

## Assisted Dying Consultation Analysis January 2014

### Overview

1. In February 2013 Council debated and approved a paper detailing proposals to consult RCGP members on the College's position on the law on assisted dying. This paper was accepted by Council and the consultation was taken forward by the Ethics Committee and the College's Policy and Campaigns team.
2. The consultation ran between 22 May and 9 October 2013. A consultation document was disseminated via email to the Devolved Councils, all Faculties and relevant College committees. It was also publicised in the Chair's blog, the AiT bulletin, and the members' email update, and a link to the consultation document was posted on the members' area of the RCGP website. The consultation document set out a definition of assisted dying and provided various sources of information from both sides of the debate. For ease of reference the full consultation document is attached alongside this paper.
3. This document provides an analysis of the responses to the consultation. It is intended that this analysis will inform a decision by RCGP Council in February 2014 about what position the College should take on the issue of a change in the law on assisted dying.
4. This consultation has been one of the most extensive ever conducted by the College, with a particularly key role being played by Devolved Councils and Faculties in ensuring members across the UK were given opportunities to express their views. A significant timeframe was built into the consultation process to allow local and regional organisations enough time to effectively consult members. The overall quality of the responses to the consultation was high, with consultees from all sides of the debate putting forward well argued and evidenced opinions for their point of view on the issues explored in the consultation document.
5. The conclusion of the analysis contained in this paper is that the consultation results **do not provide evidence of a widespread appetite within the RCGP membership for a shift in the College's position of opposition to a change in the law on assisted dying**. Whilst a minority of consultees put forward a case for a shift in position to 'in favour' or 'neutral', overall most indicated that they felt the College should remain opposed.
6. 77% of members who submitted response forms directly to the College (234 people) indicated that they felt the College should maintain its opposition to a change in the law, with 18% wishing to see the College move to a position of neutrality, and 5% supporting a move to a position of being in favour of a change in the law.
7. Alongside this, an analysis of the views submitted by Devolved Councils, Faculties, groups or committees (which together engaged 1,479 people) also indicates that a majority favoured the College maintaining its opposition. Of 28 such RCGP bodies who took part in the consultation, 20 reported a majority view in favour of the College maintaining its opposition to a change in the law. Three reported a majority view in favour of a 'neutral' stance, with none reporting a majority view in favour of a stance of full support for a change in the law. Four bodies reported that they were unable to reach a clear conclusion. One Faculty recorded its members views in two separate ways, an event with attendees voting in favour of the RCGP changing its official stance to a

position of neutrality on the issue of assisted dying, and a survey with the majority in favour of retaining the current RCGP stance of opposition to a change in the law to allow assisted dying.

## **Consultation methodology**

8. The total number of members who participated in the consultation through one means or another was **1,713**.
9. Members were able to submit views to the consultation in a number of ways. Firstly, a consultation response form was made available on the members' section of the RCGP website, which all members were invited to complete. **234** individual members submitted response forms. In addition, RCGP Devolved Councils and Faculties played a leading role in engaging members in their localities. Finally, Committees and Groups within the College were also invited to respond. A total of **1,479** members were involved in the consultation via their Devolved Council or Faculty, or via a College committee or group.
10. It was left up to each Devolved Council and Faculty to decide how this engagement would take place in their area, and in practice a number of different approaches were taken. Faculties, Devolved Councils and groups used a variety of methods for collecting views from their members. Eleven Faculties (the three London faculties submitting a joint response) and two Devolved Councils held group or board meetings. Thirteen Faculties, one group and one Devolved Council canvassed their members via email, online surveys (with questions loosely, but not strictly, based on the questions posed in the consultation document), and through individual face to face meetings.
11. In line with the approach directed by Council in February last year, the consultation was not designed to capture the views of a fully representative sample of the College's membership, but rather to provide an indication of the views of members in line with similar consultations on issues relating to public and clinical policy conducted by the RCGP in the past. Given the complexity of the debate around assisted dying, it was felt that a consultation would be the best format through which members could express their views in full and explain their thinking in detail.

