

New York Physicians Support Medical Aid in Dying

Executive Summary

Background

In order to determine New York physicians' attitudes toward the practice of medical aid in dying (also known as physician-assisted suicide), WebMD was engaged to conduct a survey using its Medscape platform.

Based on previous physician surveys conducted by WebMD/ Medscape, the Colorado Medical Society, the Maryland State Medical Society, and the Massachusetts Medical Society, a six-question survey (excluding demographics) was developed.¹

Independent scientific advisors donated their time and expertise to assess the questions for clarity and impartiality.²

Appendix A (Page 9) contains the complete survey instrument.

Key Findings

- **By a margin of 56–26%, New York physicians support medical aid** in dying or physician-assisted suicide (MAID/PAS).
- When asked whether they support or oppose MAID/PAS legislation currently before the New York State Legislature—and told about nine stipulations in the bill—**doctors support the legislation, 67–19%**. 34% strongly support the bill, compared to 12% who strongly oppose it.
- **New York doctors offer near-universal support (90–3%)** for requiring that patients who request MAID/PAS to be offered a referral to hospice if they are not enrolled in hospice when the request is made.
- **More than three-quarters of doctors (77–10%)** say that physicians that choose not to participate in MAID/PAS should either refer a patient who requests it to a participating physician or provide the patient with a reliable resource for more information.
- New York doctors are divided on whether or not they would be willing to write a prescription for a qualifying patient who requests MAID/PAS. **42% of doctors say they would be willing to write a prescription**, compared to 35% who say they would not be willing. Nearly one-quarter of physicians (24%) are undecided.
- **63% of New York doctors say they would like to have the option of MAID/PAS** if they become terminally ill, compared to 20% who do not.

1. Survey development team included Rebecca Thoman, M.D., Compassion & Choices; Timothy Quill, M.D., Acting Director, Paul M. Schyve MD Center for Bioethics, University of Rochester Medical Center; Robert Milch, M.D., Dept. of Medicine, Jacobs School of Medicine and Biomedical Sciences, Buffalo; Jay Federman, M.D., Family Physician, Saranac Lake; and, Steven Greenberg, communications consultant and pollster with Siena College Research Institute;

2. Scientific advisors included Ekatarina Noyes, Ph.D., M.P.H. Dept. of Epidemiology and Environmental Health, University of Buffalo; Marc Price, M.D., President and Vito Grasso, Executive Vice President, New York State Academy of Family Physicians.

Methodology

Medscape conducted this research by inviting randomly selected physicians from New York State to participate via email invitations. Each respondent was sent a unique survey link through which they completed the survey and data was captured.

