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# Euthanasia and Physician-Assisted Suicide: Attitudes of Irish Consultant Physicians

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**Abstract**

***Introduction***
This study examines the attitudes of Irish consultant physicians towards euthanasia and physician-assisted suicide.

***Methods***
Data were collected between May and October 2016. A questionnaire was distributed to all consultant physicians listed in the Irish Medical Directory under general internal medicine specialties. Demographic details were collected. Likert-type questions assessed attitudes towards euthanasia and physician-assisted suicide.

***Results***
The overall response rate was 28.7% (238/830). The majority, 67.2%, opposed legalising euthanasia, with 14% in favour and 18.8% remaining neutral. A majority, 56.3%, also opposed legalising physician-assisted suicide, while 17% were in favour and 26.7% remained neutral. Over one-third, 37.5%, had received a request from a patient to hasten that patient's death. Receiving such a request did not significantly influence attitudes towards either euthanasia ($p=0.53$) or physician-assisted suicide ($p=0.48$). There was a significant association between self-expressed level of religiosity and opposition to both euthanasia ($p<0.001$) and physician-assisted suicide ($p<0.001$). Attitudes were not significantly affected by respondents' age.

***Discussion***
The majority of Irish physicians who responded to the survey were opposed to euthanasia and physician-assisted suicide. This is the first published study of the attitudes of Irish physicians in this regard and constitutes an important contribution to the ongoing national debate on these issues.

## Introduction

In Ireland, subject to some limited exceptions[1], a patient of full mental capacity has the right to refuse medical treatment even if such refusal will result in the patient's death[2]. However, a patient does not have a right to demand that active measures be taken to hasten their death[3]. Euthanasia and physician-assisted suicide are illegal.

Debate on the issue of legalising euthanasia and physician-assisted suicide has once again been cast into the public spotlight by the recent introduction of the Dying With Dignity Bill 2020. This Bill proposes to make it lawful for a medical practitioner to assist a mentally competent terminally ill patient (aged ≥18) resident in Ireland to end his/her life provided the patient has a clear and settled intention to do so and has made a declaration to that effect in the presence of an independent witness. This declaration would then have to be countersigned by two medical practitioners, both of whom are satisfied that the patient is terminally ill, is of full mental capacity and has a clear and settled intention to end his/her life, which has been reached voluntarily, on an informed basis free from any coercion or duress.

In recent times, support for legalisation of euthanasia and physician-assisted suicide appears to be growing among the general public[4]. It has been recognised, however, that physicians' opinions on euthanasia and physician-assisted suicide are particularly authoritative given their direct experience with end-of-life care[5]. Furthermore, it is inevitable that physicians would play a key role in any proposal to legalise euthanasia and physician-assisted suicide.

While the Royal College of Physicians of Ireland (RCPI) has issued a position paper opposing the legalisation of assisted suicide[6], to our knowledge there has to date been no study of the attitudes of Irish physicians towards euthanasia and physician-assisted suicide.

The aim of this study is to analyse the attitudes of Irish consultant physicians towards euthanasia and physician-assisted suicide.

## Methods

A cross-sectional study (survey) was conducted between May and October 2016. Ethical approval was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals. A novel questionnaire containing Likert-type questions to analyse attitudes towards euthanasia and physician-assisted suicide was distributed to all consultant physicians listed in the latest edition of the Irish Medical Directory[7] as working in the following 14 specialties: Cardiology, Emergency Medicine, Endocrinology, Gastroenterology, Geriatric Medicine, General Internal Medicine, Haematology, Infectious Disease Medicine, Nephrology, Neurology, Medical Oncology, Palliative Care, Respiratory Medicine and Rheumatology. Physicians were excluded if stated in the Irish Medical Directory to work predominantly with paediatric patients. In total, the potential sample included 830 physicians.

Previous studies had indicated that use of the terms 'euthanasia' and 'physician-assisted suicide' could influence responses, both because of the emotional response those terms tended to elicit[8] and because of confusion surrounding the exact meaning of the terms[9, 10]. Therefore, descriptive language was used instead to explain precisely the practices referred to.

