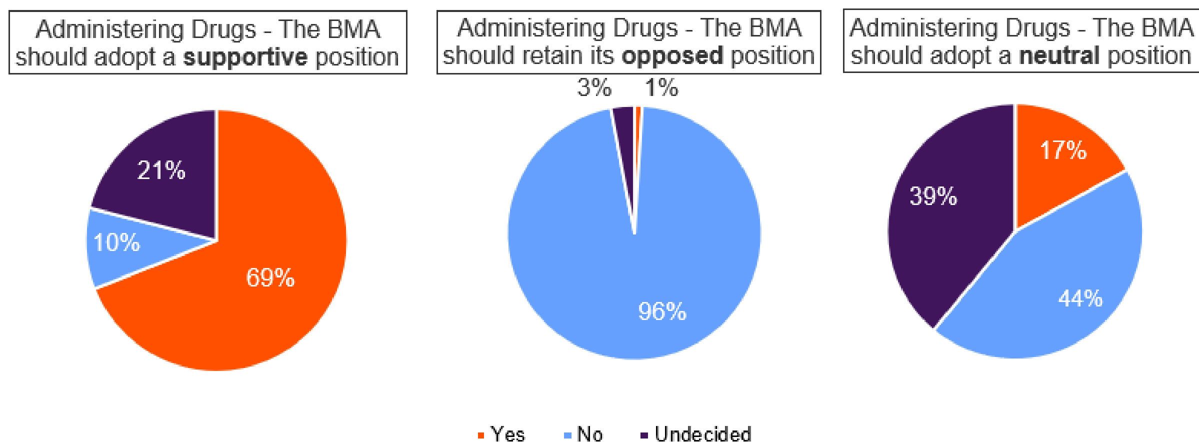
Whereas, surveyed members whose specialty was one of the following were more likely than surveyed members generally to say they would not be willing to actively participate in the process of administering life-ending drugs, should it be legalised:

- Palliative medicine (84% not willing to participate)
- Clinical oncology (69%)
- Rheumatology (68%)
- Gastroenterology (66%)
- Renal medicine (66%)
- Geriatric medicine (65%)
- Ophthalmology (65%)
- General practice (61%)

See appendix C for a full breakdown of the differences by specialty.

There was a clear relationship between willingness to actively participate in the process of administering life-ending drugs and views on what the BMA's position should be on a change in the law to permit doctors to administer these drugs. Seven in ten (69%) surveyed members who felt the BMA should support a change in the law said they would be prepared to actively participate in the process. Conversely ninety-six percent (96%) of those who felt the BMA should oppose a change in the law said they would be unwilling to actively participate in the process of administering life-ending drugs, should it be legalised. See figure 5.17.

Figure 5.17 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life, by opinion on the BMA's position[22]

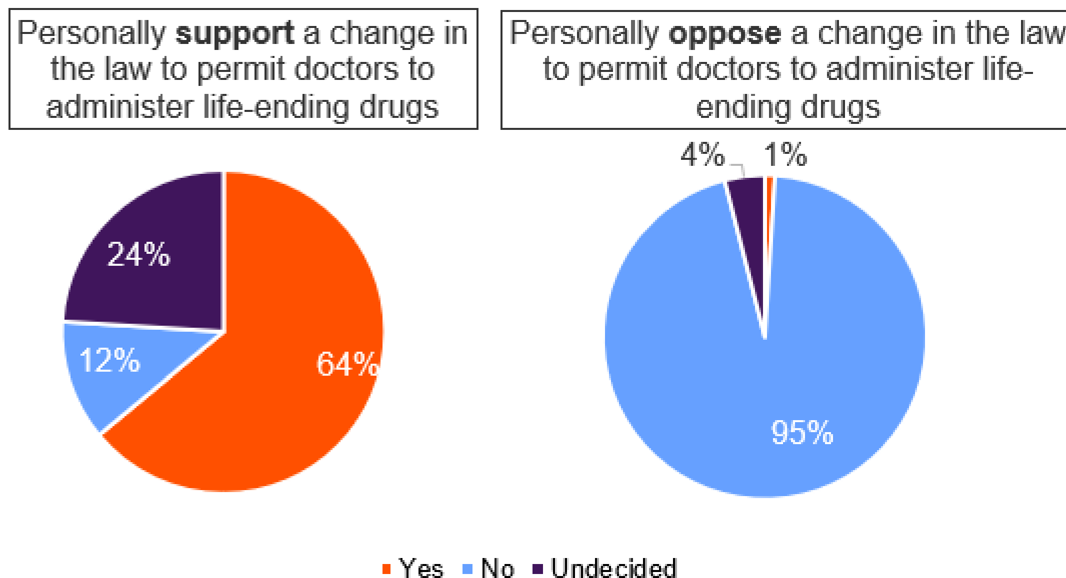


If the law were to change in the future so that doctors were permitted to **administer** drugs with the intention of ending an eligible patient's life, would you be prepared to actively participate in any way in the process?
Base – All surveyed members: 28,364, Support (8,401), Oppose (11,493), Neutral (6,372), Undecided (2,090)

[22] The total base of respondents who answered this question is higher than the sum of subgroup base sizes visible in the base text. This is because 8 respondents who answered the question on willingness to actively participate did not provide any response to the question on the BMA's position.

The great majority (95%) of surveyed members who personally opposed a change in the law to permit doctors to administer life-ending drugs would be unwilling to actively participate in the process. Whereas just under two thirds (64%) who personally supported such a change in the law would be willing to actively participate in the process of administering life-ending drugs, should it be legalised.

Figure 5.18 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life, by personal stance on whether there should be a change in the law to allow doctors to administer life-ending drugs[23]

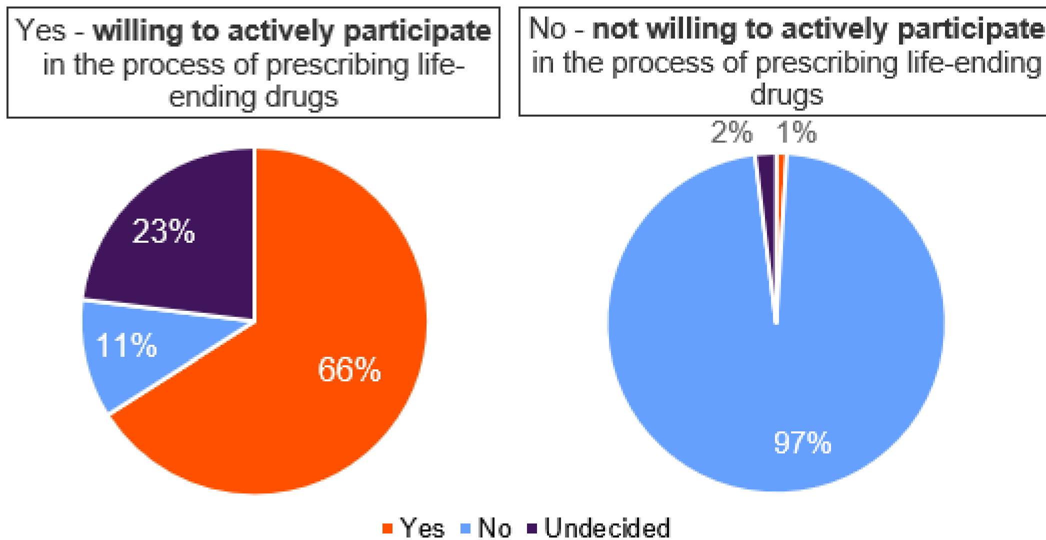


If the law were to change in the future so that doctors were permitted to administer drugs with the intention of ending an eligible patient's life, would you be prepared to actively participate in any way in the process?
Base – All surveyed members: 28,364, Support (10,470), Oppose (13,048), Undecided (4,845)

There was also a relationship between willingness to actively participate in the process of administering life-ending drugs and willingness to be involved in the process of prescribing these drugs. Two thirds (66%) of surveyed members who would be willing to actively participate in the process of prescribing these drugs would also be willing to actively participate in the process of administering these drugs. One in ten (11%) were not willing and 23% were undecided. Whereas, 94% of those who would not be willing to actively participate in the process of prescribing life-ending drugs would also be unwilling to actively participate in the process of administering these drugs, should it be legalised.

[23] The total base of respondents who answered this question is higher than the sum of subgroup base sizes visible in the base text. This is because 1 respondent who answered the question on willingness to actively participate in the process did not provide a response to the question on their personal view.

