

December 2023

**OIREACTHAS COMMITTEE CONSULTATION ON ASSISTED DYING / PHYSICIAN ASSISTED SUICIDE:
THE COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND (CAI) POSITION.**

An Oireachtas Joint Committee on Assisted Dying has been formed to consider and make recommendations for legislative and policy change relating to a statutory right to assist a person to end his or her life (assisted dying) and a statutory right to receive such assistance. This committee has solicited the views of the public and patients, the medical profession, medical training bodies including the RCPI and other interested parties on whether to introduce new legislation to facilitate Assisted Dying and Physician Assisted Suicide (PAS).

In the absence of specific draft legislation, CAI has considered its position on the broad issues of assisted dying including ethical and professional issues, potential safeguards and consequences for patients. This position has been informed by an anonymous, online survey of the views of our fellows, trainees and NCHDs. A Working Group was convened to draft the survey, analyse its findings and present to Council.

Prior to the survey (conducted from 17th Oct to 31st October 2023), 1,306 colleagues on our contact database were contacted 2 weeks in advance, suggesting that they inform themselves about the complex issues involved.

The findings are presented in the appended document. With almost 400 respondents, it was the highest response rate of any previous CAI survey. In essence, it indicates a marked diversity of views with no overall majority of support either for enacting new legislation or for maintaining the status quo.

However, anaesthesiologists called for increased resources for and access to quality palliative care services nationally. Survey respondents also expressed concern about the manner in which any future legislation is implemented: A large majority supports the right of a clinician to Conscientious Objection (to participate on assisted dying of a patient) and the protection of vulnerable people to be enshrined in any new legislation.

In December 2023, the College Council approved that the College Position on this matter at this time is neutral, i.e. neither for nor against any proposed legislation.

We emphasise that this position now is expressed without the benefit of review of any draft legislation (which is not yet proposed nor publicly available) and therefore may change should new legislation be enacted. Our specific interests are in the potential roles and responsibilities which may be envisaged for colleagues in our specialties as a result of any future legislation.