Euthanasia was defined as a doctor administering drugs to a mentally competent terminally ill patient, with the purpose of ending that patient's life, if the patient voluntarily requests the doctor to do so. Physician-assisted suicide was defined as a doctor helping a mentally competent terminally ill patient to end his/her life, by providing drugs for self-administration, if the patient voluntarily requests the doctor to do so.

In addition, demographic details such as age, medical specialty and level of religiosity were ascertained.

The questionnaire was pilot tested for face validity among an anonymous group of consultant physicians in Cork University Hospital. This study used mixed methods sampling. The questionnaire was distributed in person to all consultant physicians in Cork University Hospital. It was distributed by email to all consultant physicians for whom an email address was provided in the Irish Medical Directory. All remaining consultant physicians in the potential study population were sent the questionnaire by post.

Data were analysed using the Statistical Package for Social Scientists (SPSS) version 23. All responses received were coded and manually entered, dichotomizing variables where appropriate. Five-point Likert scales were consolidated into three points for the purposes of analysis. As most data were not normally distributed and ordinal, Chi-square and Fisher's exact tests, the Mann–Whitney U test or Kruskal-Wallis test (three or more) were used to compare samples. Somers' Delta (D) was used to measure agreement between pairs of ordinal variables.

**Results**

The overall response rate was 28.7% (238/830). Respondents ranged in age from 35 to 76, with a mean age of 48 years. In total, 67.2% (154/229) of respondents expressly opposed legalising euthanasia, while 14% (32/229) were in favour and 18.8% (43/229) remained neutral. Similarly, only 17% (39/229) were in favour of legalising physician-assisted suicide, while 56.3% (129/229) were opposed and 26.7% (61/229) remained neutral.

Despite the low level of support for legalisation of euthanasia and physician-assisted suicide, only 41.2% (94/228) of respondents felt that the doctor-patient relationship would be adversely affected by such legalisation. Less than half (46.7% or 107/229) felt that legalisation would violate the doctor's role as a healer. Nevertheless, only 27% (62/230) agreed that euthanasia and physician-assisted suicide are consistent with a doctor's role in providing relief from suffering and pain.

In all, 37.5% (72/192) of respondents had received a request from a patient to hasten the patient's death. However, receiving such a request did not result in any statistically significant difference in attitudes towards either euthanasia (p=0.53) or physician-assisted suicide (p=0.48). Most (61.8% or 141/228) agreed that, if euthanasia and physician-assisted suicide were legalised, even the most careful regulations would not be sufficient to prevent potential abuse.

Of the 226 respondents who stated their level of religious commitment, the respective frequencies were as follows: Deep 6.2%; Moderate 31.8%; Minimal 36.3%; None 25.7%. There was a statistically significant association between self-expressed level of religiosity and opposition to both euthanasia (Somers' D = -0.310, p<0.001) and physician-assisted suicide (Somers' D = -0.290, p<0.001). This is despite only 18% (41/228) of respondents directly admitting that their religious beliefs influenced their attitudes towards euthanasia and physician-assisted suicide.

Age, regardless of how it was categorised, did not have a significant effect on attitudes towards euthanasia and physician-assisted suicide. The proportion and distribution of responses regarding euthanasia and physician-assisted suicide in each of the different specialties are detailed in table 1.