Figure 5.19 Willingness to actively participate in the process of administering drugs with the intention of ending an eligible patient's life, by willingness to actively participate in process of prescribing drugs for eligible patients to self-administer to end their own life



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?
Base – All surveyed members: 28,364, Yes (10,263), No (12,851), Undecided (5,250)

5.5 Reasons for and against active participation in the process of administering life-ending drugs

Surveyed members were asked to expand in their own words on their views regarding their own **active participation** in the process of administering life-ending drugs with the intention of ending the life of an eligible patient. More details about the analysis of this question can be found in the box below.

Seventeen percent of surveyed members gave a free text response at this question, a total of 4,694 responses. Analysis (i.e. all percentages) is based only on these surveyed members and excludes those who selected 'Nothing to add/Prefer not to say' or typed a similar comment into the open answer field.

Again, free text answers were coded to a thematic code frame. To allow analyses to focus on the differences in views between surveyed members' **personal participation** in the process of 'administering' and 'prescribing' drugs, and specifically the role the individual would play, the code frame was designed with this focus in mind. Accordingly, in the many cases where surveyed members gave a view relating to the wider topic of assisted dying or the participation of doctors more generally in administering life-ending drugs, these answers were coded under 'Other answer' and are not focused on again here. Sixteen percent of free text responses fell into this category. As seen before, the three common themes that fell into this category were: a) palliative care; b) vulnerable patients and the potential for coercion; and c) that doctors should be able to opt out/conscientiously object.

The code frame was divided into two main parts: reasons **for** actively participating in the process and reasons **against** doing so.

On average, 1.2 codes were applied to each free text response; the maximum number of codes applied to an answer was 5.

Fifteen percent explicitly said they were unlikely to be called upon to participate in the process (for example if they were retired or worked in a non-related medical field), but many went on to give a view on whether they would be prepared to participate in administering life-ending drugs if the circumstance did present itself.

As before, reasons **for** active participation in the process fell into a narrower range of categories than reasons **against** active participation in the process. Analysis focuses on the themes that were expressed by at least 5% of surveyed members who provided a free text response at this question.

Reasons for actively participating in the process of administering life-ending drugs

A quarter (25%) of surveyed members who gave a free text response at this question gave at least one free text comment that indicated they would be willing to actively participate in the administration of life-ending drugs, should it be legalised. Below are the top **two** reasons

why they would be prepared to actively participate in the process, all given by at least 5% of surveyed members who gave a free text answer to this question.

Following a similar theme to the responses to earlier questions, the most commonly expressed view on the support for active participation in the process of administering came with a list of conditions in exchange for this support. Twelve percent said they would participate in the process of administering, or would consider doing so, on the condition that **a clear framework and guidelines** are put in place along with sufficient training, time and support to allow them to do so. Surveyed members mentioned the importance of legal support, necessary checks, rules and procedures, that the patient has capacity to make this decision and that all the details would need to be fully examined before proceeding.

A tenth (11%) expressed the view that they would be prepared to be involved in the process of administering these drugs for **any eligible patient**. Free text answers cited the suffering of patients and the lack of quality of life. Surveyed members expressing this view frequently commented that if this was their patient's wish, then it would be their role to support them through this, to allow them to have a peaceful death. They also mentioned that if they supported the principle overall then they should be prepared to participate in the process.

Reasons against actively participating in the process of administering life-ending drugs

Half (50%) of surveyed members who provided a free text response at this question gave at least one free text response which indicated they would not be willing to actively participate in the process of administering life-ending drugs, in comparison with 25% who gave a response indicating they would be willing to. As with prescribing life-ending drugs, reasons **against** active participation in the process of administering were more commonly offered than those in support of active participation in the process and these fell into a wider range of themes. Below are the top **three** reasons surveyed members gave for why they would **not** be prepared to actively participate in the process of administering drugs with the intention of ending the life of an eligible patient, all given by at least 5% of surveyed members who provided a free text response at this question.

The top two reasons matched those given for prescribing life-ending drugs, with just under a quarter (24%) giving their own **personal ethical beliefs and principles** as the reason for not wanting to actively participate in the process. Surveyed members gave some quite strong views here against intentionally ending the lives of patients and that this would go against their own religious and moral beliefs.

Medical ethical beliefs were the second most prevailing reason for not actively participating in the process of administering drugs, this view was given by 15%. Comments centred on administering life-ending drugs not being part of a doctor's role and it being contrary to medical professional ethics and the Hippocratic oath.

The third most commonly given view, given by 10%, was that while they would not personally participate in the process of administering life-ending drugs, they would be prepared to **refer their patients to another doctor or specialist service** for this to take place. Free text responses showed that while some surveyed members may agree with the

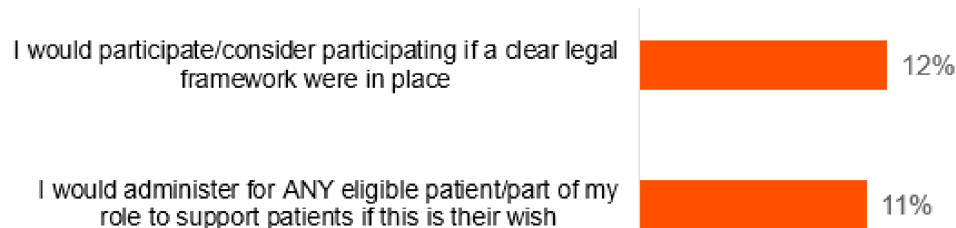
principle of administering life-ending drugs, they would not be comfortable administering these and instead would support their patients in this by referring them to specialists who could provide it.

Figure 5.20 shows reasons both for and against actively participating in the process of administering life-ending drugs, should it be legalised, given by at least 5% of surveyed members who gave a free text response at this question.

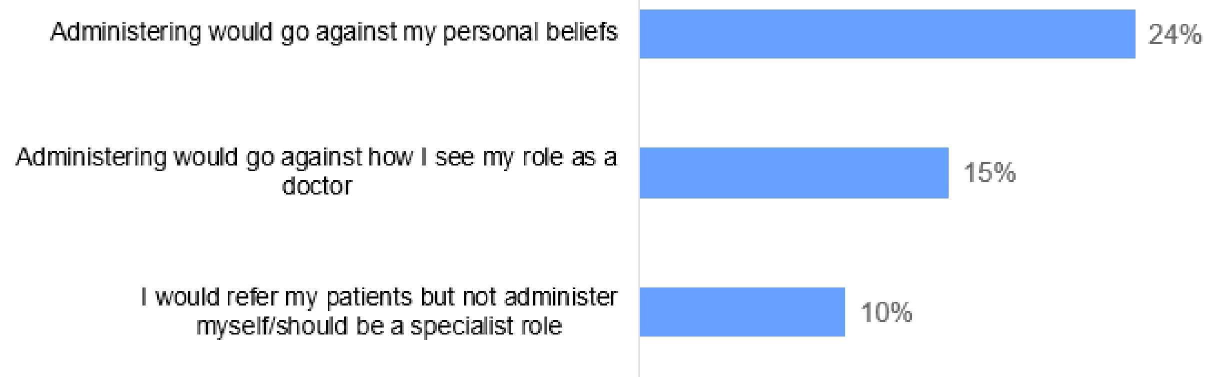
Figure 5.20 Reasons for and against actively participating in the process of administering drugs with the intention of ending an eligible patient's life

(figure shows reasons for and against participation given by at least 5% of surveyed members who gave a free text response at this question)

Reasons FOR actively participating



Reasons AGAINST actively participating



Please expand on your views on whether you would be prepared to actively participate (in the process of administering lethal drugs) and the reasons for them.
Base – All surveyed members who gave a free text response at Q10: 4,694