CAI survey on Assisted Dying/Physician Assisted Suicide

October 2023



Working Group

Donal Buggy

Hugh Gallagher

Niamh Hayes

Brian McCloskey

Martin McCormack

Andrew Westbrook

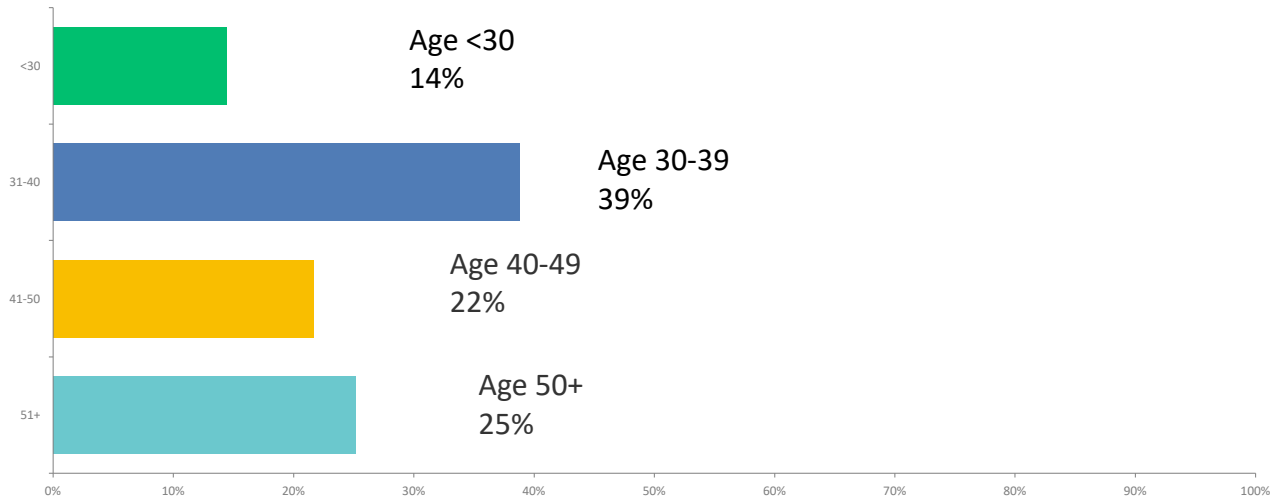
CAI Assisted Dying Survey Participation

390 responses

**30% response based on College
contact database**

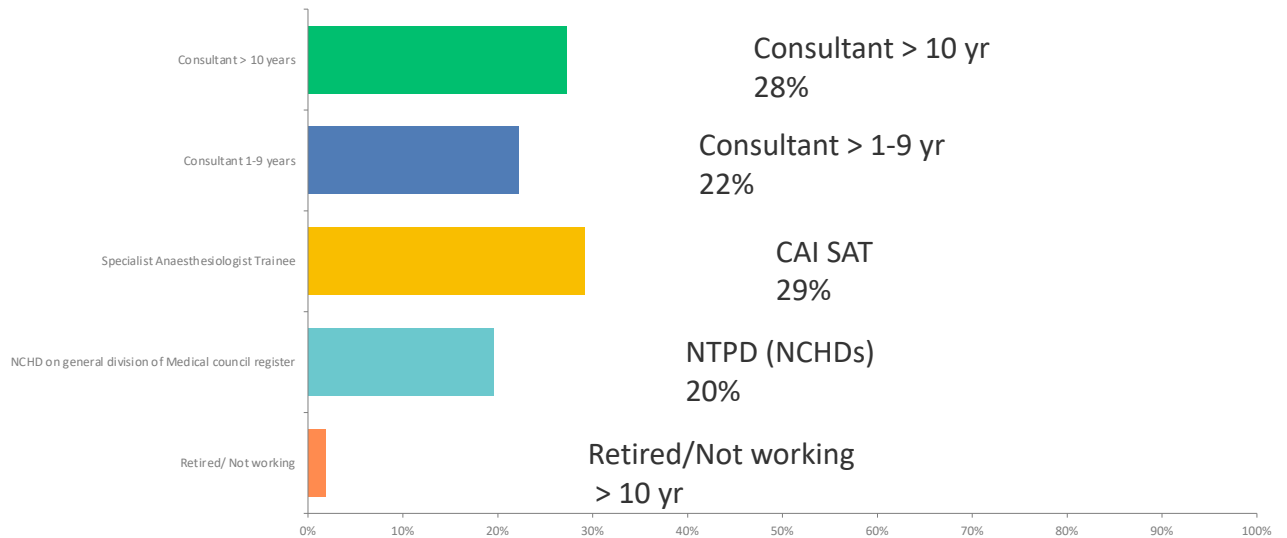
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Q1: Age Range



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Q2: What is your current grade?

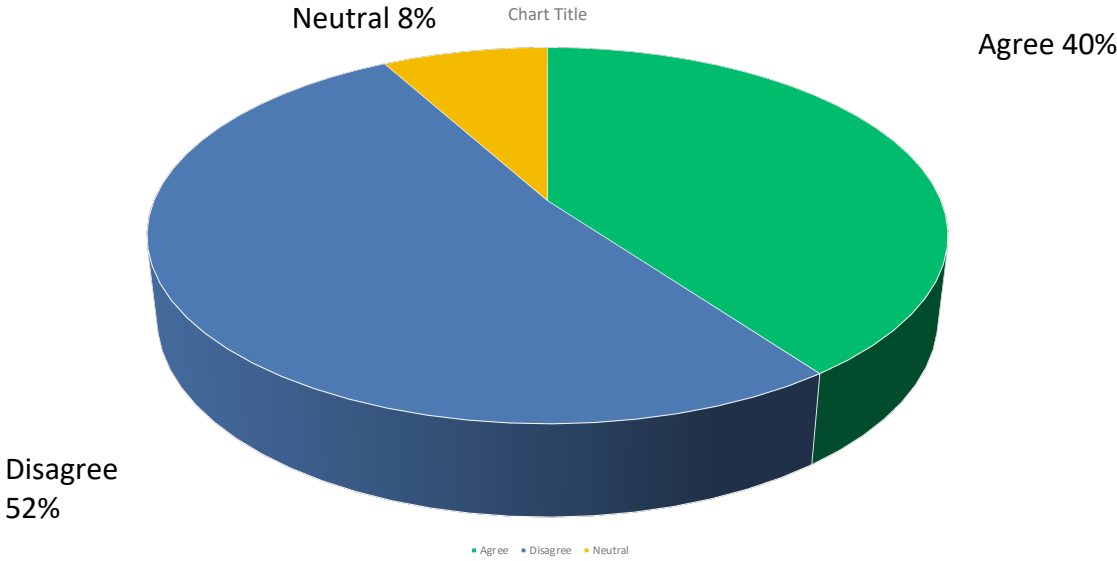


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For ease of interpretation, ‘strongly agree’ and ‘agree’ responses are aggregated; Similarly, ‘strongly disagree’ and ‘disagree somewhat’ responses are aggregated; Both are presented in pie chart format which also shows the proportion of respondents indicating ‘neither agree nor disagree’

