

# Public dialogue research exploring public and medical attitudes to physician-assisted dying

6<sup>th</sup> December 2016

Amy Busby

[amy.busby@kantarpublish.com](mailto:amy.busby@kantarpublish.com)



# Research Objectives: exploring public and medical attitudes to physician assisted dying

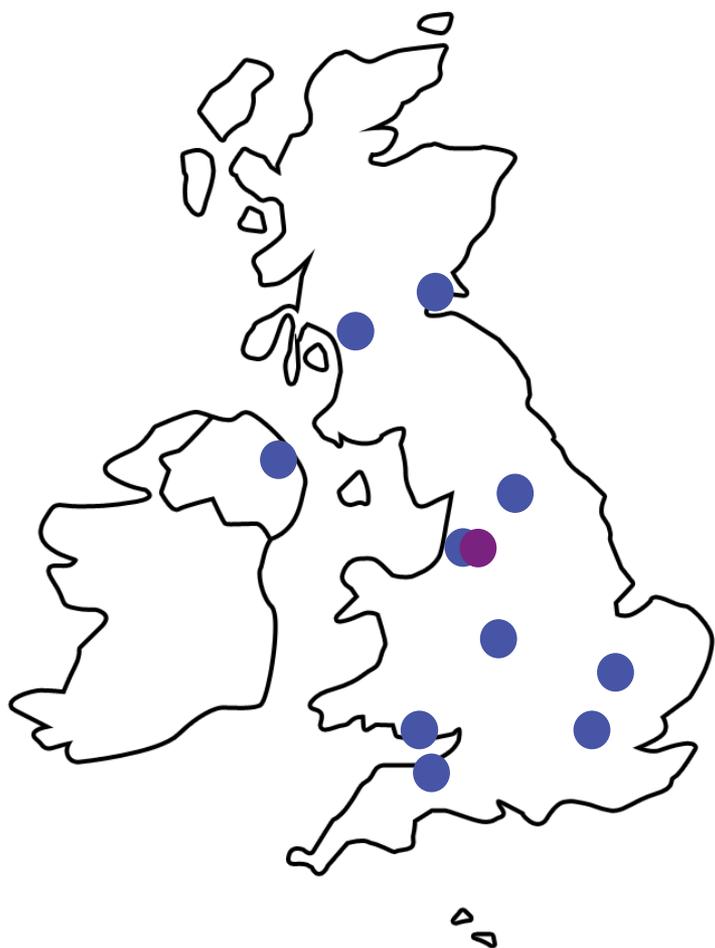


- Physician assisted dying is unlawful in the UK
- Legal challenges and attempts to change the law
- Opinion polls show strong public support for change
- BMA opposes all forms of assisted dying

## Research objectives

- 1 Views on and experiences of **doctor -patient relationships** and whether this changes when a patient has a terminal illness
- 2 Views about the potential impact of legalised physician assisted dying **on the doctor-patient relationship**
- 3 The **professional and emotional impact** of involvement in assisted dying upon doctors

# 21 dialogue workshops with the public and doctors



9:30 – 13:00



269

T1	T2
T3	T4

13:45 – 17:30



237

T1	T2
T3	T4

## Public

Session 1: Relationships with doctors & hopes and fears about illness and dying

Session 2: Perceptions/experiences of end of life care

Session 3: Impact of PAD on doctor-patient relationships

## Doctors

Session 1: Relationships with patients & perceptions of patients' hopes and fears about illness and dying

Session 2: Perceptions/experiences of providing end of life care

Session 3: Impact of PAD on doctor-patient relationships; professional and emotional impact on doctors

# The sensitive and political nature of the topic created methodological challenges to address

- Dialogue not deliberative research
- Conducting research with doctors and the public
- Defining and communicating the scope
- Balanced stimulus materials and working definitions
- Moderating strong views



# Two perspectives on the doctor-patient relationship



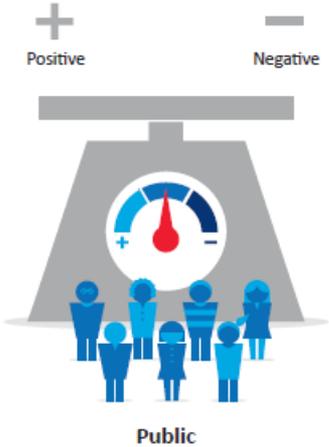
- Trust is 'there to be lost'
- Experience varies according to continuity, access, and length and quality of time
- Expectations for intensity vary according to role



- Some patients have 'too much trust' and unrealistic expectations
- Relationship changes after a terminal diagnosis

# Doctors tended to be more negative about the potential impact on the relationship than the public

Hypothetical scenario: PAD has been legalised for people who requested it and met certain criteria; those who have a terminal or severely life-limiting condition and who are able to make an informed choice (those who have capacity to make the decision and are acting voluntarily).



- A good death
- More choice
- Improved communication
- Increase fear
- Cause conflict
- Damage relationships with families
- Change the role of doctors

However - whether the impact was more positive or negative would depend on a number of conditions



	Public 	Doctors 
THE PROCESS	<p><b>Impact depends on whether:</b></p> <ul style="list-style-type: none"> <li>• People are confident it is their own decision</li> <li>• Safe guards against coercion are in place</li> <li>• The patient raises the topic</li> <li>• It is seen as an alternative to good EOLC</li> <li>• The doctor has time to get to know you</li> </ul>	<p><b>Impact depends on:</b></p> <ul style="list-style-type: none"> <li>• Who makes the decision for eligibility</li> </ul>
WHO IS INVOLVED	<ul style="list-style-type: none"> <li>• It is conducted by specialists</li> </ul>	<ul style="list-style-type: none"> <li>• It is conducted by specialists</li> </ul>
FINANCIAL MOTIVATION	<ul style="list-style-type: none"> <li>• It is profit led</li> <li>• It is seen to be linked to resourcing and cost savings</li> </ul>	<ul style="list-style-type: none"> <li>• There is financial motivation</li> </ul>
OTHER FACTORS	<ul style="list-style-type: none"> <li>• Current relationship and level of trust</li> </ul>	<ul style="list-style-type: none"> <li>• Media / tabloid coverage</li> </ul>

A preference emerged for eligibility for PAD to be decided by a panel, committee or ombudsman



Public and doctors suggested a panel



This can share the burden of responsibility for the decision



# Doctors agreed their would be an emotional and professional impact on them



- Open up discussion about the dying process
  - Able to discuss this option with those who ask
  - Able to 'help' families
- Would become de-sensitised over time
  - Its already an emotional job
  - Counselling should be provided
- **Against fundamental principles of the role**
  - People may leave / not enter profession
  - Divide doctors in the profession / practices / communities
  - Increase suspicion
  - Impact of 'being there'
  - Could 'haunt' in the future
  - Concerns about mistakes, families and managing consequences
  - Risk of litigation
  - Religious and moral concerns

# Key insights



- High level of trust in doctors - 'there to be lost'
- Low levels of knowledge about PAD
- Doctors more concerned about potential negative impacts than public
- Suggestion the decision should be made by a committee
- Agree there would be an emotional and professional impact on doctors

**What lessons can be learned about conducting research with stakeholders who have vested interests in sensitive and political topics?**

**Report published at: <https://www.bma.org.uk/collective-voice/policy-and-research/ethics/end-of-life-care>**