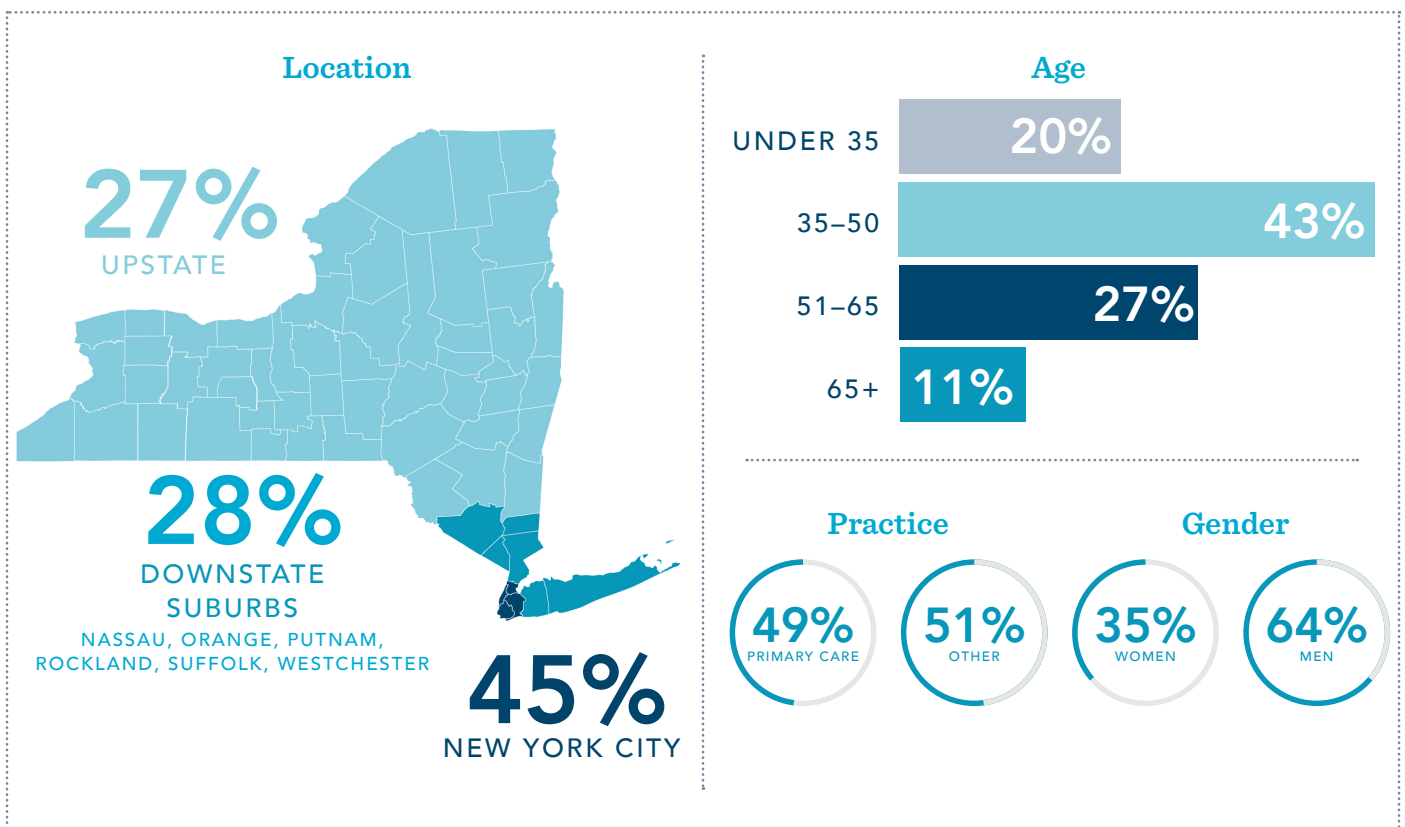
Medscape database includes 78,000 self-registered, credential-certified physicians from New York State.

Medscape hosted the survey on its platform, obtaining 601 responses that met targets for geographic and gender ratios based on the Association of American Medical Colleges (AAMC) Workforce Profile demographics of New York State physicians. Geographic regions (New York City, downstate suburbs, and upstate) were defined using New York State zip codes.

This survey disproportionately targeted primary care physicians (49% of respondents) as compared to the proportion in practicing primary care physicians in New York State (30%) in order to include more physicians likely to care for patients at the end of life. Certain specialties (dermatology, pathology, allergy, plastic surgery, pediatrics, radiology) were excluded due to limited or no contact treating terminally ill patients.

Profile of the Sample

601 NEW YORK STATE PHYSICIANS
COMPLETED THE SURVEY



3. <https://www.aamc.org/download/484572/data/newyorkprofile.pdf>

Survey Tabulation

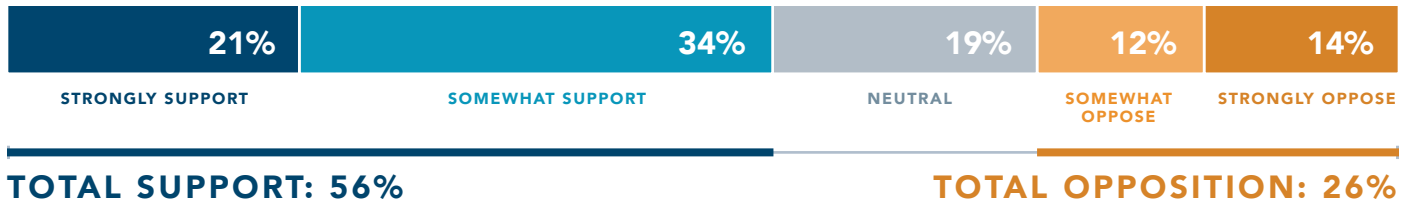
Since all six substantive questions were answered on a five-point scale, adding the percentages in the five response categories can—due to rounding—total between 99 and 101%.