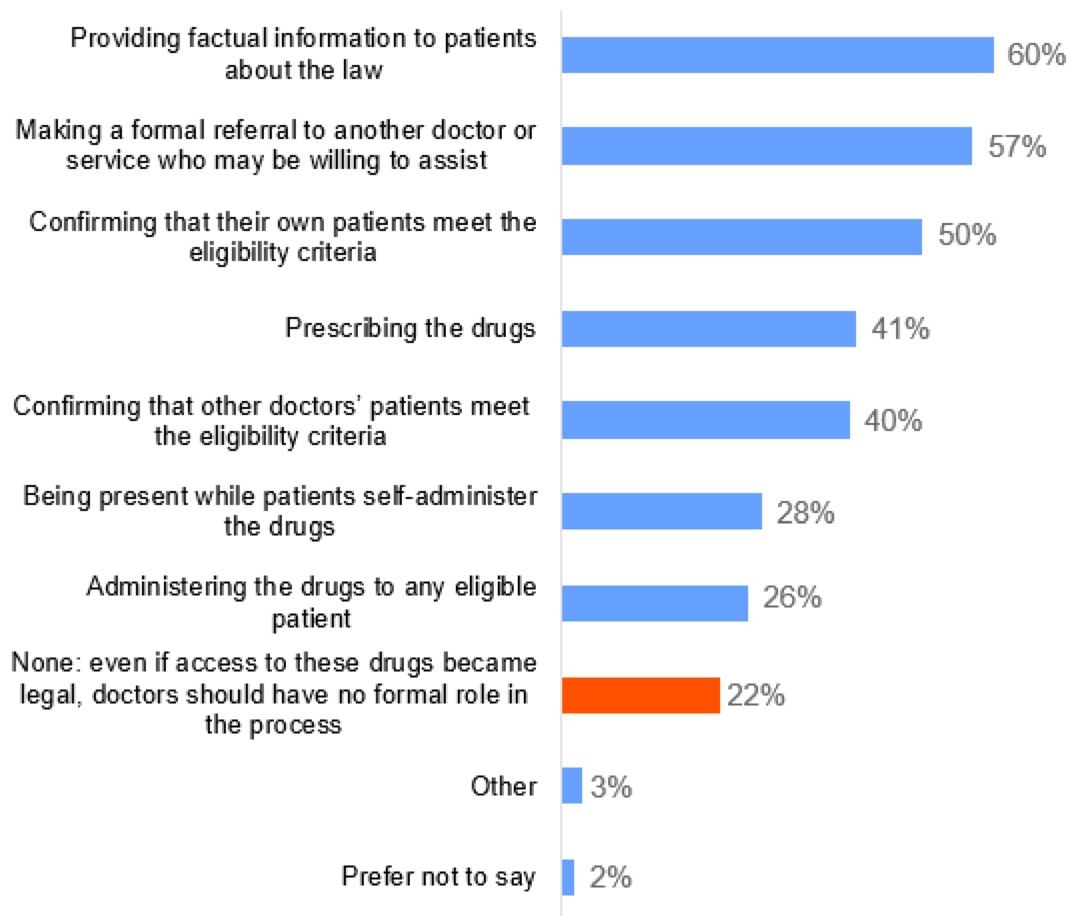
6. Surveyed members' wider opinions on how the BMA should respond in the event of any future proposals to change the law

Surveyed members were asked a number of additional questions to understand their wider opinions on how the BMA should respond if there were to be proposals to change the law in the future. The questions were framed in a way that reflected this.

6.1 The role of doctors

In the event of a change in the law, surveyed members were asked what role doctors should play. They could give more than one answer to this question. The most commonly cited answers included to provide factual information to patients about the law (60%), to make a formal referral to another doctor or service who may be willing to assist (57%) and to confirm that their own patients meet the eligibility criteria (50%). Furthermore, four in ten (41%) believed that the role of doctors should be to prescribe the drugs and the same proportion (40%) to confirm that other doctors' patients meet the eligibility criteria. Just over one fifth (22%) believed doctors should have no formal role in the process, even if prescribing and/or administering these drugs became legal. See figure 6.1.

Figure 6.1 Surveyed members' views on what the role of doctors should be if there were to be proposals to change the law in the future



At this question surveyed members were able to answer 'Other' and give more information in a free text response. Overall, 918 members provided a free text response. Analysis focuses on the themes that were expressed by at least 5% of surveyed members who provided a free text response at this question. For this question, the following answers reached this threshold:

- Providing support and counselling to all patients and family members (16% of free text responses)
- Offer/promote alternatives such as palliative care to avoid patients choosing physician-assisted dying (15%)
- Working as part of an 'end-of-life' team rather than alone (15%)
- Doctors should not have any role if they choose to conscientiously object (11%)
- This does not need to be a role for all/it should be a separate or specialist role (8%)
- Providing factual information to patients about the process (6%)
- Involvement in the strategic design of this new process (5%)

6.2 Eligibility criteria

Surveyed members were also asked who should be eligible to access life-ending drugs if there were to be proposals to change the law in the future. More than one answer could be selected at this question.[24]

Overall, a small majority of surveyed members (58%) felt that 'patients with a physical condition causing intolerable suffering which cannot be relieved' should be eligible.

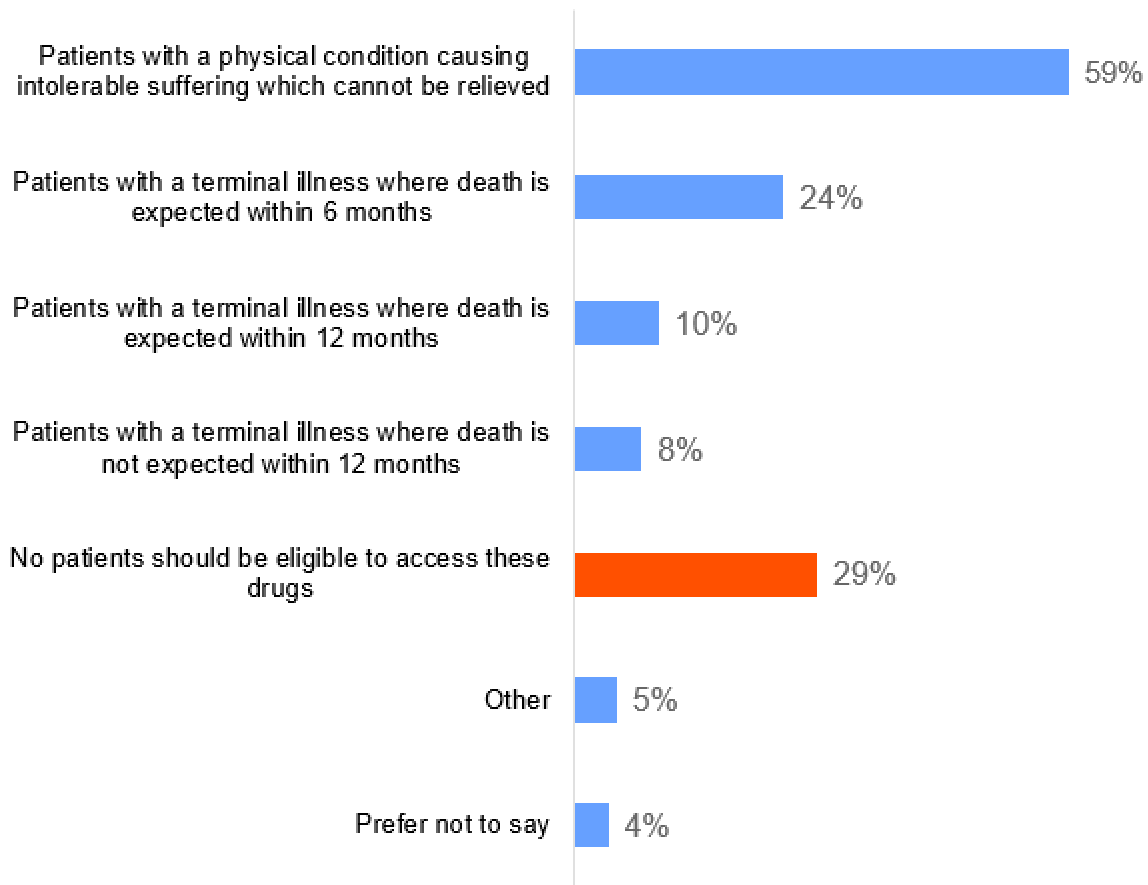
A quarter (24%) felt that patients with a terminal illness where death is expected in less than 6 months should be eligible, one in ten (10%) where death is expected in less than 12 months, and 8% where death is not expected within 12 months.[25]

Just under three in ten (28%) felt that patients should not be eligible to access these drugs regardless of their condition.

[24] Surveyed members could only select one answer code out of the first three. Please find the question text and answer codes in the appendix.

[25] Of the answer codes 'Patients with a terminal illness where death is…', '…expected in 6 months', '…expected in 12 months' and '…not expected in 12 months', these were intended as *maximum* periods. Thus 'expected in 12 months' would represent death being expected at any time up to 12 months and 'not expected within 12 months' would include any patient with a terminal illness irrespective of when death is expected.

