

## Written evidence submitted by the National Centre for Social Research (ADY0262)

### About the National Centre for Social Research

1. The National Centre for Social Research (NatCen) is the UK's leading independent social research organisation. As a not-for-profit and a registered charity, we have a core commitment to undertake research that can benefit society, so we ensure that our work contributes to tackling societal challenges – whether by informing national policy, local practice or independent organisations' activities. Our customers span central government, the third sector, universities and local government. We carry out some of the most important surveys in the UK including British Social Attitudes (BSA) and the Health Survey for England. Many of the surveys we carry out have Official and National Statistics status.
2. Our surveys have regularly included questions on assisted dying/suicide. Questions were asked seven times in the BSA survey between 1983 and 2016, using a 'gold-standard' probability-based sampling design and face-to-face fieldwork approach. We also undertook a stand-alone survey through the probability-based NatCen Panel in 2018.
3. We summarise our research below, and also highlight some of the challenges in assessing public opinion on such an important but ethically complex subject. Our evidence relates in particular to public opinions on the circumstances within which assisted dying/suicide should be permitted, and the safeguards that should be in place.

### British Social Attitudes evidence

4. We last asked about assisted dying/suicide in the BSA survey in 2016, and before then in 1983, 1984, 1989, 1994, 2005 and 2012<sup>1</sup>.
5. Our surveys have found consistent support for the proposition that doctors should be allowed by law to end the life of a patient with a painful incurable disease, if the patient requests it. The proportion of respondents saying this 'definitely' or 'probably should be allowed' has been relatively stable over time. Support rose from 77% in 1983 to 82% in 2005, but it then fell back to 77% in 2016.
6. We also asked about specific scenarios (see Table 1 below). In 2016, 78% thought the law should definitely or probably allow a doctor to end the life of someone with an incurable and painful illness from which they will die, but this dropped to 39% of people thinking it should allow a close relative to end someone's life in the same scenario. The involvement of doctors is clearly seen as an important safeguard.
7. Opinion was more split on whether the law should allow doctors to end the life of someone in the same scenario but not terminally ill, or where they are not in pain or danger of death but dependent on relatives for all of their needs.

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<sup>1</sup> Swales K and Taylor E, 'Moral issues' in *British Social Attitudes 34*, National Centre for Social Research, 2017. <https://www.bsa.natcen.ac.uk/latest-report/british-social-attitudes-34/moral-issues.aspx>

**Table 1: attitudes to legalisation of voluntary euthanasia in different scenarios, British Social Attitudes 2016**

Should the law allow voluntary euthanasia in this situation?				
	By a doctor for someone with an incurable and painful illness from which they will die	By a close relative for someone with an incurable and painful illness from which they will die	By a doctor for someone with an incurable and painful illness from which they will <u>not</u> die	By a doctor for someone who is dependent on relatives for all their needs
Definitely	50%	16%	20%	19%
Probably	29%	23%	30%	31%
Probably not	8%	26%	22%	21%
Definitely not	12%	33%	25%	26%

8. Though these scenarios were not explored every year, our research has shown some movement over the years (see Table 2 below). While support for euthanasia by a doctor in the case of a painful and terminal illness has remained stable, there has been a slight increase in support for euthanasia by a relative in those circumstances, or by a doctor for someone who has an incurable and painful disease from which they will *not* die, suggesting growing concern about the impact of such illnesses – though support remains much lower than for terminal diseases.

**Table 2: change in attitudes to legalisation of voluntary euthanasia in different scenarios, British Social Attitudes 2016**

% saying the law definitely/probably should allow ...	1995	2005	2016
... voluntary euthanasia by a doctor for a person with an incurable and painful disease from which they will die	80%	82%	78%
... voluntary euthanasia by a relative for a person with an incurable and painful disease from which they will die	31%	45%	39%
... voluntary euthanasia by a doctor for a person with an incurable and painful disease from which they will not die <sup>2</sup>	41%	46%	51%
... voluntary euthanasia by a doctor for a person who is completely dependent on relatives for all their needs	51%	44%	50%

9. Our research has shown relatively little difference between social groups when exploring these issues. People with a religion are less likely to support voluntary euthanasia by a doctor for someone with a painful terminal disease than those who do not profess religious identity. Middle-aged people are also most supportive of euthanasia in this situation: around 85% of 45-64 year olds are in favour, compared with 77% of 18-34 year olds and 69% of those aged 75 and over.

<sup>2</sup> In 1995 this question referred specifically to arthritis, so any change over time should be viewed with caution.

