



## Assisted Dying Research



Royal College  
of Surgeons  
of England

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ADVANCING SURGICAL CARE

Research Report

March 2023

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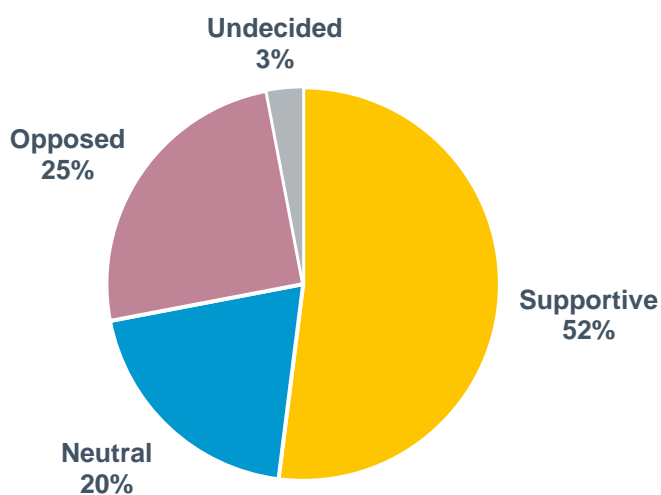
# Key findings

## RCS England's position on assisted dying

- **Just over half (52%)** of survey respondents thought RCS England should be **supportive** of a change in the law to permit doctors to supply drugs for qualifying patients to self-administer to end their own life
- **A quarter (25%)** thought RCS England should be **opposed**
- **One in five (20%)** thought RCS England should take a **neutral** position
- **Just 3%** of respondents said they were **undecided** on the matter

**Figure 1 – What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?**

*Base: All respondents (3,268)*

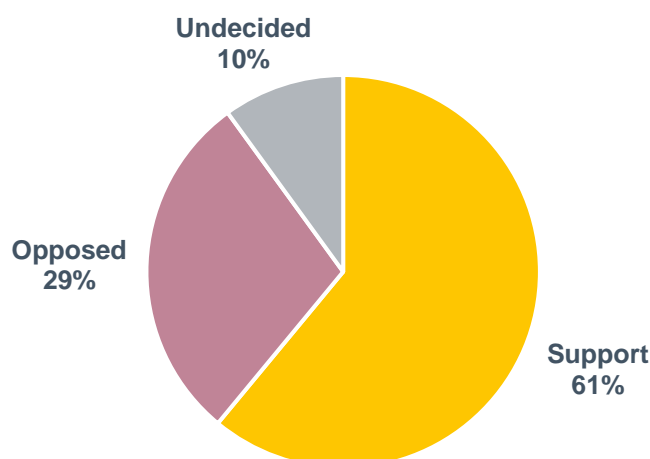


## Personal views on assisted dying

- **Three in five (61%)** indicated that, in principle, they **personally support** a change in the law to supply drugs to qualifying patients to self-administer to end their own life
- **Three in ten (29%)** said they **personally oppose** a change
- **One in ten (10%)** were **undecided**

**Figure 2 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life?**

*Base: All respondents (3,268)*



- The most common explanations provided for personal views on assisted dying included:
  - Patients should have choice/autonomy/control (39%)
  - Patients should not have to suffer/experience poor quality of life (38%)
  - Clear legal framework/regulations/safeguards needed (20%)
  - Risks to vulnerable patients/potential for abuse (15%)
  - Against the role of doctors/should do no harm (12%)
  - Goes against my personal/religious beliefs (11%)
  - Focus should be on palliative care (11%)
  - In limited situations/for certain illnesses (7%)
  - Slippery slope/sets a dangerous precedent (7%)
  - Too much focus on prolonging life/excessive intervention (5%)

## The role of doctors in the process of assisted dying

- **Three in five respondents (59%)** thought that, regardless of their personal views, if the law changed in the future to permit the supply of drugs to qualifying patients to self-administer to end their own life, doctors should be involved in **confirming that their patient meets the eligibility criteria** and **providing factual information to patients about the law**
- **Just over two in five respondents (42%)** thought doctors should be **supplying (prescribing) the drugs** or **confirming that someone who is not their patient meets the eligibility criteria**
- **Almost a quarter (23%)** thought that doctors should **be present while patients self-administer the drugs**
- **One in five (20%)** thought that doctors should have **no role in the process, even if legal**

# The Research Programme

## Introduction

### Context

The Royal College of Surgeons of England (RCS England) is a professional membership organisation and registered charity which supports more than 28,000 members in the UK and internationally by improving their skills and knowledge, facilitating research, and developing policy and guidance.

In recent years, the topic of assisted dying for a terminally ill person has gained traction in health circles, society and legislative arenas. Assisted dying is currently illegal in England and Wales. Debate has circulated for many years around the issue and at the moment it is the focus of a new inquiry by the UK Westminster Health and Social Care Committee. In 2023, this committee through various hearings will explore the arguments across the debate with a particular focus on the role of medical professionals; access to palliative care; what protections would be needed to safeguard against coercion and the criteria for eligibility to access what the inquiry describes as 'assisted dying/assisted suicide' services.

RCS England Council last discussed assisted dying in 2014, when it was decided that the College should oppose any change in legislation. In 2021 the Council decided it would be appropriate to revisit this issue in light of survey developments from other medical organisations as well as several Private Members' bills.

Due to the ethical questions involved in end-of-life care, RCS England wished to seek the views of its membership in order to help inform the Council's decision on whether the organisations' position should change.

RCS England commissioned Enventure Research, an independent research agency, to conduct a survey of its UK-based membership into:

- What RCS England's position should be towards a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life
- What their personal position is towards a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, and the reasons for this position
- What the role of doctors should be in the process of assisted dying, should a change in the law occur

### Definition of assisted dying

The British Medical Journal (BMJ) says assisted dying relates to prescribing life ending drugs for terminally ill, mentally competent adults to administer themselves after meeting strict legal safeguards.

### Role of a doctor

A Private Members' Bill from 2021 proposed that, subject to the consent of a judge, a terminally ill person could legally request a prescription they could use to end their life. The individual's 'declaration' would have to be certified by two suitably qualified medical practitioners (i.e., potentially, but not necessarily, surgeons). The 'attending doctor' would not be permitted to administer the lethal prescription, but would be permitted to assist the person to self-administer.



## Methodology

### Questionnaire design

A questionnaire was adapted by RCS England and Enventure Research from a recent survey of the British Medical Association<sup>1</sup> membership. It included three core, closed questions, and one free-text question to allow respondents to expand on their answers.

For reference, a copy of the questionnaire can be found in the Appendix.

### Promotion of the survey

The survey was securely hosted online and personalised invitations to take part were emailed to the entire RCS England membership based in the UK (including Faculty of Dental Surgery members). In total, 17,631 members were invited to take part by email. Those who did not respond received up to four reminder emails encouraging them to take part.

The online survey link was also promoted by RCS England via various online channels and networks. Respondents who took part via this promotion were asked to provide their registered email address to access the survey to verify their membership and ensure no duplicate responses were received.

### Survey response

The survey was live between 11 February and 12 March 2023. During this time, 3,268 responses were received, representing a 19% response rate. This provides a large sample size for confident and robust statistical analysis.

Response rates varied across the UK devolved nations, as shown in the table below.

**Figure 3 – Response rates by UK nation**

UK nation	Number of responses	Number of members	Response rate
England	2,938	15,966	18%
Scotland	83	511	16%
Wales	151	780	19%
Northern Ireland	44	212	21%
<i>All respondents<sup>2</sup></i>	<i>3,268</i>	<i>17,631</i>	<i>19%</i>

Although a 21% response rate was achieved for members in Northern Ireland, a base size of 44 is quite small when conducting comparative statistical analysis with other nations, and therefore these results must be treated with some caution.

More information about data analysis and interpretation of the results can be found on the following page.

<sup>1</sup> <https://www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying/physician-assisted-dying-survey>

<sup>2</sup> This includes 40 responses from members outside the UK and 12 who did not wish to disclose their location



## Interpretation of the findings

### Sampling confidence and margin of error

Although a positive response rate of 19% was achieved, as the online survey was completed by a sample of the RCS England membership (3,268) and not the entire UK membership population (approximately 17,600), all results are subject to sampling tolerances.

When interpreting a result from this survey based on a question which all respondents answered, with a response of 50%, a margin of error of  $\pm 1.6\%$  is created when analysing results at the 95% confidence level. This means that, if the same survey was repeated, 95 times out of 100, the result to that question would fall somewhere between 48.4% and 51.6%.

When interpreting results above or below 50% the margin of error becomes narrower. When interpreting analysis of smaller subgroups, the margin of error becomes wider.

### Percentages and base sizes

This report contains various charts and tables used to display survey data. In some instances, the percentages shown may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- Only the most common responses may be shown in the table or chart
- A response of between less than 0.5% will be shown as 0%

For each chart or table, a base size has been provided to show the number of members who responded to the question being analysed and, in some cases, which specific group of respondents the question was asked to.

### Subgroup analysis

Subgroup analysis has been undertaken to explore the results provided by different groups, including UK nation, career status, membership type, and key demographics including gender, age group, and ethnicity.

This analysis has only been carried out where the base size (the number of respondents within a subgroup) is seen to be sufficient for comment (over 50), as smaller base sizes tend to produce less reliable results due to a wider margin of error.

In some instances, where base sizes are not large enough or where subgroups are similar, combined subgroups have been formed. For the analysis of career status, where the following subgroups have been created by combining similar career status groups together:

- Early Medical Students – Including Medical and Dental Students (35 respondents) and Foundation Doctors and Foundation Dental Students (56 respondents)
- Specialists – Including Specialists (88 respondents) and Dentists with a Special Interest (41 respondents)
- Surgical Trainees – Including Core Trainees/Core Dental Trainees (111 respondents) and Specialty Trainees (418 respondents)

For the analysis of specialty, all dental specialties have been combined to create a 'Dental Surgery' specialty (193 respondents).

Differences between subgroups are only commented on where they are statistically significant at the 95% level of confidence. This means that we can be confident that if we repeated the same survey,





95 times out of 100, we would get similar findings.

On some occasions we have commented on differences between subgroups where the base size is small, but the finding is still of interest (e.g. when looking at results from respondents in Northern Ireland with a base size of 44). These results are therefore not statistically significant but indicative only, and care must be taken when interpreting them. Small base sizes are highlighted throughout the report where relevant.

## Thematic coding of open-ended responses

The survey included one free-text question where respondents could explain their personal stance on assisted dying. A limit of 500 characters was used to encourage respondents to be succinct, allowing their feedback to be included in the analysis.

To quantitatively analyse these free-text responses, researchers from Enventure Research read all comments in detail and developed a code frame based on the themes that emerged, allowing responses to be categorised. The small number of responses of 'N/A' or 'Nothing to add' were excluded from analysis.

Given the complex nature of the topic, free-text responses often included multiple themes, covering both reasons for personally supporting and opposing a change in the law to permit assisted dying.

The analysis of free-text responses presents all themes (codes) that were expressed by respondents, focusing in greater depth on the themes expressed by larger numbers of respondents.

To provide greater insight, anonymised verbatim comments have been included as examples of the themes that emerged from this question. For context, alongside each comment we have included the following information about the respondent:

- Career stage
- Specialism (if relevant)
- Their personal stance on assisted dying (supportive, opposed, undecided)



# RCS England's position on assisted dying

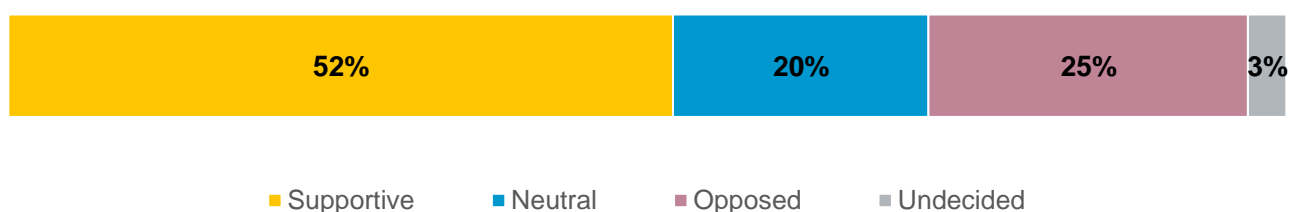
## Overall response

All respondents were asked their views on what RCS England's position should be on whether there should be a change in the law to permit doctors to supply drugs for qualifying patients to self-administer to end their own life.

Just over half (52%) of all respondents expressed the view that RCS England should be *supportive* of a change in the law, a quarter (25%) thought RCS England should be *opposed*, and one in five (20%) favoured a *neutral* position. Just 3% of respondents said they were *undecided* on the matter.

**Figure 4 – What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?**

Base: All respondents (3,268)

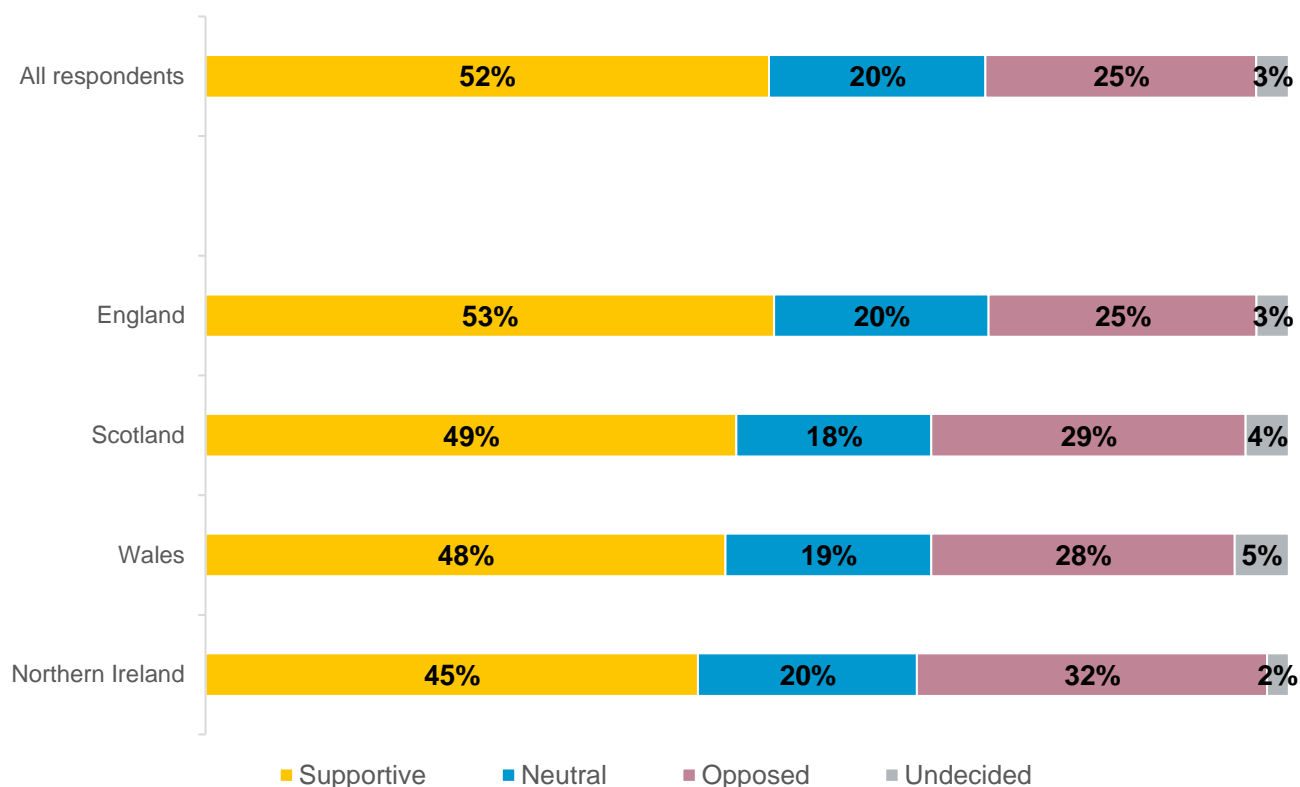


## Analysis by UK nation

Although there is some variation in results by UK nation, where slightly larger proportions of respondents in Scotland, Wales and Northern Ireland thought RCS England should be *opposed* to a change in the law when compared with respondents in England, there are no statistically significant differences in the survey results.

**Figure 5 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By UK nation**

*Base: All respondents (3,268); England (2,938); Scotland (83); Wales (151); Northern Ireland (44)*

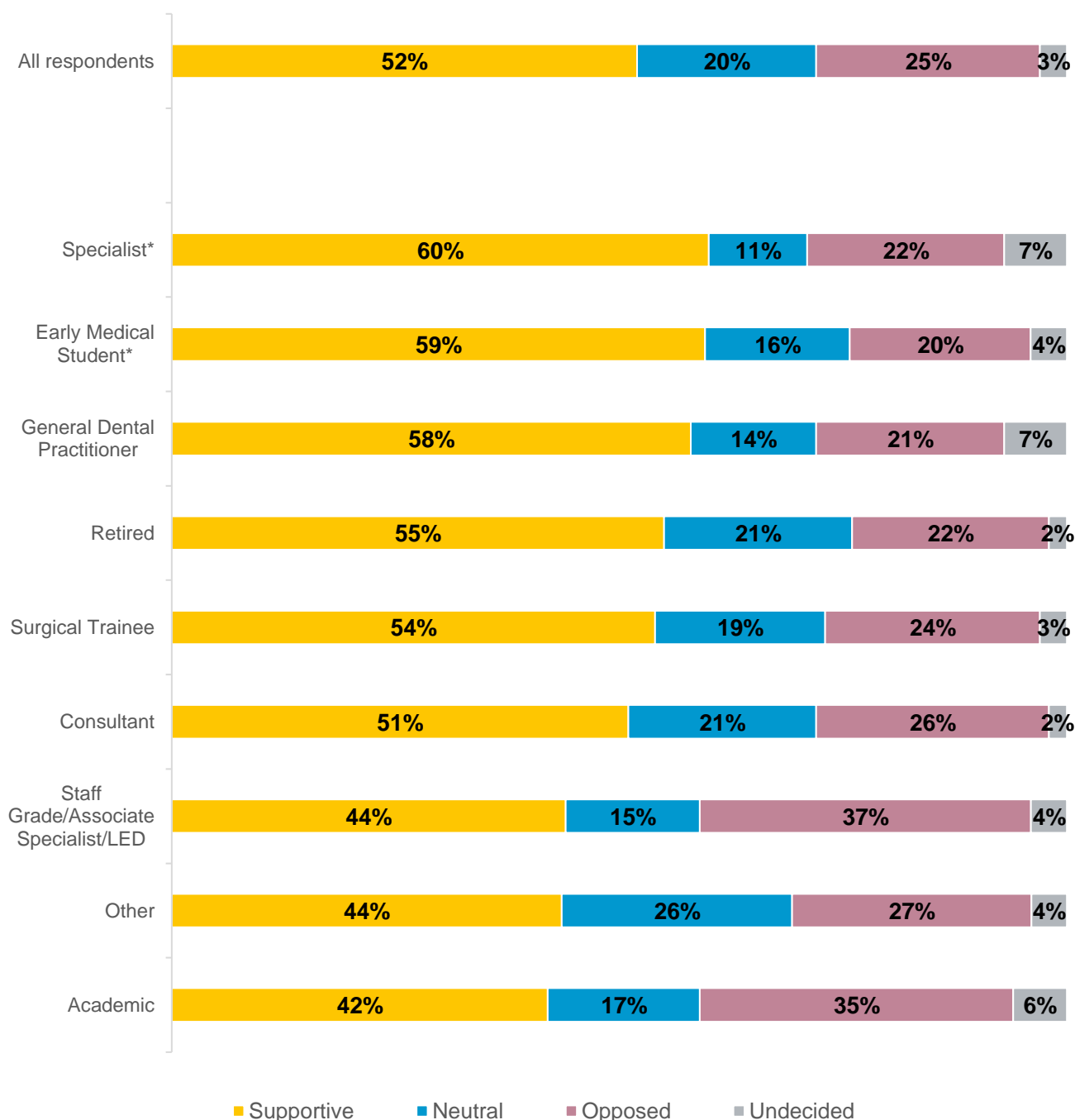


## Analysis by career status

Opinion varied by career status. Specialists, Early Medical Students, and General Dental Practitioners were more likely to think that RCS England should take a *supportive* position (60%, 59% and 58% respectively), particularly when compared with Staff Grade/Associate Specialist/LEDs and Academics, who were conversely more likely to think that RCS England should be *opposed* to a change in the law (37% and 35% respectively).

