# Death With Dignity Working Party – Survey of Medical Professions

#### Notes - for the purpose of this questionnaire

- 1. 'Voluntary Euthanasia', is defined as 'a deliberate act whose primary intention is to end another's life at his or her own competent request'.
- 2. 'Physician Assisted Suicide' is defined as 'a final act by a competent person which causes his or her death where the means has been provided by a physician'.
- 3. The term 'Doctor Assisted Death' is used generically and is intended to include both Voluntary Euthanasia and Physician Assisted Suicide. In either case, the means to bring about termination of life is presumed to be prescribed by a Medical Specialist or GP but is potentially administered, in the case of Voluntary Euthanasia, by any member of the medical professions.
- 4. 'Advance Statements' can take the form of oral or written decisions, advance refusals (except basic care), and advance authorisations of treatments. Competent people may make an advance statement if there is a likelihood they will suffer loss of mental capacity. They can include more general statements about future desires, aspirations and moral and spiritual beliefs.

The legally binding nature of clear and competent advance statements to refuse treatments (except basic care) has been established in the common law. Health professionals must abide by the statement as long as it is still considered to be applicable in the circumstances which have subsequently occurred. Advance statements can only extend the options, currently legally available, into future situations. Patients cannot demand or refuse anything in advance that they cannot legitimately demand or refuse when conscious and competent. (Euthanasia is currently illegal in all circumstances)

5. The concept of 'Double Effect Medication' is whereby a doctor prescribes sufficient drugs or other treatments to control pain or other symptoms even though a consequence might be the shortening of a patient's life.

### 1. Designation

(Please tick one of the following)	
Medical Specialist Group Member	
General Pracitioner	
Sates employed consultant	
Nursing profession: States employed	
Nursing profession: Non-States employed	

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2. Do you feel there is a need to change the law in 0	Guernsey to fac	cilitate, for con	npetent persons
(Please tick all three)			
	Yes	No	Don't know
Voluntary euthanasia (1)			
Physician assisted suicide (2)			
Physician assisted suicide with a voluntary euthanasia provision available to exceptional cases where such persons are incapable of self-administering medication provided for the purpose of ending life.			
IF YOU ANSWERED <b>NO</b> OR <b>DON'T KNOW</b> TO <b>ALL</b> OF TH	E ABOVE, PLEAS	SE PROCEED TO	QUESTION 4.
IF YOU ANSWERED <b>YES</b> TO <b>ANY</b> OF THE OPTIONS IN QU	JESTION 2, PLEA	SE ANSWER QU	JESTION 3.
3. Would you wish the law to provide for a doctor assi	isted death (3) i	n the following	circumstances?
(Please tick all four and then proceed to question 4.)			
	Yes	No	Don't know
Terminal illness and suffering that is unbearable where it can be reasonably expected that death will occur within a period specified by law.  Terminal illness where it can be reasonably expected that death will			
occur within a period specified by law.			
Patient is chronically ill and experiencing profound distress/unbearable suffering with no prospect of improvement and where there are no reasonable alternatives.			
In any case, should a competent patient request it.			
4. a) Have you seen patients/clients die in distress	in the last 2 ye	ars?	
	Yes	No	
(58) Dying is a distressful business for patient, carer a (153) Neither in General Practice or in Oncology.	and relatives.		

IF YOU ANSWERED  ${f NO}$ , PLEASE PROCEED TO QUESTION 6.

IF YOU ANSWERED YES:-

b) How many times has this occurred in the last two years?

(Please circle)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 20+

(42) Circled 8 (above) – same comment as under Question 5.

5. If you stated at question 4 that you had seen patients/clients die in distress in the last two years, what has been the principal cause?

Please tick <b>one</b> of the following:-		
Uncontrollable pain		
Difficulty with bodily functions (e.g. continence, mobility)		
Emotional needs (e.g. concerns about loved ones being left behind)		
Fear (e.g. over the process of dying, concern over the progression of an illness)		
Unmet spiritual needs		
Other (please detail below)		