1 By a Two-to-One Margin, New York Physicians Support Medical Aid in Dying

Question

Medical aid in dying (MAID), also known as physician-assisted suicide (PAS), is a practice in which a terminally ill adult with decision-making capacity asks for and receives a prescription medication that may be self-ingested to hasten death.

Do you support or oppose this option?



Results

- By a margin of 56–26% New York physicians support medical aid in dying.
- Of supporters, 21% strongly support and 34% somewhat support. Among opponents, 14% strongly oppose, and 12% somewhat oppose. Nearly one in five physicians (19%) says they neither support nor oppose medical aid in dying as an option.
- There is virtually no difference in support for medical aid in dying between primary care physicians (56%) and other physicians (55%).
- Likewise, there is little geographic difference with at least 53% of doctors in New York City, the downstate suburbs and upstate supporting medical aid in dying. Nor is there any significant difference in support by gender.
- While doctors under 35 years of age are more supportive, 61–21%, support is strong in the other three age categories. The lowest level of support comes from doctors 35–50 years old, and they support medical aid in dying 51–28%.

2 Three out of Four New York Doctors Support Legislation in New York to Authorize Medical Aid in Dying

Question

The New York State Legislature is considering legislation that would authorize MAID/PAS with the following stipulations:

- Patient must be at least **18 years of age**
- Patient must have **decision-making capacity**
- Patient must have **prognosis of 6 months** or less to live
- **Two physicians** must confirm patient eligibility
- Patient must be able to self-ingest the medication
- **Request must be documented in writing** before 2 witnesses
- **Patients must be informed** about all end-of-life options at the time of request
- Health professionals, including physicians, **may opt out of participation**
- **Liability protection** for physicians who participate in compliance with the law

Do you support or oppose the proposed legislation?



Results

- Physicians were informed of the nine stipulations included in legislation to authorize medical aid in dying that is being considered by the New York State Legislature and were asked whether they supported or opposed the proposed legislation.
- By a margin of 67–19%, physicians support passage of legislation to authorize medical aid in dying.
- Of supporters, 34% strongly support the legislation and 33% somewhat support it. Of opponents, 12% strongly oppose it and 8% somewhat oppose passing the bill.
- Support by New York physicians for legislation authorizing medical aid in dying is across the board. There is little difference among doctors based on specialty, age, location or gender. Within those demographics, support never dips below 63% and opposition never tops 24%.

3 Doctors Almost Universally Agree that Patients Not in Hospice that Request Medical Aid in Dying Should Be Offered Hospice Referral

Question

Patients who request MAID/PAS should be offered a referral to hospice if they are not enrolled in hospice at the time the request is made.

Do you agree or disagree?



Results

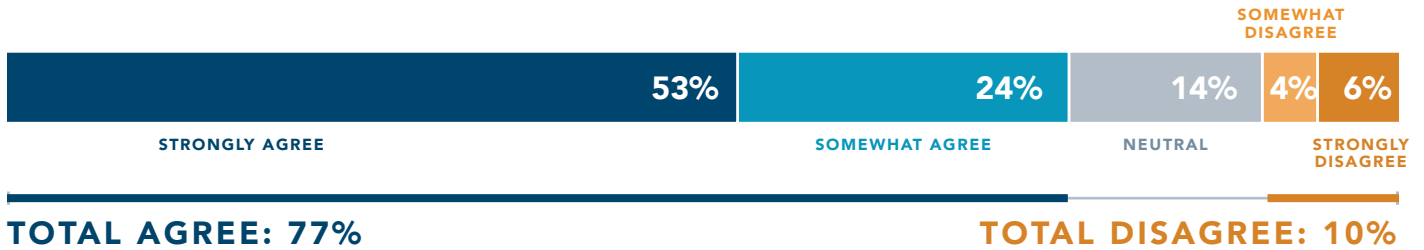
- By an overwhelming 90–3%, New York doctors agree—three-quarters of them strongly agree—that any patient requesting medical aid in dying who is not enrolled in hospice when the request is made should be offered a referral to hospice.
- Given the near-universal support for offering a hospice referral to non-hospice patients requesting medical aid in dying, there are little differences among doctors based on gender, age or geography. Primary care physicians, 93%, agree slightly more than other physicians, 87%.