### **Question one: When should the College, as a membership body, have a collective view on an ethical issue, and when should it not?**

12. A significant majority of respondents expressed the view that it is right for the College to have a collective view on ethical issues, with a small minority thinking that matters of personal ethics should be left to the individual to decide. However, there was some disagreement on what constitutes an 'ethical' issue, with a minority of members expressing the view that general practice is so broad a discipline that it could incorporate the majority of 'ethical' issues.
13. Not all respondents answered the question fully. However for those that did, a majority felt that the College should hold a collective view on ethical issues that affect the day to day practice of GPs.
14. The next most common response given was that the College should hold a collective view on ethical issues that directly affect the wellbeing of patients and the doctor-patient relationship. Many respondents also thought that the College should have a collective view on any issue requiring medical expertise to fully understand.
15. Other circumstances in which respondents thought the College should hold a collective view include on proposals that might affect the regulatory or ethical codes of general

practice; proposals that would possibly result in a change in the law; or on all issues that affect health care.

16. Most of the respondents who thought that the College should take a position on issues that relate to existing ethical codes and practices within general practice did not specify what those ethical codes or practices were. However those that did pointed to the Hippocratic Oath, the International Code of Medical Ethics, and the Declaration of Geneva.
17. One of the main justifications behind holding a position on ethical issues, when given, was that it is the College's duty to provide leadership on important and contentious issues, and that a failure to do so could damage the College's reputation. In particular it was thought that the College should have a strong role in influencing legislation and public opinion on issues which are of direct interest for general practice, and that if we do not take a stance this will be impossible to achieve.
18. It was also pointed out by a minority of members that taking a stance on issues relating to their members is what membership organisations are for and something that should be considered a 'member benefit'.
19. A number of members stressed the importance of consulting members before adopting a change in the College's position. Most respondents didn't specify how consultation should be taken forward, but a number of those that did specified that a formal ballot could be used. Many of these respondents argued that any dissenting opinions on this particular issue should be taken into account and represented in some form.
20. A few members thought that while it was important for the College to hold a position, it should be left up to 'experts' within the College to decide, such as the Ethics Committee.
21. Those who expressed the view that the College should not hold a position, did so on the grounds that this is an extremely controversial and personal issue and as such should be left totally up to the individual to decide, and that individual members should feel like they can express their views without deviating from the 'official line'.
22. It was also suggested by many of these respondents that legislation should be left up to Parliament and the voting public to decide and as such it would be inappropriate for the College to intervene.
23. Situations in which members thought that a decision should definitely not be reached were those which are trivial or clearly political, for example those that divide neatly on left-right lines.

## **Question two: What should the College's position be on assisted dying?**

24. A majority of those who contributed to the consultation thought that the College should maintain its position of opposition to a change in the law on assisted dying.
25. Among those who responded to the consultation as individual members rather than through RCGP bodies, 76% were in favour of the RCGP maintaining its opposition to a change in the law, 18% wished to see the College move to a position of neutrality, and 5% wanted to move to a position of support for a change in the law to allow assisted dying.
26. A full breakdown of the responses received via RCGP bodies is contained in the following table. Of 28 bodies (the three London faculties reporting as one) who responded, 20 (including the three London faculties) reported a majority view in favour of maintaining the College's opposition to a change in the law. Three reported a majority

view in favour of a 'neutral' stance, and none reported a majority view in favour of a stance of full support for a change in the law. Four bodies reported that they were unable to reach a clear conclusion. One Faculty held an event with attendees voting on the motion that the RCGP should change its official stance to a position of neutrality on the issue of assisted dying, with 50% of attendees agreeing with the motion. In addition this Faculty surveyed an LMC and sessional GP group who reported a majority in favour of retaining the current RCGP stance of opposition to a change in the law to allow assisted dying.

