

## MEMORANDUM

TO: Colorado Medical Society  
FR: Mr. Benjamin Kupersmit  
RE: 2016 Member Survey – Physician Assisted Death  
DT: February 26, 2016

### Introduction

Kupersmit Research is pleased to present this overview of the results of the 2016 CMS Member survey concerning physician assisted death (PAD). The survey focused on:

- Personal support/opposition to PAD
- Desired policy and role for CMS in regards to efforts to legalize PAD in Colorado
- Concerns and priorities if a PAD law/ballot initiative passed in Colorado
- Interest in enhanced end-of-life education for patients and physicians

We had a total of 618 CMS physicians complete the survey, resulting in a margin of error of  $\pm 3.9\%$  at the 95% confidence level.

### A Note on Terminology

*The verbiage used in the survey was deliberated extensively, and informed via a series of focus groups – including a group each with supporters, opponents and those “in the middle” – on this issue. Given what we learned in these groups, the survey was introduced as being about “physician-assisted suicide, also referred to as physician aid in dying and physician-assisted death.” The reasoning for using these terms (as opposed to “death with dignity” or others) is that physicians who oppose PAD feel that phrases like “death with dignity” do not recognize the fact that physicians already help patients die with dignity via current practices (such as palliative sedation or voluntary withdrawal of food/water). Our aim was to be as clear as possible that we are focused on the specific question of whether “adults in Colorado could obtain and use prescriptions from their physicians for self-administered, lethal doses of medications.” We felt this was the least biasing language, and proceeded accordingly.*

## Major Findings

- CMS members are split in their personal feelings regarding PAD, with 56% of CMS members in favor (31% “strongly”), and 35% opposed (including 25% “strongly”).
- There is a consensus that CMS should “not take a position” in formal support or opposition to PAD, and should focus on protecting patients and physicians if a PAD law were to pass in Colorado, as well as increasing awareness around end-of-life options and the importance of palliative medicine and hospice care. Three-quarters (72%) agree with this direction (including 48% strongly) for CMS.
  - Supporters of PAD and those who are more neutral on the issue are more positive about this path forward, while opponents of PAD are more split (46% agree and 44% disagree).
- There is overwhelming support for CMS fighting to protect patients and physicians, in the case where a law or ballot initiative are passed and PAD becomes legal in Colorado, with upwards of 80% supporting a range of critical provisions they would want to ensure are included in any such law.
- There is broad consensus that increased education of the public and physicians around end-of-life issues would be welcome, with upwards of 75% saying this is “extremely” or “very” important for CMS.

## Landscape

### *Personal Views of PAD*

- Overall, 56% of CMS members are in favor of PAD (including 31% “strongly”), while 35% are opposed (including 25% “strongly”).
  - Among those with at least some training in palliative medicine (42% of members overall), support stands at 56% (29% “strongly”) and opposition stands at 39% (29% “strongly”).
  - Among the somewhat narrower audience of those with at least “significant” training in palliative medicine (14% of members), support stands at 52% (24% “strongly”) and opposition stands at 41% (32% “strongly”).
  - Among those who “frequently” treat patients in later stages of a terminal disease, support stands at 50% (28% “strongly”) and opposition stands at 41% (32% “strongly”); among those who “sometimes” treat terminally ill patients, support is 51% (28% “strongly”) and opposition is 38% (27% “strongly”); among those who “rarely” or “never” treat such patients support is 65% (37% “strongly”) and opposition is 23% (18% “strongly”).
  - Physicians in Denver are considerably more supportive (62%-24%) than those in smaller cities in Colorado (49%-41%) and those in small towns or rural areas (48%-45%).
  - Those who are under 45 and those who are over 65 are most supportive (at 60% and 66%, respectively), while those 46-64 are less supportive (50%).

## *CMS Policy*

- Members were presented with a link to current CMS policy regarding PAD, and were also asked to bear in mind the following, before giving their preference for policy moving forward:

*“Today’s survey is focused exclusively on the question of physician-assisted suicide (and the ability of patients to obtain and use a prescription for self-administered lethal doses), and not on euthanasia (a doctor injecting a patient with a lethal dosage, which is illegal in every state in the union).*

*This survey also does not address other forms in which physicians already aid patients in dying, including palliative sedation or the voluntary withdrawal of food or water.”*

- One-third (35%) of CMS members feel CMS should “continue to formally oppose” PAD, while one-third (34%) feel CMS should “formally support PAD” and 27% say “neither support nor oppose,” and 3% are not sure.
  - Among those who “frequently” care for terminally ill patients, 42% say “continue to oppose,” and 31% say “formally support,” while among those who “sometimes” care for terminally ill patients, 36% say “oppose” and 33% say “support,” and among those who “rarely/never” care for terminally ill patients, 25% say “oppose” and 41% say “support.”
  - Those with “significant” palliative medicine training say “continue to oppose” by a 36%-31% margin, while those with “some” palliative medicine training say “oppose” by a 39%-34% margin (and those with no palliative medicine training say “support” by a 34%-32% margin.
  - Physicians in Denver say “support” by a 37%-30% margin, while those in smaller cities say “oppose” by a 41%-30% margin, and those in towns/rural areas say “oppose” 38%-28%.
  - Physicians over age 65 are most likely to say “support,” by a 41%-24% margin, followed by those younger than 45 (37%-32%). Those age 46-55 say “oppose” by a 42%-26% margin, and those 55-64 are evenly split (with 36% “support” and 35% “oppose”).

