Most UK Doctors Opposed To Legalisation Of Euthanasia

Two-thirds of UK doctors are opposed to the legalisation of euthanasia and physician-assisted suicide, according to research set to be published on Wednesday 25 March in Palliative Medicine.

A change in the law to legalise euthanasia is supported by 34% of doctors (general public: 82%), with 35% backing physician-assisted suicide (general public: 62%). The questions mirror those asked in the British Social Attitudes survey in 2007, making this the first direct comparison between members of the public and doctors.

More than 3,700 doctors replied to the survey, which was commissioned by a group of UK charities in response to the House of Lords' 2005 select committee report on the Assisted Dying for the Terminally Ill Bill.

Study author Professor Clive Seale from the Centre for Health Sciences, Queen Mary University of London, said: "This research shows stark differences between public opinion and that of doctors. Elsewhere in the world, opposition among doctors has been a major factor in preventing the legalisation of euthanasia or physician-assisted suicide."

Opposition to euthanasia and physician assisted suicide was higher among specialists in palliative care and care of the elderly. Fewer than one in 10 palliative care specialists believed euthanasia or physician-assisted suicide should be legalised, compared with one in three among GPs.

Strong religious beliefs were also often associated with opposition, irrespective of the doctor's specialism.

The study also asked doctors about their involvement in making end of life treatment decisions, repeating a study first carried out in 2004. Using a drug with the explicit intention of hastening end of life remains very rare in UK medical practice, reported as one in 200 deaths attended by doctors who responded to the survey, or 0.51% (2004: 0.49%).

Professor Seale added: "Cases of euthanasia in the UK are very rare. Instead, end of life treatment decisions are often taken with input from patients and family, and it is rare for such decisions to have shortened life by more than a day."

Cases of so-called 'double effect', where treatments are given with the intention of relieving suffering, while knowing this might lead to an earlier death, were reported in 17.1% of deaths attended by doctors who responded to the survey (2004: 32.8%). Cases where treatment that might have prolonged life was withdrawn or withheld were reported in 21.8% of instances (2004: 30.3%). These were both sharp drops, in part explained by more detailed questioning.

Doctors were asked by how long these treatment decisions might have shortened life. Four in 10 of the 2,869 deaths attended by doctors who responded to the survey were cases where life might have been shortened by treatment decisions.

Of these, a third were believed to have involved no shortening of life and in a further third life was believed to have been shortened by less than 24 hours.

The study was commissioned by the National Council for Palliative Care, Age Concern, Help the Hospices, Macmillan Cancer Support, the MND Association, the MS Society and Sue Ryder Care.

Professor Mayur Lakhani, a practising GP and chair of the NCPC, said: "Most doctors are opposed to a change in the law. Trust in the doctor-patient relationship is crucial. This research should reassure people that doctors listen to their patients and act within the law to treat their symptoms."

Dr Teresa Tate, chair of the NCPC's ethics committee and a consultant in palliative medicine said: "The House of Lords Committee concluded that physician-assisted suicide or euthanasia would be likely to be taken up by at most several thousand people across the UK."
“Estimates suggest 300,000 people die each year who need palliative care but do not have access to it. Developing good end of life care for all those who need it should be the focus of our energies as a nation.”

For a copy of the paper, visit http://pmj.sagepub.com/pap.dtl

-- The House of Lords Select Committee (2005) suggested if the law in Oregon (on which legislation Lord Joffe’s Bill was based) was introduced here, about 650 people would take-up physician assisted suicide in the UK each year. If the law in the Netherlands, which also permits euthanasia, was introduced, about 12,000 deaths would result from voluntary euthanasia. (Extrapolations based on take-up rates in those jurisdictions.)

-- The National Council for Palliative Care estimates that 300,000 people die each year with palliative care needs, but who do not have access to specialist services.

-- Cancer patients have 95% of access to specialist palliative care beds, yet cancer is responsible for just 25% of deaths (source: The National Council for Palliative Care).

-- Age Concern is the UK’s largest charity working with and for older people.

-- Help the Hospices is the leading charity supporting hospice care throughout the UK.

-- The Motor Neurone Disease (MND) Association is the only national organisation in England, Wales and Northern Ireland dedicated to the support of people with MND and those who care for them.

-- The MS Society is the UK’s leading charity for people affected by multiple sclerosis.

-- The National Council for Palliative Care is the umbrella organisation for all those who are involved in providing, commissioning and using palliative care and hospice services in England.

-- Sue Ryder Care provides care and support for people and their families living with conditions including cancer, MS, stroke and brain injury. We provide services in people’s own homes, the community, neurological care centres and specialist hospices.

Source
Multiple Sclerosis Society

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