| <b>RCGP Body</b>          | <b>Consultation type</b>   | <b>Number of people engaged</b>                                 | <b>Results</b>  |
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| RCGP Northern Ireland     | Members sent the questions via email. Responses to this email, collated with additional input from the PiP group.  | Five individual member responses, and input from the PiP group. | Majority view that College should remain opposed to a change in the law. No breakdown of opinion available. The PiP group was unable to come to a consensus.  |
| Leicester Faculty         | All members were invited to attend a facilitated session on the RCGP questions, for feedback prior to the faculty AGM, on 9 October.   | 39  | Majority view: College should remain opposed to a change in the law. No breakdown of opinion available.   |
| Beds and Herts Faculty    | Several methods were used to pose the questions suggested. These included email, telephone consultation, face to face discussion with known GPs in the area and a discussion at a Faculty meeting with an invited speaker. | 48  | 71% think College should remain opposed to a change in the law, 19% support RCGP taking a position of neutrality, 6% in favour of altering the RCGP position to one of support for a change in the law, 4% undecided. |
| SE Scotland Faculty       | Debate attended by 60 local members. Followed by online survey to all SE Scotland Faculty Members. The responses are taken from the survey.  | 124   | 60% think College should remain opposed to a change in the law, 25% support RCGP taking a position of neutrality. Less than 15% in favour of changing the RCGP position to one of support for a change in the law.    |
| South West Thames Faculty | Discussed at several board meetings.   | 15+3 at a later board meeting                                   | Unable to reach consensus.  |
| Humberstone Faculty       | The Faculty consulted with   | 30-40   | Majority view: Support RCGP   |

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|                            | members personally at meetings and in practices.  |  | taking a position of neutrality.   |
| Midland Faculty            | Debate held with two speakers speaking for and against assisted dying.                                | 65   | 83% think College should remain opposed to a change in the law, 17% in favour of changing the RCGP position to one of support for a change in the law.   |
| Sheffield Faculty          | Consultation emailed to Faculty members and the replies included in a board discussion on this issue. | 31 individual replies +30 at the meetings. | Collective view: College should remain opposed to a change in the law.   |
| Yorkshire Faculty          | Email survey.   | 6  | 83% think College should remain opposed to a change in the law, 17% in favour of changing the RCGP position to one of support for a change in the law.   |
| London - three Faculties   | Debate organised by the three London Faculties.   | 25   | 60% think College should remain opposed to a change in the law, 30% support RCGP taking a position of neutrality, 10% in favour of changing the RCGP position to one of support for a change in the law.   |
| North West England Faculty | Responses sought through a survey monkey poll.  | 163  | 57% of the 144 who responded to a specific question on whether the College should retain its stance of opposition think the College should remain opposed to a change in the law; 33% of the 136 who responded to a specific question on whether the College should move to stance of neutrality answered in the affirmative; 25% of the 145 who |

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|                          |  |   | responded to a specific question on whether the College should change its stance to support for a change in the law were in favour of this.  |
| Mersey Faculty           | Discussed at several board meetings.   | Around 12   | Collective view: the College should remain opposed to a change in the law.   |
| Wessex Faculty           | Responses sought through an e-mail survey.   | 6   | 67% think College should remain opposed to a change in the law, 33% in favour of changing the RCGP position to one of support for a change in the law.   |
| North of England Faculty | Responses sought through a survey monkey poll.   | 38  | 74% think the College should remain opposed to a change in the law, 13% support the RCGP taking a position of neutrality, 16% in favour of changing the RCGP position to one of support for a change in the law. |
| East Anglia Faculty      | Responses sought through an email survey.  | 117   | 47% think the College should remain opposed to a change in the law, 33% support the RCGP taking a position of neutrality, 20% in favour of changing the RCGP position to one of support for a change in the law. |
| Rural Forum              | Open debate between members of the Rural Forum Steering Group resulting in a draft consensus response. The draft was circulated via the Rural Forum Google discussion group with a request for comments. | Around 40 direct responses to the request for comments. | Collective view: the RCGP should take a position of neutrality.  |
| North Scotland           | Feedback and   | 3   | 33% think College  |