| **Medical Specialty** | **Response Rate** (%) | **Euthanasia** | | | **Physician-Assisted Suicide** | | |
|---|---|---|---|---|---|---|---|
| | | % For | % Neutral | % Against | % For | % Neutral | % Against |
| Cardiology | 22/98 (22.45) | 18.18 | 31.82 | 50 | 27.27 | 31.81 | 40.91 |
| Emergency | 23/89 (25.84) | 26.09 | 13.04 | 60.87 | 30.43 | 21.74 | 47.83 |
| Endocrinology | 7/54 (12.96) | 0 | 14.29 | 85.71 | 0 | 14.29 | 85.71 |
| Gastroenterology | 18/88 (20.45) | 0 | 33.33 | 66.67 | 0 | 38.89 | 61.11 |
| Geriatrics | 32/90 (35.56) | 3.125 | 15.625 | 81.25 | 3.125 | 25 | 71.87 |
| Haematology | 13/50 (26) | 23.08 | 23.08 | 53.84 | 23.08 | 30.77 | 46.15 |
| Infectious Diseases | 2/15 (13.33) | 0 | 0 | 100 | 50 | 0 | 50 |
| Nephrology | 14/39 (35.9%) | 7.14 | 21.43 | 71.43 | 21.43 | 21.43 | 57.14 |
| Neurology | 13/59 (22.03) | 30.77 | 7.69 | 61.54 | 30.77 | 15.38 | 53.85 |
| Oncology | 15/41 (36.59) | 6.67 | 13.33 | 80 | 13.33 | 26.67 | 60 |
| Palliative Care | 10/32 (31.25) | 10 | 0 | 90 | 10 | 0 | 90 |
| General Internal | 16/50 (32) | 12.5 | 12.5 | 75 | 12.5 | 31.25 | 56.25 |
| Respiratory | 23/79 (29.14) | 21.74 | 26.09 | 52.17 | 21.74 | 30.43 | 47.83 |
| Rheumatology | 12/56 (21.43) | 25 | 25 | 50 | 25 | 50 | 25 |
| Unspecified | 9 | 11.11 | 11.11 | 77.78 | 11.11 | 22.22 | 66.67 |
| Total | 229/830 (27.59) | 14 | 18.8 | 67.2 | 17 | 26.7 | 56.3 |

**Table 1.** Response rate and attitudes towards Euthanasia and Physician-Assisted Suicide per specialty.

**Discussion**

This study found that the majority of Irish physicians who responded to the survey were opposed to the legalisation of euthanasia and physician-assisted suicide. Despite this, a relatively large proportion were undecided, remaining neutral on the topic. Most considered that even if tightly regulated, the practices of euthanasia and physician-assisted suicide would still be open to potential abuse, reflecting concerns raised by the RCPI[6].

The position of Irish physicians on these issues appears to stand in marked contrast to the attitudes of the Irish public. While differences in the wording of questionnaires render direct comparison between studies challenging, it is nonetheless notable that a Behaviour & Attitudes/Sunday Times opinion poll, conducted in October 2014, found that 71% of the Irish public favoured legalisation of physician-assisted suicide[4]. Similarly, in October 2020 an Irish Times/Ipsos MRBI poll of the general public showed that 52% of respondents agreed that medical assistance should be provided to allow people end their lives, while 26% were undecided[11]. Internationally, numerous studies have consistently demonstrated lower levels of support for euthanasia and physician-assisted suicide among physicians than among the general public[12, 13, 14].

The reasons for this divergence of opinion between physicians and the general public is important to understand. It is possible that the difference relates to physicians' greater experience with end-of-life care. Studies outside of Ireland have frequently found stronger opposition to euthanasia and physician-assisted suicide among physicians with greater experience of caring for terminally ill patients[8, 9, 10, 13]. While the matter was not directly addressed in this study, it is nevertheless noticeable that opposition was particularly strong among specialties such as Palliative Care, Geriatric Medicine and Medical Oncology that would be expected to have a greater proportion of older and dying patients.

Our study also found a statistically significant association between religiosity and opposition to euthanasia and physician-assisted suicide. Studies in other countries have consistently shown that religious views are a significant factor in determining physicians' attitudes towards these issues[10, 12, 13, 14]. It is interesting, therefore, to speculate whether declining religiosity in Ireland[15] will lead to increasing support for euthanasia and physician-assisted suicide among Irish physicians in the future and whether it explains the high levels of support found in recent public opinion polls.

A strength of this study is that it included a large sample of consultant physicians in the Republic of Ireland with a broad age range suggesting largely generalisable findings. However, the relatively low response rate raises the potential for non-response bias. No effort was made to analyse the reasons for non-response. The use of three different methods of questionnaire distribution may have further introduced a bias into the data collection[16]. Surveys are prone to missing data, although the number here was low. The rationale underlying Irish physicians' attitudes towards euthanasia and physician-assisted suicide was not investigated and should be examined, particularly given the ongoing debate over the Dying With Dignity Bill 2020.

Data collection for this study preceded the publication of the Dying with Dignity Bill 2020. Hence, the definitions of euthanasia and physician-assisted suicide utilised in this study were not based on anything contained within the Bill or the 2017 RCPI position paper. While the Bill may be said to provide primarily for physician-assisted suicide, as defined in this study, provision is also made for direct administration of lethal substances by medical practitioners in sections 11 (2)(c) and 11 (5)(d) thereof, which would come within the definition of euthanasia utilised in this study.