- (17) loss of control of holistic functions. Dependency on others. Loss of dignity.
- (20) Respiratory distress. Uncontrollable bleeding.
- (37) Noisy, distressing breathing.
- (38) Respiratory distress. Fear related to confusional state.
- (42) (Also Question 4 b.) Applies to different patients some of whom had more than one unmet need which were not resolved before death.
- (58) Currently some patients expressing fear of change in law, would leave them with the difficult choice to carry on living and be a burden to society, or to die.
- (72) Respiratory Diseases.
- (80) Severe respiratory distress not treated appropriately.
- (84) Sudden onset of severe pain patient died in an hour.
- (88) All/most of the above.
- (91) No Quality of life.
- (96) Anger related to not coming to terms with illness.
- (99) Breathlessness and fear.
- (108) Terminal agitation.
- (117) Confused mental state, unable to comprehend what is going on. You/I cannot categorise all the dying people into one box. Everyone is different. Will "death with dignity" only apply to palliative care clients? What about Cystic fibrosis, MS etc? I hope this is not the only questionnaire you have!
- (126) Unnecessary cardiac resuss.
- (127) Dyspnoea.
- (131) Agitation and distress, presumably above (ticked first box).
- (132) Gross respiratory distress.
- (148) Lack of access to specialist provision of all the above i.e. unaware that more could be done.
- (149) One lapsed into unconsciousness.
- (163) Fitting due to cerebral secondaries.
- (165) Inability to comprehend what is happening and pain.
- (176) Breathing/swallowing difficulty.

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6. In regard to patients' written Advance Statements who pinion?	ich of the follo	wing best refle	ects your
Please tick <b>one</b> of the following:-			
I attach a great deal of importance to them and they must be complied with.			
I believe they are an important guideline to the patient's wishes but they should be considered against that patient's prevailing circumstances, including family opinion, and clinical judgement.			
They should be ignored and decisions left to the medical practitioner in consultation with family members or close friends.			
(133) If competently made they have to be adhered to. They patient can't anticipate the exact circumstances that tunclear as to how "fully informed" the patient was when	hey will find the	mselves in. It is	also usually
7. Would you wish to see Advance Statements made I States eventually decides in respect of doctor assiste		(irrespective o	of what the
	Yes	No	Don't know
(38) Alongside box "No" the following: "Strongly opposed" (133) They are already, so no change needed here. I wouldn	n't like to see th	eir use encoura	ged.
8. Would you wish to see protection for the medical pro Effect Medication, enshrined in Guernsey Law?	fessions, in re	gard to the use	e of Double
	Yes	No	Don't know
(54) Follow UK. (133) I don't think that it's needed.			
9. Do you feel that palliative care services in the Bailiwid	k are adequat	ely resourced?	•
	Yes	No	Don't know
(6) Adequate yes, through charity, but not by the States. (143) Elderly! Children!			

10. Do you believe that there is a lack of knowledge or of to, such palliative care services as are currently pro			, and access
Please tick both as appropriate			
	Yes	No	Don't know
Amongst the public			
Amongst the medical professions			
11. Do you believe that the provision of best quality awareness amongst the medical professions and the to, such services would reduce calls for the intro- assisted death?	ne public of tl	ne availability of	and access
	Yes	No	Don't know
<ul><li>(6) Quality of life is the only objective.</li><li>(143) It's about choice and supported death. Should be co</li><li>(153) But would still be a hardcore wanting to change the l</li></ul>	onsidered a se law.	rvice.	
12. Do you feel that legalising doctor assisted death in relationship between patients and the medical profe		k would adverse	ely affect the
	Yes	No	Don't know
<ul> <li>(6) Vulnerable individuals must be protected from pressur to achieve, so that those who really want it can get it feel obliged to request it.  NB: Respondent's answers to Question 2 were No,</li> <li>(124) I feel that to some extent helping people when they a large extent an art and the best anyone can hope for doctor. I remain unconvinced that a legal framework It will certainly be a minefield for Guernsey if we get en NB: Respondent's answers to Question 2 were No,</li> <li>(138) I would not be prepared to assist with suicide in any NB: Respondent's answers to Question 2 were Don</li> </ul>	No & No. are in pain, ter is an honest, is at all suited embroiled in the Don't Know,	minally ill, near dy experienced, and to this very difficu e debate!!	endent don't ring is to a d empathetic

## Death with Dignity Working Party - Survey of Medical Professionals - Survey Analysis

Ougstion 1	Designation of those completing the survey

	Number sent out	Number Returned	Response Rate (Percent)
Medical Specialist Group Member	35	29	83
General Practitioner	57	36	63
States Employed Consultant	15	6	40
Nursing Profession - States Employed	199	88	44
Nursing Profession - Non States Employed	23	17	74
Designation Not specified		1	
Total	329	177	54