Figure 6.2 Surveyed members' views on which patients should be eligible, if there were to be a change in the law, to access life-ending drugs



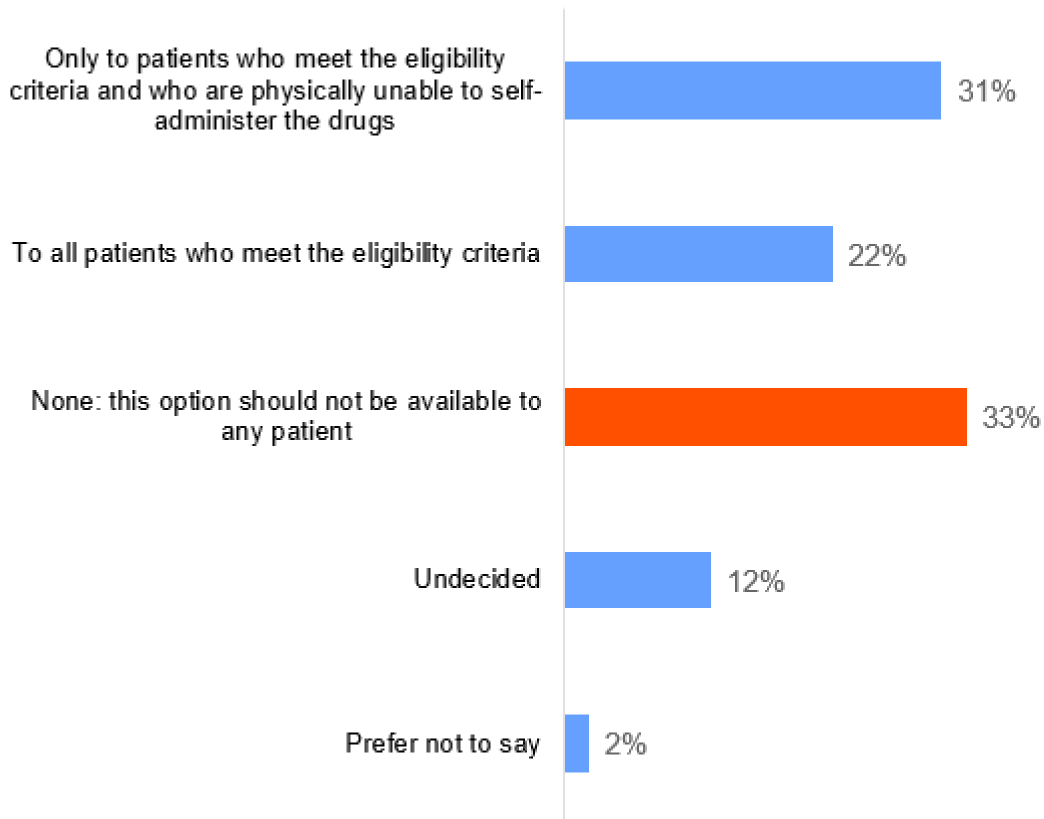
If there were to be proposals to change the law in the future, **which of the following types of patients** do you think should be eligible to access lethal drugs?
Base: All surveyed members (28,013)

As with the previous question, surveyed members were able to answer 'Other' to give more information in a free text response. Overall, 1,450 members provided a free text response. Analysis focuses on themes that were expressed by at least 5% of surveyed members who provided a free text response at this question. For this question, the following answers reached this threshold:

- Focus should be on quality of life and not linked to prognosis/life expectancy (41% of free text responses)
- Patients with a mental health condition causing intolerable suffering which cannot be relieved (19%)
- Patients with a condition that is expected to get worse and may choose this option before experiencing intolerable suffering (12%)
- Patients with a terminal illness where death is expected within a shorter time frame than 6 months (11%)
- Patients who lack capacity but have made an advance request for this (7%)
- Consideration should take place on a case-by-case basis (7%)

Surveyed members were then asked if all eligible patients should be able to have life-ending drugs administered to them by a doctor or only those who are unable to self-administer. A further answer code 'this option should not be available for any patient' was also made available. Three in ten (31%) said that only patients who meet the eligibility criteria and are unable to self-administer should be allowed this option, just over a fifth (22%) believed this option should be available to all patients who meet the eligibility criteria and one third (33%) said that this option should not be available for any patients.

Figure 6.3 Surveyed members' views on which patients should be eligible, if there were to be a change in the law, to have life-ending drugs administered by a doctor

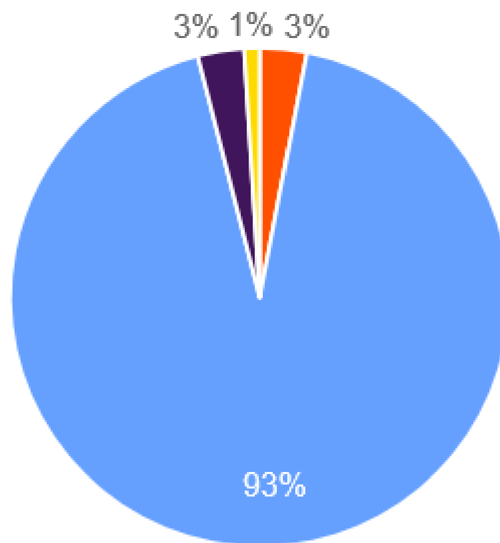


If the law were to change to permit doctors to administer drugs with the intention of ending an eligible patient's life. Do you think this option should be available..
Base – All surveyed members: (27,951)

6.3 Conscientious objection

Surveyed members were asked their thoughts on whether individual doctors should be able to conscientiously object to participating in the process of prescribing or administering life-ending drugs in the future, if the law were to change. An overwhelming majority (93%) of surveyed members felt that individual doctors should be able to exercise a conscientious objection to participation, 3% said that all doctors should participate and 3% were undecided.

Figure 6.4 Surveyed members' views on conscientious objection to actively participating in the process of prescribing or administering life-ending drugs for eligible patients



- All doctors should be expected to participate
- Individual doctors should be able to exercise a conscientious objection to participation
- Undecided
- Prefer not to say

If there were to be proposals to change the law surrounding access to lethal drugs in the future...
Base – All surveyed members: 27,907

6.4 Issues the BMA should call for in the event of proposals to change the law in the future

At the very end of the questionnaire, surveyed members were asked for their views on issues the BMA should call for, in the event of future proposals to change the law. Further details can be found in the box below.

Just under a fifth (18%) of surveyed members gave a free text response at this question, a total of 4,720 responses. Analysis (i.e. all percentages) is based only on these surveyed members and excludes those who selected ‘Nothing to add/Prefer not to say’ or typed a similar comment into the open answer field.

As with all the open questions, surveyed members’ free text answers were coded to a thematic code frame. To allow focus on clear issues that the BMA should call for, responses that gave a general view on whether the BMA should support, oppose or take a neutral stance on this topic were coded under ‘Other answer’ and are not focused on again here. Just over a third (34%) of free text responses fell into this category. Surveyed members also used this open question to reiterate more general views expressed at earlier questions and again these responses fell into the ‘Other’ category and are not re-examined here.

On average, 1.4 codes were applied to each free text response; the maximum number of codes applied to an answer was 7.

Analysis focuses on themes expressed by at least 5% of surveyed members who gave a free text response at this question.

Surveyed members’ free text answers covered a wide range of topics. Figure 6.7 shows the emergent themes expressed by at least 5% of surveyed members who provided a free text response at this question.

The most commonly raised issue, by 16% of those who gave a free text response at this question, centred on the existence of a **‘conscientious objection clause’** for doctors or organisations who did not want to actively participate. Surveyed members clearly stated that those who did not want to participate due to personal, ethical, moral or religious beliefs should be protected from doing so by being able to formally refuse or ‘conscientiously object’.

The second most prevalent theme concerned training and support for doctors; 16% stressed the importance of a **robust framework and clear guidance** on how to carry out these procedures. Doctors and clinicians would need clear information on the processes as well as extensive support, guidance, training and counselling.

The third most popular theme centred on **palliative care**. This was a consistent issue across the free text questions; 13% emphasised the need for greater investment in, review of, and accessibility of end-of-life care for all who might need it. Comments were that the focus would be better placed on investment in and training of staff working in this field and in hospices. These measures would help maximise life quality and reduce the demand for patients wishing to end their lives in this way.

A tenth (10%) used this opportunity to stress that even if it were legalised, prescribing and/or administering life-ending drugs is **not something that doctors or the medical profession as a whole should be involved in**. These members expressed the need for caution here and that doctors should not be placed in a position where this is expected of them.

