LETTER

Physician-assisted dying—a survey of Waikato general practitioners

Jack H Havill

General practitioners (GPs) are central to the safe and successful introduction of physician-assisted dying (PAD) into a jurisdiction. Although medical participation is integral in the intended End-of-Life Choice Bill (Maryan Street), which was a Member’s Bill in the Parliamentary Ballot Box during part of the years 2013–2014, there has been little information published about views of New Zealand medical doctors as a group. However, a 2004 study in the New Zealand Medical Journal reported that GPs caring for patients in the last year of their life, deliberately hastened death in 39 (5.6%) cases.

This letter reports on a survey of opinions of GPs in the Waikato District Health Board (DHB) area on some of the main issues in the End-of-Life Choice debate in New Zealand. The survey was conducted at the end of 2014.

200 letters were sent and 78 replies were received (39% response).

There were 3 questions. Question 1 covered the basic issues as they applied to a competent patient who was still able to make a request while knowing what they were asking. Question 2 was about the End of Life Directive, which is a special type of advance directive and is intended to allow a person to have assistance to die after they have become incompetent. Question 3 addressed the issue of severe dementia as it could possibly be part of an End-of-Life Directive.

Each question had 5 choices (totally support, probably support, unsure, probably oppose and totally oppose), with one possible answer. The questions and responses are outlined in this table (n=78):

<table>
<thead>
<tr>
<th>Question</th>
<th>Fully support/ probably support</th>
<th>Unsure</th>
<th>Totally oppose/ probably oppose</th>
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<td><strong>Question 1:</strong> Given adequate safeguards against abuse, do you support the passing of a law to allow a medical practitioner to give assistance to die, on request from a competent patient, 18 years and older, where the patient has end-stage terminal disease (e.g. cancer), or is suffering from irreversible unbearable suffering (e.g. motor neurone disease, end-stage respiratory failure)?</td>
<td>47.3%</td>
<td>5%</td>
<td>47.3%</td>
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<td><strong>Question 2:</strong> The End-of-Life Directive, as intended in the EOLC Bill, allows a person while still competent to write the Directive, seeking medical assistance to die, should the above conditions in Question 1 occur after they become incompetent. Would you support passing a law which would legalise such a request in an End-of-Life Advance Directive?</td>
<td>47.3%</td>
<td>9%</td>
<td>43.6%</td>
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<td><strong>Question 3:</strong> It is possible that the patient may include the following statement about dementia in their End-of-Life Directive (as a condition that they would find unbearable): ‘If I develop severe dementia resulting from Alzheimer’s disease, or degenerative brain disease due to arterial disease or other agency, where my mental competence has deteriorated to the extent that I am no longer able to recognise close relatives or friends, and am totally dependent on others for basic physical needs e.g. eating food and drinking fluids, spoon feeding, toileting for incontinence, dressing, I would request that I be given medical assistance to die.’ Would you support passing a law which would legalise such a request with regard to dementia, as above in this question?</td>
<td>39.5%</td>
<td>10.5%</td>
<td>50%</td>
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In 2012 the Horizon Poll showed 63–65% support for all sections of the proposed End-of-Life Choice Bill. A 2014 study shows that public support for legalisation of PAD is now 82%. However, medical practitioner support has been moving more slowly and information is more sparse. For instance a recent survey of 17,000 USA physicians and 4000 European physicians, as part of the Medscape Ethics Report 2014, showed support for PAD as 54% (31% said no and 15% said ‘it depends’). However, support from physicians in the Netherlands and Belgium is strong and is said to be continually growing.

Naturally GPs will be anxious about taking part in PAD due to inexperience. When legalisation occurs in New Zealand, it would be desirable to have proper support systems in place for GPs—e.g. the Royal Dutch Medical Association set up Support and Consultation on Euthanasia in the Netherlands (SCEN): a programme aimed at structuring the consultation and decision-making process before accepting a request for PAD.

In conclusion, it is apparent that 45–50% of GPs ‘support or would probably support’ PAD in New Zealand. It is also reasonably certain that the New Zealand law will allow aspects of this within the next few years, following on from other jurisdictions where assistance has been legalised. Matters are also rapidly progressing in Britain and Australia, following on from Quebec, where the substance of the new law is similar to the ‘Maryan Street’ End-of-Life Choice Bill. Hopefully our professional medical and nursing bodies can take part in the framing of the law and regulations as this happens.

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References
1. Online: http://www.ves.org.nz/theBill