**Figure 6 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By career status**

Base: All respondents (3,268); Specialist (129); Early Medical Student (91); General Dental Practitioner (71); Retired (665); Surgical Trainee (529); Consultant (1,350); Staff Grade/Associate Specialist/LED (241); Other (140); Academic (52)



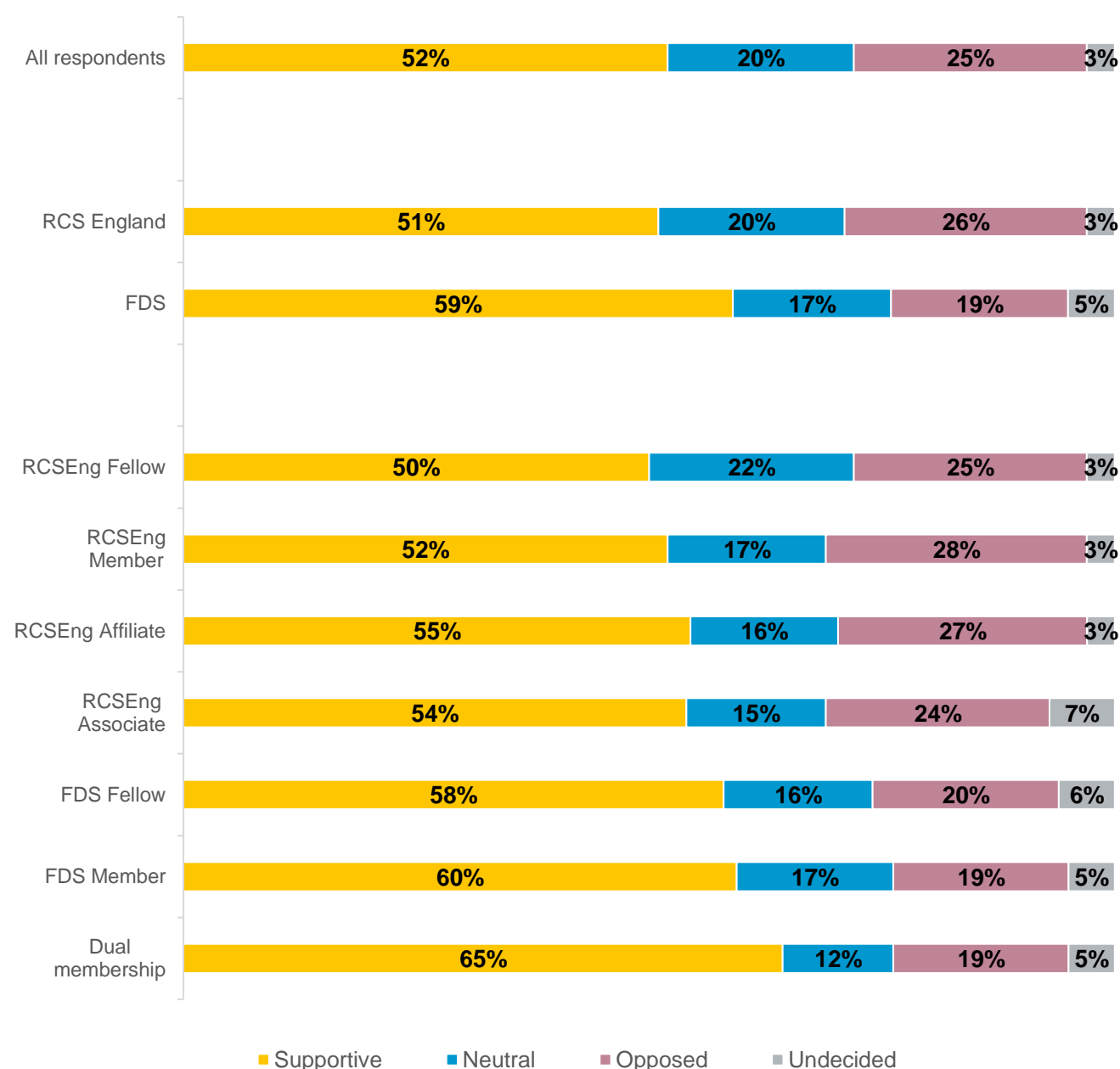
## Analysis by membership type

FDS respondents were more likely to state that RCS England should take a *supportive* position (59%) when compared with RCS England respondents (51%), and were less likely to state that RCS England should be *opposed* (19%) when compared with RCS England respondents (26%). A larger proportion of FDS respondents also indicated that they were *undecided* (5%) when compared with RCS England respondents (3%).

Within RCS England membership categories, Fellows were more likely to think that RCS England should be *neutral* on the issue (22%) when compared with Members (17%) and Affiliates (16%).

**Figure 7 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By membership type**

Base: All respondents (3,268); RCS England (2,959); FDS (309); RCSEng Fellow (2,020); RCSEng Member (655); RCSEng Affiliate (200); RCSEng Associate (41); FDS Fellow (176); FDS Member (133); Dual membership (43)



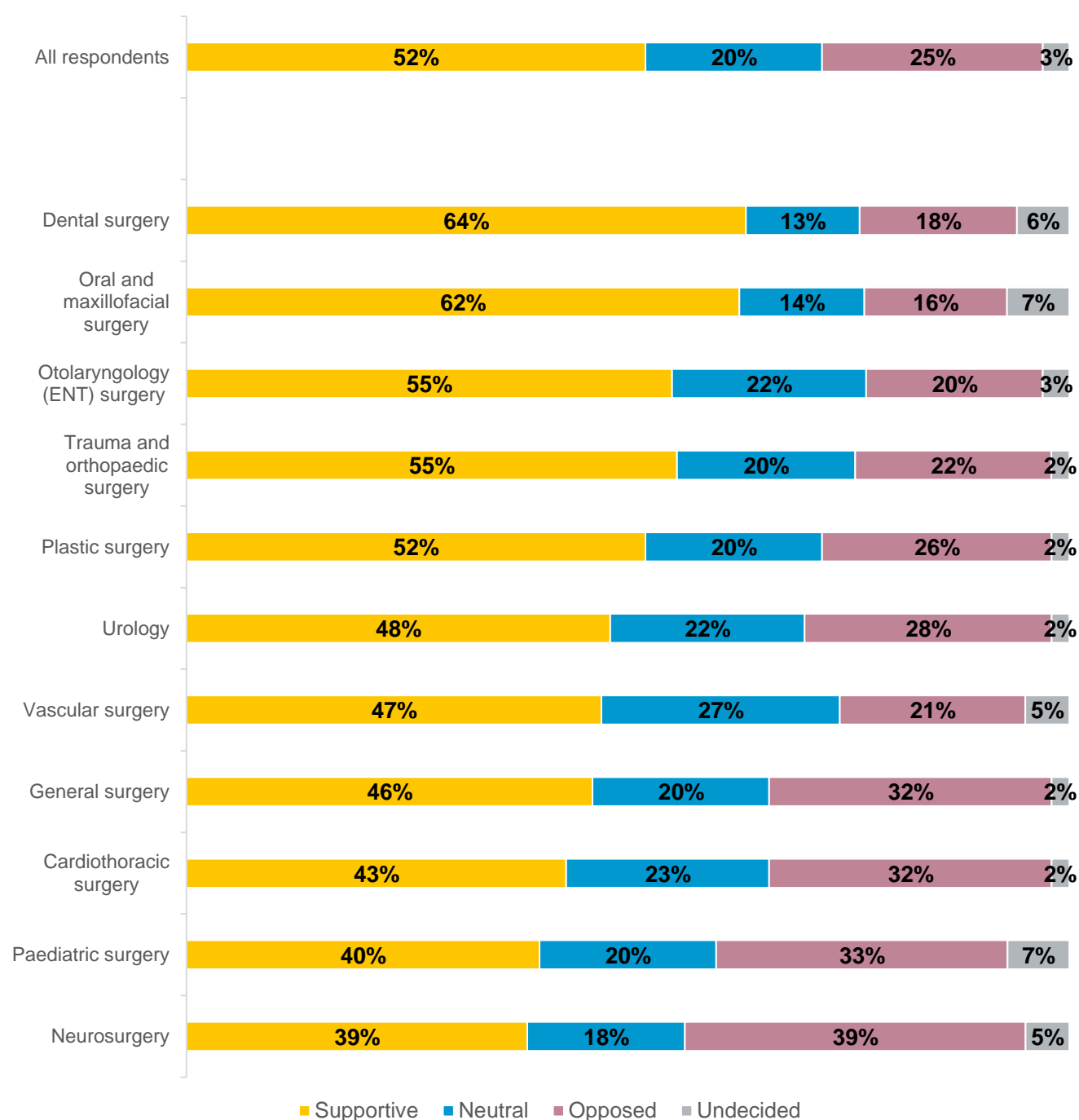
## Analysis by specialty

In line with membership type, respondents with a dental surgery specialty were more likely to think that RCS England should be *supportive* of a change in the law (64%), as were respondents specialising in oral and maxillofacial surgery (62%).

Respondents from the largest specialty group of general surgery were more likely to answer that RCS England should be *opposed* to a change in the law (32%), as were cardiothoracic (32%) and neurosurgery specialists (39%), when compared with dental (18%), oral and maxillofacial (16%), and otolaryngology specialists (20%).

**Figure 8 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By surgical specialty**

Base: All respondents (3,268); Dental (193); Oral and maxillofacial (69); Otolaryngology ENT (171); Trauma and orthopaedic (410); Plastic (125); Urology (159); Vascular (141); General (652); Cardiothoracic (65); Paediatric (45); Neurosurgery (85)

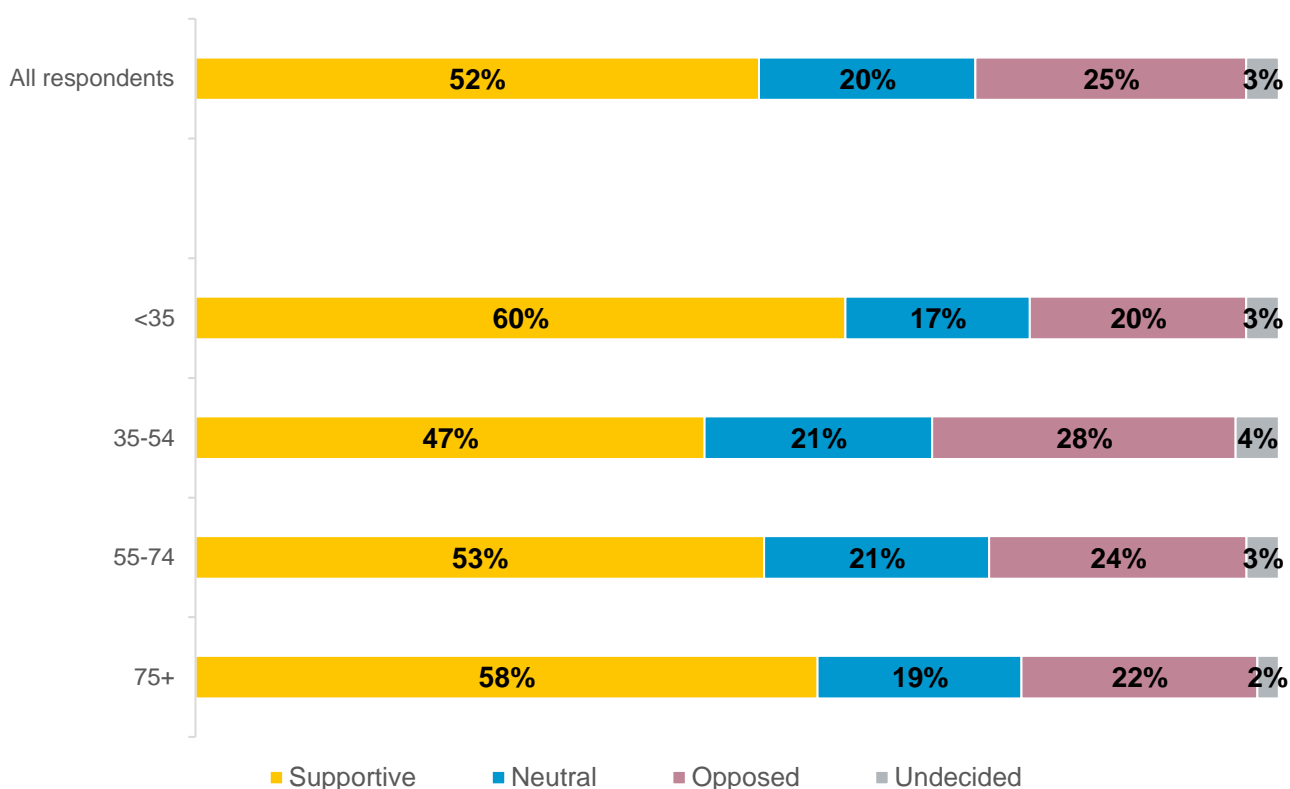


## Analysis by age group

Analysis by age group highlights that respondents aged 35-54 were more likely than all other age groups to think RCS England should be *opposed* to a change in the law (28%). Those aged <35 and 75+ were more likely to state that RCS England should be *supportive* (60% and 58% respectively), particularly when compared with those aged 35-54 (47%).

**Figure 9 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By age group**

Base: All respondents (3,268); <35 (554); 35-54 (1,288); 55-74 (908); 75+ (408)

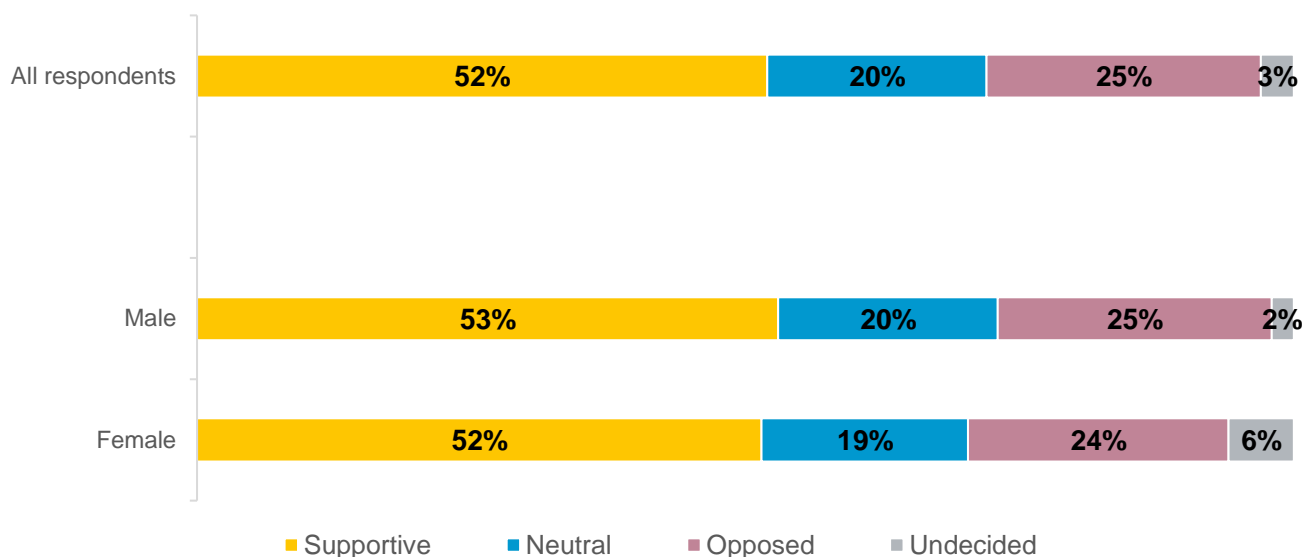


## Analysis by gender

Female respondents were more likely to indicate that they were *undecided* on the issue (6%) when compared with male respondents (2%).

**Figure 10 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By gender**

Base: All respondents (3,268); Male (2,293); Female (844)





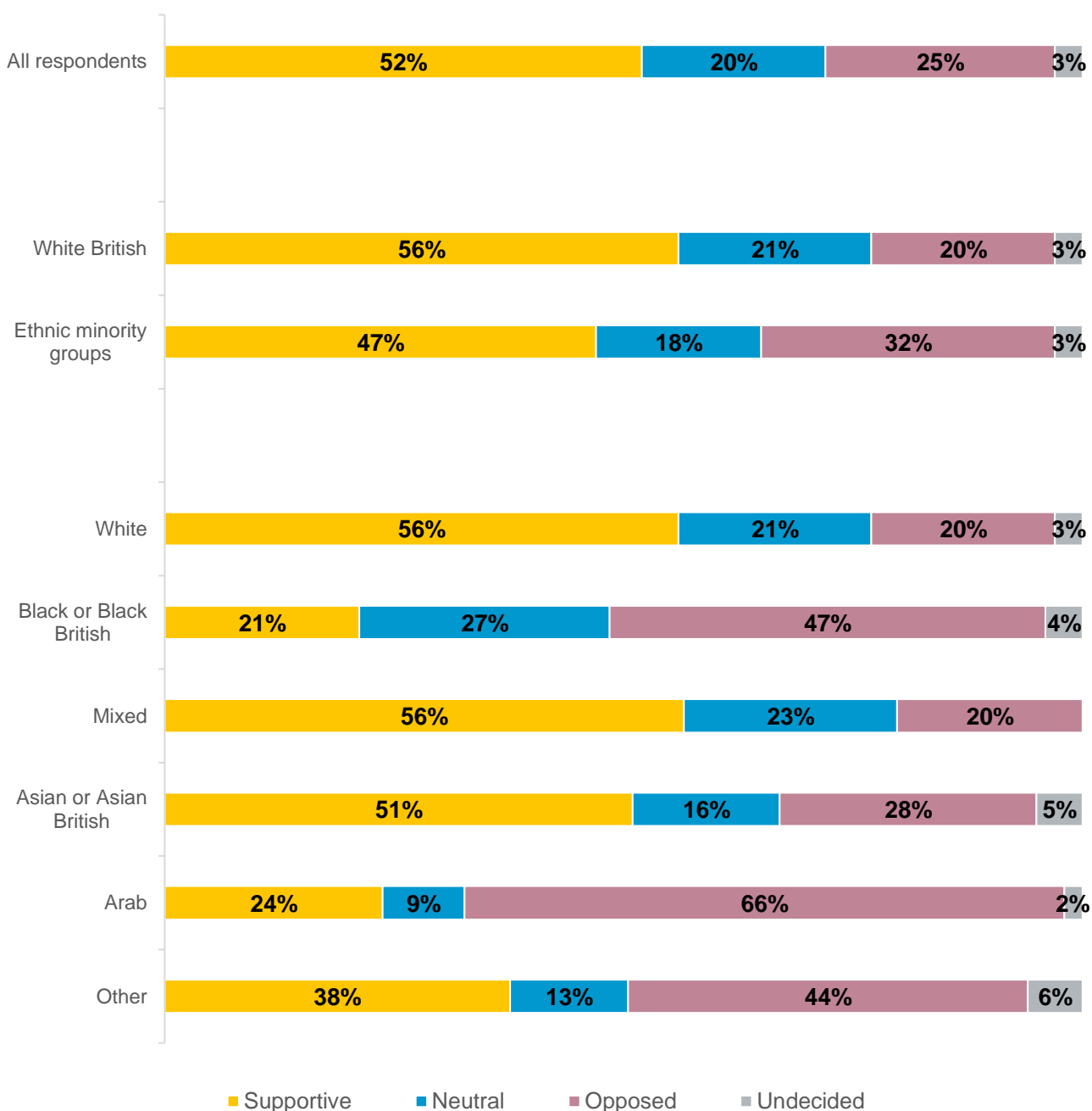
## Analysis by ethnicity

Respondents of White British ethnicity were more likely to state that RCS England should be *supportive* of a change in the law (56%) when compared with respondents from ethnic minority groups (47%). Conversely, respondents from ethnic minority groups were more likely to think RCS England should be *opposed* (32%) when compared with White British respondents (20%).