- Members were then presented with the following, and asked if they agree or disagree:

*“In recent focus groups, some physicians said CMS should not take a formal position in support or opposition of physician-assisted suicide, because members are very passionate about their views on both sides of this difficult issue.*

*The priorities for CMS, they say, should be:*

- 1. Increasing awareness among physicians and the public around end-of-life issues and the importance of palliative or hospice care, and*
- 2. Ensuring there are adequate protections for both physicians and patients, should such a system be approved by voters or the legislature in the future.”*

- Three-quarters (72%) of CMS members agree with this statement, including 48% who “strongly” agree; 23% disagree with it, including 13% who “strongly” disagree, while 6% say they “neither agree nor disagree.”
  - Among those who support PAD personally, agreement stands at 84% (while 13% disagree, including 5% “strongly”); among those who oppose PAD personally, agreement stands at 46% (while 44% disagree, including 29% “strongly”). Among those who are neutral, agreement is 97% (with 3% saying “neither agree nor disagree”).

## Priorities if Legislation/Ballot Initiative Passes

- Members were then presented with the following introduction:

*“While it is impossible to know the future, CMS needs to determine its members’ priorities should legislation or a ballot initiative pass that would legalize physician aid in dying, also known as physician-assisted suicide. Please bear in mind that these questions are in no way intended to suggest that CMS is taking a position in favor of physician-assisted suicide; our goal is to understand what members would prioritize in this hypothetical scenario.”*

- As Table 1 below indicates, one-half of CMS members (53%) are concerned that a law regarding PAD could result in pressure from family and 48% are concerned that such a law could lead to a “slippery slope” of opting for death.
  - Two-in-five (41%) are concerned about how such a law would impact the “image of physicians,” 39% are concerned that there could be “pressure or legal actions” on physicians who do not want to participate in such a system, 38% are worried about “financial pressures” to push low-income or elderly patients towards death and 37% are concerned because PAD goes against the “oath for MDs/DOs not to administer lethal drugs.” Relatively fewer (20%) are concerned about “a lack of oversight of lethal drugs.”
  - These concerns are generally more pronounced among those who “frequently” or “sometimes” care for terminally ill patients than those who “rarely/never” do so, and are also more pronounced among those who personally oppose PAD as well.

<i>Table 1: The following is a list of some concerns that were expressed by physicians about a potential law legalizing physician-assisted suicide. Please check any concerns that you also share about such a law:</i>	%
Pressure from family to choose death for patients who feel they are a burden	53%
Slippery slope of opting for death instead of treating suffering	48
Negatively affect image of all physicians as healers and patient advocates	41
Pressure or legal action pushing physicians who oppose physician-assisted suicide to participate in the system	39
Financial pressures to push patients, particularly low-income and elderly, toward death	38
Stands against oath for MDs/DOs not to administer lethal drugs	37
Not enough oversight of lethal drugs	20
None of these	22
Not sure	3

- As Table 2 below indicates, CMS members are nearly unanimous in demanding that any such a law include key provisions to protect patients and physicians.
- Nearly all physicians say that having a requirement that the “attending physician must determine a terminal diagnosis” is “extremely” or “very” important (92%), that there should be “legal immunity” for HCPs for prescribing under the terms of the law (90%), that patients must “voluntarily express a will to die” (89%), that “physicians must document and report” at every stage (88%) and that patients should be offered a chance “to rescind at the second oral request” (88%).
- Almost as many physicians (83%) also feel it is important that “no provider can be compelled to participate,” but patients should receive a referral to another provider.
- We see strong but softer emphasis on ensuring that physicians wait after the request and then refer to a second physician and “provide counseling as appropriate” (71%), that physicians must determine the ability of a patient to “self-administer medications” (71%) and that no prescription be filled “if psychiatric or psychological illness present” (62%).
- We see very little difference across these priorities among key subgroups, particularly those priorities that have importance scores of upwards of 80%.

<i>Table 2: The following are some of the key provisions of the Oregon act. How important is it that any law around physician-assisted suicide include the following:</i>	<i>Extremely important</i>	<i>Extremely + Very important</i>
Attending physician must determine a terminal diagnosis and determine the patient’s competence	78%	92%
Legal immunity for health care providers for prescribing under the terms of the law	84	90
Patients must voluntarily express a will to die orally and in writing	71	89
Physicians must document and report every oral/written request, their diagnosis and the outcome for each patient	70	88
Patients are offered an opportunity to rescind at the second oral request	69	88
No provider can be compelled to participate, but patients need to be given a referral to another provider	65	83
Physician cannot write prescription until at least 15 days after initial oral request and no less than 48 hours after written request, and must refer to a second physician for confirmation, as well as counseling when appropriate.	48	71
Attending physician must determine patient’s ability to self-administer medications	47	71
No prescription to be filled if psychiatric or psychological illness present	41	62