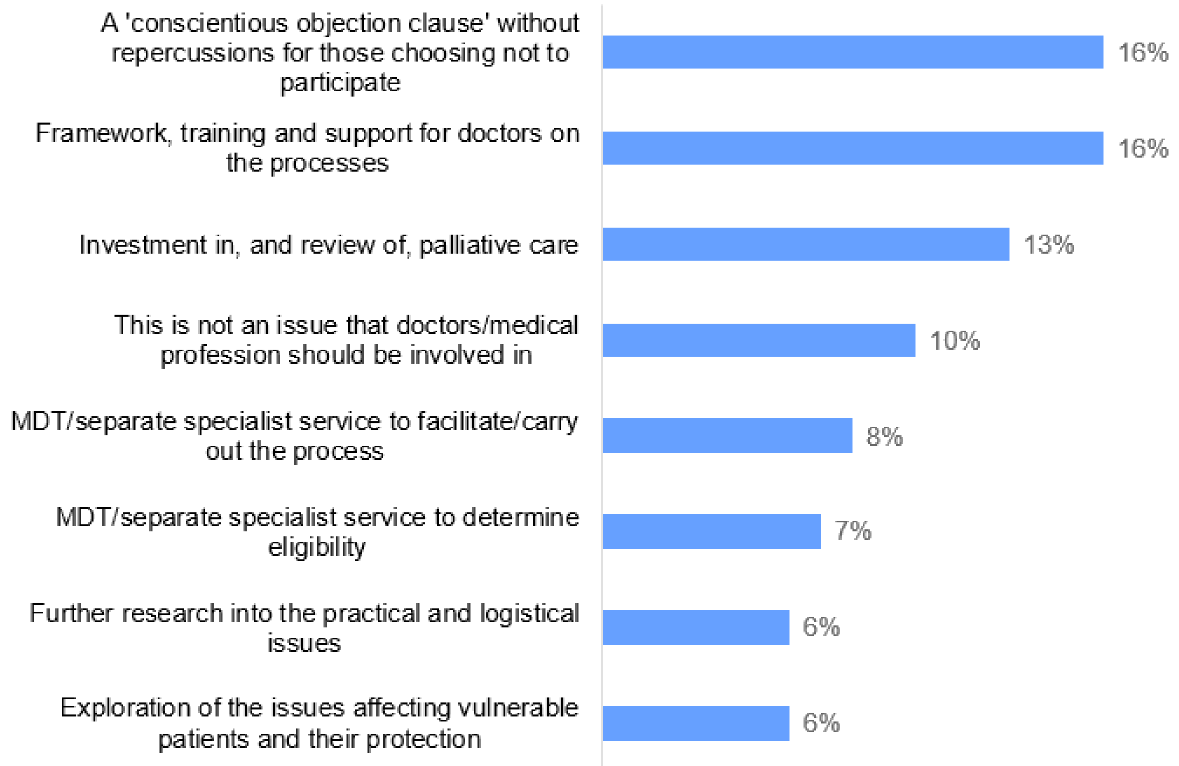
The fifth and sixth most prevalent views concerned the provision of **specialist services or multi-disciplinary teams** which would be responsible for prescribing and/or administering life-ending drugs. Views on the role of such a service fell into two categories: 1) **decisions surrounding eligibility** for the prescribing and/or administering of life-ending drugs, cited by 7%; and 2) the **facilitating/carrying out of the process** itself, mentioned by 8%. Comments emphasised how this service should be 'separate' from other areas of health care provision, with some suggestion that there should be at least two doctors from a range of specialisms consulting to reach a unanimous agreement in deciding on eligibility and the administration of the process. Some members expressed the view that such a service should be completely separate from mainstream clinical practice altogether.

Six percent commented that the **practical and logistical issues** needed further consideration and research before further action could be taken. Examples of this were discussions with doctors on the front line dealing with end-of-life care, research into patients suffering from chronic illness and further extensive review of experiences and evidence in other countries to understand lessons learned.

Vulnerable patients were the focus of the eighth most prevalent theme; 6% emphasised the need for further work into the issues affecting this group of patients and ensuring their protection. Surveyed members mentioned patients who are unable to advocate for themselves, those who are frail, elderly, with mental health issues or those who are severely disabled. The coercion of these patients was a topic of grave concern for surveyed members whose comments fell into this category.

Figure 6.5 Issues the BMA should call for in the event of proposals to change the law in future

(figure shows issues given by at least 5% of surveyed members who gave a free text response at this question)



Is there anything else that you would like to see the BMA call for, in the event of proposals to change the law in future?
Base – All surveyed members who gave a free text response at Q15: 4,720

7. Appendix A – Questionnaire

About the survey

Following a motion passed at the 2019 Annual Representative Meeting (ARM), we are carrying out a poll to survey our members on their views on what the BMA's policy position should be with respect to a change in the law to permit physician-assisted dying. The results of the survey will not be determinative, but your views will be fed into the BMA's Annual Representative Meeting (ARM) in June 2020, and help representatives attending that meeting to make an informed decision about what the BMA's position should be.

We will be asking you a series of questions and we would like you to answer as many questions as you can. Once you have answered questions 1, 2 and 4, however, you can exit the survey at any point by closing your web browser.

Prior to submitting your answers, you may exit and return to the survey at any point up until the survey's closing date on 27th February. Once your answers are submitted you will not be able to review or amend them.

The survey will take you around 5-10 minutes to complete.

What will I be asked?

You will be asked questions about two key scenarios:

- Situations where doctors would prescribe lethal drugs to eligible patients for self-administration. This is sometimes referred to as **physician-assisted dying** or **physician-assisted suicide**; and
- Situations where doctors would administer lethal drugs to eligible patients with the intention of ending their life. This is sometimes referred to as **voluntary euthanasia**.

Eligibility would be set out in any piece of legislation, but for the purposes of this survey we are assuming that the criteria for "eligible patients" 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.

We will also ask you some questions about your views on the role of the medical profession; criteria for patient eligibility; and conscientious objection. Your responses to these questions will help us understand our members' professional interests and concerns, so that we can represent them in the case of any future proposals to change the law.

You will have the opportunity to expand on or clarify your views in your own words at various points of the survey. All open-ended answers will be passed onto the BMA, so please do not include any information that will make your answers personally identifiable.

Thank you for your time.

Location

Where are you based?

1	England
2	Scotland
3	Wales
4	Northern Ireland
5	Other

Branch of Practice

Please select your branch of practice.

1	General practice
2	Consultant
3	Junior doctor
4	Public health
5	Civil service
6	Armed forces
7	Medical academic
8	Staff and associate specialist
9	Medical student
10	Retired
11	Other

Specialty

Please select your specialty/former specialty (if applicable)

Type in any part of your specialty. Type in more detail to narrow down the selection.

If you do not have a specialty, please select "Not Applicable".

1	Acute internal medicine
2	Allergy
3	Anaesthetics
4	Audio vestibular medicine
5	Aviation and space medicine
6	Cardio-thoracic surgery
7	Cardiology
8	Chemical pathology
9	Child and adolescent psychiatry
10	Clinical genetics
11	Clinical neurophysiology
12	Clinical oncology
13	Clinical pharmacology and therapeutics
14	Clinical radiology
15	Community sexual and reproductive health
16	Dermatology
17	Diagnostic neuropathology
18	Emergency medicine
19	Endocrinology and diabetes mellitus
20	Forensic histopathology
21	Forensic psychiatry
22	Gastroenterology
23	General (internal) medicine
24	General practice
25	General psychiatry
26	General surgery
27	Genitourinary medicine
28	Geriatric medicine
29	Haematology

30	Histopathology
31	Immunology
32	Infectious diseases
33	Intensive care medicine
34	Medical microbiology
35	Medical oncology
36	Medical ophthalmology
37	Medical psychotherapy
38	Medical virology
39	Neurology
40	Neurosurgery
41	Nuclear medicine
42	Obstetrics and gynaecology
43	Occupational medicine
44	Old age psychiatry
45	Ophthalmology
46	Oral and maxillofacial surgery
47	Otolaryngology
48	Paediatric and perinatal pathology
49	Paediatric cardiology
50	Paediatric surgery
51	Paediatrics
52	Palliative medicine
53	Pharmaceutical medicine
54	Plastic surgery
55	Psychiatry of learning disability
56	Public health medicine
57	Rehabilitation medicine
58	Renal medicine

59	Respiratory medicine
60	Rheumatology
61	Sport and exercise medicine
62	Trauma and orthopaedic surgery
63	Tropical medicine
64	Urology
65	Vascular surgery
66	Not applicable

Registered with a Licence to Practise in the UK

Are you currently registered or provisionally registered with a licence to practise in the UK?

1	Yes
2	No

The following questions concern a doctor prescribing lethal drugs at the voluntary request of an adult patient with capacity who meets defined eligibility criteria ("eligible patients"), to enable that patient to self-administer the drugs to end their own life. This is sometimes referred to as ***physician-assisted dying*** *or* ***physician-assisted suicide****.*

Q1

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?

1	Supportive – the BMA should actively support attempts to change the law
2	Opposed – the BMA should actively oppose attempts to change the law
3	Neutral – the BMA should neither actively support nor actively oppose attempts to change the law
4	Undecided

We will continue to represent our members’ professional interests and concerns in the event of future proposals for legislative change.