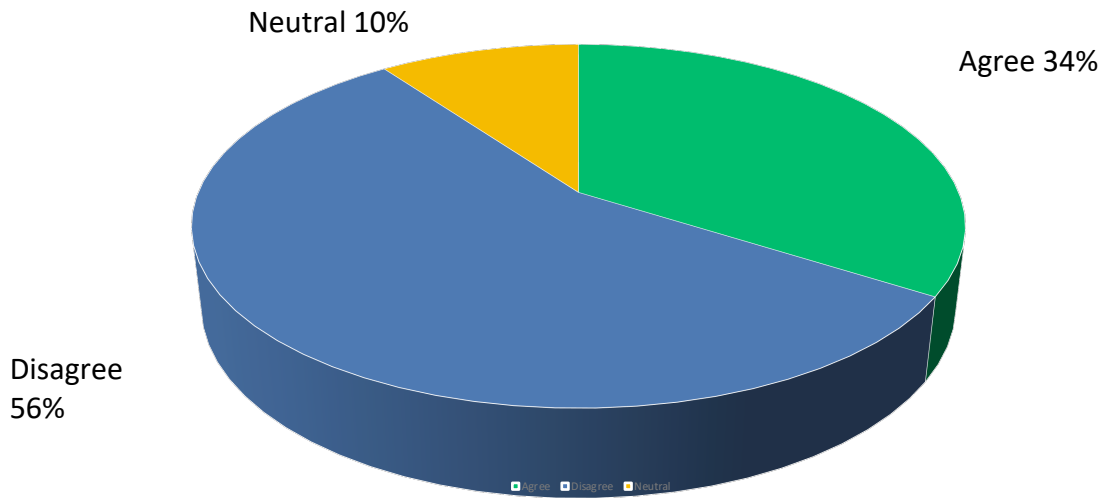
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Q3: I broadly support the ethos of Physician Assisted Suicide

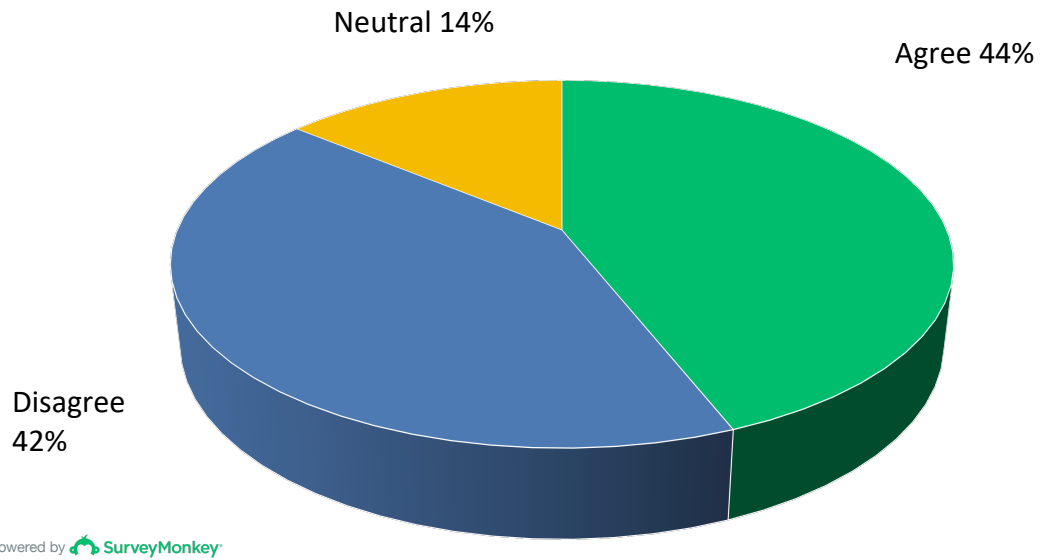


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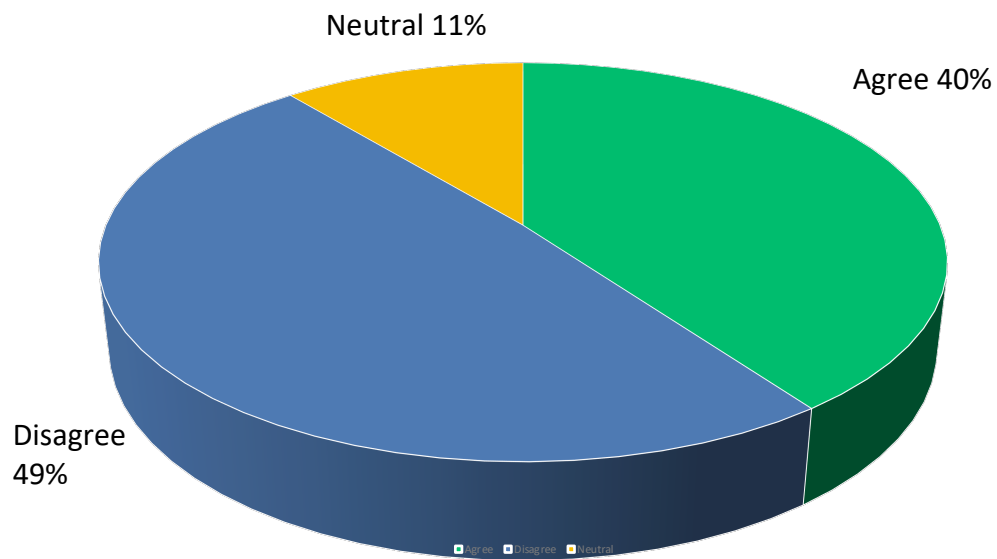
Q4: I have a Conscientious Objection to Physician Assisted Suicide



Q5: Regard for the autonomy of the individual should require health professionals to honour requests for Physician Assisted Suicide.