## End of life Care

- Overall, 3% of the CMS physicians in active practice in the survey report that they are a palliative medicine (PM) specialist, and another 11% have received “significant” training in PM, and another 28% have had “some” training; 56% have had “none.”
- Overall, 26% of CMS members “frequently” care for patients who are “in a later stage of a terminal illness, or are in a stage of their life where they need to consider options for their final stages of life.” Another 28% say they “sometimes” care for such patients, while 22% say “rarely” and 12% say “never” (and 11% say “not sure,” mostly among medical students).
  - Among physicians who say “frequently,” 30% report either being a palliative medicine specialist or having “significant” training in PM, while 41% say they have had “some” training and 28% say “no training.”
  - Among those who say “sometimes,” 12% have had “significant” training, 41% have had “some” training and 54% say “no training.”
- Among those who “frequently,” “sometimes” or “rarely” take care of patients in later stages of terminal illness, one-half say they refer to a palliative care specialist either “every time” (19%) or “most of the time” (35%), while another one-quarter do so either “sometimes” or “rarely,” and 8% do so “never” (while 15% say “not sure”).
  - Among PCPs who take care of patients in later stages of terminal illness, 27% refer to a palliative medicine specialist “every time,” 50% do so “most of the time” and 19% do so “sometimes” or “rarely” (while only 3% say “never”).
- As Table 4 on the following page indicates, top barriers to greater referrals to palliative medicine or hospice care cited by physicians who care for patients in later stages of terminal illness include patient reticence to discuss these issues (with 27% among all CMS members, and 47% among those who “frequently” care for such patients), followed by patient concerns “about high costs” or insurance coverage (26%), lack of PM specialists in their area (19%), PM specialists not included in referral networks (12%) and lack of clarity around “significant benefits” (5%).
  - Notably, concern about a lack of PM specialists or hospice care “in your area” scored much higher among members from towns/rural areas.



<i>Table 4: Which of the following do you see as barriers to referring patients to a palliative care specialist (or bringing one into the 'care team' for that patient)? Please check all that apply.</i>	<i>% Among All</i>	<i>% Among "Frequently treat terminally ill" (n=158)</i>
Patients do not want to discuss palliative/hospice options	27%	47%
Patient concerns about high costs, lack of insurance coverage	26	23
Lack of palliative care specialists or hospice care in your area	19	18
Not included in your referral networks	12	6
Not sure there are significant benefits for your patients	5	6
Other	11	13
None	26	28
Not sure	15	1

- Three-quarters (76%) say it is either “extremely” (45%) or “very” (31%) important that CMS “explore programs (webinars, trainings, connection to expert resources in Colorado, connection to peers in Colorado) focused on helping providers better address end-of-life care issues with their patients,” while 18% say this is “somewhat” important and 3% say it is “not very” or “not at all” important.
  - Levels of importance are similar among physicians who care for terminally ill patients and those who do not, as well as among physicians across age groups, while those in Denver and in smaller cities are somewhat more likely than those in towns/rural areas to say such an effort would be important.
- A somewhat greater percentage (81%) say it is either “extremely” (52%) or “very” (29%) important that CMS “encourage a stronger focus among health care providers in Colorado around public education on end-of-life issues,” while 14% say this is “somewhat” important and 2% say “not very” or “not at all.”
  - We see equally strong belief in the importance of public education across physicians who care for terminally ill patients and those who do not, as well as among physicians across age groups and geography.

## Conclusions

*The survey makes plain that there are deep differences among members – including among those who are palliative medicine specialists and those with significant training in palliative medicine – on the issues surrounding PAD. In particular, substantial portions (upwards of 30%) feel strongly on both sides, and our focus groups and the open-ended comments in this survey underscore the intense, deeply held views physicians hold regarding end-of-life care and PAD.*

*We see solid support for CMS taking a position of “studied neutrality” on the issue of PAD, and working to protect patients and physicians should such a law come to pass via legislative or electoral process. This position will not be universally popular – and in particular, will be met with heavy skepticism among some who want to see CMS maintain strong opposition to PAD. Reaching out to these members and explaining clearly why CMS is taking this position of neutrality, and strongly and forcefully advocating for patients and physicians should such a law come to pass, will be vital to show these members that you have listened and are doing your best to accommodate disparate, deeply held views among your members.*

*Finally, it is clear that members want to see CMS promote better education of the public and physicians around end-of-life care. Increased awareness among the public of the options that are available, including palliative medicine and hospice care, would be very welcome. Indeed, any effort to ease discomfort for patients and their families around discussing these issues can go a long way in helping Colorado’s physicians care for the vast majority of patients who will not seek PAD, so they too can die with dignity and with the support and care of a trusted physician at their side.*

## Methodology

This survey was administered online by the Colorado Medical Society. The survey was in the field from February 2-16, 2016. A total of 618 Colorado Medical Society members (including med students and physicians) responded to the survey, for a margin of error of  $\pm 3.9\%$  at the 95% confidence level. A series of three focus groups was held to inform the development of the survey questions, including a group each with supporters, opponents and those “in the middle” regarding PAD.