Q2

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?

1	Support
2	Oppose
3	Undecided

Q3

Please expand on your views on doctors **prescribing** drugs for eligible patients to self-administer to end their own life and the reasons for them.

Q4

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?

1	Yes
2	No
3	Undecided

Q5

Please expand on your views on whether you would be prepared to actively participate and the reasons for them.

Prefer not to say/nothing to add

The following questions concern a doctor administering lethal drugs at the voluntary request of an adult patient with capacity who meets defined eligibility criteria ("eligible patients"), with the intention of ending that patient's life. This is often referred to as ***voluntary euthanasia****.*

Q6

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?

1	Supportive – the BMA should actively support attempts to change the law
2	Opposed – the BMA should actively oppose attempts to change the law
3	Neutral – the BMA should neither actively support nor actively oppose attempts to change the law
4	Undecided

We will continue to represent our members' professional interests and concerns in the event of future proposals for legislative change.

Q7

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?

1	Support
2	Oppose
3	Undecided

Q8

Please expand on your views on doctors **administering** drugs with the intention of ending an eligible patient's life and the reasons for them. If you have nothing to add to the views you typed in at a previous question, please select 'Prefer not to say/nothing to add to previous answer'.

Prefer not to say/nothing to add to previous answer

Q9

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?

1	Yes
2	No
3	Undecided

Q10

Please expand on your views on whether you would be prepared to actively participate and the reasons for them. If you have nothing to add to the views you typed in at a previous question, please select 'Prefer not to say/nothing to add to previous answer'.

Prefer not to say/nothing to add to previous answer

The last few questions are aimed at gathering your views on some key aspects of physician-assisted dying to put us in the best position to represent our members' views and interests on this issue should the need arise.

Q11

If there were to be proposals to change the law in the future, what do you think the **role of doctors** should be in the process? Tick all that apply.

1	None: even if access to these drugs became legal, doctors should have no formal role in the process
2	Providing factual information to patients about the law
3	Confirming that their own patients meet the eligibility criteria
4	Confirming that other doctors’ patients meet the eligibility criteria
5	Making a formal referral to another doctor or service who may be willing to assist
6	Prescribing the drugs
7	Being present while patients self-administer the drugs
8	Administering the drugs to any eligible patient
9	Other - please specify
10	Prefer not to say

Q12

If there were to be proposals to change the law in the future, **which of the following types of patients** do you think should be eligible to access lethal drugs? Tick all that apply.

Select whichever answers apply. If relevant to you, please note that for options 1 to 3 you only need to select the longest time period that applies.

1	Patients with a terminal illness where death is expected within 6 months
2	Patients with a terminal illness where death is expected within 12 months
3	Patients with a terminal illness where death is not expected within 12 months
4	Patients with a physical condition causing intolerable suffering which cannot be relieved
5	Other - please specify
6	No patients should be eligible to access these
7	Prefer not to say

Q13

If the law were to change to permit doctors to **administer** drugs with the intention of ending an eligible patient's life. Do you think this option should be available….

1	To all patients who meet the eligibility criteria
2	Only to patients who meet the eligibility criteria and who are physically unable to self-administer the drugs
3	NONE: this option should not be available to any patient
4	Undecided
5	Prefer not to say

Q14

If there were to be proposals to change the law surrounding access to lethal drugs in the future…..

1	All doctors should be expected to participate
2	Individual doctors should be able to exercise a conscientious objection to participation
3	Undecided
4	Prefer not to say

Please note this is the final question of the survey. If you wish to review or edit any of your previous answers please do not progress to the next question as this will submit your answers. Once your answers are submitted you will not be able to review or amend them.

Q15

Is there anything else that you would like to see the BMA call for, in the event of proposals to change the law in future?

Nothing to add to answers already provided

Thank you for taking part in this survey. Your answers have now been successfully submitted.

8. Appendix B – Breakdown of demographics of surveyed members

Nation	
Total	28,986
England	22,616
	78%
Scotland	3,574
	12%
Wales	1,392
	5%
Northern Ireland	1,025
	4%
Other	379
	1%

Branch of Practice	
Total	28,986
General practice	7,826
	27%
Consultant	7,328
	25%
Junior doctor	5,769
	20%
Retired	3,214
	11%
Medical student	2,629
	9%
Staff and associate specialist	1,177
	4%
Medical academic	437
	2%
Public health	206
	1%
Armed forces	54
	*
Civil service	35
	*
Other	311
	1%

Registered with a licence to practise in the UK	
Total	28,986
Yes	22,918
	79%
No	6,068
	21%

Specialty/Former specialty	
Total[26]	26,357
General practice[27]	9,525
	36%
Anaesthetics	1,598
	6%
Paediatrics	1,029
	4%
General psychiatry	927
	4%
Emergency medicine	755
	3%
Geriatric medicine	725
	3%
Palliative medicine	604
	2%
General surgery	600
	2%

[26] A small number of surveyed members chose more than one speciality at this question so they appear in more than one category. This is why the sum of all answers in this table exceeds the total base.

[27] This includes surveyed members who selected General Practice as their branch of practice.

Obstetrics and gynaecology	**581**
	2%
General (internal) medicine	**490**
	2%
Clinical radiology	**478**
	2%
Trauma and orthopaedic surgery	**458**
	2%
Intensive care medicine	**423**
	2%
Respiratory medicine	**376**
	1%
Acute internal medicine	**344**
	1%
Public health medicine[28]	**330**
	1%
Cardiology	**301**
	1%

[28] This includes surveyed members who selected Public Health as their branch of practice.

Old age psychiatry	**296** **1%**
Gastroenterology	**276** **1%**
Ophthalmology	**242** **1%**
Haematology	**231** **1%**
Child and adolescent psychiatry	**230** **1%**
Clinical oncology	**205** **1%**
Neurology	**193** **1%**
Otolaryngology	**184** **1%**
Histopathology	**183** **1%**
Renal medicine	**171** **1%**

Endocrinology and diabetes mellitus	**167**
	1%
Rheumatology	**160**
	1%
Medical oncology	**149**
	1%
Urology	**146**
	1%
Occupational medicine	**141**
	1%
Dermatology	**131**
	*****
Forensic psychiatry	**119**
	*****
Plastic surgery	**118**
	*****
Genitourinary medicine	**107**
	*****

Infectious diseases	92
	*
Community sexual and reproductive health	88
	*
Vascular surgery	84
	*
Psychiatry of learning disability	80
	*
Oral and maxillofacial surgery	76
	*
Medical microbiology	74
	*
Neurosurgery	72
	*
Rehabilitation medicine	64
	*
Cardio-thoracic surgery	56
	*
Medical psychotherapy	55
	*

Paediatric surgery	44
	*
Clinical genetics	41
	*
Chemical pathology	31
	*
Pharmaceutical medicine	29
	*
Clinical neurophysiology	19
	*
Clinical pharmacology and therapeutics	19
	*
Medical ophthalmology	18
	*
Paediatric and perinatal pathology	18
	*
Immunology	14
	*
Paediatric cardiology	13
	*

Sport and exercise medicine	**10**
	*****
Nuclear medicine	**8**
	*****
Forensic histopathology	**8**
	*****
Audio vestibular medicine	**7**
	*****
Diagnostic neuropathology	**7**
	*****
Medical virology	**5**
	*****
Tropical medicine	**5**
	*****
Aviation and space medicine	**3**
	*****
Allergy	**2**
	*****
Not applicable	**2351**
	9%

9. Appendix C – Breakdown of results by specialty

Tables showing the results for questions 1, 2, 4, 6, 7 and 9 broken down by specialty can be found below. Significance testing has been carried out against the total sampled population, rather than between sub-groups for these results. Results highlighted in green are significantly higher than the overall results, and results highlighted in red are significantly lower than the overall total.

Specialties have only been included if the base size is 100 or more, as smaller base sizes tend to be less reliable. Due to the fact specialties with a base size lower than 100 have been excluded from the table, the sum of all specialties in the table will not be equal to the total base. Where a specialty with a base of less than 100 was a tertiary specialty we have included those data within the relevant secondary level specialty (guided by the National Workforce Data Set from NHS Digital).