Looking in more detail at ethnicity subgroups highlights some differences in opinion, with those from Black or Black British and Arab ethnicities more likely to think RCS England should be *opposed* (47% and 66% respectively) when compared with respondents from White, Mixed, and Asian or Asian British ethnicities (20%, 20% and 28% respectively).

**Figure 11 – What should RCS England’s position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life? By ethnicity**

Base: All respondents (3,268); White British (1,996); Ethnic minority groups (1,064); White (2,278); Black or Black British (70); Mixed (98); Asian or Asian British (465); Arab (117); Other (32)



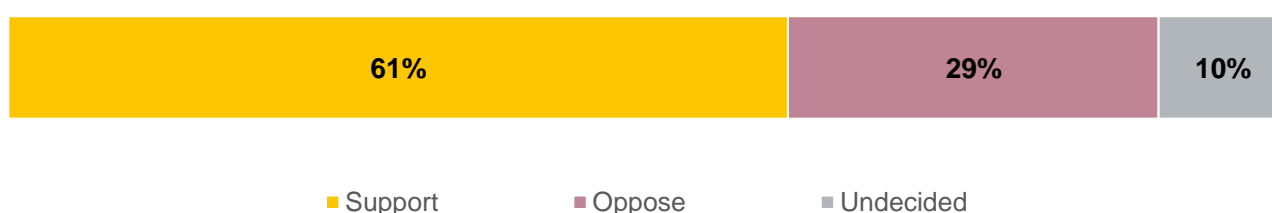
# Personal views on assisted dying

## Overall response

All respondents were asked if, in principle, they personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life. Three in five respondents (61%) indicated that they *support* a change in the law, three in ten (29%) said they *oppose* a change in the law, and one in ten (10%) were *undecided*.

**Figure 12 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life?**

Base: All respondents (3,268)



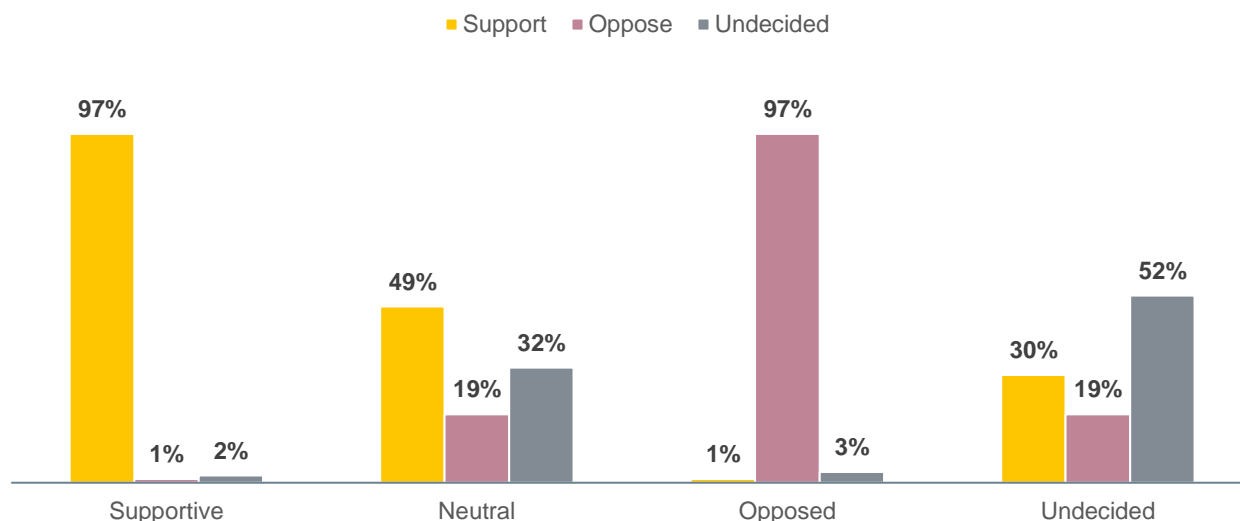
## Analysis by preferred position of RCS England

Almost all respondents (97%) who thought that RCS England should be supportive of a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life also indicated that they personally *support* a change in this law. The same proportion (97%) of those who thought RCS England should be opposed to a change in the law were personally *opposed*.

However, a larger proportion of those who thought RCS England should take a neutral position indicated that they personally *support* a change in the law (49%) than *oppose* (32%).

**Figure 13 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By preference for RCS England position**

Base: All respondents (3,268); Supportive (1,699); Neutral (643); Opposed (829); Undecided (97)

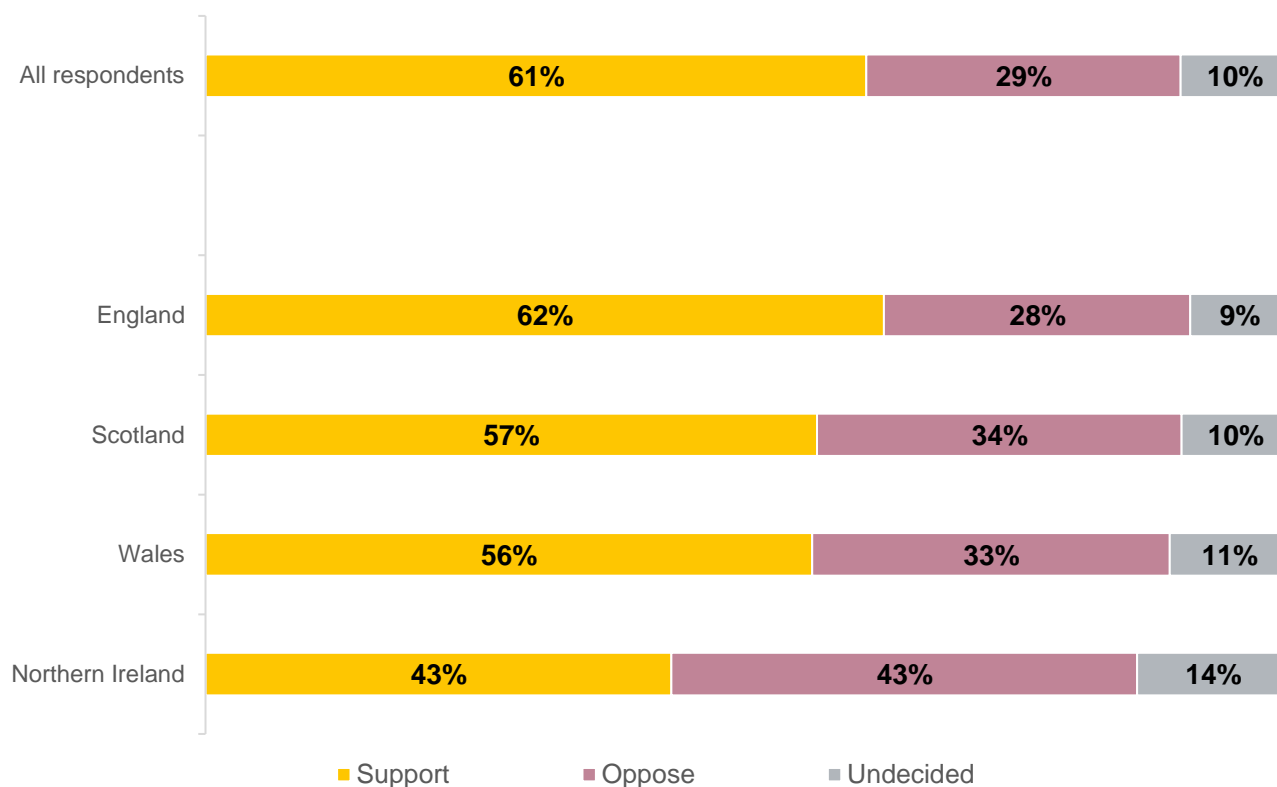


## Analysis by UK nation

A larger proportion of respondents in Northern Ireland said they *oppose* a change in the law (43%) when compared with respondents in England (28%). However, due to the small base size of respondents in Northern Ireland, this finding should be treated with caution.

**Figure 14 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By UK nation**

*Base: All respondents (3,628); England (2,938); Scotland (83); Wales (151); Northern Ireland (44)*

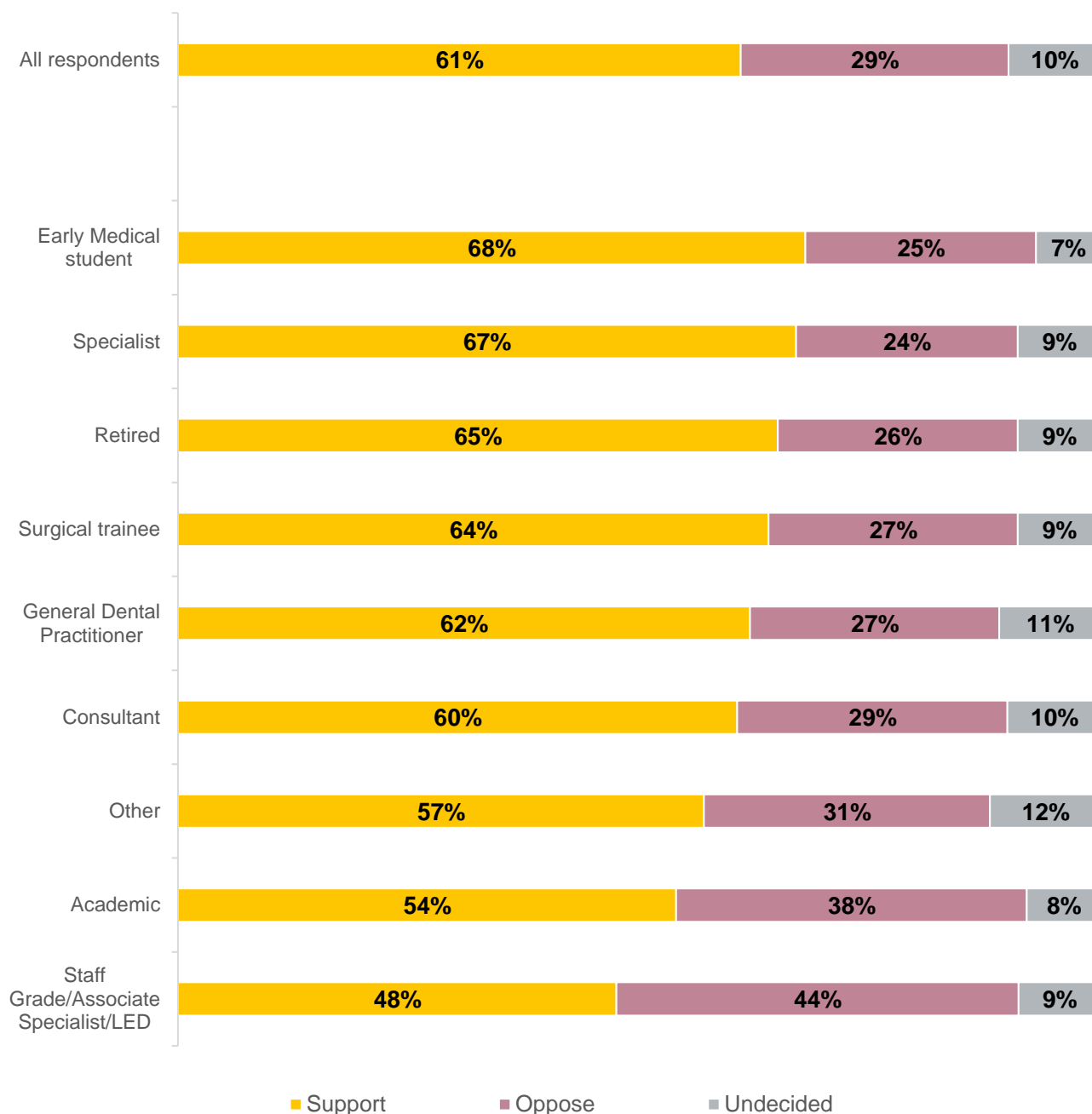


## Analysis by career status

Analysis by career status highlights that Staff Grade/Associate Specialist/LED respondents were more likely to personally *oppose* a change in the law (44%) when compared with almost all other groups.

**Figure 15 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By career status**

*All respondents (3,268); Early Medical Student (91); Specialist (129); Retired (665); Surgical Trainee (529); General Dental Practitioner (71); Consultant (1,350); Other (140); Academic (52); Staff Grade/Associate Specialist/LED (241)*

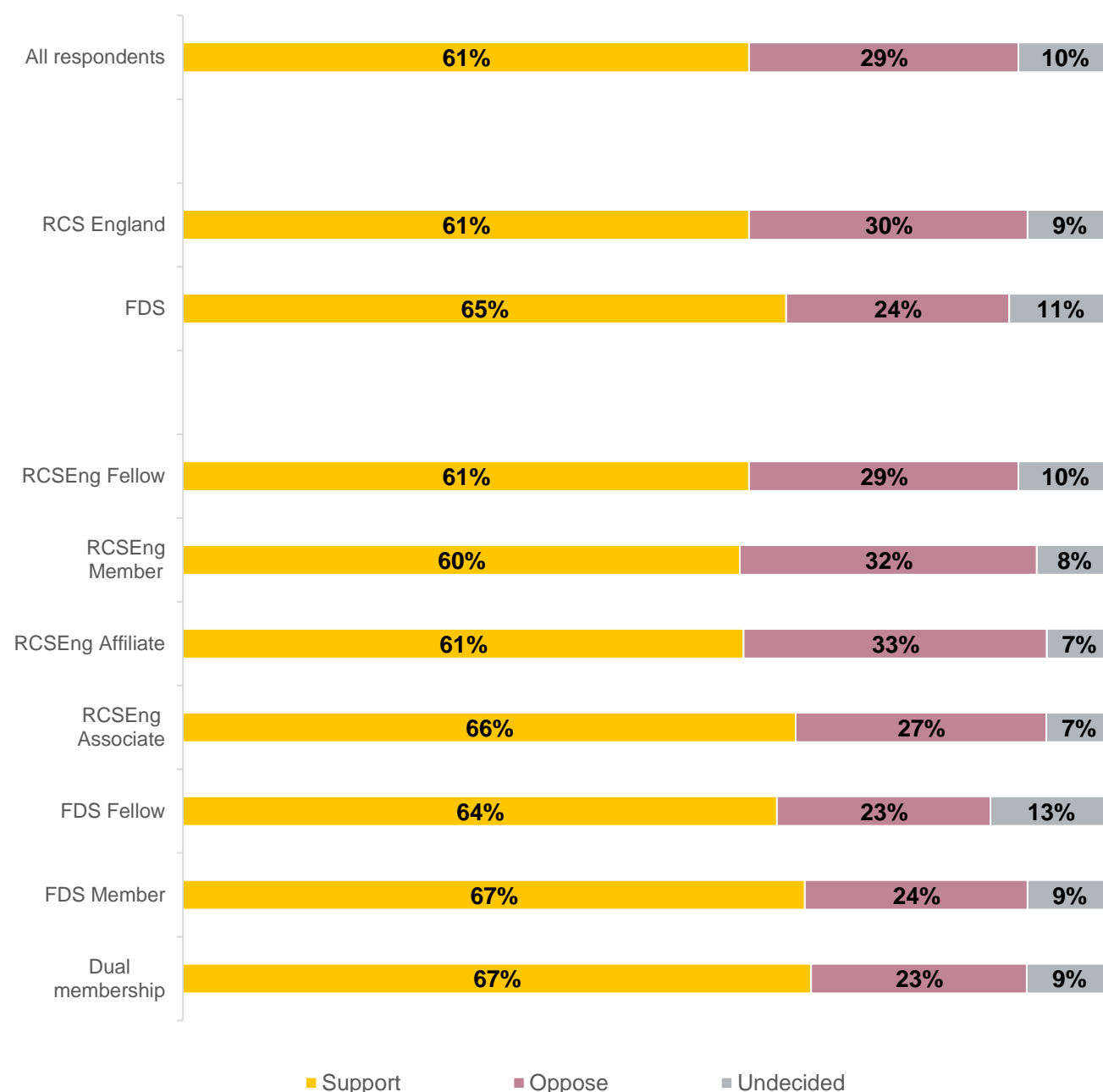


## Analysis by membership type

Analysis by membership type shows that RCS England respondents were more likely to *oppose* a change in the law (30%) when compared with FDS respondents (24%).

**Figure 16 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By membership type**

*Base: All respondents (3,268); RCS England (2,959); FDS (309); RCSEng Fellow (2,020); RCSEng Member (655); RCSEng Affiliate (200); RCSEng Associate (41); FDS Fellow (176); FDS Member (133); Dual membership (43)*



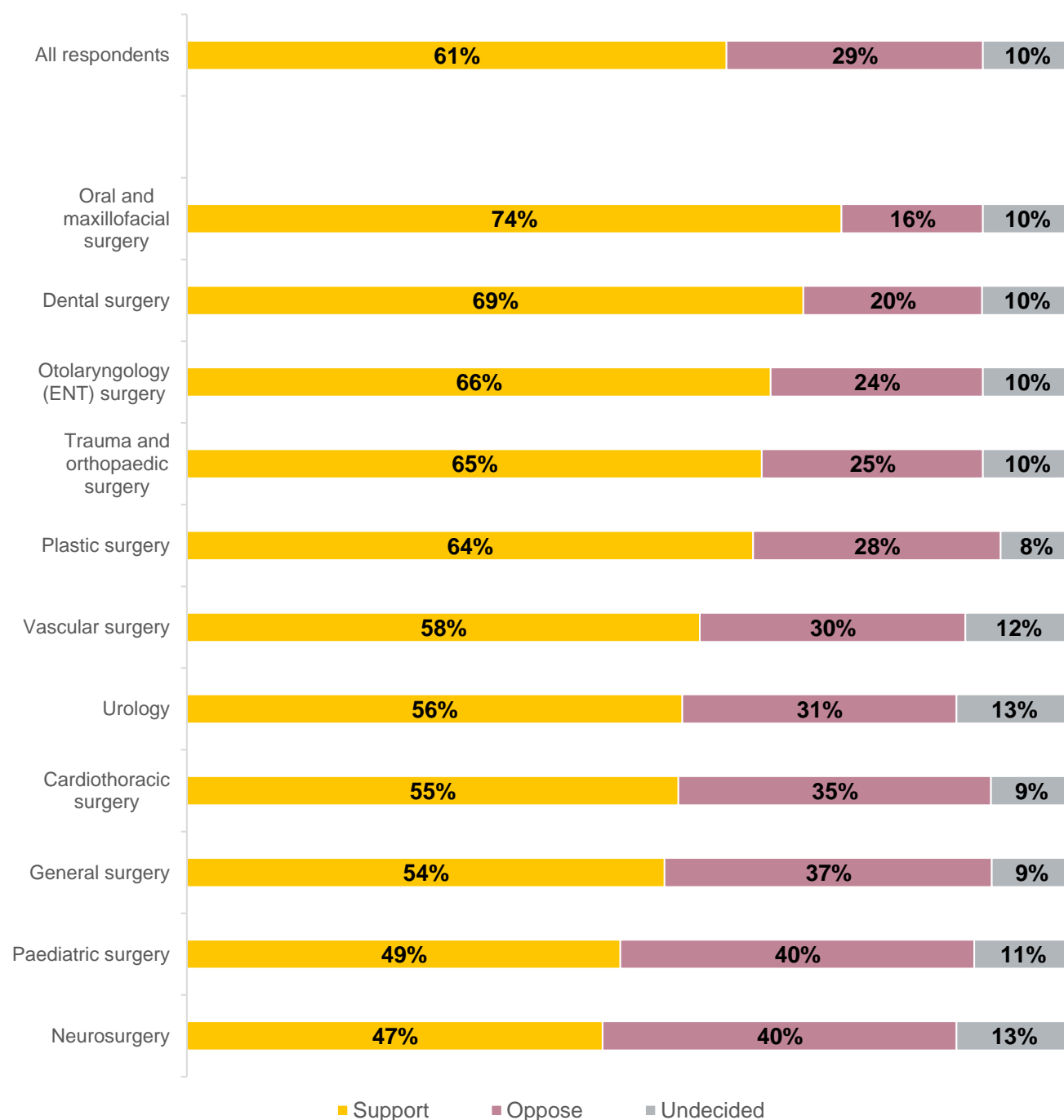
## Analysis by specialty

Respondents with oral and maxillofacial surgery (74%), dental surgery (69%), otolaryngology (ENT) surgery (66%), and trauma and orthopaedic surgery (65%) specialties were more likely to state that they personally *support* a change in the law when compared with other specialty areas.