4 More than Three-Quarters of New York Doctors Say Physicians Who Don't Participate in Medical Aid in Dying Should Either Refer Patients to a Participating Physician or a Resource for Information

Question

Physicians who choose not to participate in MAID/PAS should either refer patients who request MAID/PAS to a participating physician or provide patients with a reliable resource for information.

Do you agree or disagree?



Results

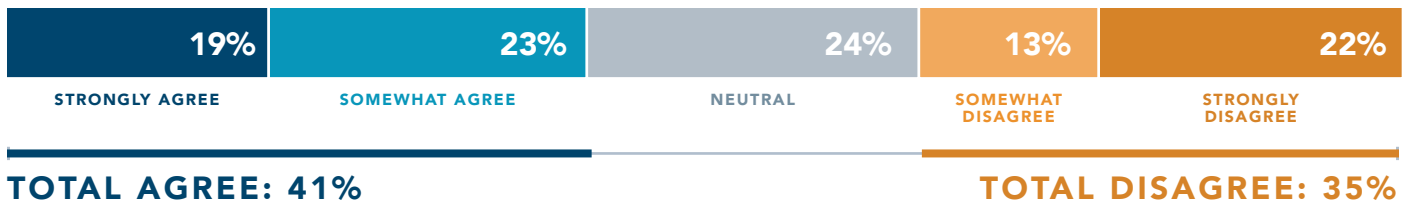
- By a margin of 77–10%, New York doctors say that if a physician does not participate in medical aid in dying, he/she should either refer a patient requesting medical aid in dying to a physician who does or a reliable resource for information.
- Among those who agree, 53% strongly agree, and 24% somewhat agree. Among those who disagree, 6% strongly disagree, and 4% somewhat disagree. 14% neither agree nor disagree.
- Female doctors, 84%, are a little more likely to agree with this statement than are male physicians, 73%.
- This is little difference of opinion on this question based on geography, specialty or age.

5 A Plurality (41%) of New York Doctors Say They Would Be Willing to Write a Medical Aid in Dying Prescription for a Qualifying Patient

Question

If MAID/PAS was authorized in New York, I would be willing to write a prescription for a qualifying patient.

Do you agree or disagree?



Results

- 41% of New York doctors agree that they would be willing to write a prescription for a medical aid in dying patient who qualifies for the medication, while 35% disagree and nearly one-quarter neither agree nor disagree.
- Among those who agree, 23% strongly agree, and 19% somewhat agree. Among those who disagree, 22% strongly disagree, and 13% somewhat disagree.
- Nearly half, 49%, of primary care physicians agree that they would be willing to write a prescription. Non-primary care physicians are almost evenly divided: 37% disagree, 34% agree and 30% neither agree nor disagree.
- A plurality of downstate doctors (44% in New York City, 41% in downstate suburbs) agree, while a plurality of upstate doctors disagree (39 to 37%).
- Half of doctors over 65 years-old agree that they would write a prescription. A strong plurality (45%) of doctors 51–65 years old agree, as do a plurality of doctors under 35 years-old. Doctors 35–50 are evenly divided with 36% each agreeing and disagreeing.
- Female doctors are more likely to agree (42–33%) than are male doctors who are nearly evenly divided (40–39%).

6 Three out of Four New York Doctors Say They Would Like to Have the Option of Medical Aid in Dying if They Become Terminally Ill

Question

I would like to have the option of MAID/PAS if I become terminally ill.

Do you agree or disagree?



Results

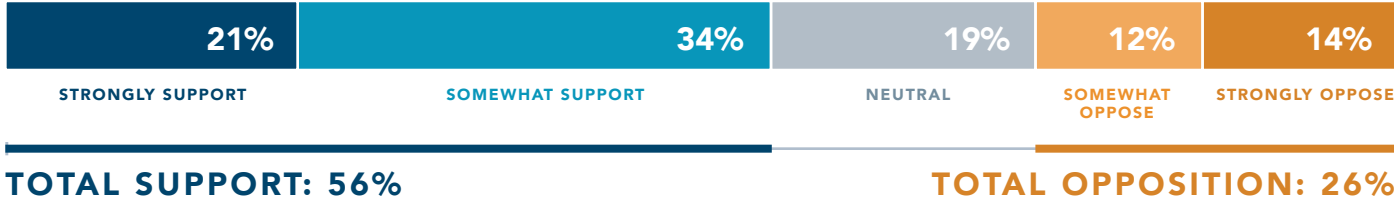
- Nearly two-thirds (63%) of New York doctors say they would like to have the option of medical aid in dying if they become terminally ill, compared to 20% who do not want the option, and 17% who neither agree nor disagree with wanting the option.
- There is little difference on this question between male and female doctors. Nor is there a significant difference between primary care and other physicians.
- New York City doctors (68%) are more likely to say want the option than are downstate suburban (57%) or upstate (60%) doctors.
- Doctors under 35 years of age (69%) are most in agreement with having the option, and doctors between 35 and 50 years-old are “least” interested in having the option, although they want the option 58–23%.