	Q1 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?				
	Base	Supportive – the BMA should actively support attempts to change the law	Opposed – the BMA should actively oppose attempts to change the law	Neutral – the BMA should neither actively support nor actively oppose attempts to change the law	Undecided
Base	**26,357**	**10,256**	**8,947**	**5,670**	**1,484**
		39%	**34%**	**22%**	**6%**
Acute internal medicine	**344**	123	117	85	19
		36%	34%	25%	6%
Anaesthetics	**1,598**	811	348	358	81
		51%	22%	22%	5%

Cardiology	**301**	119	109	63	10
		40%	36%	21%	3%
Child and adolescent psychiatry	**230**	103	67	47	13
		45%	29%	20%	6%
Clinical oncology	**205**	59	91	46	9
		29%	44%	22%	4%
Clinical radiology	**478**	248	116	88	26
		52%	24%	18%	5%
Dermatology	**131**	63	39	21	8
		48%	30%	16%	6%
Emergency medicine	**755**	377	166	169	43
		50%	22%	22%	6%
Endocrinology and diabetes mellitus	**167**	58	65	35	9
		35%	39%	21%	5%
Forensic psychiatry	**119**	53	27	37	2
		45%	23%	31%	2%
Gastroenterology	**276**	86	112	63	15
		31%	41%	23%	5%
General (internal) medicine	**490**	189	171	110	20
		39%	35%	22%	4%
General practice	**9,525**	3,286	3,680	1,962	597
		34%	39%	21%	6%
General psychiatry	**927**	386	278	211	52
		42%	30%	23%	6%
General Surgery	**683**	299	218	133	33
		44%	32%	19%	5%
Genitourinary medicine	**107**	51	27	23	6
		48%	25%	21%	6%
Geriatric medicine	**725**	197	316	177	35
		27%	44%	24%	5%

Haematology	**231**	81	69	63	18
		35%	30%	27%	8%
Histopathology	**216**	107	62	34	13
		50%	29%	16%	6%
Intensive care medicine	**423**	204	101	101	17
		48%	24%	24%	4%
Medical oncology	**149**	50	57	38	4
		34%	38%	26%	3%
Neurology	**193**	74	72	44	3
		38%	37%	23%	2%
Obstetrics and Gynaecology	**669**	322	187	123	37
		48%	28%	18%	6%
Occupational medicine	**141**	58	42	34	7
		41%	30%	24%	5%
Old age psychiatry	**296**	113	106	64	13
		38%	36%	22%	4%
Ophthalmology	**242**	107	87	39	9
		44%	36%	16%	4%
Otolaryngology	**184**	98	39	39	8
		53%	21%	21%	4%
Paediatrics	**1,029**	406	339	217	67
		39%	33%	21%	7%
Palliative medicine	**604**	41	420	118	25
		7%	70%	20%	4%
Plastic surgery	**118**	49	32	27	10
		42%	27%	23%	8%
Public health medicine	**330**	148	94	73	15
		45%	28%	22%	5%
Renal medicine	**171**	36	72	57	6
		21%	42%	33%	4%
Respiratory medicine	**376**	114	148	95	19
		30%	39%	25%	5%

Rheumatology	**160**	55	59	34	12
		34%	37%	21%	8%
Trauma and orthopaedic surgery	**458**	240	105	89	24
		52%	23%	19%	5%
Urology	**146**	64	47	27	8
		44%	32%	18%	5%
Not applicable	**2,351**				

	Q2 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?			
	Base	Support	Oppose	Undecided
Base	**26,357**	**12,766**	**10,688**	**2,903**
		48%	**41%**	**11%**
Acute internal medicine	**344**	161	142	41
		47%	41%	12%
Anaesthetics	**1,598**	998	428	172
		62%	27%	11%
Cardiology	**301**	150	122	29
		50%	41%	10%
Child and adolescent psychiatry	**230**	130	74	26
		57%	32%	11%
Clinical oncology	**205**	81	103	21
		40%	50%	10%
Clinical radiology	**478**	291	138	49
		61%	29%	10%
Dermatology	**131**	71	46	14
		54%	35%	11%
Emergency medicine	**755**	466	219	70
		62%	29%	9%
Endocrinology and diabetes mellitus	**167**	68	76	23
		41%	46%	14%
Forensic psychiatry	**119**	71	36	12
		60%	30%	10%
Gastroenterology	**276**	112	134	30
		41%	49%	11%
General (internal) medicine	**490**	230	213	47
		47%	43%	10%

General practice	**9,525**	4,070	4,359	1,096
		43%	46%	12%
General psychiatry	**927**	490	336	101
		53%	36%	11%
General surgery	**683**	352	263	68
		52%	39%	10%
Genitourinary medicine	**107**	61	33	13
		57%	31%	12%
Geriatric medicine	**725**	258	374	93
		36%	52%	13%
Haematology	**231**	110	88	33
		48%	38%	14%
Histopathology	**216**	124	71	21
		57%	33%	10%
Intensive care medicine	**423**	249	129	45
		59%	30%	11%
Medical oncology	**149**	66	70	13
		44%	47%	9%
Neurology	**193**	88	83	22
		46%	43%	11%
Obstetrics and Gynaecology	**669**	380	234	55
		57%	35%	8%
Occupational medicine	**141**	77	54	10
		55%	38%	7%
Old age psychiatry	**296**	140	125	31
		47%	42%	10%
Ophthalmology	**242**	133	93	16
		55%	38%	7%
Otolaryngology	**184**	122	47	15
		66%	26%	8%
Paediatrics	**1,029**	497	409	123
		48%	40%	12%

Palliative medicine	**604**	86	460	58
		14%	76%	10%
Plastic surgery	**118**	63	36	19
		53%	31%	16%
Public health medicine	**330**	183	114	33
		55%	35%	10%
Renal medicine	**171**	65	87	19
		38%	51%	11%
Respiratory medicine	**376**	156	172	48
		41%	46%	13%
Rheumatology	**160**	69	75	16
		43%	47%	10%
Trauma and orthopaedic surgery	**458**	279	133	46
		61%	29%	10%
Urology	**146**	74	56	16
		51%	38%	11%
Not applicable	**2,351**			

	Q4 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?			
	Base	Yes	No	Undecided
Base	**26,357**	**9,153**	**12,347**	**4,858**
		35%	**47%**	**18%**
Acute internal medicine	**344**	118	159	67
		34%	46%	19%
Anaesthetics	**1,598**	722	541	335
		45%	34%	21%
Cardiology	**301**	112	146	43
		37%	49%	14%
Child and adolescent psychiatry	**230**	81	106	43
		35%	46%	19%
Clinical oncology	**205**	47	123	35
		23%	60%	17%
Clinical radiology	**478**	168	212	98
		35%	44%	21%
Dermatology	**131**	38	72	21
		29%	55%	16%
Emergency medicine	**755**	353	262	140
		47%	35%	19%
Endocrinology and diabetes mellitus	**167**	55	80	32
		33%	48%	19%
Forensic psychiatry	**119**	48	48	23
		40%	40%	19%
Gastroenterology	**276**	73	152	51
		26%	55%	18%
General (internal) medicine	**490**	167	224	99
		34%	46%	20%

Specialty	Total			
General practice	9,525	3,024	4,809	1,692
		32%	50%	18%
General psychiatry	927	347	391	189
		37%	42%	20%
General surgery	683	264	303	116
		39%	44%	17%
Genitourinary medicine	107	44	43	20
		41%	40%	19%
Geriatric medicine	725	189	403	133
		26%	56%	18%
Haematology	231	79	110	42
		34%	48%	18%
Histopathology	216	80	104	32
		37%	48%	15%
Intensive care medicine	423	192	150	81
		45%	35%	19%
Medical oncology	149	45	77	27
		30%	52%	18%
Neurology	193	70	92	31
		36%	48%	16%
Obstetrics and gynaecology	669	277	270	122
		41%	40%	18%
Occupational medicine	141	49	64	28
		35%	45%	20%
Old age psychiatry	296	105	140	51
		35%	47%	17%
Ophthalmology	242	73	134	35
		30%	55%	14%
Otolaryngology	184	76	61	47
		41%	33%	26%
Paediatrics	1,029	322	518	189
		31%	50%	18%

Palliative medicine	**604**	59	462	83
		10%	76%	14%
Plastic surgery	**118**	40	63	15
		34%	53%	13%
Public health medicine	**330**	135	141	54
		41%	43%	16%
Renal medicine	**171**	47	93	31
		27%	54%	18%
Respiratory medicine	**376**	114	192	70
		30%	51%	19%
Rheumatology	**160**	44	88	28
		28%	55%	18%
Trauma and orthopaedic surgery	**458**	183	186	89
		40%	41%	19%
Urology	**146**	49	70	27
		34%	48%	18%
Not applicable	**2,351**			

