

Medical Students attitudes to Physician Assisted Death

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Abstract

Background

Physician Assisted Death (PAD) has been legalised in multiple countries but remains illegal in Ireland. While previous studies have analysed public and physician attitudes to PAD, we aimed to analyse the attitudes of medical students to PAD in an Irish university setting.

Methods

Between 20/03/23 and 30/03/23, medical students in our institution were invited to participate in an online survey. A participation information leaflet, including a link and QR code to the survey, was distributed at lectures by four medical students. The results were analysed using descriptive statistics.

Results

Almost sixty percent of respondents were in favour of PAD (119/200 -59.5%), 53/200 (26.5%) were unsure, and 28/200 (14%) were opposed to PAD. More male students (19/74 -25.67%) were opposed to PAD than female students (8/124 - 6.45%) $p < 0.001$. "Religious reasons" were more frequently cited as an influencing factor by those who opposed PAD (19/28 – 67.85%) than those who were not opposed to it (20/172 –11.63 %) $p < 0.001$. Most students (173/200 - 86.5%) would like more teaching on the subject.

Discussion

The majority of respondents, irrespective of age or gender, were in favour of PAD. Our study highlights the desire among medical students for further teaching on this complex issue.

Introduction

Physician Assisted Death (PAD) involves a physician providing a patient with the means to end their own life. PAD has become increasingly accepted internationally, and a 2020 Irish Times poll revealed that 52% of respondents felt medical assistance should be available to allow people to end their

lives.¹ In a medical context, proponents of PAD argue that patient autonomy includes the right to decide to end their life and that alleviating suffering in terminally ill patients aligns with the principle of beneficence. Opponents counter that it is morally wrong to take life regardless of the situation and express concerns that legalizing PAD could lead to abuse of the practice and the normalization of controversial uses of euthanasia. To date, PAD has been legalized in several countries, including the Netherlands (2002), Belgium (2002) and Canada (2016).²

PAD remains illegal in Ireland, punishable by a maximum of fourteen years in prison according to the Criminal Law (Suicide) Act 1993.³ This was previously reflected in the Irish Medical Council's guide to medical professional conduct, however, the article stating that "You must not take part in the deliberate killing of a patient" was removed in the most recent edition (January 2024).⁴ Following the defeat of the 2020 "Dying with Dignity" bill, a Joint Committee on Assisted Dying was formed to consider legislative and policy change relating to a statutory right to assist a person to end his or her life.⁵ This committee is currently in the process of exploring how provision for PAD might operate in Ireland, examining safeguards relating to provision for PAD, and identifying possible unintended consequences of such a provision. As the committee prepares its final report, the debate regarding PAD in Ireland continues to intensify and the outcome will have a direct impact on the careers of current medical students.

While public opinion in many countries is in favour of PAD, multiple studies have shown that healthcare professionals are less likely to be in favour of it.^{6,7} In an Irish setting, Crowley et al. found that 56.3% of consultants were opposed to PAD.⁷ Several international studies have analysed medical student attitudes to PAD,⁸⁻¹² but to our knowledge no previous studies have looked at medical student attitudes to PAD in an Irish setting. Given the discordance observed in international studies between physician, medical student, and public attitudes to PAD, we aimed to analyse the attitudes of medical students to PAD in an Irish university setting. Additionally, we aimed to study the factors that influence their attitudes and analyse how their attitudes change during their medical training.

Methods

The study took the form of an online student survey, comprising of 13 multiple-choice questions. Questions addressed: the respondent's background (including sex, age, stage of medical training), exposure to geriatric medicine rotations and perspectives on PAD. All medical students in our institution (from first year to final year), aged 18 and above, were invited to take part in the survey (n=959). The survey was created using the platform 'Qualtrics', with settings adjusted to ensure all responses remained anonymous.

A detailed participation information leaflet, explaining the survey in depth and containing a link

& QR code for the survey, was distributed to students in person by their peers at lectures. An email inviting students to take part in the study was also circulated by medical administrators. Consent was assumed by completion of the survey. Data collection took place from the 20/03/23-30/3/23. Results were reported using simple descriptive statistics, with differences between groups analysed with chi-squared tests. The study received ethical approval from the Trinity College Dublin Research Ethics and Management System (REAMs) on 14/03/2023.

Results

In total 200/959 students (20.9% of the total medical student population of the university) responded to the survey. Of the 200 responses 124/200 were female (62%), 74/200 (37%) were male, while the gender of 2/200 (1%) was unknown. The female / male distribution was in keeping with the medical student population of the university that academic year (585/959 female (61%); 374/959 male (39 %)).

With regard to our primary question- "Would you consider yourself in favour of physician-assisted dying?", 119/200 (59.5%) of respondents were in favour of PAD, 53/200 (26.5%) were unsure and 28/200 (14%) were opposed to PAD. While 59.5% of respondents were in favour of PAD, only 37/200 (18.5%) reported that they would be comfortable administering life ending treatment to a patient.