Further, this study did not define what was meant by "terminal illness". The Dying with Dignity Bill 2020 states that a person has a terminal illness if they have been diagnosed by a medical practitioner with an incurable and progressive illness that cannot be reversed by treatment and they are likely to die as a result of that illness or complications relating thereto. This definition has been criticised for being too broad[17]. It is interesting to speculate whether defining "terminal illness", either in broad or narrow terms, would have affected the results of this study.

In conclusion, this is the first study of the attitudes of Irish physicians regarding the legalisation of euthanasia and physician-assisted suicide and, as such, represents an important contribution to the ongoing national debate on this issue. It is hoped that this study can provide a baseline from which future studies can track the attitudes of Irish physicians towards euthanasia and physician-assisted suicide over time.

**Declaration of Conflicts of Interest:**
The authors have no conflicts of interest to declare.

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**References:**

1. Law Reform Commission. Consultation Paper: Bioethics: Advance Directives. Dublin: The Law Reform Commission; 2008. LRC CP 51-2008.
2. Madden D. Medicine, Ethics and the Law. Third Edition. Dublin: Bloomsbury Professional; 2016. Fleming v Ireland, (2013) IESC 19.
3. McShane I. Sunday Times/Behaviour & Attitudes Opinion Poll. Dublin: Behaviour & Attitudes; 2014. Available at: http://banda.ie/wp-content/uploads/J.5799-Sunday-Times-Oct-2014-Report.pdf.
4. House of Lords Select Committee on the Assisted Dying for the Terminally Ill

5. Bill. Assisted Dying for the Terminally Ill Bill [HL] Report. London: Stationary Office;2005. 86-I.
6. Royal College of Physicians of Ireland. Assisted Suicide - Position Paper. Dublin: Royal College of Physicians of Ireland; 2017. Available at:https://www.rcpi.ie/news/publications/topic/assisted-suicide/
7. Irish Medical Directory: The Doctor's Book. Dublin: Irish Medical Directory;2016-2017.
8. Craig A, Cronin B, Eward W, Metz J, Murray L, Rose G, Suess E, Vergara ME. Attitudes toward physician-assisted suicide among physicians in Vermont. Journal of medical ethics. 2007;33(7):400-403.
9. Neil DA, Coady CA, Thompson J, Kuhse H. End-of-life decisions in medical practice: a survey of doctors in Victoria (Australia). Journal of medical ethics. 2007;33(12):721-725.
10. Curlin FA, Nwodim C, Vance JL, Chin MH, Lantos JD. To die, to sleep: US physicians' religious and other objections to physician-assisted suicide, terminal sedation, and withdrawal of life support. The American journal of hospice & palliative care. 2008;25(2):112-120.
11. Leahy P. Irish Times/Ipsos MRBI Opinion Poll. Dublin; The Irish Times; 2020. Available at: https://www.irishtimes.com/news/social-affairs/clear-majority-in-favour-of-permitting-assisted-dying-irish-times-opinion-poll-1.4375648
12. Emanuel EJ, Onwuteaka-Philipsen BD, Urwin JW, Cohen J. Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe. JAMA. 2016;316(1):79-90.
13. Lee W, Price A, Rayner L, Hotopf M. Survey of doctors' opinions of the legalization of physician assisted suicide. BMC Medical Ethics. 2009;10:2.
14. Seale C. Legalisation of euthanasia or physician-assisted suicide: survey of doctors' attitudes. Palliative Medicine. 2009;23(3):205-212.
15. WIN-Gallup International. Global Index of Religion and Atheism. Dublin: WIN-Gallup International; 2012. Available at: https://sidmennt.is/wp-content/uploads/Gallup-International-um- tr%C3%BA-og-tr%C3%BAleysi-2012.pdf.
16. Bowling A. Mode of questionnaire administration can have serious effects on data quality. Journal of public health (Oxford). 2005;27(3):281-291.
17. Staines M. Leading geriatrician criticises ‘half-cooked’ and ‘sloppy’ Dying with Dignity Bill [Internet]. Dublin: Newstalk; 2020. Available at: https://www.newstalk.com/news/dying-with-dignity-crticised-1087837