	Q6 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?				
	Base	Supportive – the BMA should actively support attempts to change the law	Opposed – the BMA should actively oppose attempts to change the law	Neutral – the BMA should neither actively support nor actively oppose attempts to change the law	Undecided
Base	**26,042**	**7,459**	**10,873**	**5,850**	**1,860**
		29%	**42%**	**22%**	**7%**
Acute internal medicine	**335**	87	145	79	24
		26%	43%	24%	7%
Anaesthetics	**1,581**	575	465	404	137
		36%	29%	26%	9%
Cardiology	**297**	88	127	65	17
		30%	43%	22%	6%
Child and adolescent psychiatry	**226**	76	79	51	20
		34%	35%	23%	9%
Clinical oncology	**204**	37	114	40	13
		18%	56%	20%	6%
Clinical radiology	**475**	194	157	88	36
		41%	33%	18%	8%
Dermatology	**129**	50	45	22	12
		39%	35%	17%	9%
Emergency medicine	**745**	289	213	201	42
		39%	29%	27%	6%
Endocrinology and diabetes mellitus	**164**	41	71	38	14
		25%	43%	23%	9%
Forensic psychiatry	**115**	41	38	33	3
		36%	33%	29%	3%
Gastroenterology	**276**	61	149	52	14
		22%	54%	19%	5%

General (internal) medicine	**483**	130	212	113	28
		27%	44%	23%	6%
General practice	**9,426**	2,375	4,365	2,000	686
		25%	46%	21%	7%
General psychiatry	**920**	283	343	226	68
		31%	37%	25%	7%
General surgery	**672**	215	256	163	38
		32%	38%	24%	6%
Genitourinary medicine	**104**	36	35	25	8
		35%	34%	24%	8%
Geriatric medicine	**716**	144	387	147	38
		20%	54%	21%	5%
Haematology	**230**	58	97	64	11
		25%	42%	28%	5%
Histopathology	**214**	82	74	48	10
		38%	35%	22%	5%
Intensive care medicine	**418**	163	126	100	29
		39%	30%	24%	7%
Medical oncology	**149**	31	70	37	11
		21%	47%	25%	7%
Neurology	**192**	59	80	43	10
		31%	42%	22%	5%
Obstetrics and gynaecology	**663**	245	232	141	45
		37%	35%	21%	7%
Occupational medicine	**141**	37	53	39	12
		26%	38%	28%	9%
Old age psychiatry	**294**	87	121	66	20
		30%	41%	22%	7%
Ophthalmology	**239**	81	94	52	12
		34%	39%	22%	5%
Otolaryngology	**182**	82	47	39	14
		45%	26%	21%	8%

Paediatrics	**1,017**	289	418	227	83
		28%	41%	22%	8%
Palliative medicine	**599**	27	475	78	19
		5%	79%	13%	3%
Plastic surgery	**118**	34	48	26	10
		29%	41%	22%	8%
Public health medicine	**329**	110	119	78	22
		33%	36%	24%	7%
Renal medicine	**170**	24	90	51	5
		14%	53%	30%	3%
Respiratory medicine	**366**	80	176	87	23
		22%	48%	24%	6%
Rheumatology	**159**	37	73	36	13
		23%	46%	23%	8%
Trauma and orthopaedic surgery	**452**	184	141	98	29
		41%	31%	22%	6%
Urology	**144**	47	51	36	10
		33%	35%	25%	7%
Not applicable	**2,300**				

	Q7 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?			
	Base	Support	Oppose	Undecided
Base	**25,984**	**9,288**	**12,310**	**4,387**
		36%	**47%**	**17%**
Acute internal medicine	**334**	110	165	59
		33%	49%	18%
Anaesthetics	**1,577**	723	544	310
		46%	34%	20%
Cardiology	**297**	112	140	45
		38%	47%	15%
Child and adolescent psychiatry	**226**	91	87	48
		40%	38%	21%
Clinical oncology	**204**	52	124	28
		25%	61%	14%
Clinical radiology	**475**	213	174	88
		45%	37%	18%
Dermatology	**129**	56	54	19
		43%	42%	15%
Emergency medicine	**745**	368	251	126
		49%	34%	17%
Endocrinology and diabetes mellitus	**164**	54	83	27
		33%	51%	16%
Forensic psychiatry	**115**	52	44	19
		45%	38%	17%
Gastroenterology	**274**	77	157	40
		28%	57%	15%
General (internal) medicine	**483**	152	240	91
		31%	50%	19%

General practice	**9,405**	2,954	4,894	1,557
		31%	52%	17%
General psychiatry	**919**	363	390	166
		39%	42%	18%
General surgery	**671**	265	299	107
		39%	45%	16%
Genitourinary medicine	**104**	43	40	21
		41%	38%	20%
Geriatric medicine	**713**	178	432	103
		25%	61%	14%
Haematology	**230**	76	119	35
		33%	52%	15%
Histopathology	**212**	100	83	29
		47%	39%	14%
Intensive care medicine	**417**	199	152	66
		48%	36%	16%
Medical oncology	**148**	40	79	29
		27%	53%	20%
Neurology	**192**	70	95	27
		36%	49%	14%
Obstetrics and gynaecology	**663**	301	270	92
		45%	41%	14%
Occupational medicine	**141**	55	64	22
		39%	45%	16%
Old age psychiatry	**292**	108	137	47
		37%	47%	16%
Ophthalmology	**238**	100	108	30
		42%	45%	13%
Otolaryngology	**181**	94	56	31
		52%	31%	17%
Paediatrics	**1,015**	356	472	187
		35%	47%	18%

Palliative medicine	**599**	47	499	53
		8%	83%	9%
Plastic surgery	**117**	45	51	21
		38%	44%	18%
Public health medicine	**329**	144	137	48
		44%	42%	15%
Renal medicine	**169**	41	104	24
		24%	62%	14%
Respiratory medicine	**364**	106	196	62
		29%	54%	17%
Rheumatology	**159**	51	85	23
		32%	53%	14%
Trauma and orthopaedic surgery	**451**	213	170	68
		47%	38%	15%
Urology	**144**	55	62	27
		38%	43%	19%
Not applicable	**2,290**			

	Q9 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?			
	Base	Yes	No	Undecided
Base	**25,872**	**6,327**	**14,488**	**5,057**
		24%	**56%**	**20%**
Acute internal medicine	**330**	76	189	65
		23%	57%	20%
Anaesthetics	**1,569**	522	668	379
		33%	43%	24%
Cardiology	**295**	82	165	48
		28%	56%	16%
Child and adolescent psychiatry	**226**	55	121	50
		24%	54%	22%
Clinical oncology	**204**	31	141	32
		15%	69%	16%
Clinical radiology	**471**	126	247	98
		27%	52%	21%
Dermatology	**129**	29	74	26
		22%	57%	20%
Emergency medicine	**743**	262	320	161
		35%	43%	22%
Endocrinology and diabetes mellitus	**161**	40	90	31
		25%	56%	19%
Forensic psychiatry	**113**	35	52	26
		31%	46%	23%
Gastroenterology	**273**	52	179	42
		19%	66%	15%
General (internal) medicine	**483**	109	266	108
		23%	55%	22%

General practice	**9,371**	1,953	5,674	1,744
		21%	61%	19%
General psychiatry	**913**	254	469	190
		28%	51%	21%
General surgery	**665**	183	350	132
		28%	53%	20%
Genitourinary medicine	**104**	27	45	32
		26%	43%	31%
Geriatric medicine	**711**	136	462	113
		19%	65%	16%
Haematology	**229**	53	133	43
		23%	58%	19%
Histopathology	**212**	56	121	35
		26%	57%	17%
Intensive care medicine	**416**	160	177	79
		38%	43%	19%
Medical oncology	**148**	27	92	29
		18%	62%	20%
Neurology	**190**	52	105	33
		27%	55%	17%
Obstetrics and gynaecology	**661**	209	328	124
		32%	50%	19%
Occupational medicine	**140**	29	79	32
		21%	56%	23%
Old age psychiatry	**292**	75	159	58
		26%	54%	20%
Ophthalmology	**237**	51	155	31
		22%	65%	13%
Otolaryngology	**179**	60	75	44
		34%	42%	25%
Paediatrics	**1,012**	235	593	184
		23%	59%	18%

Palliative medicine	**597**	37	500	60
		6%	84%	10%
Plastic surgery	**117**	28	67	22
		24%	57%	19%
Public health medicine	**328**	95	175	58
		29%	53%	18%
Renal medicine	**167**	31	111	25
		19%	66%	15%
Respiratory medicine	**363**	75	223	65
		21%	61%	18%
Rheumatology	**156**	28	106	22
		18%	68%	14%
Trauma and orthopaedic surgery	**448**	138	217	93
		31%	48%	21%
Urology	**143**	35	81	27
		24%	57%	19%
Not applicable	**2,280**			