A number of gender differences were noted in attitudes to PAD. A greater proportion of female students 77/124 (62.1%) were in favour of PAD compared to their male counterparts (42/74 - 56.76%). A significantly higher percentage of male respondents (19/74 - 25.68%) reported that they were opposed to PAD compared to female respondents (8/124 - 6.45%) $p < 0.01$. Female respondents exhibited a greater degree of uncertainty regarding their attitudes to PAD, with 39/124 (31.45%) of female respondents reporting that they were unsure, compared to 13/74 (17.57%) of male respondents. ($p=0.032$).

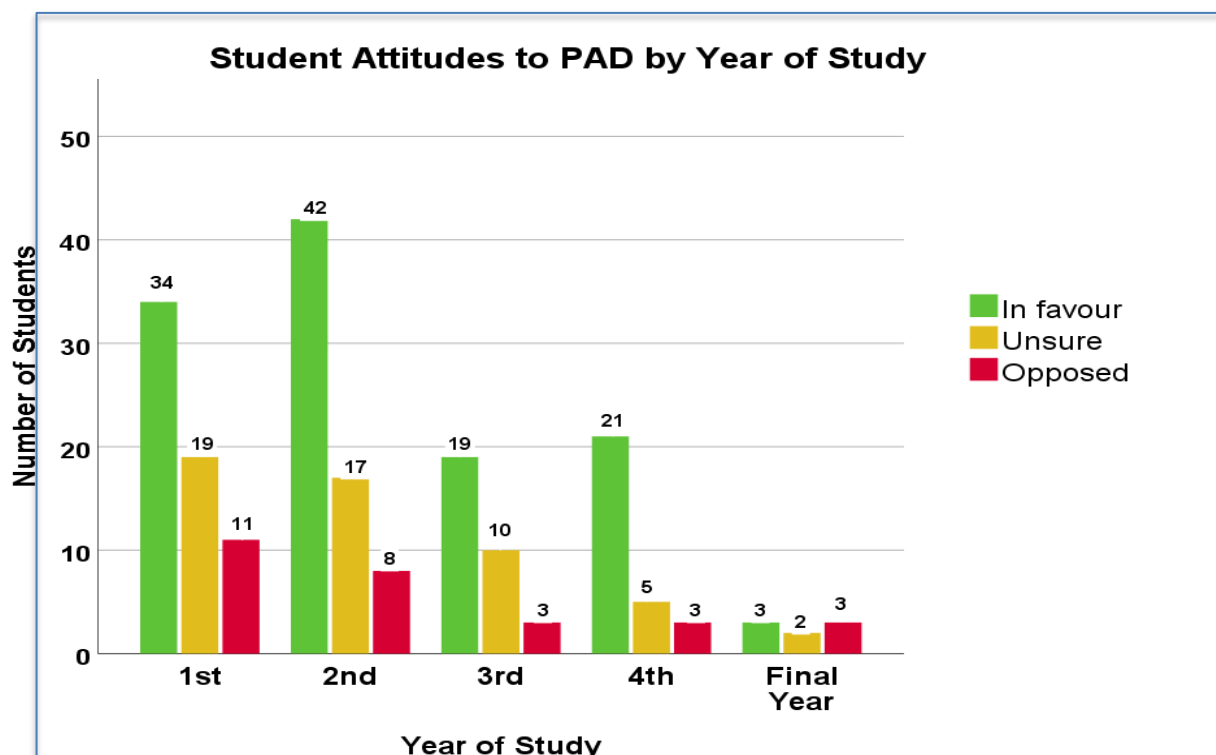


Figure 1: Student Attitudes to PAD by Academic Year

As illustrated in Figure 1, most survey responses came from 1st and 2nd year students. 72% of the survey population were between the ages of 18-21. Figures 1 and 2 show that respondents were in favour of PAD across all age brackets and year groups, apart from final year, where there were only 8 responses. There were no statistically significant differences noted between each year group or age bracket in terms of support for PAD, but as students got older, they were less likely to report that they were “unsure”.