## NatCen Panel evidence

10. In 2018, the National Centre for Social Research was commissioned by the pro-assisted dying campaign group 'My Death My Decision' to explore public attitudes to assisted dying through the NatCen Panel<sup>3</sup>.
11. The survey also used scenarios to test out views. The scenarios were all based on doctor-assisted dying/suicide for a patient with an incurable medical condition, who has mental competence, has repeated requests to die owing to an unacceptable quality of life, and with a case review by two doctors. The first three scenarios were where the condition would cause death within the next six months, where it would cause death eventually, and where the condition itself would not directly cause death. A fourth scenario related to Alzheimer's, where the patient made the request before losing mental capacity. The results for these scenarios are set out in Table 3 below.

**Table 3: attitudes to acceptability of voluntary euthanasia in different scenarios, NatCen Panel, 2018**

How acceptable is it for a doctor to help someone to die, when they have an incurable medical condition that reduces their quality of life below a level that they can accept?				
	Condition will cause death within six months	Condition will cause death eventually	Condition will not cause death directly	Condition is Alzheimer's, but decision is taken before losing mental capacity
Always	45%	47%	32%	36%
Sometimes	33%	40%	44%	41%
Rarely	10%	6%	12%	11%
Never	12%	7%	12%	12%

12. The findings are similar to those from the BSA survey, though it should be noted that the research relates to the *acceptability* of assisted suicide/dying rather than its *legality*. A majority think that assisted dying is at least sometimes acceptable in every scenario, but there are a substantial number of people who see it as either sometimes or rarely acceptable; that is to say, they do not express an unequivocal opinion either for or against.
13. Also as with the BSA findings, these results showed that people were more likely to view a doctor assisting someone to die as acceptable where the condition will directly cause death.
14. As with the BSA findings, there are few significant differences between social groups. Age was once again a significant factor, with older (70+) people expressing most caution in their attitudes, particular in the case of a condition that would not kill the patient directly or in the case of Alzheimer's – only 20% and 23% of this age group said assisted dying was always acceptable in these cases, compared to 44% and 37% of 40-49 year olds. Younger people (18-29 year olds) were the most supportive of assisted dying/suicide in the case of conditions which would cause death directly, with a majority saying that it would always be acceptable in these circumstances.

<sup>3</sup> <https://www.mydeath-mydecision.org.uk/wp-content/uploads/2019/03/Briefing-on-NatCen-assisted-dying-poll.pdf>

## Observations

15. Some observations and tentative conclusions from our research:
- a. There has been broad support for assisted dying/suicide for 20 years, particularly in the case of people with painful and incurable terminal diseases; support has strengthened in the case of people with painful and incurable diseases that will not kill them.
  - b. However, there is a strong view that this should be medically-led rather than driven by family members.
  - c. There is also a significant 'zone of uncertainty' where respondents do not believe the legality or acceptability of assisted suicide/dying is clear cut. This is, for example, the majority view in relation to cases where a patient's condition will not directly lead to their death, and is reflected in the varying levels of support between different scenarios.
  - d. Apart from religion, age seems to be the main factor influencing opinions. Older people, who might be more likely to take advantage of assisted dying (or to feel pressured to do so) are more cautious, while middle-aged people (who are perhaps more likely to be managing end-of-life care for their older relatives) are more supportive.
16. It is also worth acknowledging that other survey research on this topic has been criticised in the past<sup>4</sup>. One criticism is that the composition of non-probability online panels risks excluding people (such as older and disabled people) who might be disproportionately affected. This is largely addressed by the random probability design and use of 'offline' fieldwork of the BSA and NatCen Panel. Another is that assisted dying/suicide is an issue on which many people may not have had to consider and reflect on their views, so may be more inclined to give spontaneous answers that do not consider the complexity and difficulty of some cases where assisted dying/suicide may be considered.
17. Given these challenges, the Committee might like to consider further investigation of public views through deliberative research, which focuses on uncovering *informed* public opinion after citizens have been provided with impartial evidence and good conditions to discuss complex issues. Such research can be particularly valuable where the way forward is unclear, and can where required, provide a consensus view or produce recommendations for decision makers to consider. Jersey's recent citizen's jury on assisted dying<sup>5</sup> is one useful precedent (though one operated by the government itself).

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<sup>4</sup> See, for example, <https://www.iser.essex.ac.uk/wp-content/uploads/files/news/2015/right-to-die-report.pdf>

<sup>5</sup> <https://www.gov.je/Caring/AssistedDying/pages/citizensjuryonassisteddying.aspx>