Respondents with a general surgery specialty were more likely to *oppose* a change in the law (37%) when compared with respondents from other specialties, and constitute the largest specialty in the overall survey sample, as were those specialising in neurosurgery (40%).

**Figure 17 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By surgical specialty**

*Base: All respondents (3,268); Oral and maxillofacial (69); Dental (193); Otolaryngology ENT (171); Trauma and orthopaedic (410); Plastic (125); Vascular (141); Urology (159); Cardiothoracic (65); General (652); Paediatric (45); Neurosurgery (85)*

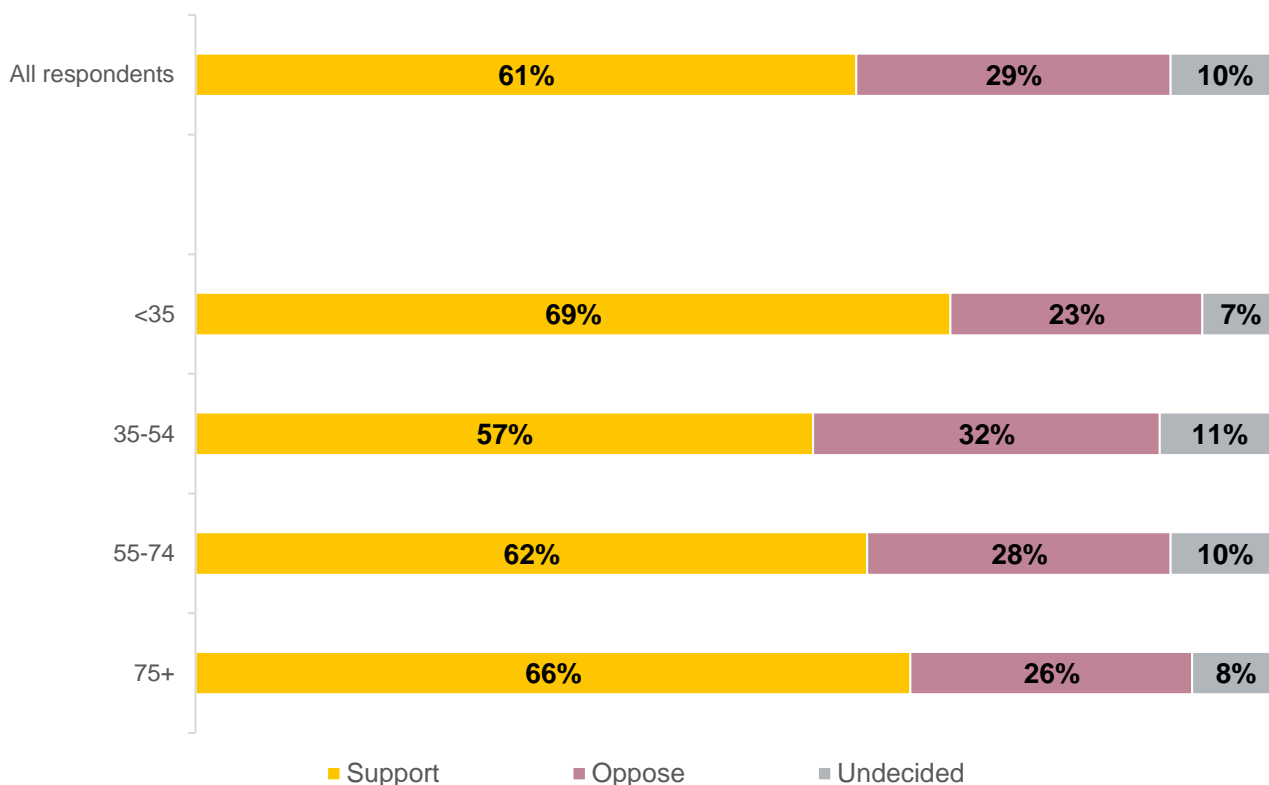


## Analysis by age group

Respondents aged <35 and 75+ were more likely to personally *support* a change in the law (69% and 66% respectively), particularly when compared with those aged 35-54 (57%). Respondents aged 35-54 were more likely than all other age groups to personally *oppose* a change in the law (32%).

**Figure 18 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By age group**

Base: All respondents (3,268); <35 (554); 35-54 (1,288); 55-74 (908); 75+ (408)

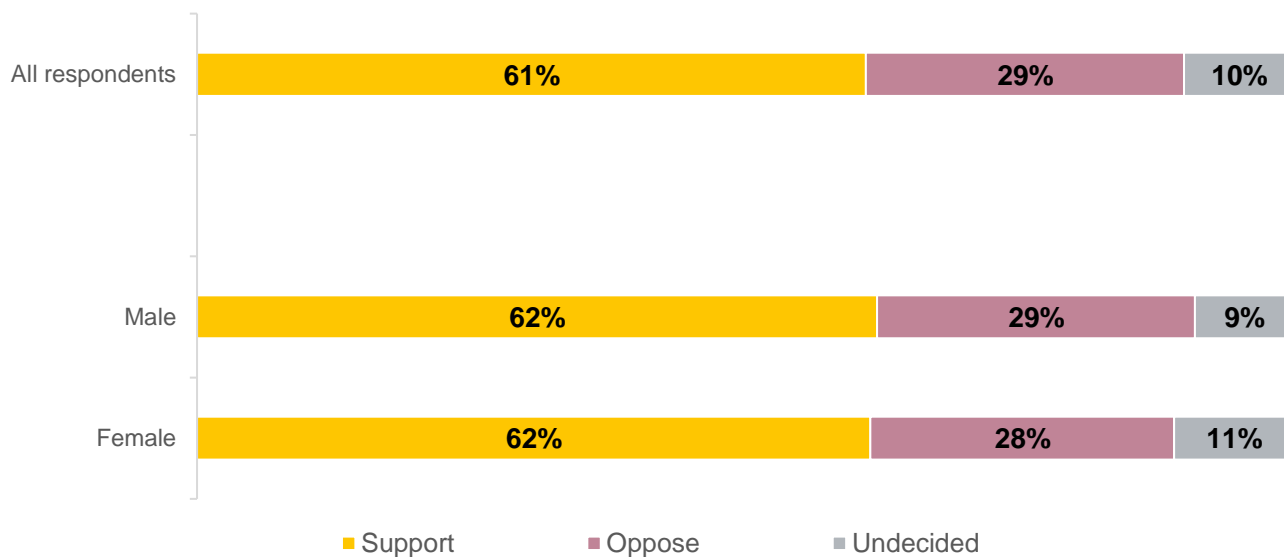


## Analysis by gender

Analysis by gender highlights no significant differences in results between male and female respondents in relation to this question.

**Figure 19 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By gender**

*Base: All respondents (3,268); Male (2,293); Female (844)*





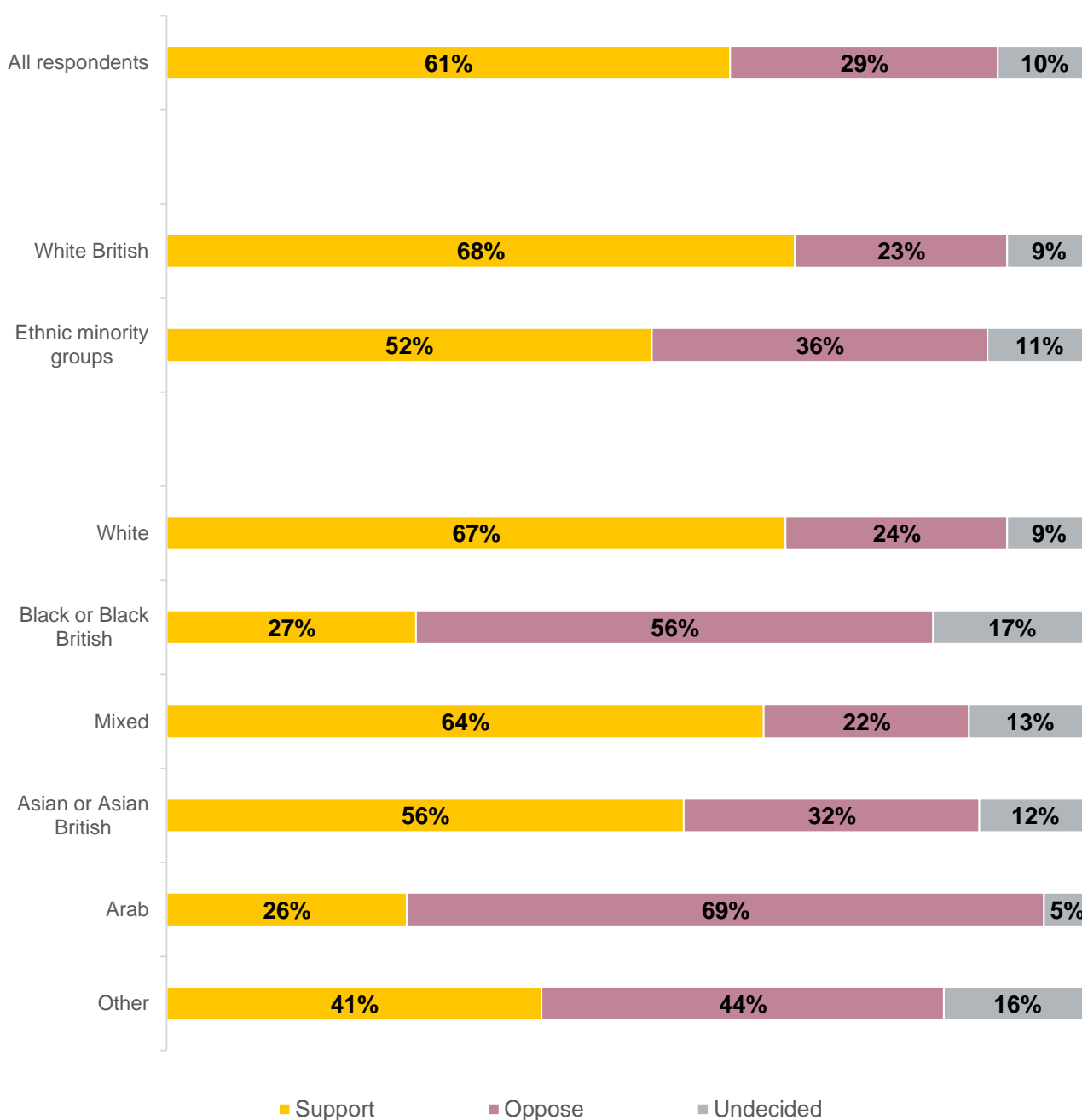
## Analysis by ethnicity

Respondents of White British ethnicity were more likely to personally *support* a change in the law (68%) when compared with respondents from ethnic minority groups (52%). Conversely, respondents from ethnic minority groups were more likely to personally *oppose* a change in the law (36%) when compared with White British respondents (23%).

Analysis of the ethnicity subgroups highlights that those from Black or Black British and Arab ethnicities more likely to personally *oppose* a change in the law (56% and 69% respectively) when compared with respondents from White, Mixed, and Asian or Asian British ethnicities (24%, 22% and 32% respectively).

**Figure 20 – In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life? By ethnicity**

Base: All respondents (3,268); White British (1,996); Ethnic minority groups (1,064); White (2,278); Black or Black British (70); Mixed (98); Asian or Asian British (465); Arab (117); Other (32)



## Reasons for holding personal views on assisted dying

Respondents were asked to expand on their personal views regarding a potential change in the law to supply drugs to qualifying patients to self-administer to end their own life. Almost 2,000 respondents (60% of all respondents) opted to provide further information about their views and the reasons behind them.

Respondents were able to provide a free-text response to this question. All free-text responses were read in detail and a code frame developed based on the key themes emerging, which allowed for categorisation of the responses.

The most common coded responses (provided by at least 3% of respondents) are shown in the table below, with themes which were generally supportive highlighted in green, themes which were generally opposed highlighted in red, and neutral or mixed comments left unhighlighted.

The most common explanations related to the importance of **patient choice** (39%) and the belief that **patients should not have to suffer unnecessarily or experience a poor quality of life** (38%).

A fifth of respondents (20%) stated that there should be a **clear legal framework or safeguards** to help protect patients and medical practitioners and prevent abuse from occurring.

### Figure 21 – Reasons for personally supporting or opposing a change in the law (free-text coded)

Base: Those who provided a free-text response (1,974)

Explanation	Number	Percentage
Patients should have choice/autonomy/control	762	39%
Patients should not have to suffer/experience poor quality of life	750	38%
Clear legal framework/regulations/safeguards needed	388	20%
Risks to vulnerable patients/potential for abuse	301	15%
Against the role of doctors/should do no harm	243	12%
Goes against my personal/religious beliefs	218	11%
Focus should be on palliative care	210	11%
In limited situations/for certain illnesses	139	7%
Slippery slope/sets a dangerous precedent	134	7%
Too much focus on prolonging life/excessive intervention	101	5%
Palliative care can't prevent all suffering/needs to improve	78	4%
Doctors should have a choice/not be obligated to take part	74	4%
Difficult to enforce safeguards/regulate	73	4%
Should be a specialist/independent role	63	3%
MDT discussion/input from various parties needed	57	3%
Risky for doctors/potential litigation	56	3%
Safeguards inadequate elsewhere/criteria expanded too far	52	3%
Can withdraw treatment/increase opioids as part of end-of-life care	50	3%

One in seven (15%) highlighted that a change in the law could pose **risks to vulnerable patients and had the potential for abuse**. However, it should be noted that some who provided this response were not necessarily opposed to assisted dying in principle.

Other explanations included that a change in the law to allow the supply of life-ending drugs was **against the role of doctors** (12%), **against personal or religious beliefs** (11%), and that there should instead be a **greater focus on palliative care** (11%).



## Differences in responses according to personal views on assisted dying

Some clear differences in opinion were seen when comparing the responses from those who were supportive, opposed and undecided about a potential change in the law to supply drugs to qualifying patients to self-administer to end their own life. Although almost four in ten respondents overall mentioned the most common themes of **patients should have choice/autonomy/control** and that **patients should not have to suffer/experience poor quality of life** (39% and 38% respectively), these figures rose to around six in ten for those who were supportive of a change in the law (60% and 59% respectively). In contrast, just 1% and 2% of respondents who were opposed provided these reasons.

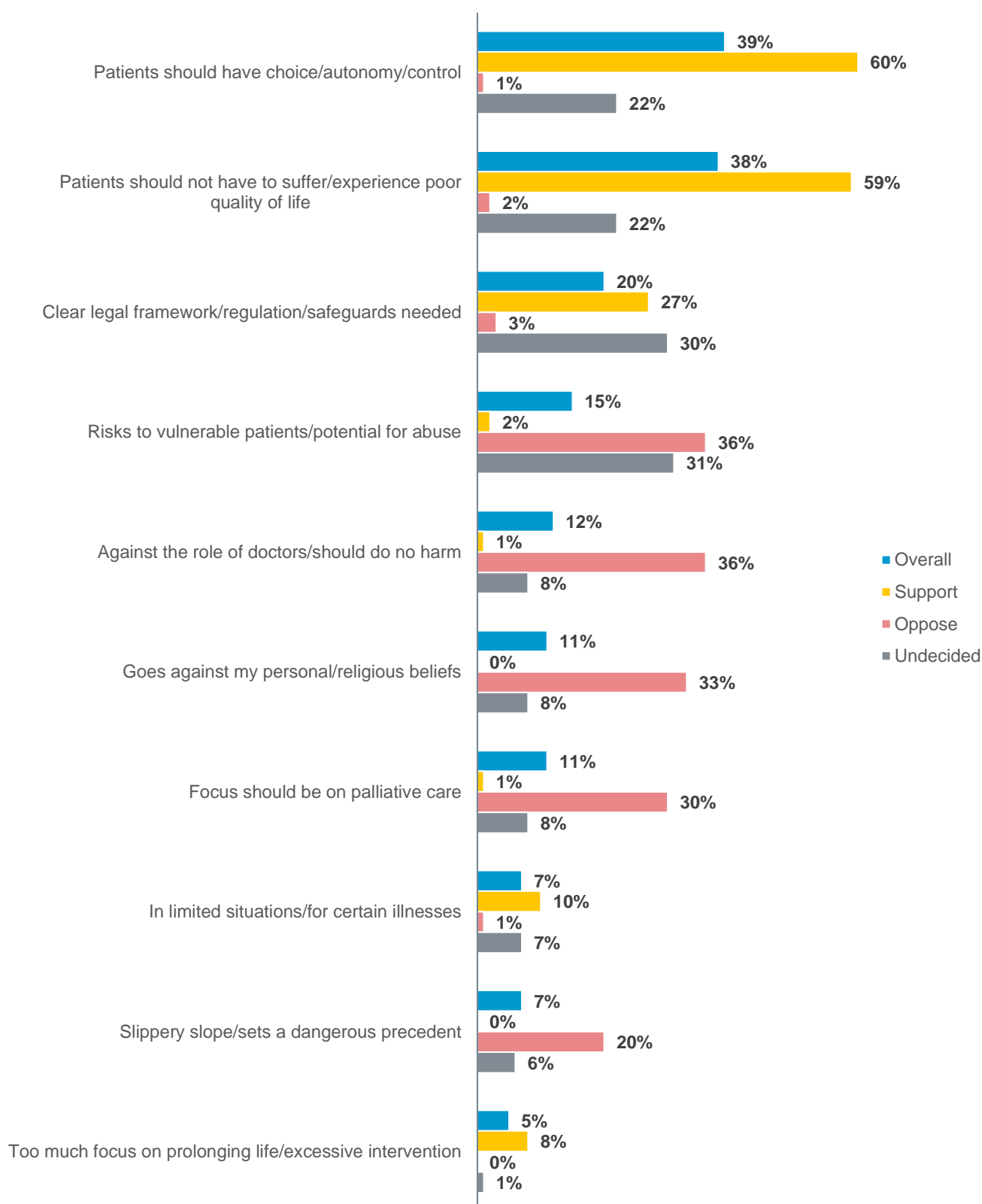
Those who were opposed to a change in the law were most likely to mention the **risks to vulnerable patients/potential for abuse** (36%, compared with 15% of respondents overall and 2% of supportive respondents), that a change would be **against the role of doctors** (36%, compared with 12% of respondents overall and 1% of supportive respondents), and that a change in the law would contradict **personal/religious beliefs** (33%, compared with 11% of respondents overall and 0% of supportive respondents).

