

# Physician-assisted dying: the doctor-patient relationship

## *Insights from the BMA End of Life Care and Physician-Assisted Dying Project*

In 2015, as part of the BMA's [End of Life Care and Physician-assisted Dying Project](#) (ELCPAD), we commissioned social research experts TNS BMRB to undertake qualitative research with the public and doctors. Alongside researching perceptions and experiences of end-of-life care and palliative care, views were also sought on:

- the potential impact of legalised physician-assisted dying on the doctor-patient relationship; and
- the professional and emotional impact of involvement in assisted dying upon doctors.

TNS BMRB ran 21 dialogue events in locations across the UK: 10 events with members of the public and 11 events with a range of doctors. The parts of the discussion relating to physician-assisted dying were expressly not concerned with the pros and cons of the issue, nor whether it should be legalised. Instead, participants were asked to imagine a hypothetical scenario in which physician-assisted dying had been legalised for people requesting it and who meet certain criteria. They were then asked to think about the impact of this on the doctor-patient relationship and then to consider different ways in which eligibility could be decided and how these in turn might affect the relationship.

The full methodology, results and analysis of the dialogue events can be found in [Volume 2 – public dialogue research](#) ELCPAD report.

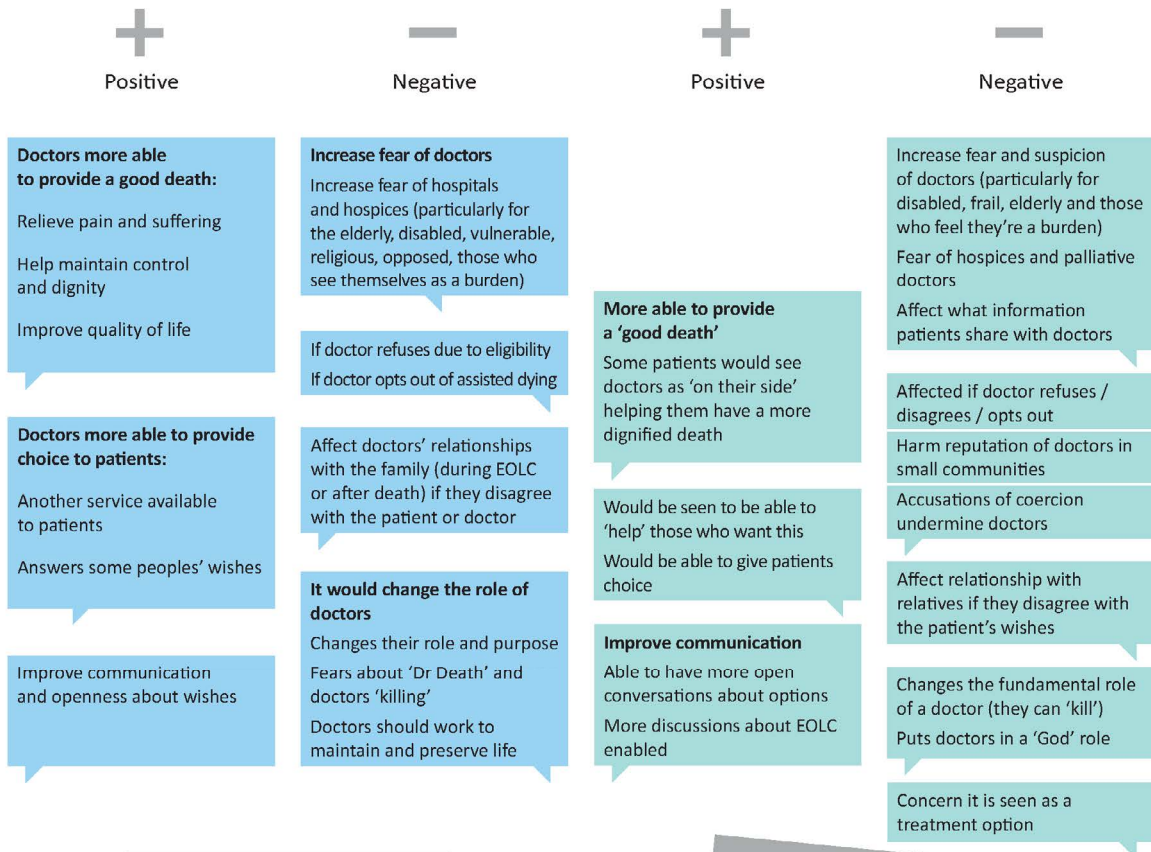
## **Views on the potential impact of legalising physician-assisted dying on doctor-patient relationships**

Overall, the public presented a balanced range of views and potential positive and negative impacts on the doctor-patient relationship. Doctors were more likely to focus on the potential negative impacts on the relationship than the public.



