Physician views on end-of-life issues vary widely: CMA survey

A survey of CMA members’ views on major end-of-life issues has found that only 20% of respondents would be willing to participate if euthanasia is legalized in Canada, while twice as many (42%) would refuse to do so. Almost a quarter of respondents (23%) are not sure how they would respond, while 15% did not answer. The results are similar for physician-assisted suicide: 16% of respondents would assist, while 44% would refuse. More than a quarter of respondents (26%) are not sure how they would respond to such a request, and 15% did not answer.

With euthanasia, a physician performs the act that causes a patient’s death. With physician-assisted suicide, the doctor provides patients with the means (usually prescription medication) to kill themselves. CMA policy, last updated in 2007, states: “Canadian physicians should not participate in euthanasia or assisted suicide.”

The decision to conduct the electronic survey, which was completed by 2,125 respondents, was made by the CMA Board in May 2011 as a result of a growing number of legal and ethical issues surrounding medical care and decision-making for dying patients. The CMA is also reviewing its existing policies in this area.

Dr. Jeff Blackmer, the CMA’s director of ethics, said the review is needed because of evolving societal values, new technology and changing laws. “I think you can draw a parallel to the CMA’s Code of Ethics, which has been revised more than a dozen times since 1868,” he said. “When it comes to issues as complex as these, nothing is written in stone. We need to ensure that we are up to date.” Blackmer said end-of-life issues are attracting legal attention on several different fronts. For instance, Quebec has already given notice that it intends to “legalize” physician-assisted death by refusing to enforce the existing federal law prohibiting it. He also pointed to an end-of-life issue that is quite distinct from euthanasia and physician assisted suicide — physicians’ right to withdraw or withhold treatment care when they consider it futile. Blackmer noted that a ruling on a case involving this issue is expected shortly from the Supreme Court of Canada.

The CMA survey showed that well over half of respondents (59%) have withheld a life-saving/sustaining intervention following a request from a patient. One in six respondents (16%) had received a request to euthanize a patient within the past five years (32% of family physicians). A quarter of respondents (24%) think assisted suicide should remain illegal (another 14% said probably illegal), while a total of 34% said it should probably or definitely be legal. Responses concerning the status of euthanasia were almost identical to those for assisted suicide, and are basically unchanged since the CMA conducted a survey of members’ views in 1993.

CMA President Anna Reid says the association had a simple reason for conducting its survey. “These issues are complex and we want to make sure we know exactly what members are thinking,” she said. “End-of-life care means many different things to different people. It means palliative care for some, and it means euthanasia or assisted suicide for others. The CMA is simply trying to shed light on a very complex issue.” Reid said physicians should expect to hear much more about end-of-life care in the future. “There’s little doubt this topic will be
discussed during our annual meeting in August,” she said. “As far as medical ethics in 2013 is concerned, it is the issue.”

Results from the survey are considered accurate to within ±2.1%, 19 times out of 20.