The most common themes provided by those who were undecided about a change in the law were that there would be **risks to vulnerable patients/potential for abuse** (31%), that a **clear legal framework/regulations/safeguards** would be needed (30%), and that patients should have **choice/autonomy/control** and **should not have to suffer/experience poor quality of life** (22% each).



**Figure 22 – Most common reasons for personally supporting or opposing a change in the law by personal views on assisted dying (free-text coded)**

Base: Those who provided a free-text response (1,974); Support (1,190); Oppose (613); Undecided (171)



Further analysis of the responses to this free-text question focuses on the themes that were expressed by at least 5% of respondents, with anonymised verbatim comments provided to illustrate the responses received.

### Patients should have choice/autonomy/control

The importance of patient choice was highlighted by almost four in ten of those who provided a response explaining their views regarding a potential change in the law (39%). These respondents felt that qualifying patients had the right to decide if and when they would like to bring their life to an end, and should be supported in their decision, regardless of individual professionals' views. Some respondents indicated that, just as patients have the right to choose whether or not to proceed with treatment, they should also have the right to make an informed decision to end their own life in appropriate circumstances.

*It is not an act that I would personally ever wish to undertake, but I think that the individual patient should have the right.*  
**Consultant, General Surgery, Supportive**

*This is a question of autonomy.*  
**Specialty Trainee, Supportive**

- *It should be a personal decision to choose to die with dignity and if no reasonable quality [of life].* **General Dental Practitioner, Supportive**
- *Patients already have control over their treatment. It would seem reasonable to extend this.* **Retired, Supportive**

Other respondents added that having the option to end their life at a time of their choosing, in a dignified and pain-free way, would place control back in the hands of patients with incurable disease, helping to remove some of the uncertainties and worries associated with their prognosis. A number of respondents, some of whom had received terminal diagnoses personally, indicated that they would wish to have the option to consider assisted dying available to them in the future.

*To allow an individual to die with dignity at a time of their choosing rather than fearing their decline and the traumatic effect on their loved ones.*  
**Academic, Restorative Dentistry, Supportive**

*We owe it to patients to 'die well' and at a time of their choosing in appropriate circumstances.*  
**Consultant, General Surgery, Supportive**

- *The thought of a painful prolonged death from a terminal illness is terrifying if I was diagnosed with this now. I would value having the choice.* **Specialist, Special Care Dentistry, Supportive**
- *We should give patients the dignity at the end of their lives to control the mode in which they die.* **Specialty Trainee, General Surgery, Supportive**
- *I am at a stage in life, battling with a terminal disease and I should welcome the facility to determine how and when I die.* **Retired, Supportive**



## Patients should not have to suffer/experience poor quality of life

The next most common response provided, by 38% of respondents, was that patients should not have to suffer unnecessarily or live with a significantly reduced quality of life. These respondents felt that quality of life was of greater consequence than quantity of life, and suggested that patients should not have to live with a quality of life they find unacceptable, particularly if they are experiencing pain and indignity and death is likely to occur imminently.

*The quality of life has to be considered and suffering with no hope for improvement is miserable for terminally ill patients.*  
**Consultant, General Surgery, Supportive**

*Unnecessary suffering is cruel when a patient wishes to end their life.*  
**Consultant, Oral and Maxillofacial Surgery, Supportive**

- *Dying is inevitable but it need not be protracted and tormenting.* **Consultant, Oral and Maxillofacial Surgery, Supportive**
- *I know that if I had a devastating injury, I wouldn't want to be kept alive by machines and with 24/7 care.* **Specialty trainee, Plastic Surgery, Supportive**
- *In my career I have seen a number of terminally ill patients die in very distressing conditions. I believe in these circumstances it is right to alleviate their distress even if this means shortening their lives.* **Retired, Supportive**

Some respondents cited professional experience of treating patients approaching end-of-life, or personal experience of relatives and acquaintances suffering in their final weeks. Respondents with such experience frequently suggested that assisted death is a kinder and more humane option than allowing people to suffer for a prolonged period. Many comparisons were made with the veterinary treatment of animals, where it is viewed as more compassionate to allow animals in pain to die than to keep them alive and suffering.

*Where death is inevitable and imminent in a rational patient I believe it is kinder to assist death rather than prolong suffering.*  
**Consultant, Vascular Surgery, Supportive**

*I think that there are some conditions (e.g. progressive neurological conditions) where the mode of death is so appalling that assisted death is preferable.*  
**Retired, Supportive**

- *It is ridiculous that we have no problem not allowing an animal...to suffer needlessly with all sorts of conditions including those of degenerative frailty and yet we wring our hands and get all moralistic when it comes to human beings even if the individual wants to end their life peacefully.* **Consultant, Vascular Surgery, Supportive**
- *The quality of life is shocking for many patients with terminal or chronic or indeed acute neurological disease. It is cruel and futile to try and keep them alive especially if they have already made a living will or similar.* **Consultant, Trauma and Orthopaedic Surgery, Supportive**

## Clear legal framework/regulations/safeguards needed

A fifth of respondents (20%) said that, should assisted dying become legal, there would need to be a clear legal framework in which this could occur, including numerous checks and safeguards to protect vulnerable patients from harm, as well as medical professionals involved in the process. Respondents



felt that ‘qualifying patients’ should meet very strict criteria, that the process should be rigorously supervised, and that patients should be carefully assessed to ensure they have capacity to understand and consent to the process. Some added that there should be appropriate protections in place to protect medical professionals from legal challenge. In particular, concerns were raised about the potential for coercion and abuse, with vulnerable people feeling under pressure to end their lives, and it was highlighted that there would need to be sufficient safeguards to prevent this from occurring.

*A person should have the right to end their life in certain agreed situations and via a properly designed, supervised and regulated medical framework.*

**Consultant, Trauma and Orthopaedic Surgery, Supportive**

*With appropriate regulation, and oversight, it should be a right in selected small cases and not a crime.*

**Specialty Trainee, General Surgery, Supportive**

- *Given watertight legal safeguards I would support change in the law.* **Retired, Supportive**
- *With rigorously supervised processes I am fully for the patient with capacity making their own decisions about how and when they die.* **Consultant, General Surgery, Supportive**
- *In principle I would support a change in the law but remain undecided because I have not seen how patients would be protected from misuse of this law or how vulnerable people could be adequately protected. If there were such safeguards in place I would support assisted dying.* **Locally Employed Doctor (LED), Neurosurgery, Undecided**

### Risks to vulnerable patients/potential for abuse

Concerns about the potential for abuse or coercion in relation to vulnerable patients were raised by 15% of respondents. As discussed above, many respondents were extremely concerned that vulnerable people could feel pressure to choose to end their lives prematurely, either because of overt pressure or persuasion from unscrupulous families concerned with inheritance and the cost of care, or due to concerns about becoming a burden to loved ones and/or society more generally. Even where respondents were generally supportive of a change in the law regarding assisted dying, many highlighted that the process would need to be carefully regulated to safeguard against abuse.

*It is impossible to fully rule out the possibility that the person is motivated by pressure from others, or an altruistic desire to avoid being a burden to their family or the wider community.*

**Retired, Opposed**

*Significant concerns vulnerable people may be persuaded they should end their life - or people that feel a burden on others (often wrongly) feel they should end their life to help others.*

**Consultant, Trauma and Orthopaedic Surgery, Opposed**

- *It might allow people benefiting from the death of the patient to attempt to exert influence over the patient's choice.* **Retired, Opposed**
- *I worry that vulnerable people may feel obliged or coerced into making this decision.* **Consultant, Urology, Undecided**
- *Process must not be open to abuse - especially by family likely to gain from loss.* **Consultant, Orthodontics, Support**





Other respondents, whilst in principle supportive of assisted dying for those suffering from terminal and life-limiting conditions, felt unable to support a proposed change in the law because they did not feel that safeguards would be robust enough to prevent coercion and protect the vulnerable.

*Whilst I support people having maximum autonomy, I am concerned that it is not possible to provide adequate safeguards against people being coerced into ending their life.*

**Retired, Opposed**

*I worry vulnerable people, particularly the elderly will feel pressured to end their own lives in order to not be a burden, physically, emotionally and financially on their families. I see no guaranteed way to mitigate this risk.*

**Specialty Trainee, General Surgery, Opposed**

- I am not completely opposed to assisted dying in principle but I do not think that the UK, at the moment, has the appropriate governance and laws on this topic to be able to facilitate this safely. I worry about this potentially being abused in cases that would not be appropriate.* **Consultant, Vascular Surgery, Undecided**

### Against the role of doctors/should do no harm

One in eight respondents (12%), regardless of their personal views regarding assisted dying, felt that doctors should not be involved in the process. They explained that the role of the doctor is to treat illness, care for patients and avoid causing harm, which cannot be reconciled with any involvement in the ending of life. A number of respondents mentioned the Hippocratic Oath, or the maxim to 'First, do no harm' (Primum non nocere).

*I think it goes against ethical principle of beneficence and "do no harm".*

**Consultant, Plastic Surgery, Opposed**

*It contravenes the founding principle of the Hippocratic Oath ... first and above all else do no harm!*

**Consultant, General Surgery, Opposed**

- It is not part of a doctor's training and practice to assist people in dying.* **Consultant, Neurosurgery, Opposed**
- Doctors are trained to heal not to take life.* **SAS Grade Surgeon, Opposed**
- Our aim as medical professionals should be to offer the best possible treatments to our patients. To cure disease, to alleviate suffering, to help with symptom control, not to end the lives of people.* **Consultant, Trauma and Orthopaedic Surgery, Opposed**

Whilst some respondents were in principle favourable towards a potential change in the law, they remained convinced that doctors should not be involved in any assisted dying process, suggesting this should remain independent of the medical profession in order to maintain professional integrity and public confidence. Some proposed that a new specialist role could be created to facilitate this.

*I strongly believe that assisted suicide should be supervised by a completely different team from that providing medical care.*

**Retired, Supportive**

*I am not opposed to assisted dying...but I do not think the medical profession should be involved. No patient should ever be in doubt that our role is relieve their distress but not to INTEND to kill them.*

**Retired, Opposed**





- *Perhaps a new group of dedicated professionals trained in both the legal and medical aspects of end-of-life care should be established. I think for a medical professional the potential conflict of interest is too significant and in direct opposition to the ethical principles of medical care for the last 2,500 years.* **Specialty Trainee, General Surgery, Opposed**
- *I strongly believe people should be able to determine their own fate including ending their own lives if they desire. I also strongly believe the medical profession should not be involved in this process for many reasons including conflicts of interest and the guiding principle of first do no harm.* **Consultant, General Surgery, Opposed**

### Goes against my personal/religious beliefs

Just over one in ten respondents (11%) opposed a change in the law to allow the supply of drugs to qualifying patients to self-administer to end their own life for personal religious or ethical beliefs. The majority of these respondents said that they opposed a change on religious grounds, stating that only God is responsible for giving and taking life, and that they believed in the sanctity of life. Other respondents were opposed because they felt the taking of life, or assisting with the ending of life, was wrong and would contradict their own personal moral code.

*From my own religious point of view, I believe ending one's life or even assisting in ending another's life is immoral.*

**Specialty Trainee, General Surgery, Opposed**

*As a Muslim, I believe that it is the soul created by God and he is the one to decide when life is terminated not us.*

**SAS Grade Surgeon, Otolaryngology (ENT) Surgery, Opposed**

- *Against my Christian faith.* **Consultant, Neurosurgery, Opposed**
- *Position based on Jewish law. Sanctity of life must be respected.* **General Dental Practitioner, Opposed**
- *It feels wrong to engage in actively ending someone's life - this is not something that I feel I would be able to engage in.* **Specialty Trainee, Neurosurgery, Opposed**
- *Feels unethical to end a life.* **Consultant, Trauma and Orthopaedics, Opposed**

### Focus should be on palliative care

Eleven per cent of respondents suggested that, instead of working towards the legalisation of assisted dying, there should be an increased focus on providing high quality palliative care. Some respondents explained that developments in palliative care mean that many symptoms associated with terminal illness can be relieved and that patients can therefore experience a dignified and pain-free death without the need to consider assisted dying. Others were concerned that the legalisation of assisted dying could lead to a consequent reduction in funding for palliative care services, with the aim of cutting costs.

*We should focus efforts on better palliative care and support for people with chronic and terminal illness to alleviate suffering rather than 'copping out' and facilitating ending of life.*

**Specialty Trainee, Otolaryngology (ENT) surgery, Opposed**

*I can see the role for assisted dying in strictly controlled situations, but think that good palliative care and open discussions and advanced care planning can give a dignified death in almost all situations.*

**Consultant, General Surgery, Undecided**



- *Modern palliative care is very effective. Consultant, General Surgery, Opposed*
- *Palliative care is effective in relieving the suffering and symptoms of terminal illness. Retired, Opposed*
- *I am concerned about the motives of those promoting and supporting the current bill. Good pain control should suffice. Retired, Opposed*

### In limited situations/for certain illnesses

Similar to the responses of those who said that clear legal frameworks or regulations would be needed before a change in the law regarding assisted dying was approved, some respondents went further in stating that they would only be supportive in very limited circumstances (7%). Many of these respondents explained that they would only be supportive in the case of terminal illness, or certain degenerative conditions resulting in a significantly reduced quality of life. A number of respondents pointed out that they would not wish to see the criteria expanded to include those with psychiatric conditions, as has been considered in other countries.

*I potentially support this, but it would be in specific circumstances, such as a terminal illness.*

**Consultant, Plastic Surgery, Supportive**

*Providing they have a terminal condition or are suffering badly from an incurable one, and next of kin do not oppose it.*

**Retired, Supportive**

- *I feel that with VERY strict criteria, this should be an option for the patient with full capacity to choose it for themselves if they are on/at the point of entering a treatment with no potential for cure and/or if on a palliative care path. Consultant, Otolaryngology (ENT) surgery, Supportive*
- *To support a dignified and humane death for palliative patients. I would not extend this to other patients wishing to take their own lives. Consultant, Plastic Surgery, Supportive*
- *In cases where people have diseases such as incurable progressive neurological disease then the option of facilitating end-of-life should be an option. Cases of psychiatric disease should not be applicable for assisted dying. Consultant, Trauma and Orthopaedic Surgery, Supportive*

### Slippery slope/sets a dangerous precedent

Related to the concerns raised above, some respondents felt that legalising assisted dying in any context would lead to a gradual loosening of restrictions over time, and therefore should not be considered as it would set a dangerous precedent (7%). These respondents felt that a change in the law could result in the policy being misused, abuse and coercion, and the potential for the eligibility criteria to be expanded beyond those with terminal and untreatable conditions. Concerns were raised that safeguards could not prevent all misuse and that assisted dying should therefore not be legalised.

*Any change of the law will be the thin end leading to further changes down the line...Like any system, there will be abuse and mistakes.*

**Specialty Trainee, Trauma and Orthopaedic Surgery, Opposed**

*The experience from other countries such as Canada and Belgium seems to be that once legislation is introduced, there is 'slippery slope' whereby assisted dying is available to those without a terminal illness.*

**Retired, Opposed**



- *It could snowball effect into more countries adopting this, less strict rules over time, with patients being more and more pressured into assisted suicide. **Medical Student, Opposed***
- *There is strong evidence from Canada and Netherlands, that the initial legal safeguards rapidly fall away as case law erodes the interpretation of the law. **Consultant, Plastic Surgery, Opposed***
- *I do not feel that we should open the door to a mechanism that will be misused whatever safeguards are in place, with the vulnerable bring most at risk. **Consultant, Urology, Opposed***
- *I believe that this will be a slippery slope to euthanasia. **Retired, Opposed***
- *Evidence from other countries (e.g. Canada) that have introduced such legislation clearly shows that 'assisted dying' tends to become the default response to those who declare 'intolerable suffering' so as to avoid the individual receiving palliative or indeed therapeutic care. Death becomes an easy and cost-effective way out. **Retired, Opposed***

### Too much focus on prolonging life/excessive intervention

Five per cent of respondents suggested that, with developments in medical treatment, many patients were living far longer than they would have done in previous years, albeit with a significantly reduced quality of life and increased suffering. These respondents felt that in some cases elderly and very ill patients were over-treated, with the aim of prolonging life at all costs with no consideration for the quality of the life experienced. In some cases, patients are kept alive when they have expressed a preference to die and there is no chance of recovery from their illness. A small number of these respondents expressed that NHS resources are limited, and could be better utilised than on futile treatments aimed at prolonging the suffering of those who are in pain and have extremely restricted quality of life.

*Patients with terminal illness shouldn't have to suffer for months just because we can keep them alive. Quality of life and patient choice should be primary concerns.*

**SAS Grade Surgeon, Supportive**

*Over the years I have seen many futile attempts, almost to the lack of dignity in death, to preserve life.*

**Consultant, General Surgery, Supportive**

- *I believe that we often continue treating patients longer than is kind, and patients are left to suffer once deemed palliative. **Specialty Trainee, General Surgery, Supportive***
- *Society is bonkers - we keep people alive but miserable and in pain and at huge expense. Patients have painful and wasteful procedures and investigations done by junior doctors, when they should be made comfortable...We should allow our frail and those in pain to die with dignity. **Consultant, Plastic Surgery, Supportive***
- *Medicine has become very good at delaying death, but very poor at enabling or supporting dying. This leaves many people dying in unsatisfactory and inhumane circumstances, especially when frail or elderly, often with totally inadequate support. **Consultant, Supportive***
- *Currently we continue to use end stage medications of little value often at great cost to the health service for little or no quality of life benefit for the patient. **Consultant, Urology, Supportive***



# The potential role of doctors in the process of assisted dying

## Overall response

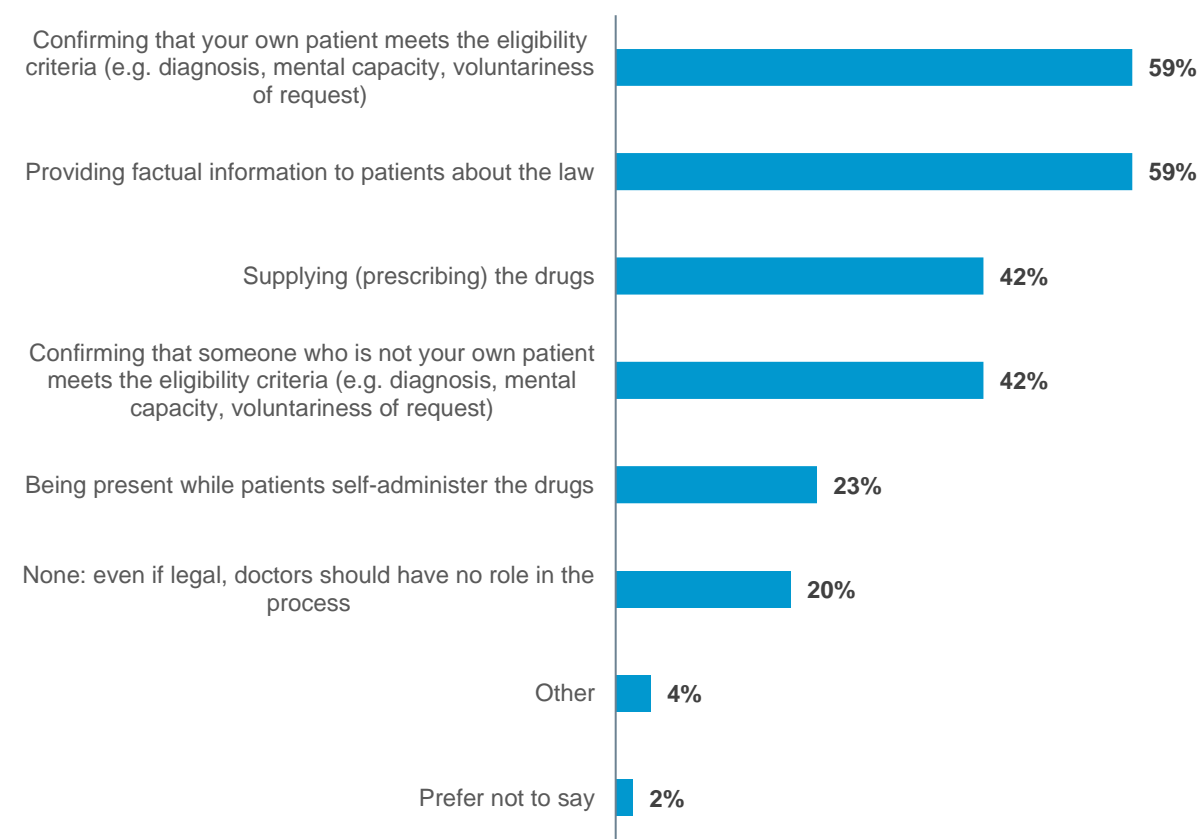
Survey respondents were asked to state, regardless of their personal views, what role doctors should have in the process if the law changed in the future to permit the supply of drugs to qualifying patients to self-administer to end their own life. Respondents were able to select more than one option from a list provided.