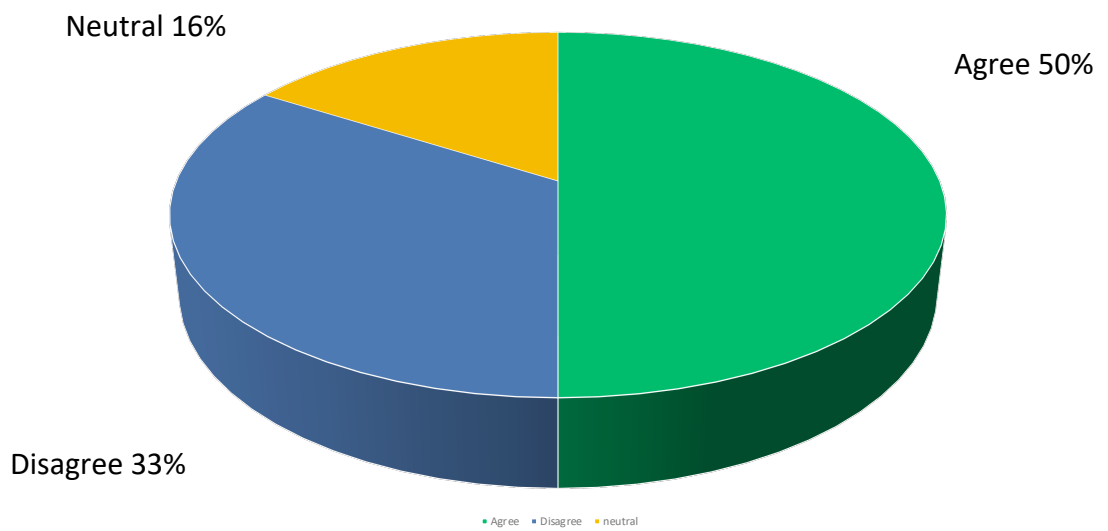


Q6: The practice of Physician Assisted Suicide is consistent with the principle of “doing no harm”, one of the principles governing the doctor-patient relationship.



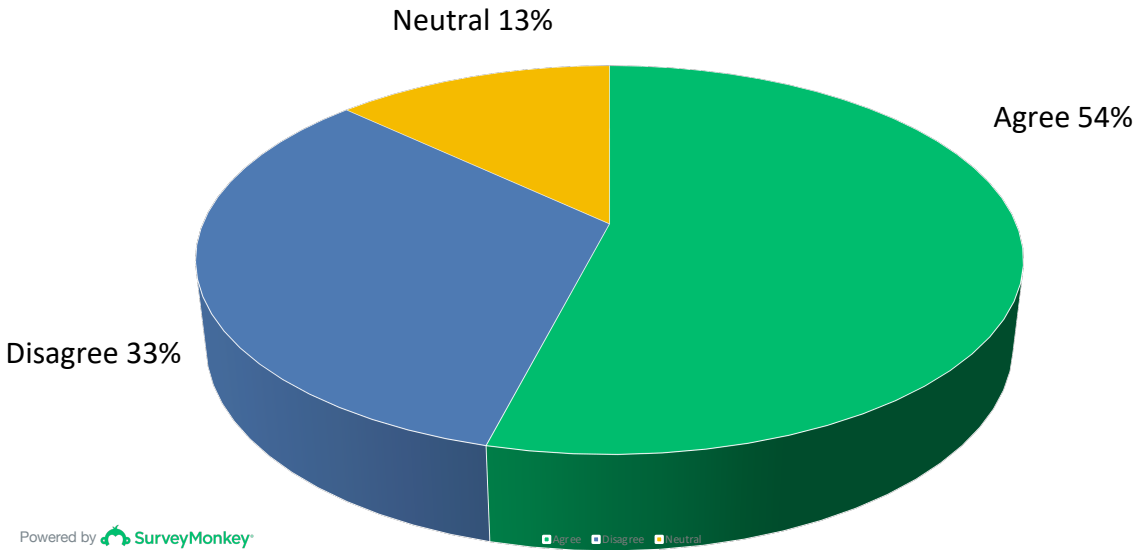
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Q7: Existing end of life palliative care practice meets the needs of dying patients for alleviation of distress and optimisation of comfort.