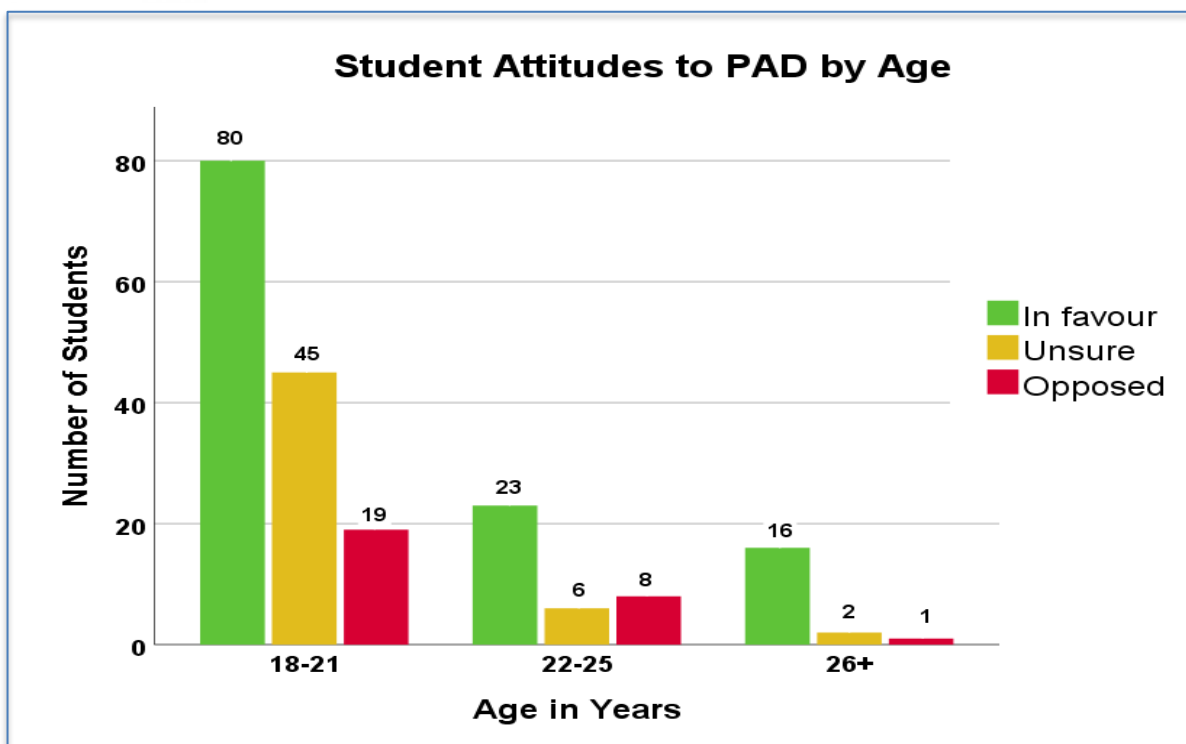


Figure 2: Student Attitudes to PAD by Age

Only 2/8 (25%) of final year students and 7/29 (24.14%) of penultimate (fourth) year respondents felt that medical training adequately prepared them for potential discussions with patients about PAD. Students who had completed rotations in geriatric medicine still felt that they were not adequately prepared for such discussions (31/37- 83.78%). When asked whether they would like additional training about PAD, 173/200 (86.5%) of all respondents and 28/37 (75.68%) of penultimate and final year respondents reported that they would be in favour of this. Half of the students who opposed PAD felt more training was indicated (14/28), compared to 159/172 (92.44%) of those who did not oppose PAD ($p < 0.01$).

Students were also asked to choose the factors that influenced their attitudes to PAD. These included personal life experiences, experiences during their medical training, religious beliefs, moral/ethical concerns, fear of legal action. Moral and ethical concerns were the most frequently cited factors, with 157/200 (78.5%) of all respondents stating they influenced their attitude to PAD. "Religious reasons" were the least commonly cited factor overall (39/200- 19.5%) but were mentioned significantly more frequently by those who opposed PAD (19/28 – 67.86%) compared to those who were not opposed to it (20/172 – 11.63 %) $p < 0.001$. Male respondents (20/74- 27.03%) were almost twice as likely to mention "religious reasons" as an influencing factor compared to female respondents (18/124 - 14.52%) ($p = 0.03$).

Factor(s) influencing attitude to PAD	All students	Female students	Male students	Prefer not to state gender
Moral/ Ethical Concerns	157/200 (78.5%)	97/124 (78.23%)	58/74 (78.38%)	2/2 (100%)
Personal Experiences	101/200 (50.5%)	61/124 (49.19%)	39/74 (52.7%)	1/2 (50%)
Medical Experiences	59/200 (29.5%)	39/124 (31.45%)	19/74 (25.68%)	1/2 (50%)
Fear of Legal Action	43/200 (21.5%)	27/124 (21.77%)	14/74 (18.92%)	2/2 (100%)
Religious Reasons	39/200 (19.5%)	18/124 (14.52%)	20/74 (27.03%)	1/2 (50%)