The two most selected options, both selected by three in five respondents (59%) were *confirming that your own patient meets the eligibility criteria*, and *providing factual information to patients about the law*. Just over two in five respondents (42%) thought the role of doctors should be *supplying (prescribing) the drugs* or *confirming that someone who is not your own patient meets the eligibility criteria*, and almost a quarter (23%) thought that doctors should be *present while patients self-administer the drugs*.

One in five (20%) thought that doctors should have *no role in the process, even if legal*.

**Figure 23 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process?**

Base: All respondents (3,268)



Of the 4% of respondents who provided an *other* response, these most commonly related to a need for a specialist role or additional training, that each case should be independently reviewed or made as a multi-disciplinary team decision, that doctors should provide advice, information and signposting for patients, and that there should be no obligation for doctors to participate.



## Analysis by UK nation

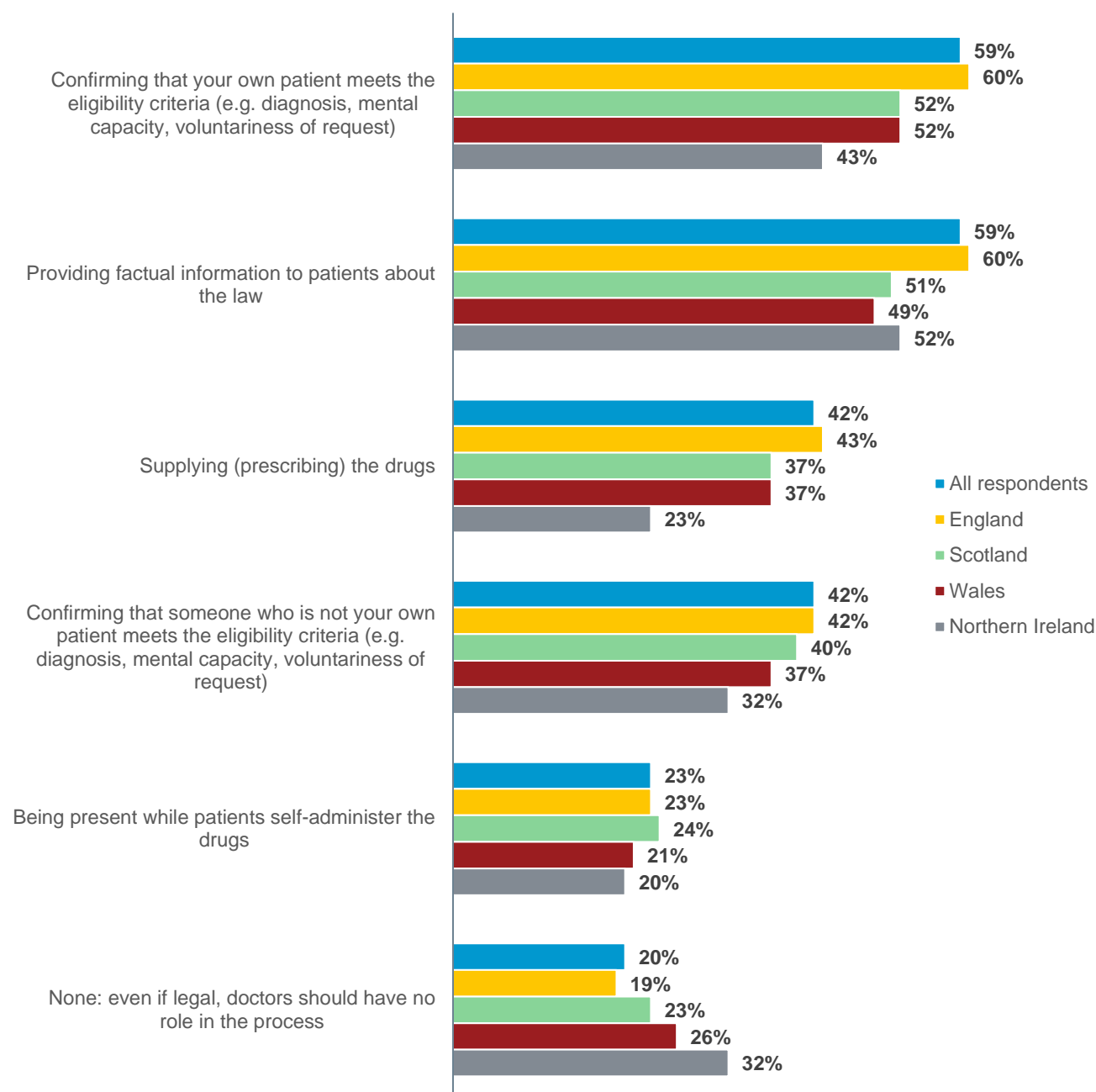
Analysis by UK nation highlights some differences in opinion:

- Respondents in England were more likely to select *providing factual information to patients about the law* (60%) when compared with those in Wales (49%)
- Respondents in Wales were more likely think *doctors should have no role in the process* (26%) when compared with those in England (19%)

The sample also indicates that larger proportions of respondents in England selected *confirming that your own patient meets the eligibility criteria* (60%) and *supplying (prescribing) the drugs* (43%) when compared with those in Northern Ireland (43% and 23% respectively). However, the small base size of respondents in Northern Ireland should be taken into consideration when interpreting this result.

**Figure 24 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By UK nation**

Base: All respondents (3,268); England (2,938); Scotland (83); Wales (151); Northern Ireland (44)



## Analysis by career status

The results highlight some differences by career status. In the table below, career status subgroups significantly more likely than others to select an answer are highlighted in green, and those significantly less likely are highlighted in red.

The biggest differences between views can be seen when comparing Early Medical Students with Staff Grade/Associate Specialist/LEDs, where Early Medical Students are more likely to select all possible roles for doctors in the process.

### Figure 25 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By career status

Base: All respondents (3,268); Academic (52); Consultant (1,350); Early Medical Student\* (91); General Dental Practitioner (71); Retired (665); Specialist\* (129); Staff Grade/Associate Specialist/LED (241); Surgical Trainee\* (529); Other (140)

Career status	Confirming that your own patient meets the eligibility criteria	Providing factual information to patients about the law	Supplying (prescribing) the drugs
All respondents	59%	59%	42%
Academic	63%	67%	46%
Consultant	59%	58%	39%
Early Medical Student	75%	78%	67%
General Dental Practitioner	65%	58%	48%
Retired	61%	59%	48%
Specialist*	64%	45%	43%
Staff Grade/Associate Specialist/LED	47%	49%	35%
Surgical Trainee	61%	65%	43%
Other	55%	56%	39%

Career status	Confirming that someone who is not your own patient meets the eligibility criteria	Being present while patients self-administer the drugs	None: even if legal, doctors should have no role in the process
All respondents	42%	23%	20%
Academic	37%	25%	15%
Consultant	42%	19%	20%
Early Medical Student	46%	45%	13%
General Dental Practitioner	34%	35%	17%
Retired	46%	25%	16%
Specialist	40%	31%	20%
Staff Grade/Associate Specialist/LED	33%	20%	33%
Surgical Trainee	41%	24%	18%
Other	40%	27%	25%





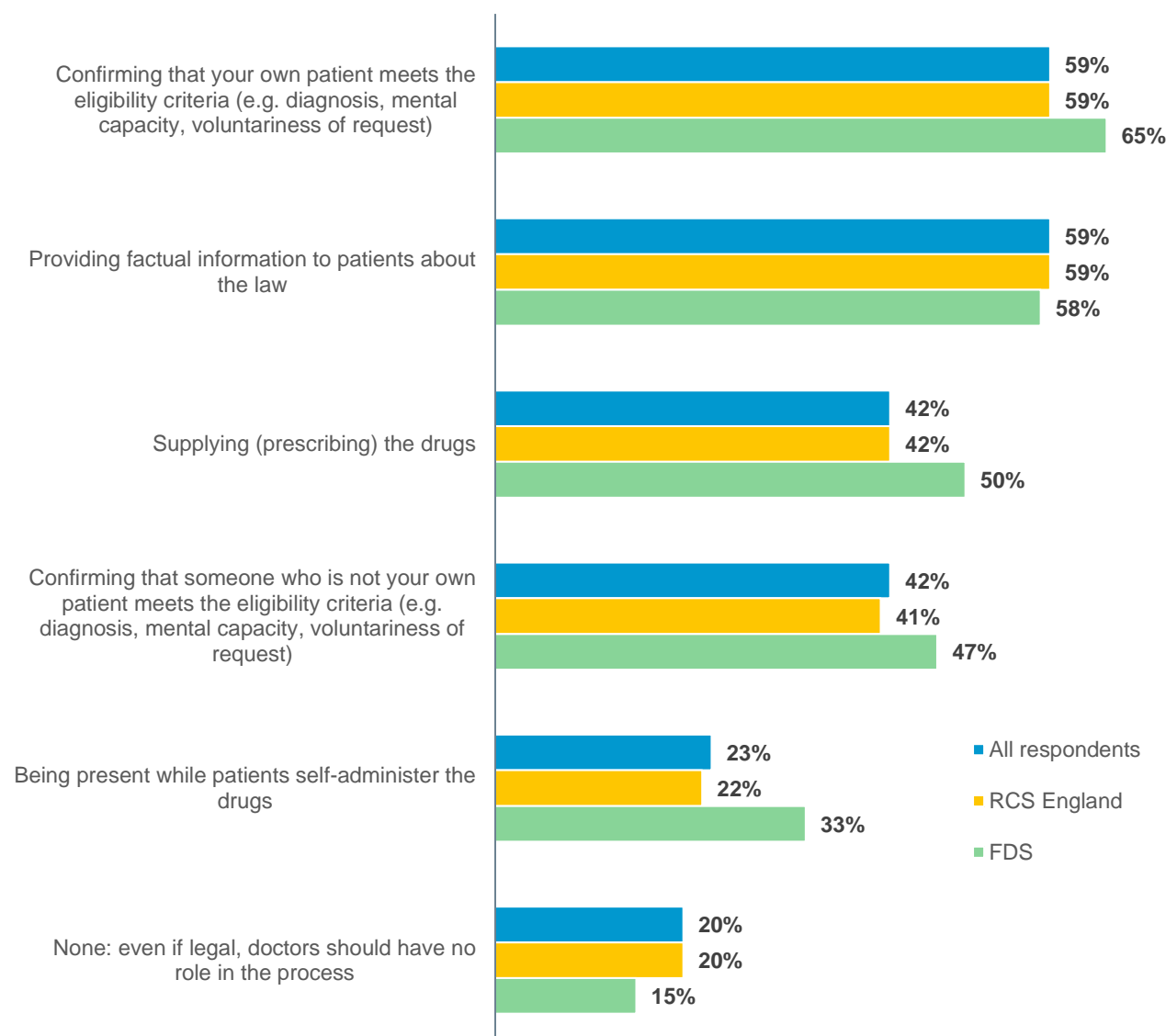
## Analysis by membership type

FDS respondents were more likely to state that doctors should be involved in the process via *confirming that your own patient meets the eligibility criteria* (65%), *supplying (prescribing) the drugs* (50%), and *being present while patients self-administer the drugs* (33%) when compared with RCS England respondents (59%, 42% and 22% respectively).

A larger proportion of RCS England respondents said they thought *doctors should have no role in the process* (20%) compared with FDS respondents (15%).

**Figure 26 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By membership type**

Base: All respondents (3,268); RCS England (2,959); FDS (309)



## Analysis by specialty

The results highlight some differences by specialty. In the table below, specialty subgroups significantly more likely than others to select an answer are highlighted in green, and those significantly less likely are highlighted in red.

The most notable differences are found when comparing respondents specialising in general surgery with those specialising in dental surgery, with other differences also highlighted with those working in otolaryngology (ENT) surgery, trauma and orthopaedic surgery, urology, and vascular surgery.

### Figure 27 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By surgical specialty

Base: All respondents (3,268); Cardiothoracic (65); Dental (193); General (652); Neurosurgery (85); Oral and maxillofacial (69); Otolaryngology ENT (171); Paediatric (45); Plastic (125); Trauma and orthopaedic (410); Urology (159); Vascular (141)

Specialty	Confirming that your own patient meets the eligibility criteria	Providing factual information to patients about the law	Supplying (prescribing) the drugs
All respondents	59%	59%	42%
Cardiothoracic surgery	62%	57%	38%
Dental surgery	72%	59%	52%
General surgery	54%	54%	34%
Neurosurgery	41%	55%	39%
Oral and maxillofacial surgery	67%	68%	46%
Otolaryngology (ENT) surgery	67%	58%	43%
Paediatric surgery	49%	64%	33%
Plastic surgery	62%	62%	38%
Trauma and orthopaedic surgery	58%	58%	42%
Urology	54%	56%	33%
Vascular surgery	57%	63%	41%

Specialty	Confirming that someone who is not your own patient meets the eligibility criteria	Being present while patients self-administer the drugs	None: even if legal, doctors should have no role in the process
All respondents	42%	23%	20%
Cardiothoracic surgery	52%	22%	20%
Dental surgery	49%	34%	12%
General surgery	36%	17%	27%
Neurosurgery	40%	19%	25%
Oral and maxillofacial surgery	42%	32%	14%
Otolaryngology (ENT) surgery	42%	22%	18%
Paediatric surgery	44%	18%	20%
Plastic surgery	40%	22%	15%
Trauma and orthopaedic surgery	43%	20%	19%
Urology	41%	16%	24%
Vascular surgery	47%	23%	22%



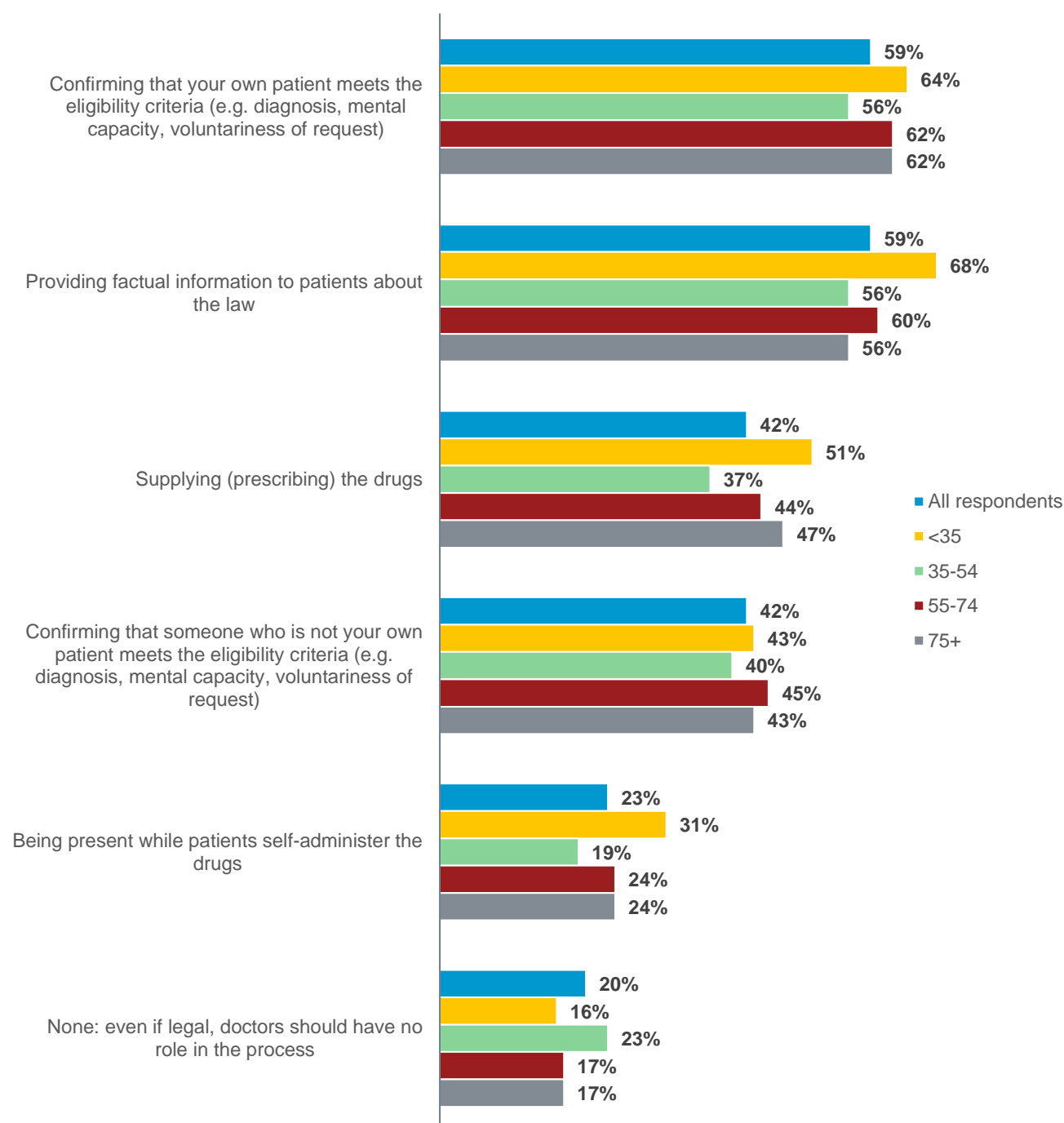


## Analysis by age group

Analysis by age group highlights that those aged 35-54 were generally less likely to select most of the potential roles for doctors, and were more likely to answer that *even if legal, doctors should have no role in the process* (23%) when compared with younger respondents aged <35 (16%) and those aged 55+ (17%).