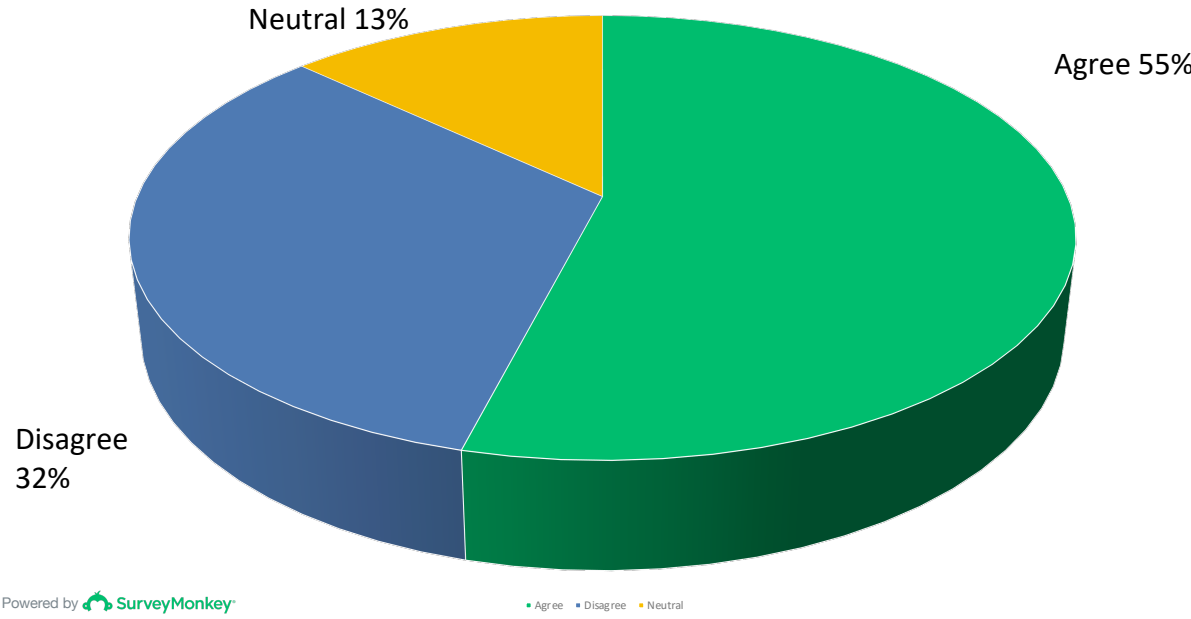


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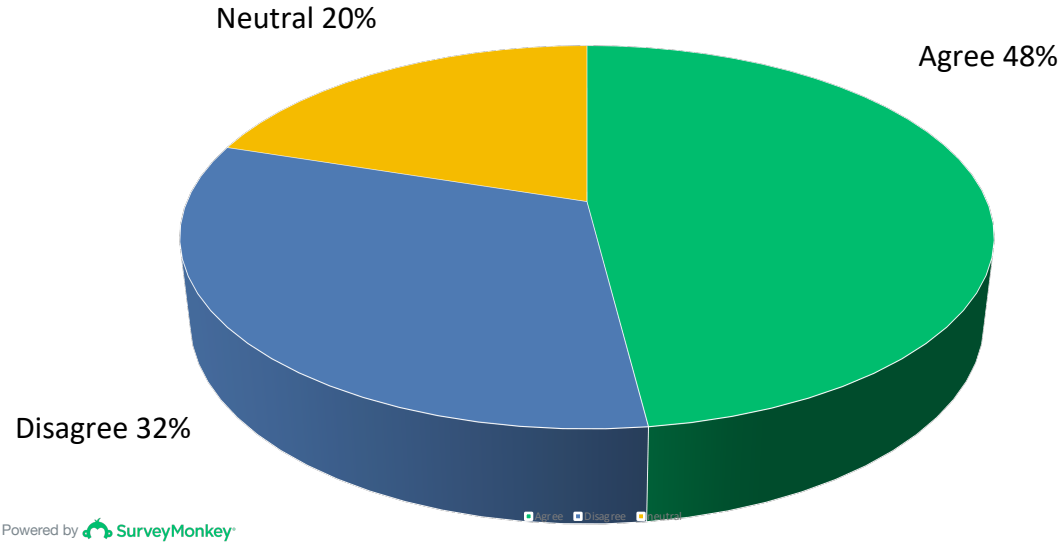
Q8: Proposed legislation to enable doctors to participate in physician-assisted suicide or to directly end the life of patients is consistent with compassionate care for the patient.



