

BRIEF REPORT

Attitudes to physician and family assisted suicide: results from a study of public attitudes in Britain

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Legalisation of assisted suicide presents a dilemma for society. This arises because of a lack of consensus regarding the precedence to be accorded freedom of choice versus the inviolability of human life. A combination of factors has served to throw this dilemma into sharper focus in recent times. These include population aging,^{1,2} increased openness regarding end-of-life care,³ development of patients' rights, and increasing secularisation and multiculturalism in society. Against this backdrop and within a context where several countries have addressed legislation of physician assisted suicide,⁴⁻⁷ examination of societal attitudes in Britain seems timely.

Data were extracted from the 1994 British Social Attitudes Survey (BSAS).⁸ In this respondents were asked: "Suppose a person had a painful incurable disease. Do you think that doctors should be allowed by law to end the patient's life, if the patient requests it?" Respondents were then asked: "Still thinking of that same person with the incurable disease. Do you think that someone else, like a close relative should be allowed by law to help end the patient's life, if the patient requests it?"

Nine hundred and fifty six usable responses relating to physician assisted suicide (PAS) and 957 in relation to family assisted suicide (FAS) were available. Eighty four per cent of respondents supported legalisation of PAS and 54% legalisation of FAS. (This compares with 75% in favour of legalisation of PAS in the US⁹ in 1994 and 73% in Australia in 1995.¹⁰)

The relationship of attitudes to PAS and FAS and a number of variables were examined. The results indicate a clear majority of the British public supported legalisation of PAS. Support was not significantly weaker among older age groups or the disabled. Strength of religious affiliation (measured in terms of frequency of church attendance) was a significant determinant of opposition to legalisation. Similarly, members of the Church of England, non-Christian faiths, and those of no faith were more likely to support PAS than Roman Catholics or those of other Christian faiths. In relation to FAS only strength of religious affiliation and age were found to be significant predictors of attitudes.

Care is warranted in the interpretation of results. It should be remembered, for example, that cross-sectional analyses of this type provide a snapshot of attitudes, attitudes that may

change in the light of changing circumstances, for example, the Shipman case, a case in which a general practitioner was convicted for the murder of 15 of his patients.¹¹

AUTHORS' NOTE

Full description of methodology and results available from C O'Neill on request.

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