#### Question 2 Do you feel there is a need to change the law in Guernsey to facilitate, for competent persons

Voluntary Euthanasia (1)					
	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	5	20	4	0	29
General Practitioner	2	33	1	0	36
States Employed Consultant	1	3	1	1	6
Nursing Profession - States Employed	32	43	10	3	88
Nursing Profession - Non States Employed	6	11	0	0	17
Not Stated	0	0	1	0	1
Total	46	110	17	4	177
Percentage of Total	26.0	62.1	9.6	2.3	100.0
Physician assisted suicide (2)					
•	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	5	19	5	0	29
General Practitioner	4	31	1	0	36
States Employed Consultant	1	3	1	1	6
Nursing Profession - States Employed	37	38	8	5	88
Nursing Profession - Non States Employed	3	11	2	1	17
Not Stated	0	0	1	0	1
Total	50	102	18	7	177
Percentage of Total	28.2	57.6	10.2	4.0	100.0

Physician assisted suicide with a voluntary euthanasia provison available to exceptional cases where such persons are incapable of selfadministering medication provided for the purpose of ending life (3)

	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	4	18	6	1	29
General Practitioner	4	28	2	2	36
States Employed Consultant	1	4	1	0	6
Nursing Profession - States Employed	42	32	12	2	88
Nursing Profession - Non States Employed	8	9	0	0	17
Not Stated	0	0	1	0	1
Total	59	91	22	5	177
Percentage of Total	33.3	51.4	12.4	2.8	100.0

#### Question 3 If you answered YES to any of the options in Q2, would you wish the law to provide for a doctor assisted death (3) in the following circumstances?

1. Terminal Illness and Suffering that is unbearable where it can be reasonably expected that death will occur within a period specified by law

	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	6	0	0	0	6
General Practitioner	5	0	0	0	5
States Employed Consultant	1	0	0	0	1
Nursing Profession - States Employed	46	2	2	1	51
Nursing Profession - Non States Employed	7	2	0	0	9
Total	65	4	2	1	72
Percentage of Total	90.3	5.6	2.8	1.4	100.0

2. Terminal illness where it can be reasonable expected that death will occur within a period specified by law

	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	3	3	0	0	6
General Practitioner	3	2	0	0	5
States Employed Consultant	1	0	0	0	1
Nursing Profession - States Employed	34	9	4	4	51
Nursing Profession - Non States Employed	6	3	0	0	9
Total	47	17	4	4	72
Percentage of Total	65.3	23.6	5.6	5.6	100.0

3. Patient is chronically ill and experiencing profound distress / unbearable suffering with no prospect of improvement and where there are no reasonable alternatives

	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	6	0	0	0	6
General Practitioner	5	0	0	0	5
States Employed Consultant	1	0	0	0	1
Nursing Profession - States Employed	43	3	4	1	51
Nursing Profession - Non States Employed	7	1	1	0	9
Total	62	4	5	1	72
Percentage of Total	86.1	5.6	6.9	1.4	100.0

4. In any case, should a competent patient request it

	Yes	No	Don't Know	Not Stated	Total
Medical Specialist Group Member	3	2	1	0	6
General Practitioner	0	4	0	1	5
States Employed Consultant	1	0	0	0	1
Nursing Profession - States Employed	10	29	8	4	51
Nursing Profession - Non States Employed	1	7	0	1	9
Total	15	42	9	6	72
Percentage of Total	20.8	58.3	12.5	8.3	100.0

Question 4a	Have you seen patients/clients die in distress in	tile last two years:													
		Yes	No	Not Stated	Total										
	Medical Specialist Group Member	11	17	1	29										
	General Practitioner	14	21	1	36										
	States Employed Consultant	1	5	0	6										
	Nursing Profession - States Employed	44	44	0	88										
	Nursing Profession - Non States Employed	7	10	0	17										
	Not Stated	1	0	0	1										
	Total	78	97	2	177										
	Percentage of Total	44.1	54.8	1.1	100.0										
Question 4b	How many times has this occurred in the last tw	•					_								
		Not stated	1	2	3	4	5	6	8	10	12	14	15	20 and above	Tota
	Medical Specialist Group Member	0	5	2	1	0	0	1	0	0	0	0	1	1	11
	General Practitioner	0	4	3	2	5	0	0	0	0	0	0	0	0	14
	States Employed Consultant	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Nursing Profession - States Employed	2	2	16	3	3	7	1	2	5	1	1	0	1	44
	Nursing Profession - Non States Employed	0	3	1	0	2	0	0	0	1	0	0	0	0	7
	Not Stated	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Total	2	16	22	6	10	7	2	2	6	1	1	1	2	78
	Percentage of Total	2.6	20.5	28.2	7.7	12.8	9.0	2.6	2.6	7.7	1.3	1.3	1.3	2.6	100.0

# Question 5 If you stated at question 4 that you had seen patients/clients die in distress in the last two years, what has been the principal cause? NB some respondents ticked more than 1 box.