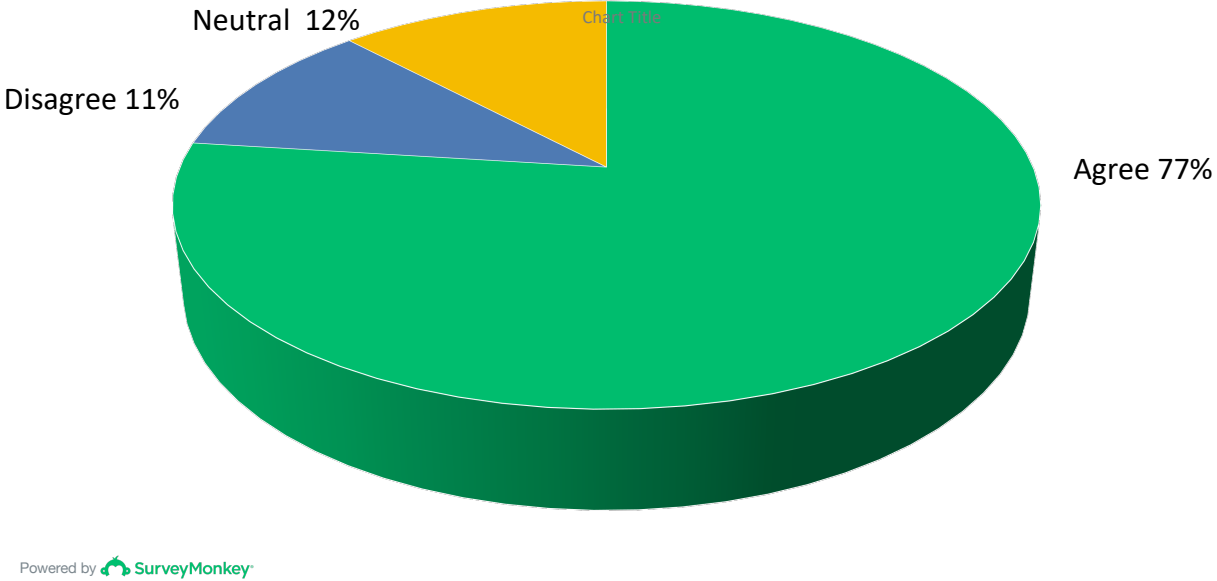
Q9: As an anaesthesiologist, I support laws that give consenting adults the choice to end their life.



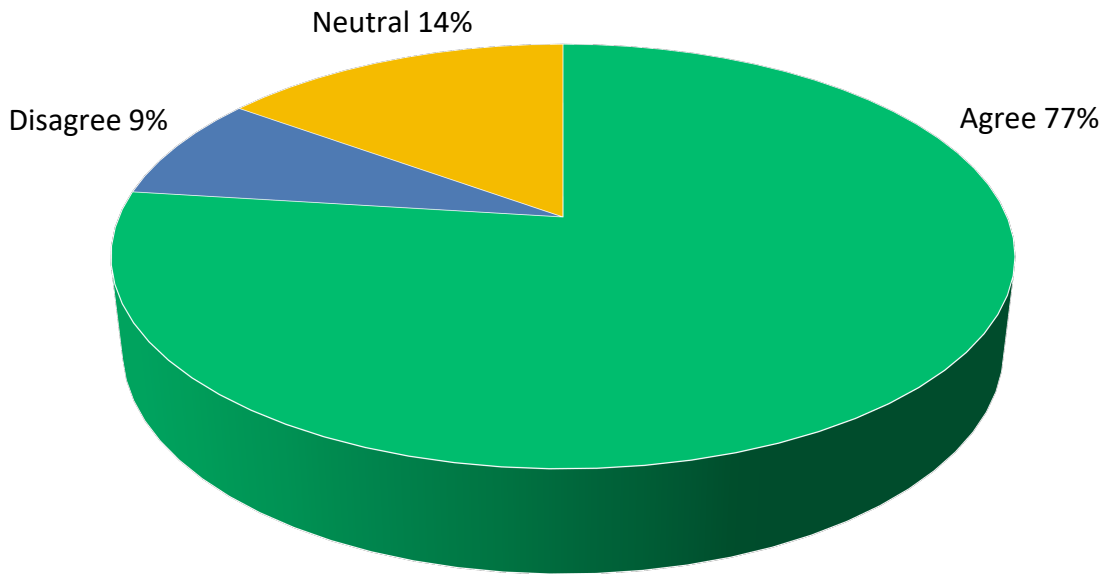
Q10: In my opinion, improving access to quality palliative care would address the reasons for Physician Assisted Suicide requests in most cases, which might be a better solution for society than changing legal and medical practice to allow it.



Q11: Physician Assisted Suicide, if legalised, raises concerns about how the law and its day-to-day practice can protect vulnerable individuals effectively.