**Figure 28 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By age group**

Base: All respondents (3,268); <35 (554); 35-54 (1,288); 55-74 (908); 75+ (408)

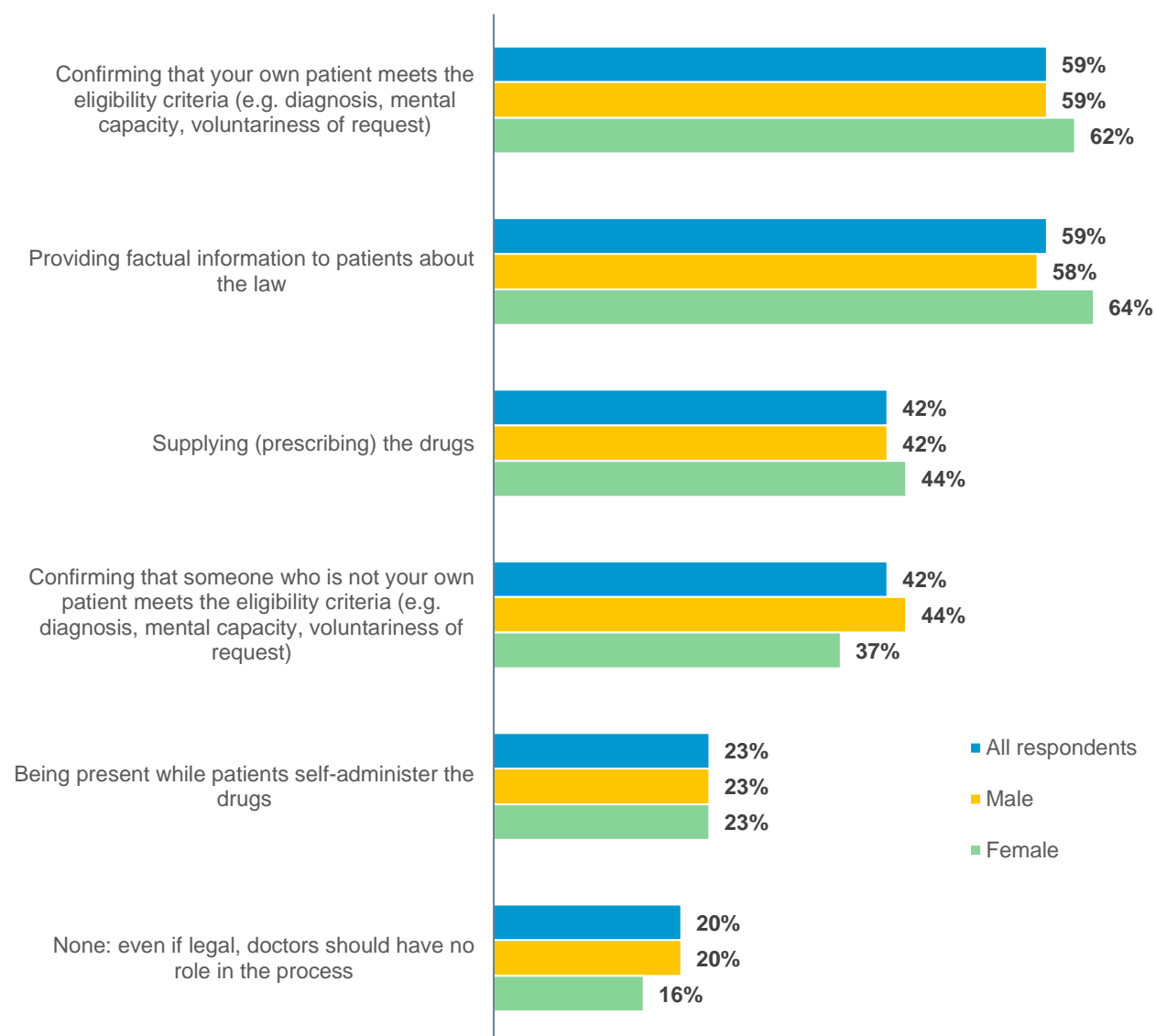


## Analysis by gender

Analysis by gender highlights that female respondents were more likely to select *providing factual information to patients about the law* (64%) when compared with male respondents (58%). Conversely, male respondents were more likely to select *confirming that someone who is not your own patient meets the eligibility criteria* (44%) and *doctors should have no role in the process* (20%) when compared with female respondents (37% and 16% respectively).

**Figure 29 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By gender**

Base: All respondents (3,268); Male (2,293); Female (844)

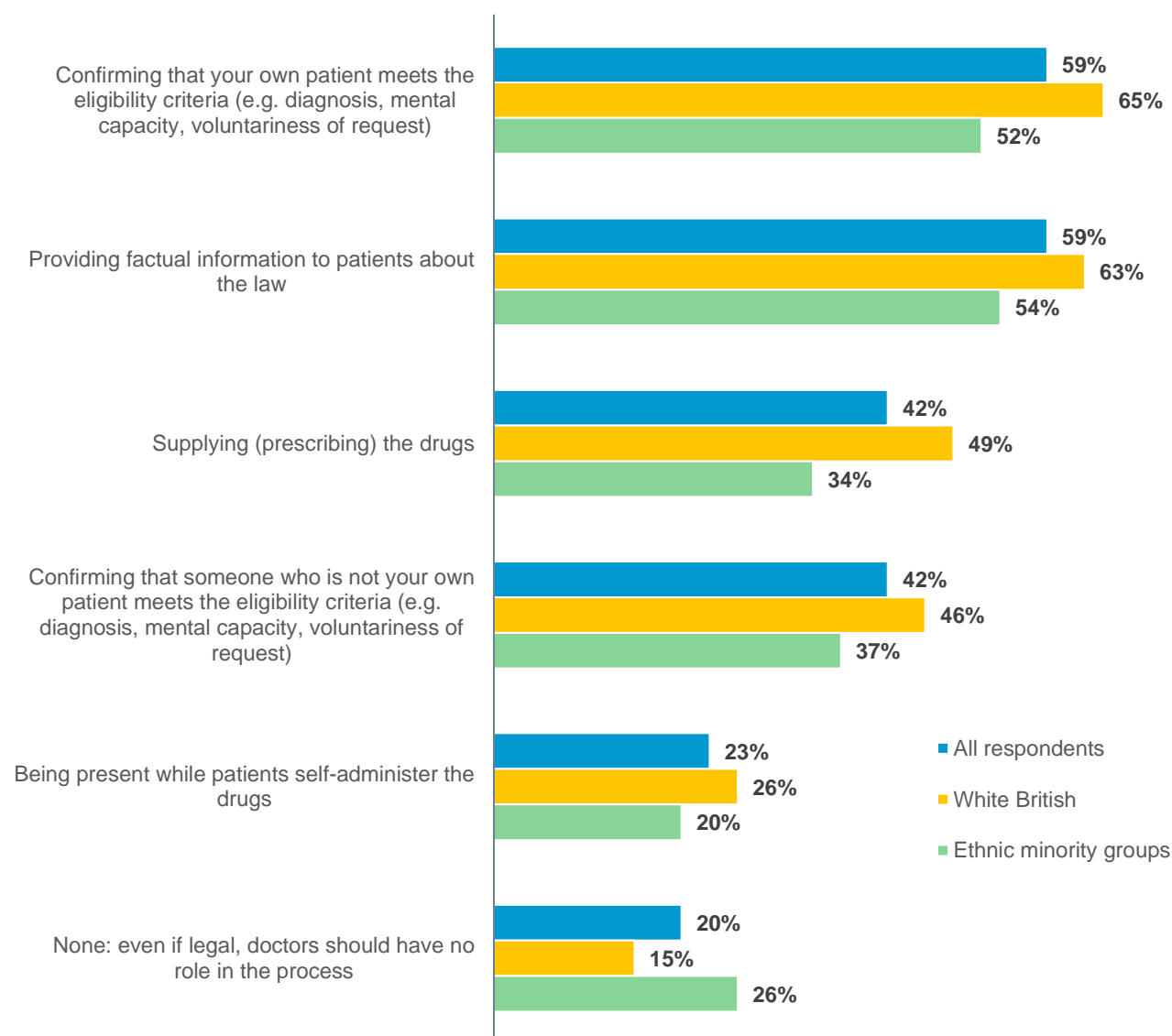


## Analysis by ethnicity

Analysis by ethnicity highlights that respondents from ethnic minority groups were less likely to select all potential roles for doctors, and were more likely to state that *even if legal, doctors should have no role in the process* (26%) when compared with White British respondents (15%). In particular, a large proportion of those of Arab ethnicity thought that *doctors should have no role in the process* (62%).

**Figure 30 – Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? By ethnicity**

Base: All respondents (3,268); White British (1,996); Ethnic minority groups (1,064)



# Respondent Profile

The following tables present the profile of survey respondents by membership type, career and registration status, specialty, location, gender, age group, and ethnicity.

## Membership type, career status, registration status

**Figure 31 – Membership type**

Base: All respondents (3,268)

Membership type	Number	Percentage
RCS England Fellow	2020	62%
RCS England Member	655	20%
RCS England Affiliate	200	6%
RCS England Associate	41	1%
Faculty of Dental Surgery (FDS) Fellow	176	5%
Faculty of Dental Surgery (FDS) Member	133	4%
Dual membership of both RCS England and FDS	43	1%

**Figure 32 – Career status**

Base: All respondents (3,268)

Surgical specialty	Number	Percentage
Medical student	34	1%
Dental student	1	0%
Foundation doctor	55	2%
Foundation dental trainee	1	0%
Core trainee/Core dental trainee	111	3%
Specialty trainee	418	13%
Staff Grade/Associate Specialist/Specialty Doctor (SAS grade Surgeon)	180	6%
Locally Employed Doctor (LED)	61	2%
Member of the wider surgical team	13	0%
Academic	52	2%
Consultant	1350	41%
Dentist with a special interest	41	1%
Specialist	88	3%
General Dental Practitioner	71	2%
On a career break	11	0%
Retired	665	20%
Moved out of surgery/dental surgery	52	2%
Other	50	2%
Prefer not to say	14	0%

**Figure 33 – Currently registered/provisionally registered with a licence to practice in the UK**

Base: All respondents (3,268)

Registration status	Number	Percentage
Registered/provisionally registered	2677	82%
Not registered/provisionally registered	591	18%



## Surgical specialties

### Figure 34 – Current surgical specialty

Base: RCS England Specialty Trainees, Staff Grade/Associate Specialists/Specialty Doctors/SAS Grade Surgeons, Locally Employed Doctors, Academics, Consultants, Specialists (2,011)

Surgical specialty	Number	Percentage
Cardiothoracic surgery	65	3%
Dental surgery	34	2%
General surgery	652	32%
Neurosurgery	85	4%
Oral and maxillofacial surgery	69	3%
Otolaryngology (ENT) surgery	171	9%
Paediatric surgery	45	2%
Plastic surgery	125	6%
Trauma and orthopaedic surgery	410	20%
Urology	159	8%
Vascular surgery	141	7%
Other	62	3%
Prefer not to say	21	1%

### Figure 35 – Current dental specialty

Base: FDS Specialty Trainees, Staff Grade/Associate Specialists/Specialty Doctors/SAS Grade Surgeons, Locally Employed Doctors, Academics, Consultants, Dentists with a special interest, Specialists (159)

Dental specialty	Number	Percentage
Dental and maxillofacial radiology	3	2%
Dental public health	5	3%
Oral and maxillofacial pathology	5	3%
Oral medicine	4	3%
Oral surgery	46	29%
Orthodontics	40	25%
Paediatric dentistry	9	6%
Restorative dentistry (endodontics, periodontics, prosthodontics)	32	20%
Special care dentistry	10	6%
Other	7	4%
Prefer not to say	3	2%

## Location

### Figure 36 – Location

Base: All respondents (3,268)

UK nation	Number	Percentage
England	2938	90%
Scotland	83	3%
Wales	151	5%
Northern Ireland	44	1%
Outside the UK	40	1%
Prefer not to say	12	0%



## Demographics

### Figure 37 – Gender

Base: All respondents (3,268)

Gender	Number	Percentage
Male	2293	70%
Female	844	26%
Non-binary	7	0%
Transgender	2	0%
Another way	4	0%
Prefer not to say	118	4%

### Figure 38 – Age group

Base: All respondents (3,268)

Age group	Number	Percentage
16-24	32	1%
25-34	522	16%
35-44	658	20%
45-54	630	19%
55-64	545	17%
65-74	363	11%
75+	408	12%
Prefer not to say	110	3%

### Figure 39 – Ethnicity

Base: All respondents (3,268)

Ethnicity	Number	Percentage
White - British, English, Welsh, Scottish, Northern Irish	1996	61%
White - Irish	65	2%
White - Gypsy or Irish traveller	2	0%
White - Other white background	215	7%
Black or Black British - African	59	2%
Black or Black British - Caribbean	7	0%
Black or Black British - Other Black background	4	0%
Mixed - White and Black African	8	0%
Mixed - White and Black Caribbean	7	0%
Mixed - White and Asian	44	1%
Mixed - Other mixed background	39	1%
Asian or Asian British - Indian	272	8%
Asian or Asian British - Pakistani	51	2%
Asian or Asian British - Bangladeshi	20	1%
Asian or Asian British - Chinese	66	2%
Asian or Asian British - Other Asian background	56	2%
Arab	117	4%
Any other ethnic group	32	1%
Prefer not to say	208	6%



## **Appendix A – Questionnaire**

## Assisted Dying Survey

**To access this survey, please enter your email address as registered with the Royal College of Surgeons of England in lower case and click the 'next' button below.** Your email address will only be used to verify your membership and will not be shared with anyone or linked with your answers

### About this survey

Over the last number of years, the topic of assisted dying for a terminally ill person has gained traction in health circles, society and legislative arenas. The British Medical Journal (BMJ) say assisted dying relates to prescribing life ending drugs for terminally ill, mentally competent adults to administer themselves after meeting strict legal safeguards.

The issue is currently the focus of an inquiry by the UK Westminster Health and Social Care Committee and in 2023 various hearings will explore the arguments across the debate. The inquiry said it intends to focus on the role of medical professionals; access to palliative care; what protections would be needed to safeguard against coercion and the criteria for eligibility to access 'assisted dying/assisted suicide' services.

There are ethical questions involved in end-of-life care and it is important we hear your views to help inform our organisational position should any legislative developments to change the UK government's position on permitting assisted dying within certain circumstances occur.

The context of this short survey in relation to assisted dying and the role of medical professionals is adapted from a 2021 Private Members' Bill that proposed, subject to the consent of a judge, a terminally ill person could legally request a prescription they could use to end their life. The individual's 'declaration' would have to be certified by two suitably qualified medical practitioners (i.e., potentially, but not necessarily, surgeons). The 'attending doctor' would not be permitted to administer the lethal prescription, but would be permitted to assist the person to self-administer.

By way of background information, the British Medical Association, Royal College of Physicians and Royal College of Nursing are neutral on this issue whilst the Royal College of General Practitioners are opposed. (More details here on other views.)

**Our current College position is that we oppose any change in the law to permit assisted dying. In 2021 we decided we would revisit this issue and that is why we are asking you now to take part in a survey to help inform our organisational position. These member views will then shape our wider debate and Council decision.**



There are swathes of information online about this issue, and we would draw your attention to the BMJ which has published a timeline of recent developments in the assisted dying debate, and includes articles representing views on both sides of the debate - access the materials [here](#)

The BMA website contains important information as well as for and against arguments - access the information pack [here](#)

You can also read more on the topic on the RCS England website.

Please click the 'next' button below to continue.

## Completing this survey

To navigate through this questionnaire please use the 'next' and 'back' buttons at the bottom of each page. Please do not use the back/forward options in your browser.

You can save your answers at any point and return to them later by clicking the 'save' button.

The survey will take around 5 minutes to complete. **The closing date for the survey is 5 March.**

## How the answers you provide will be used

RCS England has invited an independent organisation, Enventure Research, to collect responses to the survey so that your responses remain **anonymous**. RCS England will receive a report on the findings of the survey, which will include aggregated results and anonymised verbatim comments, and the anonymised survey data set. The survey results will be published on the RCS England website.

If you have any questions about this survey, please call the survey helpline on 0800 0092 117 or email [helpline@enventure.co.uk](mailto:helpline@enventure.co.uk)

For more information about your data rights and who to contact please read our privacy policies:

- Enventure Research's privacy policy can be found [here](#)
- The RCS England privacy policy can be found [here](#)

## About you

### What type of membership do you have?

- ☐ RCS England Fellow
- ☐ RCS England Member
- ☐ RCS England Affiliate
- ☐ RCS England Associate
- ☐ Faculty of Dental Surgery (FDS) Fellow
- ☐ Faculty of Dental Surgery (FDS) Member
- ☐ Dual membership of both RCS England and FDS

**Which of these best describes your current career status?**

- |   |   |
|---|---|
| <input type="radio"/> Medical student   | <input type="radio"/> Academic                            |
| <input type="radio"/> Dental student  | <input type="radio"/> Consultant                          |
| <input type="radio"/> Foundation doctor   | <input type="radio"/> Dentist with a special interest     |
| <input type="radio"/> Foundation dental trainee   | <input type="radio"/> Specialist                          |
| <input type="radio"/> Core trainee/Core dental trainee                                      | <input type="radio"/> General Dental Practitioner         |
| <input type="radio"/> Specialty trainee   | <input type="radio"/> On a career break                   |
| <input type="radio"/> Staff Grade/Associate Specialist/Specialty Doctor (SAS grade Surgeon) | <input type="radio"/> Retired                             |
| <input type="radio"/> Locally Employed Doctor (LED)   | <input type="radio"/> Moved out of surgery/dental surgery |
| <input type="radio"/> Member of the wider surgical team                                     | <input type="radio"/> Other                               |
|   | <input type="radio"/> Prefer not to say                   |

**Other** (please specify)

**What is your current surgical specialty? If you are not currently practising, please provide your most recent surgical specialty. Please select all that apply**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cardiothoracic surgery         | <input type="checkbox"/> Otolaryngology (ENT) surgery   | <input type="checkbox"/> Urology           |
| <input type="checkbox"/> Dental surgery                 | <input type="checkbox"/> Paediatric surgery             | <input type="checkbox"/> Vascular surgery  |
| <input type="checkbox"/> General surgery                | <input type="checkbox"/> Plastic surgery                | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Neurosurgery                   | <input type="checkbox"/> Trauma and orthopaedic surgery | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Oral and maxillofacial surgery |   | <input type="checkbox"/> Not applicable    |

**Other** (please specify)

**What is your current dental specialty? If you are not currently practising, please provide your most recent dental specialty. Please select all that apply**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dental and maxillofacial radiology | <input type="checkbox"/> Oral surgery   | <input type="checkbox"/> Special care dentistry |
| <input type="checkbox"/> Dental public health               | <input type="checkbox"/> Orthodontics   | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Oral and maxillofacial pathology   | <input type="checkbox"/> Paediatric dentistry   | <input type="checkbox"/> Prefer not to say      |
| <input type="checkbox"/> Oral medicine                      | <input type="checkbox"/> Restorative dentistry (endodontics, periodontics and prosthodontics) | <input type="checkbox"/> Not applicable         |
| <input type="checkbox"/> Oral microbiology                  |   |   |

**Other** (please specify)

## Where are you based?

- ☐ England
- ☐ Scotland
- ☐ Wales
- ☐ Northern Ireland
- ☐ Outside the UK
- ☐ Prefer not to say

## Are you currently registered or provisionally registered with a licence to practise in the UK?

- ☐ Yes
- ☐ No

## RCS England's position on assisted dying

### What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?

- ☐ Supportive - RCS England should actively support attempts to change the law
- ☐ Opposed - RCS England should actively oppose attempts to change the law
- ☐ Neutral - RCS England should neither actively support nor oppose attempts to change the law
- ☐ Undecided

## Your personal views on assisted dying

### In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life?

- ☐ Support
- ☐ Oppose
- ☐ Undecided

Please expand on your personal views and the reasons behind them.

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## The role of doctors in the process of assisted dying

Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

- ☐ None: even if legal, doctors should have no role in the process
- ☐ Providing factual information to patients about the law
- ☐ Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)
- ☐ Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)
- ☐ Supplying (prescribing) the drugs
- ☐ Being present while patients self-administer the drugs
- ☐ Other
- ☐ Prefer not to say

Other (please specify)

left characters remaining

## Demographics

The following questions relate to RCS England's commitment to inclusion and diversity. The information you provide will be treated as confidential and will be used only for monitoring purposes. You do not have to answer these questions if you would prefer not to by selecting 'prefer not to say'.

How would you describe your gender?

--Click Here--

Male  
Female  
Non-binary  
Transgender  
Another way  
Prefer not to say

Another way (please specify)

What is your age?