	Frequency	Percent
Uncontrollable pain	42	33.9
Difficulty with bodily functions	24	19.4
Emotional needs	11	8.9
Fear	22	17.7
Unmet spiritual needs	4	3.2
Other	21	16.9
Total	124	100.0

#### Uncontrollable pain

	riequency
Medical Specialist Group Member	3
General Practitioner	6
States Employed Consultant	(
Nursing Profession - States Employed	29
Nursing Profession - Non States Employed	3
Not Stated	1
Total	42

#### Difficulty with bodily functions

	Frequency
Medical Specialist Group Member	1
General Practitioner	5
States Employed Consultant	1
Nursing Profession - States Employed	16
Nursing Profession - Non States Employed	1
Not Stated	0
Total	24

#### **Emotional needs**

	Frequency
Medical Specialist Group Member	C
General Practitioner	

States Employed Consultant	(
Nursing Profession - States Employed	7
Nursing Profession - Non States Employed	1
Not Stated	(
Total	11

#### Fear

	Frequenc
Medical Specialist Group Member	
General Practitioner	
States Employed Consultant	
Nursing Profession - States Employed	
Nursing Profession - Non States Employed	
Not Stated	
Total	2

#### **Unmet Spiritual Needs**

Frequenc

#### Other

	Frequency
Medical Specialist Group Member	4
General Practitioner	5
States Employed Consultant	0
Nursing Profession - States Employed	8
Nursing Profession - Non States Employed	3
Not Stated	1
Total	21

## Question 6 In regard to patients' written Advance Statements which of the following best reflects your opinion?

	Important and must be complied with	Important guideline	They should be ignored and decisions left to medical professionals	Not Stated	Tota
Medical Specialist Group Member	8	21	0	0	29
General Practitioner	7	28	0	1	36
States Employed Consultant	1	5	0	0	6
Nursing Profession - States Employed	27	58	0	3	88
Nursing Profession - Non States Employed	6	10	1	0	17
Not Stated	1	0	0	0	1
Total	50	122	1	4	177
Percentage of Total	28.2	68.9	0.6	2.3	100.0