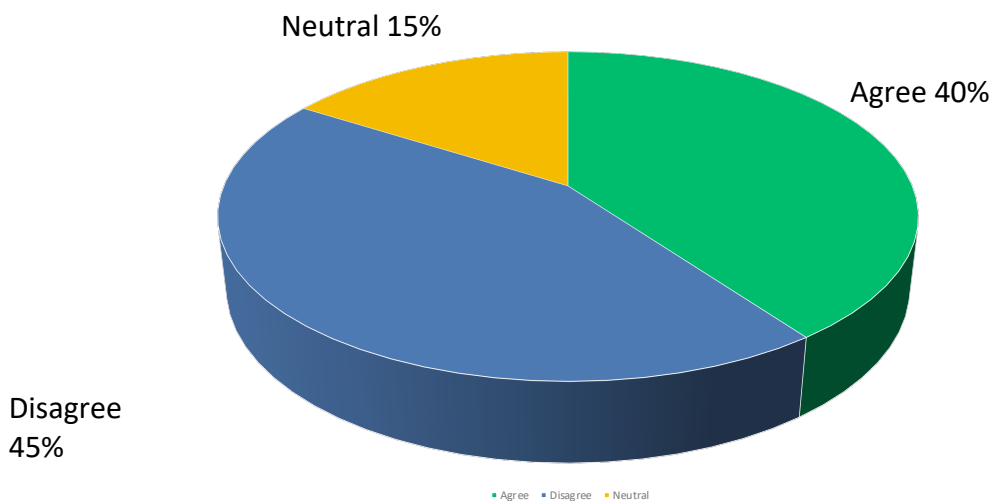
Q12: The College of Anaesthesiologists of Ireland should take a clear position on Physician Assisted Suicide



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■ Agree ■ Disagree ■ Neutral

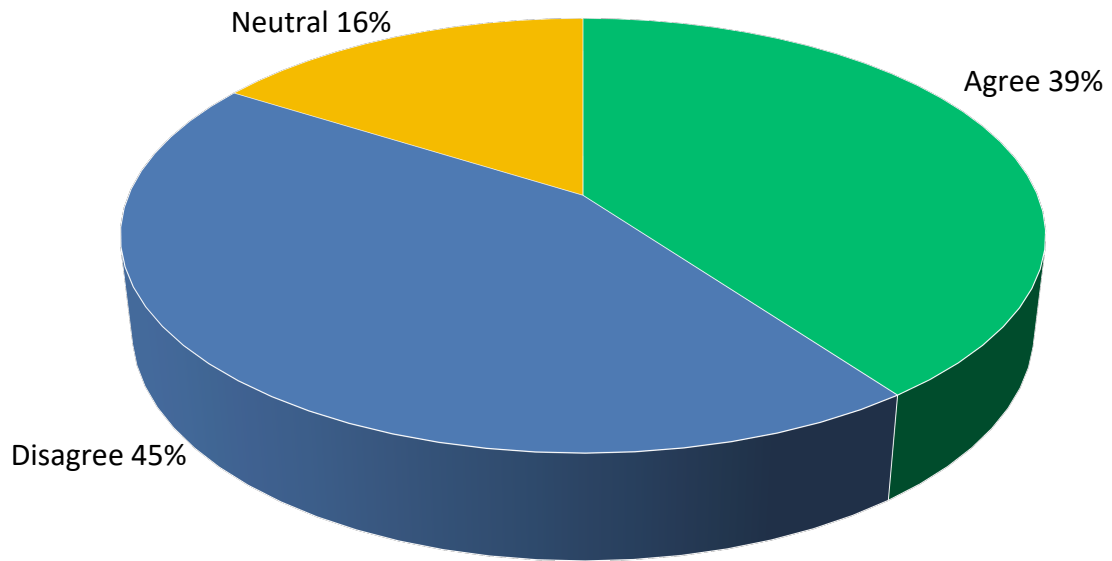
Q13: The College of Anaesthesiologists of Ireland should support a change in law allowing doctors to prescribe drugs for eligible patients to self-administer to end their own life (physician assisted suicide)



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■ Agree ■ Disagree ■ Neutral

