

## **SAMS study: “Physicians’ attitudes to assisted suicide”**

### **Summary of results and response of the Central Ethics Committee**

The publication of a position paper entitled “Problems associated with the performance of physician-assisted suicide” – issued by the Central Ethics Committee of the SAMS in January 2012 – led to a vigorous debate on the role of physicians in this area.

Against this background, in March 2013, the SAMS invited proposals for a study to investigate physicians’ attitudes to assisted suicide. After an external review procedure in which the ten submissions were evaluated by international experts, the project partners were selected (Brauer & Strub, Zurich and Büro Vatter, Bern).

In the study, the following thematic areas were explored in detail:

1. Attitudes to physician-assisted suicide in general and in relation to specific groups of patients
2. Views on the ethically appropriate role of physicians in the area of assisted suicide
3. Physicians’ readiness to be involved in assisted suicide
4. Physicians’ experience with assisted suicide
5. Regulations and possible consequences of the expansion of physician-assisted suicide

#### **End-of-life care: SAMS Guidelines issued in 2004**

For several decades, the SAMS has taken a close interest in end-of-life issues and questions associated with assisted dying and the care of dying patients. Its first medical-ethical guidelines on this topic were published in 1976. Until 2004, when a new version was issued, the position of the SAMS was that assisted suicide is not part of medical practice. The cautious change of approach adopted in the 2004 Guidelines on “End-of-life care” proved controversial. Under these Guidelines, assisted suicide may be performed in the case of patients approaching the end of life on the basis of an individual decision of conscience. First, however, alternative options must have been discussed with the person expressing a desire for suicide; in addition, the person must have capacity and the desire must be persistent, well-considered and not a result of external pressure. In 2005, the Guidelines were incorporated into the Code of the Swiss Medical Association (FMH) and are thus binding for all members of the FMH. In 2006, as an important supplementary measure, the SAMS issued medical-ethical guidelines on “Palliative care”.

#### **Methods**

In individual interviews, twelve selected physicians were asked about their attitudes to assisted suicide. The selection criteria ensured the representation of a broad range of views and a variety of specialties, regions, work settings and experiences with assisted suicide. The evaluation of the interview findings involved both an individual case-based analysis and a thematic cross-analysis.

A representative random sample comprising 4837 Swiss physicians were invited to complete a detailed questionnaire, and 1318 completed questionnaires were returned (27% response rate).

## Results

The results of the survey reflect the views of physicians from all regions of Switzerland and different specialties who are interested in and affected by the issue of assisted suicide. However, given the response rate of 27%, which varies substantially by specialty, the results cannot be generalized to the medical profession as a whole.

### *Attitudes to physician-assisted suicide*

Around three-quarters of all respondents consider physician-assisted suicide to be justifiable in principle, while over a fifth are fundamentally opposed to it. In combination with individual readiness to perform assisted suicide, three basic attitudes can be distinguished:

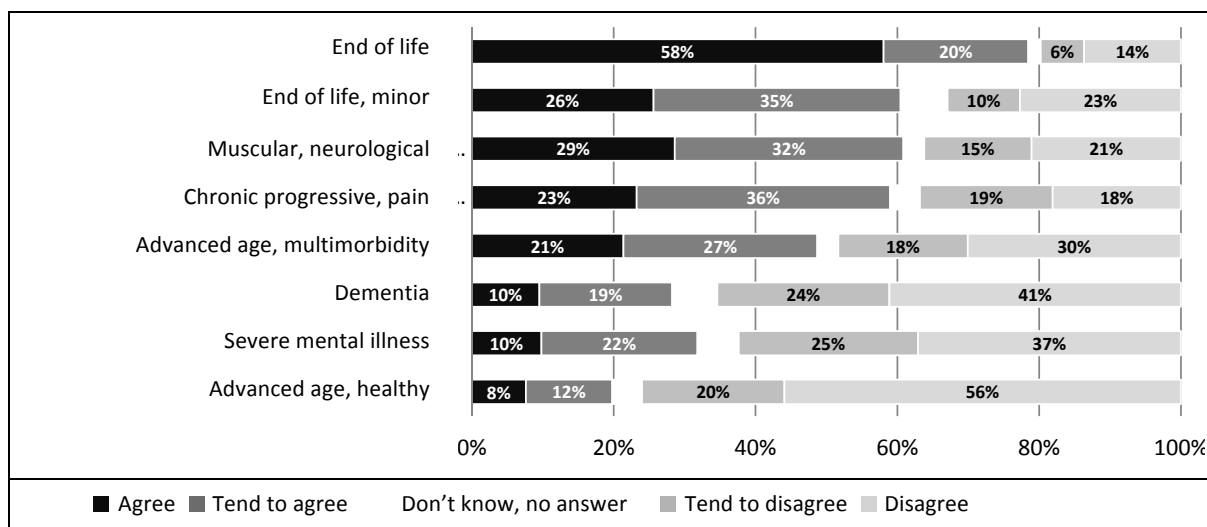
- Somewhat less than half of the respondents consider physician-assisted suicide to be acceptable in principle and can imagine situations where they would personally be prepared to perform it.
- Over a quarter of the respondents tolerate physician-assisted suicide but would not participate themselves.
- Over a fifth of the respondents are fundamentally opposed to assisted suicide.

With regard to the factors influencing these basic attitudes, the study reveals the importance of specialty and work setting (hospital or practice), age (and professional experience), language region, and religion/personal philosophy. To a lesser extent, physicians' attitudes are also influenced by sex.