Question 7	Would you wish to see Advance Statements made	e legally binding (irres	spective of w	hat the States eve	entually decides in re	espect of doctor a			
		Yes	No	Don't Know	Not Stated	Total			
	Medical Specialist Group Member	3	20	6	0	29			
	General Practitioner	10	21	5	0	36			
	States Employed Consultant	1	3	2	0	6			
	Nursing Profession - States Employed	54	24	9	1	88			
	Nursing Profession - Non States Employed	7	6	4	0	17			
	Not Stated	1	0	0	0	1			
	Total	76	74	26	1	177			
	Percentage of Total	42.9	41.8	14.7	0.6	100.0			
Question 8	Would you wish to see protection for the medical professions, in regard to the use of Double Effect Medication, enshrined in Guernsey Law?								
		Yes	No	Don't Know	Not Stated	Total			
	Medical Specialist Group Member	16	7	6	0	29			
	General Practitioner	22	8	5	1	36			
	States Employed Consultant	3	1	2	0	6			
	Nursing Profession - States Employed	62	11	15	0	88			
	Nursing Profession - Non States Employed	10	5	2	0	17			
	Not Stated	1	0	0	0	1			
	Total	114	32	30	1	177			
	Percentage of Total	64.4	18.1	16.9	0.6	100.0			
Question 9	Do you feel that palliative care services in the Bai	iliwick are adequately	resourced?						
Question 9	Do you feel that palliative care services in the Bai Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Nursing Profession - Non States Employed Not Stated Total Percentage of Total	Yes 3 15 12 6 0 47 26.6	No 17 18 4 33 9 1 82 46.3	Don't Know 9 3 1 33 2 0 48 27.1	Total 29 36 6 88 17 1 177 100.0				
Question 9  Question 10	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided.	Yes 3 15 1 22 6 0 47 26.6	No 17 18 4 33 9 1 82 46.3	9 3 1 33 2 0 48 27.1	29 36 6 88 17 1 1 177 100.0				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Nursing Profession - Non States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided.	Yes 3 15 1 22 6 0 47 26.6  or clarity about the avoided in the Bailiwick'	No 17 18 4 33 9 1 82 46.3	9 3 1 33 2 0 48 27.1	29 36 6 88 17 1 177 100.0				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided to the provided of the public Medical Specialist Group Member	Yes 3 15 1 22 6 0 47 26.6  or clarity about the avided in the Bailiwick	No 17 18 4 33 9 1 82 46.3	9 3 1 33 2 0 48 27.1 nd access to	29 36 6 88 17 1 177 100.0				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided and practical specialist Group Member General Practitioner	Yes 3 15 1 22 6 0 47 26.6  or clarity about the avided in the Baillwick' Yes 17 20	No 17 18 4 33 9 1 82 46.3 ailabilty of, a	9 3 1 33 2 0 48 27.1 nd access to	29 36 6 88 17 1 177 100.0				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently proved the public of the process of the public of the process of the public of the process of the public of the	Yes 3 15 1 22 6 0 47 26.6 or clarity about the avoided in the Bailliwick. Yes 17 20 3	No 17 18 4 33 9 1 82 46.3 ailabilty of, a ?	9 3 1 33 2 0 48 27.1 nd access to	29 36 6 88 17 1 177 100.0				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided the profession of the public Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed	Yes 3 15 1 22 6 0 47 26.6 or clarity about the avvided in the Baillwick 17 20 3 65	No 17 18 4 33 9 1 82 46.3 ailabilty of, a ?	9 3 1 33 2 0 48 27.1 nd access to	29 36 6 88 17 1 177 100.0 Total 29 36 6 88				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided and practitioner Amongst the public Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - Non States Employed Nursing Profession - Non States Employed	Yes 3 15 1 22 6 0 47 26.6 or clarity about the avoided in the Bailiwick Yes 17 20 3 65 13	No 17 18 4 33 9 1 82 46.3 ailabilty of, a ?	9 3 1 33 2 0 48 27.1 nd access to  Don't Know 10 8 3 20 20	29 36 6 88 17 1 177 100.0 Total 29 36 6 88 17				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided to the public Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Nursing Profession - Non States Employed Not Stated	Yes 3 15 1 22 6 6 0 47 26.6 or clarity about the av. vided in the Baillwick Yes 17 20 3 65 13 0	No 17 18 4 33 9 1 82 46.3 allabilty of, a ? No 2 8 0 3 3	9 3 1 33 2 0 48 27.1 nd access to Don't Know 10 8 3 20 2	29 36 6 88 17 1 177 100.0				
	Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - States Employed Not Stated Total Percentage of Total  Do you believe that there is a lack of knowledge of such palliative care services as are currently provided and practitioner Amongst the public Medical Specialist Group Member General Practitioner States Employed Consultant Nursing Profession - Non States Employed Nursing Profession - Non States Employed	Yes 3 15 1 22 6 0 47 26.6 or clarity about the avoided in the Bailiwick Yes 17 20 3 65 13	No 17 18 4 33 9 1 82 46.3 ailabilty of, a ?	9 3 1 33 2 0 48 27.1 nd access to  Don't Know 10 8 3 20 20	29 36 6 88 17 1 177 100.0 Total 29 36 6 88 17				

Not Stated

0

0

0.6

Total 29

36

6

88

17

177

100.0

Amongst the medical professions Medical Specialist Group Member General Practitioner

Total

Percentage of Total

States Employed Consultant
Nursing Profession - States Employed
Nursing Profession - Non States Employed
Not Stated

Yes 9

4 39 9

0

66

37.3

**No** 12

27

29

5

75

42.4

Don't Know

19

3

0

35

19.8

# Question 11 Do you believe that the provision of best quality palliative care supported by a greater awareness amongst the medical professions and the public of the availabilty of, and access to, such services would reduce calls for the introduction of legislation to support doctor assisted death?

	Yes	No	Don't Know	Total
Medical Specialist Group Member	27	0	2	29
General Practitioner	27	5	4	36
States Employed Consultant	6	0	0	6
Nursing Profession - States Employed	51	23	14	88
Nursing Profession - Non States Employed	11	5	1	17
Not Stated	1	0	0	1
Total	123	33	21	177
Percentage of Total	69.5	18.6	11.9	100.0

# Question 12 Do you feel that legalising doctor assisted death in the Bailiwick would adversely affect the relationship between patients and the medical professions?

	Yes	No	Don't Know	Total
Medical Specialist Group Member	18	9	2	29
General Practitioner	30	4	2	36
States Employed Consultant	4	1	1	6
Nursing Profession - States Employed	36	35	17	88
Nursing Profession - Non States Employed	10	5	2	17
Not Stated	1	0	0	1
Total	99	54	24	177
Percentage of Total	55.9	30.5	13.6	100.0