

# Attitudes of Family Physicians in Washington State Toward Physician-Assisted Suicide

## Issues

The topic of physician-assisted suicide is difficult and controversial. With recent laws allowing physicians in Oregon to assist in a terminally ill patient's suicide under certain circumstances, the debate concerning the appropriate and ethical role for physicians has intensified. However, little is known about the relationship between various physician characteristics and their attitudes toward physician-assisted suicide. A study at the WWAMI Rural Health Research Center, supported by the Federal Office of Rural Health Policy, utilized data from a 1997 survey of family physicians (FPs) and general practitioners (GPs) in Washington state to test two hypotheses: (1) older physicians will indicate greater opposition to physician-assisted suicide than their younger colleagues, and (2) male and rural physicians will have more negative attitudes toward assisted suicide than their female and urban counterparts.

## Study Design

A six-page mail questionnaire was administered to all active FPs/GPs in Washington state. After three mailings, questionnaires were returned by 1,635 eligible respondents, for a 68 percent response rate. Results described in this paper reflect the responses of the full-time, practicing FPs/GPs who completed the survey. A ZIP code system based on generalist Health Service Areas was used to designate those practicing in rural versus urban areas.

## Findings

One-fourth of the respondents overall indicated support for physician-assisted suicide. When asked whether this practice should be legalized, 39 percent said yes, 44 percent said no, and 18 percent indicated that they did not know. However, over half (58%) of the study respondents reported that they would not include physician-assisted suicide in their practices even if it were legal. Responses by physician age groups closely paralleled the group overall, with no consistent patterns discerned by age. The study results clearly show that attitudes about physician-assisted suicide vary significantly between urban females and rural males, with urban female physicians being more supportive of assisted suicide than their rural male physician counterparts. Similarly, urban females were significantly more likely than rural or urban males to favor legalization of physician-assisted suicide. (See Table 1.) Many respondents, especially females, were neutral or uncertain of their positions concerning the legalization of and their willingness to assist suicides.

**TABLE 1: FP/GP Attitudes Toward Performing Physician-Assisted Suicide If It Were Legal, Washington State Full-Time Clinical (1997)**

	URBAN FEMALES (%)	RURAL FEMALES (%)	URBAN MALES (%)	RURAL MALES (%)
Yes	17.5	16.0	14.8	12.1
No	49.2	50.0	58.6	65.0
Don't know	33.3	34.0	26.6	22.9
Total	100.0	100.0	100.0	100.0
Number of cases	183	50	526	223

**Conclusions and Policy Implications:** The results of this survey analysis indicated that substantial differences in opinion exist between physicians based on their gender and rural-urban practice location. There were few consistent response patterns attributable to age, but there was a significant pattern of opposition on the part of rural male physicians compared to urban female physicians. Even among those reporting support for physician-assisted suicide, many expressed reluctance about including it in their practices. As legal challenges and ethical discussions continue, this study shows that the wide and systematic differences in attitudes will make reaching a consensus extremely difficult. These findings highlight the need to be aware of systematic differences in FP/GP attitudes by gender, rural-urban practice status, and other factors.

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