### *Attitudes with regard to specific patient groups*

The results indicate that the patient's health status is viewed as an important criterion in judging whether or not physician-assisted suicide is fundamentally justifiable. However, views vary widely as to the specific situations in which assisted suicide is acceptable (cf. the Figure below).

Acceptability of assisted suicide for various conditions



Source: Survey of physicians conducted by Büro Vatter/Brauer & Strub. Figure 5-11, p. 73.

For the majority of respondents, support for assisted suicide depends on the specific situation: the more clearly a purely somatic and terminal disease is present, the greater the acceptance of physician-assisted suicide.

### *Role of physicians*

The acceptability of physician-assisted suicide is not called into question by a large majority of physicians. Opinions differ, however, on the question to what extent assisted suicide should be a voluntary medical activity, or is at least to be tolerated as an individual decision of conscience. While a clear majority regard evaluation of the eligibility criteria as a medical duty, only about half of respondents consider the actual performance of assisted suicide to be a medical responsibility. In the interviews, it was emphasized that the quality of the physician-patient relationship is important for appropriate assisted suicide. This means that the relationship should have existed for some time and be characterized by trust. As regards the appropriate role of physicians in this area, a common denominator for the great majority of respondents is the view that assisted suicide should always be undertaken on a voluntary basis.

### **Legal regulations in Switzerland and Federal Supreme Court jurisprudence**

According to Art. 115 of the Swiss Criminal Code, assisting suicide is legal in the absence of self-serving motives. The person seeking suicide must have capacity and must perform the final act leading to death him/herself, as it is otherwise deemed to be homicide. The main activity performed by physicians in the area of assisted suicide is the prescription of a lethal drug (usually phenobarbitone sodium, PBS).

In all cases, assisted suicide is considered to be an unnatural death, which must be reported to the authorities.

Under the current law, medical professionals are assigned the role of gatekeepers in the area of assisted suicide, since PBS can only be prescribed by registered physicians. In addition, a prescription can only be issued if the patient has been personally examined by the physician concerned.

In its jurisprudence, the Federal Supreme Court makes reference to the SAMS Guidelines and emphasizes the key role of physicians in the provision of access to PBS and the assessment of capacity. In a landmark decision, the Court affirmed that the prescription of PBS may also be legitimate in the case of an incurable, chronic, severe mental disorder, while also calling for the utmost restraint (BGE 133 I 58).

### *Physicians' readiness to be involved in a suicide and personal experiences*

The study shows that almost all the respondents are prepared to advise, inform and continue to treat a patient who expresses a desire for suicide. The vast majority are also prepared to evaluate the eligibility criteria for assisted suicide specified by law and in the professional code, while over a quarter of all the physicians surveyed would be prepared to perform assisted suicide in a specific situation.

As regards physicians' personal experiences in this area, a distinction is to be made between being confronted with a serious request for suicide and actually performing assisted suicide. Somewhat less than half of the respondents have, on at least one occasion, received a serious request for suicide. Both the qualitative interviews and the written survey indicate that assisted suicide is only actually performed by a small number of physicians.

About a quarter of the respondents have, at least once, evaluated whether the eligibility criteria for assisted suicide are met. Most physicians have not, however, participated in assisted suicide. Of the respondents, 111 reported having, at least once, performed an act which legally constitutes assisted suicide; in general, they had prescribed phenobarbitone sodium. In around three-quarters of the cases of assisted suicide reported by the respondents, an assisted suicide organization was involved.

#### *Importance of the SAMS Guidelines*

A large majority of the respondents (around three-quarters) indicated that the end-of-life criterion should be maintained as a condition for the acceptability of assisted suicide. This is in tension with the views expressed concerning the acceptability of assisted suicide in specific disease situations: a large majority believe that physician-assisted suicide is also justifiable for patients in non-terminal stages of disease.

The assessment of possible consequences of the expansion of physician-assisted suicide is closely associated with individual basic attitudes to assisted suicide. However, growing pressure on patients to opt for assisted suicide is perceived as a risk regardless of individual basic attitudes, and is expected by 43% of respondents to occur if the SAMS Guidelines are relaxed.

#### **Response of the SAMS Central Ethics Committee to the results of the study**

The Central Ethics Committee (CEC) welcomes the fact that, thanks to this study, data on the attitudes of physicians in Switzerland to assisted suicide is available for the first time. It should, however, be emphasized that the results cannot be generalized to the Swiss medical profession as a whole, but reflect the views of 1318 physicians who are presumably particularly interested in and affected by this issue. Even though no comparable study has been undertaken to date, the CEC is not surprised by the respondents' views, which clearly indicate physicians' ambivalence vis-à-vis this topic. Thus, while the majority of respondents do not wish to see assisted suicide prohibited, they also stress that it should remain a voluntary activity, and only a minority are prepared to actually perform assisted suicide themselves. Opinions also differ as to the criteria which have to be met for a suicide to be justifiable. The more clearly a purely somatic and terminal disease is present, the greater the acceptance.

The SAMS Guidelines on "End-of-life care" were issued in 2004. All SAMS Guidelines are reviewed and adapted at regular intervals. The results of this study will be taken into account in the revision work, which is likely to be a lengthy process. All available data will have to be examined; in particular, the results of the National Research Programme on "End of life" (NRP 67) will have to be taken into consideration. A broad ethical debate will also be required. Experience has shown that the revision of SAMS Guidelines takes three to four years.