Assisted dying and decision making at the end of life

Alison Park and Elizabeth Clery

The extent to which people should be able to have some control over how and when they die is a hugely contentious issue. In 2006, the House of Lords blocked Lord Joffe’s bill that would have allowed terminally ill people in certain circumstances to be helped to die. Yet there is little robust and impartial evidence about the attitudes of people in Britain towards these issues. To find out more about what people think, the 2005 British Social Attitudes survey included a set of questions about attitudes to assisted dying and end of life care. The key findings were:

- People make clear distinctions between the acceptability of assisted dying in different circumstances (depending, for instance, on the nature of a person’s illness or on who would be involved in the process).
- Certain groups are particularly opposed to euthanasia – especially those with religious beliefs.
- People generally feel that more attention needs to be paid to the comfort of those who are dying. This view does not necessarily mean that they would be opposed to euthanasia.
- Attitudes to euthanasia have remained remarkably stable over time, given the public debates that have taken place over the last decade.
- Very few people have discussed or taken actions themselves in relation to their own end of life care.
This research was part of the 2005 British Social Attitudes survey. Overall, it was concerned with a range of ‘end of life’ issues. This Findings publication focuses on two key issues: people’s attitudes to assisted dying and what measures, if any, they have taken as regards their own end of life care.

By ‘assisted dying’ we mean helping someone who wishes to die to do so. One crucial distinction is between ‘assisted suicide’ and ‘voluntary euthanasia’. Assisted suicide involves helping someone to take a substance that will end his or her life. Voluntary euthanasia describes someone else giving a substance to a person to help them to die.

Our research found that the acceptability of assisted dying varies substantially, depending on the nature of the person’s illness, the type of assistance provided and who would be involved in the process.

Around four-fifths of people (80%) think the law should allow voluntary euthanasia carried out by a doctor for a patient who has a painful, incurable and terminal illness like cancer. However, when the illness is incurable and painful but not terminal, less than half support it (45%). As the chart shows, doctor-assisted suicide and voluntary euthanasia carried out by a relative are far less acceptable to people than voluntary euthanasia involving a doctor. So, while four-fifths (80%) feel the law should allow voluntary euthanasia carried out by a doctor in the case of someone dying of cancer, only three-fifths (60%) think a doctor should be allowed to help a person in this situation to commit suicide. Well under half (44%) believe a relative should be allowed to help someone to die. This points to a sharp divide between public and expert opinion: while people in general clearly feel more comfortable if doctors are involved in assisted dying, doctors themselves largely oppose this (House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, 2005 (Appendix 7)).

Certain groups in society are particularly opposed to assisted dying, particularly those with religious beliefs.

How often people attend religious services is the most important indicator of their views about assisted dying. Those who do not attend religious services are much more likely than those who attend frequently to think assisted dying should be allowed. The research suggests that it is practicing a religion (rather than the specific religion one practices) that has the greatest influence on attitudes. This helps explain the fact that older people, who are more likely to be committed to a religion, are more opposed to assisted dying than younger people.
Views about assisted dying are closely linked to people’s views about other issues.

People who are opposed to abortion, capital punishment and suicide are more likely than others to be opposed to assisted dying. The main argument used in support of assisted dying – belief in the autonomy of the individual – is reflected in people’s attitudes too, but to a lesser extent. We also found that people who are very concerned about patient comfort are more likely than those who are less concerned to support the legalisation of assisted dying, particularly when the patient is in pain. This suggests that support for patient comfort and assisted dying are not conflicting positions.

The attitudes of the public to assisted dying have remained remarkably similar over time.

In 2005 we repeated four questions first asked in 1995, and found only one showed a significant change. This was in relation to voluntary euthanasia carried out by a relative, where support had risen from 31% to 44%.

Very few people have discussed or taken any actions themselves in relation to their own end of life care.

Only 4% have made a living will (up from 2% in 1995) while 12% have considered doing so. Almost one quarter have discussed with a friend or relative the sorts of medical treatment they would and would not want in the future while just 2% have discussed this with a doctor. Older people, women, graduates and those who do not practise a religion are more likely to have made or considered making a living will.

Conclusions

Do public attitudes matter? After all, few of our survey respondents will have had any direct experience of the precise issues at stake.

The report of the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, 2005, argued that there was ‘very little public understanding of the issues involved’. The issue was discussed at a recent NatCen seminar about this research attended by policy-makers, researchers and practitioners. There was genuine disagreement about the extent to which the views of the public should be taken into account in considering future legislation.

Clearly, this is an area where research among the general public poses challenges. However, our research suggests that the views of the general public are important and should be taken into account in future debates:

- It is clear that people can make distinctions between the acceptability of assisted dying in a variety of different circumstances (depending, for instance, on the nature of a person’s illness).
- Despite the explosion of debate and media commentary over the last decade, public opinion on this issue has changed little. People’s attitudes appear to be strongly grounded in their religious and moral value systems.
- Although few people will have come across the exact issues at stake, many will have direct or indirect experiences of considerable relevance – an elderly or infirm relative, for instance, as well as concerns about their own medical treatment in the future. In this sense, everyone clearly has a vested interest in this area.
- Although everyone has an interest, our seminar identified a particular need for more research about the views of those with the most direct experience and knowledge. This includes carers, terminally ill people, elderly people and health professionals.
Methods
These findings are based on the analysis of questions asked as part of the 2005 British Social Attitudes survey. The questions were funded by the Nuffield Foundation.

British Social Attitudes survey respondents completed a face-to-face interview (using Computer Assisted Personal Interviewing) and were asked to complete a written booklet containing further questions.

Measuring attitudes to an issue of which the majority of people have no direct experience is clearly challenging. To ensure that survey participants considered a number of relevant issues, we presented them with a range of scenarios and asked whether assisted dying should be allowed in each of them. Further details of the questions asked can be found in the full British Social Attitudes report (see below).

The sample was based on a random selection of addresses from the Postcode Address File. Approximately 1,700 respondents answered the questions about attitudes to euthanasia, a response rate of 55%.

We held a NatCen seminar in June 2007 with policymakers, researchers and practitioners working in the area of end of life care. Its purpose was to disseminate these findings, consider how they further our understanding of public attitudes in this area and explore what the role of these attitudes in policy and legislative development should be.

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A further report of these research findings can be found in the chapter 'Quickening death: the euthanasia debate' by Elizabeth Clery, Sheila McLean and Miranda Phillips, in British Social Attitudes: The 23rd Report (edited by Alison Park, John, Curtice, Katarina Thomson, Miranda Phillips and Mark Johnson) (2007, London: Sage). For more information see: www.sagepub.co.uk