Appendix A – Survey Questions and Results

Question 1

Medical aid in dying (MAID), also known as physician–assisted suicide (PAS), is a practice in which a terminally ill adult with decision–making capacity asks for and receives a prescription medication that may be self–ingested to hasten death.

Do you support or oppose this option?



Question 2

The New York State Legislature is considering legislation that would authorize MAID/PAS with the following stipulations:

- Patient must be at least 18 years of age
- Patient must have decision–making capacity
- Patient must have prognosis of 6 months or less to live
- Two physicians must confirm patient eligibility
- Patient must be able to self–ingest the medication
- Request must be documented in writing before 2 witnesses
- Patients must be informed about all end–of–life options at the time of request
- Health professionals, including physicians, may opt out of participation
- Liability protection for physicians who participate in compliance with the law

Do you support or oppose the proposed legislation?



Question 3

Patients who request MAID/PAS should be offered a referral to hospice if they are not enrolled in hospice at the time the request is made.

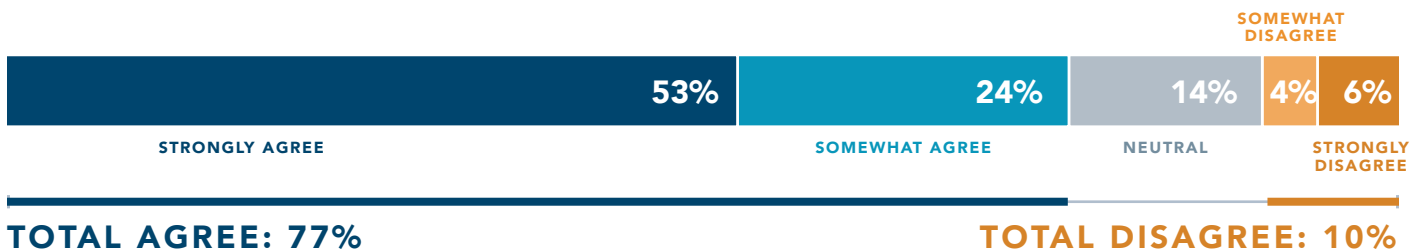
Do you agree or disagree?



Question 4

Physicians who choose not to participate in MAID/PAS should either refer patients who request MAID/PAS to a participating physician or provide patients with a reliable resource for information.

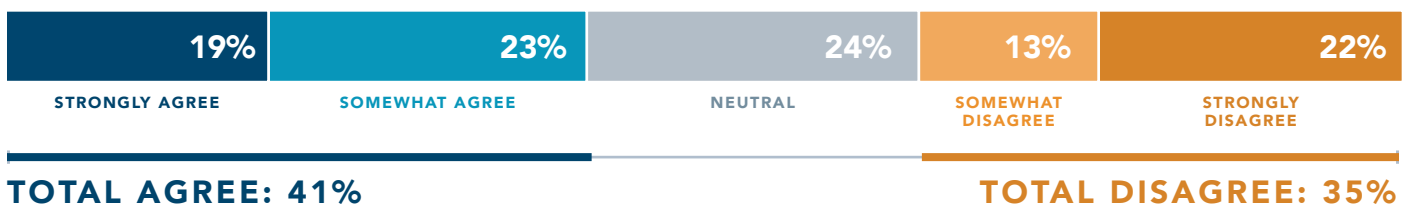
Do you agree or disagree?



Question 5

If MAID/PAS was authorized in New York, I would be willing to write a prescription for a qualifying patient.

Do you agree or disagree?



Question 6

I would like to have the option of MAID/PAS if I become terminally ill.

Do you agree or disagree?