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| Faculty               | comments requested via email.   |   | should remain opposed to a change in the law, 33% support RCGP taking a position of neutrality, 33% in favour of changing the RCGP position to one of support for a change in the law.  |
| RCGP Scotland         | Responses from Scottish Faculties combined with discussions with 27 members of Scottish Council and 15 members of Executive Board.  | 42  | Views split between moving to a position of neutrality or continued opposition to a change in the law, with a small proportion in favour of a stance of support for a change in the law.  |
| RCGP Wales            | Discussed at board meeting.   | 12  | Majority view: the College should remain opposed to a change in the law.  |
| Vale of Trent Faculty | Debate held and local LMC and sessional GP group surveyed. Debate attendees were asked if the College should move to a position of neutrality.  | 30 at the debate and 40 from the local LMC meeting. | In a post debate vote in response to the specific motion proposed, 50% agreed, 40% disagreed, and 10% were neutral.<br><br>LMC view: 62% think College should remain opposed to a change in the law, 15% support RCGP taking a position of neutrality, 23% in favour of changing the RCGP position to one of support for a change in the law. |
| Thames Valley Faculty | Responses sought through a survey monkey poll. Members were asked whether or not they supported a change in the law.<br><br>A number of other questions were also asked, such as should doctors be participate in | 27  | 59% would not like to see a change in the law, 41% would like to see a change in the law.   |

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|                                  | <p>assisted dying, and would the respondents be happy to facilitate assisted dying themselves. Only the exact breakdown of responses to questions pertinent to this consultation have been recorded</p>  |   |   |
| West Midlands Faculty            | <p>Conducted both a survey and held a debate in conjunction with St Mary's Hospice, Birmingham.</p> <p>The debate consisted of two presentations, one around the arguments in favour of a change in the law, and the other against, followed by an open debate amongst those who attended.</p> | 356 members responded to the survey, 60 people attended the event | <p>In response to the survey, 58% thought College should remain opposed to a change in the law, 23% were in favour of changing the RCGP position to one of support for a change in the law.</p> <p>At the event, a majority (66.6%) thought the College should remain opposed to a change in the law.</p> |
| North Wales Faculty              | Discussed at Faculty AGM   | 13  | All thought College should remain opposed to a change in the law.   |
| East Scotland Faculty            | Responses sought through a survey monkey poll.   | 73  | 42% think College should remain opposed to a change in the law, 42% support RCGP taking a position of neutrality, 15% in favour of changing the RCGP position to one of support for a change in the law.  |
| North East Scotland Faculty      | Feedback form sent to all members.   | 8   | 75% think College should remain opposed to a change in the law, 25% support RCGP taking a position of neutrality  |
| RCGP Patient Participation Group | Discussion during September face to face meeting.  | 8   | 37% opposed to both the RCGP holding a collective position and a change in the law, 62% support   |

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|  |  |  | RCGP taking a position of neutrality. |
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27. Many respondents explained the rationale behind their views in addition to giving yes/no answers.

**Opposed**

28. The majority of those who participated in the consultation thought that the College should maintain its opposition to a change in the law. The reasons they gave for this were numerous and clearly very strongly felt. A number of GPs warned that they would feel forced to resign from the profession if assisted dying were made law.

29. The major reason given by those who felt the College should maintain its opposition to a change in the law was that it would damage the doctor patient relationship. It was thought that if GPs were authorised to take life, then patients would become afraid of their doctors and lose trust in the profession as a whole. Many members identified protecting the vulnerable as one of their major responsibilities, and thought that it would be those patients who would feel most at risk from the change in the law.

30. A large proportion of those who participated in the consultation used the ‘slippery slope’ argument as a reason to be against legalisation. These members believed that if assisted dying were legalised for the terminally ill with capacity it would only be a matter of time before it was extended to those who could not consent due to reasons of incapacity and the severely disabled. Some members gave the example of abortion legislation, which they stated had started as something that would be provided only in extreme circumstances but has effectively become ‘on demand’ and consequently as a society we have become desensitised to it.