--Click Here--

16-24  
25-34  
35-44  
45-54  
55-64  
65-74  
75+  
Prefer not to say

## Which ethnic group do you consider you belong to?

--Click Here--

White - British, English, Welsh, Scottish, Northern Irish

White - Irish

White - Gypsy or Irish traveller

White - Other white background

Black or Black British - African

Black or Black British - Caribbean

Black or Black British - Other Black background

Mixed - White and Black African

Mixed - White and Black Caribbean

Mixed - White and Asian

Mixed - Other mixed background

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Chinese

Asian or Asian British - Other Asian background

Arab

Any other ethnic group

Prefer not to say

**Any other ethnic group** (please specify)

## Further research

To explore this topic in greater depth, we may be conducting further research in the form of in-depth interviews. These would take place in March, last for around 30 minutes, and be conducted at a convenient time either via telephone or video call (Zoom, Teams).

A donation to the RCS England Global Appeal 2023: Global Access to Paediatric Surgery would be made on the behalf of those who take part in an interview.

If you indicate that you are interested in taking part in further research, you may be contacted by Enventure Research.

## Would you be interested in taking part in an interview?

- ☐ Yes
- ☐ No

If further research goes ahead, so that we can contact you about taking part in an interview, please provide your name, contact number and email address in the boxes below. Any details you provide will only be used to contact you about further research. Your details will not be passed on to any third parties and will be kept separate from your survey answers, meaning that you will not be identified in any way. Your contact details will be kept securely for a maximum of six months, after which they will be confidentially deleted.

**Name**

Email address

Contact number

Thank you

Thank you very much for completing this survey. We really value your feedback and will use it to inform our work going forward.

The results of the survey will be published on the RCS England website in the near future.

**Please click the submit button below to send your response.**

# Appendix B

## Royal College of Surgeons of England Assisted Dying Survey - Data tabulations

The following tables present the results from the RCS England Assisted Dying Survey.

For each question, the following cross-breaks have been included:

- Location
- Career status
- Registration status
- Membership (RCSEng / FDS)
- Membership category
- Specialty
- Age group
- Gender
- Ethnicity (combined)
- Ethnicity (detailed)

Text...: What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Location				Career status		
		England	Scotland	Wales	Northern Ireland	Academic	Consultant	Early Medical student*
Base	3268	2938	83	151	44	52	1350	91
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	1544 53%	41 49%	72 48%	20 45%	22 42%	683 51%	54 59%
Opposed	829 25%	731 25%	24 29%	43 28%	14 32%	18 35%	349 26%	18 20%
Neutral	643 20%	580 20%	15 18%	28 19%	9 20%	9 17%	287 21%	15 16%
Undecided	97 3%	83 3%	3 4%	8 5%	1 2%	3 6%	31 2%	4 4%

	Total	Career status						Registered to practi...
		General Dental Practitioner	Retired	Specialist*	Staff Grade/Associate Specialist/LED	Surgical trainee	Other	Yes
Base	3268	71	665	129	241	529	140	2677
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	41 58%	367 55%	78 60%	106 44%	287 54%	61 44%	1377 51%
Opposed	829 25%	15 21%	146 22%	28 22%	90 37%	127 24%	38 27%	697 26%
Neutral	643 20%	10 14%	137 21%	14 11%	35 15%	100 19%	36 26%	520 19%
Undecided	97 3%	5 7%	15 2%	9 7%	10 4%	15 3%	5 4%	83 3%



Text...: What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Registered to practi...	RCS/FDS		Membership			
		No	RCS	FDS	RCSEng Fellow	RCSEng Member	RCSEng Affiliate	RCSEng Associate
Base	3268	591	2959	309	2020	655	200	41
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	322 54%	1517 51%	182 59%	1015 50%	343 52%	109 55%	22 54%
Opposed	829 25%	132 22%	769 26%	60 19%	514 25%	183 28%	54 27%	10 24%
Neutral	643 20%	123 21%	592 20%	51 17%	439 22%	111 17%	31 16%	6 15%
Undecided	97 3%	14 2%	81 3%	16 5%	52 3%	18 3%	6 3%	3 7%

	Total	Membership			Specialties			
		FDS Fellow	FDS Member	Dual membership	Cardiothoracic surgery	Dental surgery	General surgery	Neurosurgery
Base	3268	176	133	43	65	193	652	85
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	102 58%	80 60%	28 65%	28 43%	123 64%	299 46%	33 39%
Opposed	829 25%	35 20%	25 19%	8 19%	21 32%	34 18%	207 32%	33 39%
Neutral	643 20%	29 16%	22 17%	5 12%	15 23%	25 13%	131 20%	15 18%
Undecided	97 3%	10 6%	6 5%	2 5%	1 2%	11 6%	15 2%	4 5%

Text...: What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Specialties						
		Oral and maxillofacial surgery	Otolaryngology (ENT) surgery	Paediatric surgery	Plastic surgery	Trauma and orthopaedic surgery	Urology	Vascular surgery
Base	3268	69	171	45	125	410	159	141
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	43 62%	94 55%	18 40%	65 52%	227 55%	76 48%	66 47%
Opposed	829 25%	11 16%	35 20%	15 33%	32 26%	92 22%	45 28%	30 21%
Neutral	643 20%	10 14%	37 22%	9 20%	25 20%	82 20%	35 22%	38 27%
Undecided	97 3%	5 7%	5 3%	3 7%	3 2%	9 2%	3 2%	7 5%

	Total	Specialties	Age group				Gender	
		Other	16-34	35-54	55-74	75+	Male	Female
Base	3268	62	554	1288	908	408	2293	844
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	31 50%	334 60%	608 47%	480 53%	235 58%	1208 53%	438 52%
Opposed	829 25%	20 32%	112 20%	366 28%	216 24%	88 22%	582 25%	199 24%
Neutral	643 20%	11 18%	93 17%	268 21%	188 21%	76 19%	458 20%	160 19%
Undecided	97 3%	- -	15 3%	46 4%	24 3%	9 2%	45 2%	47 6%

Text...: What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Ethnicity		Ethnicity				
		White British	Ethnic minority groups	White	Black or Black British	Mixed	Asian or Asian British	Arab
Base	3268	1996	1064	2278	70	98	465	117
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...								
Supportive	1699 52%	1125 56%	495 47%	1273 56%	15 21%	55 56%	237 51%	28 24%
Opposed	829 25%	399 20%	339 32%	462 20%	33 47%	20 20%	132 28%	77 66%
Neutral	643 20%	418 21%	195 18%	483 21%	19 27%	23 23%	74 16%	10 9%
Undecided	97 3%	54 3%	35 3%	60 3%	3 4%	- -	22 5%	2 2%

	Total	Ethnicity
		Other
Base	3268	32
What should RCS England's position be on whether there should be a change in the law to permit doctors to supply drugs to qualif...		
Supportive	1699 52%	12 38%
Opposed	829 25%	14 44%
Neutral	643 20%	4 13%
Undecided	97 3%	2 6%

Text.: In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Location				Career status			
		England	Scotland	Wales	Northern Ireland	Academic	Consultant	Early Medical student*	General Dental Practitioner
Base	3268	2938	83	151	44	52	1350	91	71
In principle, do you personally support or oppose a chang...									
Support	2001 61%	1823 62%	47 57%	85 56%	19 43%	28 54%	816 60%	62 68%	44 62%
Oppose	954 29%	836 28%	28 34%	50 33%	19 43%	20 38%	396 29%	23 25%	19 27%
Undecided	313 10%	279 9%	8 10%	16 11%	6 14%	4 8%	138 10%	6 7%	8 11%

	Total	Career status					Registered to practise		RCS/FDS
		Retired	Specialist*	Staff Grade/Associate Specialist/LED	Surgical trainee	Other	Yes	No	RCS
Base	3268	665	129	241	529	140	2677	591	2959
In principle, do you personally support or oppose a chang...									
Support	2001 61%	430 65%	87 67%	115 48%	339 64%	80 57%	1621 61%	380 64%	1799 61%
Oppose	954 29%	173 26%	31 24%	105 44%	144 27%	43 31%	796 30%	158 27%	881 30%
Undecided	313 10%	62 9%	11 9%	21 9%	46 9%	17 12%	260 10%	53 9%	279 9%

	Total	RCS/FDS	Membership						
		FDS	RCSEng Fellow	RCSEng Member	RCSEng Affiliate	RCSEng Associate	FDS Fellow	FDS Member	Dual membership
Base	3268	309	2020	655	200	41	176	133	43
In principle, do you personally support or oppose a chang...									
Support	2001 61%	202 65%	1227 61%	394 60%	122 61%	27 66%	113 64%	89 67%	29 67%
Oppose	954 29%	73 24%	588 29%	207 32%	65 33%	11 27%	41 23%	32 24%	10 23%
Undecided	313 10%	34 11%	205 10%	54 8%	13 7%	3 7%	22 13%	12 9%	4 9%

Text...: In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Specialties							
		Cardiothoracic surgery	Dental surgery	General surgery	Neurosurgery	Oral and maxillofacial surgery	Otolaryngology (ENT) surgery	Paediatric surgery	Plastic surgery
Base	3268	65	193	652	85	69	171	45	125
In principle, do you personally support or oppose a chang...									
Support	2001 61%	36 55%	134 69%	355 54%	40 47%	51 74%	113 66%	22 49%	80 64%
Oppose	954 29%	23 35%	39 20%	240 37%	34 40%	11 16%	41 24%	18 40%	35 28%
Undecided	313 10%	6 9%	20 10%	57 9%	11 13%	7 10%	17 10%	5 11%	10 8%

	Total	Specialties				Age group			
		Trauma and orthopaedic surgery	Urology	Vascular surgery	Other	16-34	35-54	55-74	75+
Base	3268	410	159	141	62	554	1288	908	408
In principle, do you personally support or oppose a chang...									
Support	2001 61%	268 65%	89 56%	82 58%	32 52%	385 69%	734 57%	563 62%	268 66%
Oppose	954 29%	103 25%	50 31%	42 30%	24 39%	130 23%	415 32%	250 28%	106 26%
Undecided	313 10%	39 10%	20 13%	17 12%	6 10%	39 7%	139 11%	95 10%	34 8%

	Total	Gender		Ethnicity		Ethnicity			
		Male	Female	White British	Ethnic minority groups	White	Black or Black British	Mixed	Asian or Asian British
Base	3268	2293	844	1996	1064	2278	70	98	465
In principle, do you personally support or oppose a chang...									
Support	2001 61%	1414 62%	521 62%	1349 68%	558 52%	1521 67%	19 27%	63 64%	261 56%
Oppose	954 29%	667 29%	234 28%	467 23%	387 36%	549 24%	39 56%	22 22%	149 32%
Undecided	313 10%	212 9%	89 11%	180 9%	119 11%	208 9%	12 17%	13 13%	55 12%

Text...: In principle, do you personally support or oppose a change in the law to supply drugs to qualifying patients to self-administer to end their own life?

	Total	Ethnicity	
		Arab	Other
Base	3268	117	32
In principle, do you personally support or oppose a chang...			
Support	2001 61%	30 26%	13 41%
Oppose	954 29%	81 69%	14 44%
Undecided	313 10%	6 5%	5 16%

Text...: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	Location				Career status			
		England	Scotland	Wales	Northern Ireland	Academic	Consultant	Early Medical student*	General Dental Practitioner
Base	3268	2938	83	151	44	52	1350	91	71
Regardless of your personal views, if the law were to cha...									
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	1776 60%	43 52%	79 52%	19 43%	33 63%	796 59%	68 75%	46 65%
Providing factual information to patients about the law	1921 59%	1760 60%	42 51%	74 49%	23 52%	35 67%	780 58%	71 78%	41 58%
Supplying (prescribing) the drugs	1383 42%	1268 43%	31 37%	56 37%	10 23%	24 46%	520 39%	61 67%	34 48%
Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntarines...	1370 42%	1248 42%	33 40%	56 37%	14 32%	19 37%	572 42%	42 46%	24 34%
Being present while patients self-administer the drugs	751 23%	676 23%	20 24%	31 21%	9 20%	13 25%	255 19%	41 45%	25 35%
None: even if legal, doctors should have no role in the process	647 20%	557 19%	19 23%	39 26%	14 32%	8 15%	272 20%	12 13%	12 17%
Other	126 4%	111 4%	5 6%	7 5%	- -	1 2%	59 4%	- -	3 4%
Prefer not to say	70 2%	60 2%	3 4%	5 3%	1 2%	2 4%	32 2%	1 1%	3 4%

Text...: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	Career status					Registered to practise		RCS/FDS
		Retired	Specialist*	Staff Grade/Associate Specialist/LED	Surgical trainee	Other	Yes	No	RCS
Base	3268	665	129	241	529	140	2677	591	2959
Regardless of your personal views, if the law were to cha...									
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	405 61%	82 64%	114 47%	321 61%	77 55%	1581 59%	361 61%	1740 59%
Providing factual information to patients about the law	1921 59%	395 59%	58 45%	117 49%	345 65%	79 56%	1572 59%	349 59%	1743 59%
Supplying (prescribing) the drugs	1383 42%	322 48%	55 43%	84 35%	229 43%	54 39%	1098 41%	285 48%	1229 42%
Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness...	1370 42%	308 46%	51 40%	80 33%	218 41%	56 40%	1105 41%	265 45%	1225 41%
Being present while patients self-administer the drugs	751 23%	163 25%	40 31%	49 20%	127 24%	38 27%	599 22%	152 26%	648 22%
None: even if legal, doctors should have no role in the process	647 20%	108 16%	26 20%	79 33%	95 18%	35 25%	552 21%	95 16%	601 20%
Other	126 4%	21 3%	3 2%	10 4%	17 3%	12 9%	107 4%	19 3%	114 4%
Prefer not to say	70 2%	12 2%	3 2%	9 4%	6 1%	2 1%	58 2%	12 2%	60 2%



Text...: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	RCS/FDS	Membership						
		FDS	RCSEng Fellow	RCSEng Member	RCSEng Affiliate	RCSEng Associate	FDS Fellow	FDS Member	Dual membership
Base	3268	309	2020	655	200	41	176	133	43
Regardless of your personal views, if the law were to cha...									
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	202 65%	1184 59%	373 57%	124 62%	29 71%	114 65%	88 66%	30 70%
Providing factual information to patients about the law	1921 59%	178 58%	1164 58%	393 60%	128 64%	31 76%	96 55%	82 62%	27 63%
Supplying (prescribing) the drugs	1383 42%	154 50%	826 41%	260 40%	96 48%	25 61%	86 49%	68 51%	22 51%
Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness...	1370 42%	145 47%	859 43%	256 39%	74 37%	21 51%	85 48%	60 45%	15 35%
Being present while patients self-administer the drugs	751 23%	103 33%	411 20%	151 23%	55 28%	17 41%	55 31%	48 36%	14 33%
None: even if legal, doctors should have no role in the process	647 20%	46 15%	404 20%	146 22%	39 20%	7 17%	28 16%	18 14%	5 12%
Other	126 4%	12 4%	84 4%	23 4%	4 2%	2 5%	5 3%	7 5%	1 2%
Prefer not to say	70 2%	10 3%	41 2%	10 2%	6 3%	1 2%	5 3%	5 4%	2 5%

Text...: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	Specialties							
		Cardiothoracic surgery	Dental surgery	General surgery	Neurosurgery	Oral and maxillofacial surgery	Otolaryngology (ENT) surgery	Paediatric surgery	Plastic surgery
Base	3268	65	193	652	85	69	171	45	125
Regardless of your personal views, if the law were to cha...									
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	40 62%	138 72%	353 54%	35 41%	46 67%	114 67%	22 49%	77 62%
Providing factual information to patients about the law	1921 59%	37 57%	113 59%	349 54%	47 55%	47 68%	100 58%	29 64%	78 62%
Supplying (prescribing) the drugs	1383 42%	25 38%	100 52%	223 34%	33 39%	32 46%	74 43%	15 33%	48 38%
Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness...	1370 42%	34 52%	94 49%	236 36%	34 40%	29 42%	72 42%	20 44%	50 40%
Being present while patients self-administer the drugs	751 23%	14 22%	66 34%	108 17%	16 19%	22 32%	37 22%	8 18%	28 22%
None: even if legal, doctors should have no role in the process	647 20%	13 20%	24 12%	175 27%	21 25%	10 14%	30 18%	9 20%	19 15%
Other	126 4%	5 8%	7 4%	24 4%	6 7%	4 6%	5 3%	2 4%	10 8%
Prefer not to say	70 2%	1 2%	7 4%	13 2%	1 1%	2 3%	2 1%	1 2%	1 1%

Text...: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	Specialties				Age group			
		Trauma and orthopaedic surgery	Urology	Vascular surgery	Other	16-34	35-54	55-74	75+
Base	3268	410	159	141	62	554	1288	908	408
Regardless of your personal views, if the law were to cha...									
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	238 58%	86 54%	80 57%	37 60%	357 64%	723 56%	564 62%	252 62%
Providing factual information to patients about the law	1921 59%	239 58%	89 56%	89 63%	36 58%	378 68%	724 56%	546 60%	230 56%
Supplying (prescribing) the drugs	1383 42%	172 42%	52 33%	58 41%	27 44%	282 51%	482 37%	401 44%	190 47%
Confirming that some-one who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntarines...	1370 42%	176 43%	65 41%	66 47%	20 32%	240 43%	510 40%	410 45%	175 43%
Being present while patients self-administer the drugs	751 23%	84 20%	26 16%	32 23%	20 32%	173 31%	244 19%	220 24%	98 24%
None: even if legal, doctors should have no role in the process	647 20%	79 19%	38 24%	31 22%	11 18%	87 16%	292 23%	157 17%	70 17%
Other	126 4%	13 3%	2 1%	5 4%	2 3%	15 3%	59 5%	33 4%	11 3%
Prefer not to say	70 2%	11 3%	6 4%	2 1%	3 5%	10 2%	31 2%	17 2%	6 1%

Text.: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	Gender		Ethnicity		Ethnicity			
		Male	Female	White British	Ethnic minority groups	White	Black or Black British	Mixed	Asian or Asian British
Base	3268	2293	844	1996	1064	2278	70	98	465
Regardless of your personal views, if the law were to cha...									
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	1359 59%	520 62%	1294 65%	558 52%	1459 64%	30 43%	61 62%	259 56%
Providing factual information to patients about the law	1921 59%	1320 58%	542 64%	1267 63%	571 54%	1434 63%	39 56%	61 62%	266 57%
Supplying (prescribing) the drugs	1383 42%	973 42%	371 44%	971 49%	363 34%	1098 48%	17 24%	48 49%	144 31%
Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness...	1370 42%	1015 44%	312 37%	912 46%	395 37%	1037 46%	24 34%	46 47%	172 37%
Being present while patients self-administer the drugs	751 23%	530 23%	197 23%	514 26%	209 20%	580 25%	9 13%	26 27%	90 19%
None: even if legal, doctors should have no role in the process	647 20%	470 20%	137 16%	295 15%	276 26%	347 15%	20 29%	20 20%	100 22%
Other	126 4%	71 3%	45 5%	75 4%	34 3%	85 4%	- -	5 5%	17 4%
Prefer not to say	70 2%	46 2%	18 2%	35 2%	25 2%	39 2%	1 1%	2 2%	14 3%

Text...: Regardless of your personal views, if the law were to change in the future to permit doctors to supply drugs to qualifying patients to self-administer to end their own life, what do you think the role of doctors should be in the process? Please select all that apply

	Total	Ethnicity	
		Arab	Other
Base	3268	117	32
Regardless of your personal views, if the law were to cha...			
Confirming that your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness of request)	1942 59%	29 25%	14 44%
Providing factual information to patients about the law	1921 59%	26 22%	12 38%
Supplying (prescribing) the drugs	1383 42%	19 16%	8 25%
Confirming that someone who is not your own patient meets the eligibility criteria (e.g. diagnosis, mental capacity, voluntariness...	1370 42%	20 17%	8 25%
Being present while patients self-administer the drugs	751 23%	13 11%	5 16%
None: even if legal, doctors should have no role in the process	647 20%	72 62%	12 38%
Other	126 4%	1 1%	1 3%
Prefer not to say	70 2%	1 1%	3 9%