Public and medical attitudes to end of life care and physician assisted dying

# The impact of the legalisation of physician assisted dying on doctor-patient relationships



Public



Doctors



TNS BMRB

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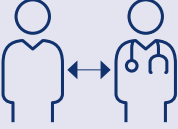

## Options for deciding eligibility

There was no consensus among the public and doctors about the potential impact of three different options given for who could decide eligibility between:


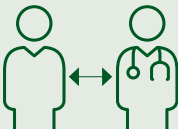

- the individual's treating doctor
- a doctor who has no clinical relationship with the individual or
- a judge, on the basis of information provided by doctors.

A suggestion emerged among the public and doctors for eligibility to be decided by a panel, committee or ombudsman.

*Public views: potential positive and negative impacts on doctor-patient relationships of three options for deciding eligibility for physician-assisted dying from the public*

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<ul style="list-style-type: none"> <li>– More personal and emotional – know you and your medical history and perhaps also the family</li> <li>– Have medical knowledge, unlike judges</li> <li>– Better able to assess coercion from family members</li> <li>– Would be involved anyway</li> </ul>		<ul style="list-style-type: none"> <li>– A lot of responsibility and emotional for the doctor</li> <li>– Refusal or opt out could ruin the relationship</li> <li>– Concerns about reactions of and relations with the family – during and after</li> </ul>
<ul style="list-style-type: none"> <li>– Balances subjectivity and objectivity</li> <li>– Patients must raise the issue</li> <li>– Less pressure on family doctor</li> <li>– Have medical knowledge</li> <li>– Could be a condition specialist</li> <li>– Could be a separate branch/specialist</li> </ul>		<ul style="list-style-type: none"> <li>– Less personal – don't know the patient and their history</li> <li>– Don't know the family</li> <li>– No time to get to know you</li> <li>– People may seek another doctor if one disagrees</li> </ul>
<ul style="list-style-type: none"> <li>– Protect doctors from litigation and families and their reactions</li> <li>– Protects the doctor-patient relationship</li> <li>– Impartial, objective, detached, legalistic</li> <li>– Able to assess evidence and manage disputes</li> <li>– Able to assess coercion</li> </ul>		<ul style="list-style-type: none"> <li>– Bureaucratic/a burden/upsetting</li> <li>– Loss of time – prolongs pain &amp; process</li> <li>– Cost – who pays?</li> <li>– Strain on family</li> <li>– Impersonal</li> <li>– Fear of courts/associated with crime and punishment</li> <li>– Lack of medical knowledge</li> </ul>

*Doctors views: potential positive and negative impacts on doctor-patient relationships of three options for deciding eligibility for physician-assisted dying*

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<ul style="list-style-type: none"> <li>– Could give some people a service/option they want, control, quality of life, relieve suffering</li> <li>– A privilege to help people make this decision (GPs and palliative doctors)</li> <li>– Know the patient and their history</li> </ul>		<ul style="list-style-type: none"> <li>– Difficult to estimate prognosis</li> <li>– Doctors may distance themselves from patients</li> <li>– Would be seen as 'death doctors'</li> <li>– Too close and emotional</li> <li>– Damage relationship if disagree</li> <li>– Damage relationship with family</li> </ul>
<ul style="list-style-type: none"> <li>– Less pressure if responsibility is shared</li> <li>– Separates the decision and the administration</li> <li>– Could involve specialists</li> <li>– Could involve specialists to assess depression and capacity</li> </ul>		<ul style="list-style-type: none"> <li>– May have insufficient information and lack of personal knowledge about the patient, their history, and family</li> <li>– If a separate specialism, they would be known as 'death doctors'</li> </ul>
<ul style="list-style-type: none"> <li>– Protects doctors from blame and litigation</li> <li>– Protects trust and the relationship</li> <li>– Creates distance</li> <li>– Separates the decision and the administration</li> <li>– Independent and objective – but still gives doctors a central role</li> </ul>		<ul style="list-style-type: none"> <li>– Time, cost, bureaucratic process burdensome</li> <li>– Question how it would work in practice</li> <li>– Impact on doctor if judge makes a different decision</li> <li>– Judges unqualified for this role</li> <li>– Patients may pressure how information is presented</li> </ul>

### Thoughts on the possible impact of legalising physician-assisted dying on the view of doctors in society

Both the public and doctors reported that the impact on the view of doctors in society would strongly depend on the media's coverage of this issue – as well as the method, process and safeguarding procedures, and particularly the extent of doctors' involvement. There was a high degree of fear among doctors about media coverage of this topic for their profession. The positive and negative impacts raised reflected the same categories raised in the discussions about the impact on the relationship itself.

### Potential emotional and professional impacts on doctors

Doctors thought there would be emotional and professional impacts on themselves, their colleagues and the profession, and they more often reported negative than positive impacts.

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