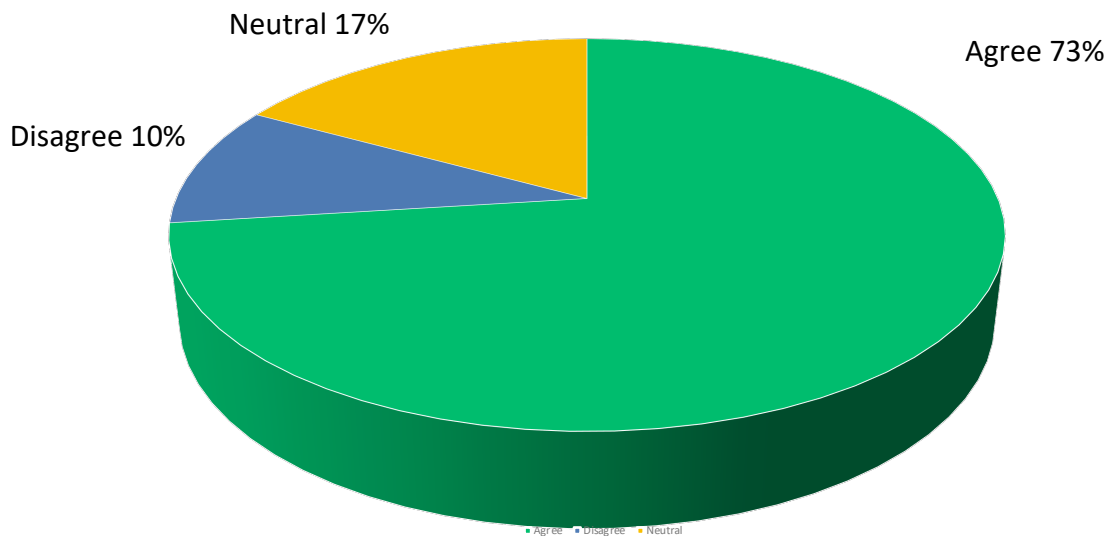
Q14: The College of Anaesthesiologists of Ireland should support a change in law allowing doctors to administer drugs to directly end a consenting patient's life.



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Agree Disagree Neutral

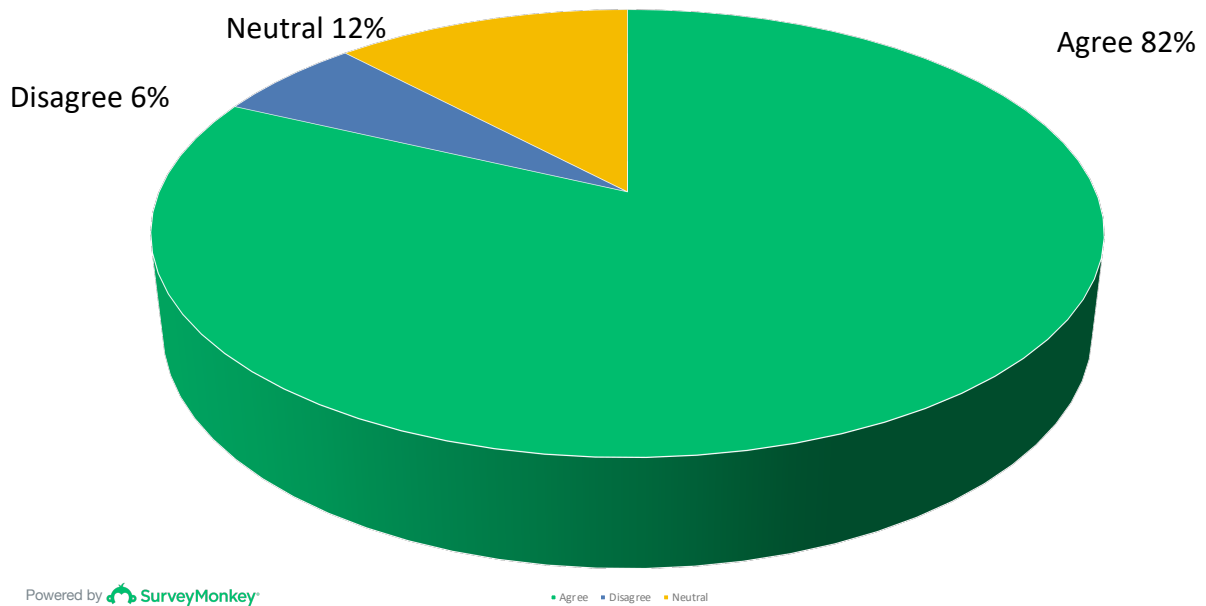
Q15: The College of Anaesthesiologists of Ireland supports Conscientious Objection in the matter of Physician Assisted Suicide.



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Agree Disagree Neutral

Q16: Provision for Conscientious Objection on this matter should be emphatically embedded in any proposed legislation.



Summary

Highest response rate of any previous CAI survey

A balanced diversity of views has been expressed

Clear majority want 3 things:

- “Better access to palliative care services nationally”
- “Conscientious objection to be enshrined in any change in law”
- “Protection vulnerable people enshrined in any change in law”

There seems no majority signal either for or against new legislation

Working Group Conclusion

In the absence of specific draft legislation,
CAI adopts a neutral position, neither for nor against;

Anaesthesiologists support maximizing access to quality
palliative care services nationally;

Conscientious Objection and protection of vulnerable people
must be enshrined in any change in law