Table 1: Factors that influence student attitudes towards PAD

Discussion

The majority of students who responded in our institution (59.5%) support PAD. This was true across all age groups and was observed in both clinical and pre-clinical years. Interestingly, while most students were in favour of PAD, only (37/200) 18.5% reported that they would be comfortable administering life ending treatment to a patient. These contrasting findings illustrate the subtle nuances central to the PAD debate, highlighting the complexity of the issue. Results of similar international studies showed varying levels of support for PAD among medical students.⁸⁻¹³ In Canada, where PAD is legal, 88% of medical students were in favour of PAD.⁹ In countries where PAD and euthanasia are illegal, such as Poland and Norway (31%), a smaller minority of students were in favour of PAD.^{8,10} Conversely, a study in Greece (where PAD is illegal), showed support for PAD at 69.7%.¹¹ The heterogeneity in students' attitudes may be explained by cultural and religious factors or regional differences in medical training. Additionally, subtle differences in individual study designs may partially account for the diverse findings – for example, Schildmann et al. focused only on students in their final year of training,¹² while each study employed slightly different definitions of PAD. The time frame between the earliest studies (Muller et al. - 1996)¹³ and our study has seen dramatic societal changes which may also explain the differing attitudes observed.

Our highest survey response rate was seen in pre-clinical years, as 1st and 2nd years students

accounted for 65.5% (131/200) of responses. Surprisingly, we found no significant change in support for PAD as students advanced through their medical training. The only change noted was a decrease in the number of students expressing uncertainty with increasing age. This is in contrast with a study conducted in New Zealand which showed a significant decline in support for PAD as students progressed through medical school.¹⁴ The discrepancy in results may be partially explained by our low uptake from clinical years but may also reflect differences in medical training and levels of exposure to end-of-life care in medical schools internationally.

There is a significant body of evidence showing that physicians are less in favour of PAD than the general public.⁶⁻⁷ This is particularly true in specialties with greater exposure to terminally ill patients, as demonstrated by a 2020 British Medical Association survey which showed that opposition to PAD was highest in oncology, general practice, geriatric medicine and palliative care.¹⁵ In an Irish context, Crowley et al. found that over 70% of Geriatric Medicine and Palliative Care consultants opposed PAD.⁷ Interestingly, students in our survey who had completed rotations in Geriatric Medicine were not more likely to oppose PAD than those who did not have rotations in this specialty. While one might expect that student and physician attitudes to PAD would be closely aligned, there are several potential reasons for the observed differences. As students do not have any clinical responsibilities, even those on rotations in specialties such as Geriatric Medicine are often removed from the practicalities of end-of-life care. This was highlighted in our study, with only 21.5% of our survey respondents mentioning “fear of legal issues” as a factor influencing their attitude to PAD.

Most respondents (both male and female) in our study were in favour of PAD, with a higher percentage of females (62.09% vs 56.76%) supporting PAD than males. In keeping with existing literature,¹³ a greater percentage of male students in our study opposed PAD than their female counterparts. Conversely, Leppert et al. found that in two Polish Universities, male students were significantly more in favour of PAD than female students.¹⁶ These findings suggest that students’ attitudes to PAD are not influenced by gender alone, but by a complex range of personal, religious, and societal factors. The higher rates of uncertainty regarding PAD that we observed in female students versus male students (31.45 vs 17.56%, $p=0.03$) has previously been shown in an American university setting by Warner et al.¹⁷

The findings of our survey suggest that moral and ethical concerns are the predominant factors shaping medical students’ opinions towards PAD. Although “religious reasons” were the least commonly stated influencing factor overall, they were a factor for almost twice the percentage of males (27%) as females (14%). Increased religiosity has consistently been found to have a significant correlation with higher levels of opposition and lower levels of support for PAD.^{6, 18} Medical experiences were less frequently mentioned as a factor influencing students’ opinions to PAD in our study; however, this can be explained by the fact that the majority of respondents were in pre-clinical years. Our survey also revealed a clear desire for more training on physician-assisted dying (PAD), with most students (86.5% - 173/200) expressing a desire for additional teaching. This was

an expected finding in pre - clinical years but was also seen in those in their penultimate / final year of training, and in those who had completed placements in Geriatric Medicine. This desire for additional teaching reflects the fact that in a short space of time PAD has moved to the forefront of the national discourse and it is important that future curriculum reform acknowledges and addresses this.

This is the first Irish study to analyse medical students' attitudes to PAD. While it adds to the growing international body of evidence pertaining to student attitudes to PAD, our study has several limitations. As it was completed as part of a medical student research project, there was a narrow time window for data collection. This window coincided with the final term exams for 4th and 5th years, resulting in sub-optimal survey uptake in these years. This lower response rate necessitates further investigation in these year groups. Another limitation of this study was the sampling of a single medical school in Ireland, limiting the generalisability of our results. To conclude, our study shows that the majority of respondents in our institution, irrespective of age or gender support PAD. Furthermore, our findings highlight the need for more formal training on this topic as many students do not feel adequately prepared for potential discussions about PAD. Our study may lay the foundation for a future national study, focusing on the attitudes of medical students towards PAD across all Irish medical schools.

Declaration of Conflicts of Interest:

None declared.

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