

MEDCHI SURVEY ON ASSISTED SUICIDE/AID IN DYING

Pursuant to a resolution of the House of Delegates, MedChi surveyed Maryland physicians through the surveymonkey.com tool. The survey was primarily written by MedChi staff with significant input from several members. Notice of the survey was first sent out via special e-mail on Friday, June 24. Further notices were sent out in the regular list serve e-mails on June 27, July 5, and July 11, and the CEO included a reference to the survey in his message on July 11. The survey was closed at noon on July 12.

There were 455 total responses of which 252 (58%) were from self-identified MedChi members.

The survey described the Maryland Aid-in-Dying Act as introduced last session and provided a link to AMA Ethics Opinion 2.211 which is opposed to physician assisted suicide. The first survey question asked the respondent to choose a preferred MedChi position on the Maryland Aid in Dying Act. Of the 451 responses, 212 (47%) were in favor of MedChi changing its position to support the bill; 179 (40%) were in favor of opposition; 60 (13%) were in favor of neutrality.

The survey asked respondents to disclose their general feeling about the concept of aid in dying or physician assisted suicide. Of the 452 responses, 245 (54%) were in support, 189 (42%) were opposed, and 18 (4%) were neutral or undecided.

The survey also asked whether the respondent agreed with the statement that “better use of comfort measures and mental health therapy could lessen the interest of patients in assisted suicide.” Of the 453 responses, 310 (68%) agreed with the statement, 77 (17%) disagreed, and 66 (15%) were uncertain.

Members compared to non-members

As noted, 58% of respondents were self-identified MedChi members. Those identifying as MedChi members were somewhat more likely than non-MedChi members to be supportive of assisted suicide. On the question regarding support for the 2016 Aid in Dying bill, 131 of 261 respondents (50.2%) identifying as MedChi members were in favor, 38 (14.6%) supported neutrality, and 92 (35.3%) urged opposition, whereas the figures for non-members (total 184) were 79 (42.9%), 20 (10.9%) and 85 (46.2%) for support, neutrality, and opposition respectively.

With respect to the more general question regarding the concept of assisted suicide, 152 (58%) out of 262 self-identified members indicated support for the concept with 100 (38%) being opposed while 91 of 186 (49%) responding non-members were in support and 88 (47%) being opposed.

Interestingly, there was little difference in the responses of members and non-members to the question “Do you agree that better use of comfort measures and mental health therapy could lessen the interest of patients in assisted suicide?” Sixty-eight percent of members and 69% of non-members indicated agreement. For both cohorts, 15% and 17% were undecided/neutral or disagreed, respectively.

Specific concerns among supporters

Respondents who “agree with the belief that aid in dying is a reasonable approach in the small minority of individuals whose pain and suffering is not relieved with hospice or palliative care” or indicated support for other reasons . As indicated previously, 245 respondents fell into this category. These we termed “concept supporters.”

Question # 2 asked “Do you agree that better use of comfort measures and mental health therapy could lessen the interest of patients in assisted suicide?” There was a wide difference of opinion between concept supporters and concept opponents, with only 47.8% of supporters answering yes, while 94.7% of opponents answered affirmatively.

Almost 83% of concept supporters were in favor of MedChi changing its position to support, with all but one of the remaining respondents favoring neutrality. (Concept opponents were 92% in favor of continuing to oppose the bill)

Respondents were asked which provisions of last session’s bill were necessary components of the bill – Ranking those provisions in order of those deemed most necessary:

Must ensure patient is not coerced	99.6% support
Patient must be assessed as cognitively competent	94.6%
Process must be patient initiated	91.3%
Patient must be at least 18	78.6%
Patient’s life expectancy must be less than six months	73.2%

Preparation of a Guidebook on “Best Practices”

As provided by Resolution 4-16, the survey asked for respondents’ attitudes towards the development of a comprehensive guidebook on best practices for implementing the state’s law, with a focus on quality of care and professionalism“ similar to one developed in Oregon. Of the respondents, 38.8% supported MedChi producing such a document, 28.3% supported MedChi providing input, while 26.6% were opposed to any MedChi involvement. Those we termed concept supporters (see above) were much more supportive of MedChi directly producing the document (59.9%) than concept opponents (12.7%). Conversely, concept opponents favored no MedChi involvement by a wide margin (60.1% to 31.2%).