31. Concerns were also raised that changing the law to allow assisted dying would encourage a utilitarian approach to death within general practice and the rest of the health care system, including hospices.

32. Many members were opposed to a change in the law to permit assisted dying because they believed it would be impossible to implement without eliminating the possibility that patients may be in some way coerced into the decision to die. It was thought that the ‘right to die’ could very easily become a ‘duty to die’ especially when financial considerations were a factor and the individual felt like a burden to their family. It was also put forward that illness is an extremely stressful time that may cause patients to become depressed and frightened, and in such cases it is impossible to tell for what reason they would be making a decision to end their life. Some GPs also raised concerns that they would inadvertently influence the decisions of their patients. It was therefore thought that the possibility of a wrong decision being made was too high to take the risk.

33. Members also had moral objections to the legalisation of assisted dying. A majority of those who were opposed to it, were so partly because they believe that the concept is counter to the foundational ethics of general practice. In particular it was thought to directly counter the idea of ‘do no harm’ and therefore is a dangerous position for GPs to take. Within this context it was thought by some respondents that the role of the GP should be to always uphold life and to encourage patients to live in whatever way they can. Concerns were also raised by members that there would not be sufficient safeguards for GPs who do not want to be part of the process.

34. Some members raised the issue that the definition of ‘terminal’ is liable to change. For example someone given six months to live could live for two years, which raises questions around what would be the appropriate time to make the decision to die.

35. Many respondents felt that changing the law to allow assisted dying would shift the focus away from investing in palliative care and treatments for terminal illnesses. It was thought that if patients are concerned about a loss of dignity and autonomy the focus should be on ensuring that this does not happen. It was also thought that good palliative care should be enough to deal with the majority of patient concerns about death.
36. Many members were concerned that changing the College's position would set it against the rest of the medical community such as the BMA and the Palliative Care Association.
37. Many members who supported the College's current stance also felt that if the College were to adopt a neutral stance this would be seen as acceptance and used by pro assisted dying groups as a boon for their cause.

### **Neutral**

38. Those who support a stance of neutrality on the law on assisted dying were the second largest group of respondents. They supported neutrality because they believed that it would allow room for dissenting voices within the profession and therefore make their patients feel more at ease discussing this vital issue with their doctors.
39. It was also strongly felt by this group that legislation should be the concern of Parliament and the voting public and that it should be the College's role to provide objective advice and guidance, which it could not do if it were to hold a position.
40. Many people who thought the College should adopt a neutral stance stated that they personally supported a change in the law to allow assisted dying.

### **Support**

41. The number of respondents who explicitly stated that they would like the College to change its position to one of support for the legalisation of assisted dying were in the minority. However, as with those who were in opposition to a change of position, and those who favoured a move to a position of neutrality, their views were based on a strong desire to help their patients.
42. The major argument for changing the College's stance to one of support for the legislation of assisted dying was ethical. Respondents felt that it was wrong to deny terminally ill patients with capacity the right to end their lives in a way of their choosing, as denying them that right unfairly increases their suffering. Many members drew on their personal feelings to say that they would like to be able to make that decision at the end of their lives.
43. Members who wanted the College to change its position to one of support for the legislation of assisted dying rejected the 'slippery slope' argument claiming that there are no current proposals to take assisted dying any further and there is no reason to assume that there would be. They also rejected claims that it would damage the doctor patient relationship and argued that it would in fact improve it by ensuring patients can have confidence that their doctor will respect their wishes.
44. This group believed strongly that good safeguards could be put in place, and drew on examples from countries in which assisted dying has been legalised to assert that only a very small amount of deaths each year are assisted and doctors are not forced to take part in the process if they choose not to be. It was also stated there is no proven negative effect on the doctor - patient relationship from these international examples.

45. A significant minority of those in support of changing the College's position on assisted dying to one of supporting a change in the law maintained that opposition was often founded on religious principles and that debates of this kind should be founded on secularist principles only.
46. Both those who were for and against change the law stated that they believe public opinion to be on their side.