# Enough doctors support the End of Life Choice Bill to make it operable

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In March 2018, the *NZ Doctor* publication commissioned an 'End of Life Choice' survey by Horizon Research using their subscriber email contacts.[1] The survey was sent to 1,540 doctor subscribers and 545 responded (35% response rate) The responders included 73.7% general practitioners (GPs), 17.5% GP registrars, 3.9% GP locums and a small number of other doctors.

The object of the questions was to evaluate general practitioner (GP) support for aspects of the current End of Life Choice Bill (EOLC Bill) being considered by the Justice Select Committee. The questions considered included:

1. Do you support or oppose a law change to allow medical practitioners to assist people to die, where such a request has come from a mentally competent patient, 18 years and over, who has end-stage terminal disease, and is in advanced state of irreversible decline with unbearable suffering; eg, cancer?
   Results: support (37%); neither support or oppose or don't know (11%); oppose (52%).
2. Do you support or oppose a law change to allow medical practitioners to assist people to die, where such a request has come from a mentally competent patient, 18 years or over, who has unbearable suffering, is in an advanced state of irreversible decline, but the disease may not cause death in the immediate future eg, motor neurone disease?
   Results: support (31%); neither support or oppose or don't know (13%); oppose (56%).
3. Would you support a law change to allow a legally enforceable and binding specific request for assistance to die (an End of Life Choice Directive) written in advance by a competent patient in the event of a situation such as severe dementia. The example shown was "*if I develop severe dementia from Alzheimer's disease or other degenerative brain disease, and my mental competence has deteriorated to a state that I am no longer able to recognise close relatives or friends; am totally dependent on others for basic physical needs, eg, feeding and drinking, and need to have spoon feeding by others; need toileting for incontinence, and have to be dressed by others—I request that I be given medical assistance to die*".
   Results: support (30%); neither support or oppose (14%); oppose (56%). (Comment by authors of letter: although this sort of assisted death is not allowed for in the present EOLC Bill, there have been submissions to include it).
4. If medical practitioners were able to legally give assistance to die, would you be prepared to write a prescription for a drug to allow the patient to self-ingest the drug causing their death?
   Results: yes (24%); not sure (18%); no (57%).
5. If medical practitioners were able to legally give assistance to die, would you be prepared to give a drug intravenously causing the patient's death?
   Results: yes (15%); not sure (17%); no (68%).

 

These results show that the number of doctors supporting law change, who although in a minority, actually form a substantial group. A similar study by Oliver et al[2] in 2017 showed that 37% of New Zealand doctors supported medical aid in dying (MAID). Only 40% of those were GPs, meaning that the remaining respondents were from other specialities.

In New Zealand we have about 14,000 medical doctors in total, of which about 4,000 are GPs. In this particular survey, involving mostly GPs, the percentages supporting change in the law in questions 1–3 above were 30–37%. Extrapolating the figures using the lowest percentage of 30%, that means that at least 1,200 GPs are supportive to all questions. In addition, the undecided GPs were 11–14%, suggesting that further GPs could possibly be involved. These figures make it clear that there are enough GPs alone to make a law such as that proposed to function adequately. These numbers of course do not include the other 10,000 medical practitioners, which could possibly add at least 3,000 extra supporters of law change.

With regards to those willing to write a prescription or give an intravenous drug to cause death, the numbers are much smaller but still allow for enough doctors to make the EOLC law workable. The 24% willing to write a prescription represent almost 1,000 GPs. Again, the 15% of GPs willing to give an intravenous injection causing death represents 600 GPs. Neither of these figures count the other 10,000 doctors who are not GPs—extrapolating using the same percentages as above, there could be a further 2,400 prescription writers and 1,500 intravenous givers.

Use of MAID in legalised jurisdictions across the world varies from 0.3–4.6% of all deaths.[3] New Zealand had 33,000 deaths in 2017 so one might expect somewhere between 100 and 1,500 patients who would use MAID each year. As has happened in other places there would be fewer initially.

In summary, there are substantial numbers of doctors in favour of legalised MAID, which suggests that the challenge of operationalising the EOLC Law is surmountable.

**Competing interests:**
Nil.

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