Physician attitudes to voluntary assisted dying: a scoping review

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ABSTRACT

Background Voluntary assisted dying (VAD) became legal in the Australian state of Victoria on 19 June 2019 and will be legal in Western Australia from 2021. Other Australian states are progressing similar law reform processes. In Australia and internationally, doctors are central to the operation of all legal VAD regimes. It is broadly accepted that doctors, as a profession, are less in favour of VAD law reform than the rest of the community. To date, there has been little analysis of the factors that motivate doctors’ support or opposition to legalised VAD in Australia.

Aim To review all studies reporting the attitudes of Australian doctors regarding the legalisation of VAD, including their willingness to participate in it, and to observe and record common themes in existing attitudinal data.

Design Scoping review and thematic analysis of qualitative and quantitative data.

Data sources CINAHL, Embase, Scopus, PubMed and Informit were searched from inception to June 2019.

Results 26 publications detailing 19 studies were identified. Thematic analysis of qualitative and qualitative findings was performed. Three overarching themes emerged. ‘Attitudes towards regulation’ encompassed doctors’ orientation towards legalisation, the shortcomings of binary categories of support or opposition and doctors’ concerns about additional regulation of their professional practices. ‘Professional and personal impact of legalisation’ described tensions between palliative care and VAD, and the emotional and social impact of being providers of VAD. ‘Practical considerations regarding access’ considered doctors’ concerns about eligibility criteria and their willingness to provide VAD.

Conclusion A detailed understanding of medical perspectives about VAD would facilitate the design of legislative models that take better account of doctors’ concerns. This may facilitate their greater participation in VAD and help address potential access issues arising from availability of willing doctors.

INTRODUCTION

People in Victoria, Australia can now legally access voluntary assisted dying (VAD) if they have a terminal illness and satisfy relevant eligibility criteria as assessed by two doctors. A VAD regime will start in a second Australian state, Western Australia, in mid-2021. VAD refers to the process of administration of an assisted dying substance and related steps such as diagnosis, prognostication, authorisation and prescription. The Victorian law generally permits only self-administration of VAD, where the person ingests the prescribed substance (sometimes referred to as physician-assisted suicide). Practitioner administration, where a doctor personally administers the lethal substance (sometimes referred to as voluntary euthanasia), is permitted in Victoria only if the person is unable to self-administer.

Doctors perform several functions under the new VAD law. These include diagnosing the person as having an illness or condition that is expected to cause death within 6 months (or 12 for a neurodegenerative condition); making an assessment of the person’s capacity and the voluntariness of the request; prescribing an assisted dying substance and, in certain circumstances, administering the substance to the person.

The successful operation of the Victorian legislation requires the prior deployment of substantial medical expertise. Access to VAD is therefore contingent on doctors’ willingness to provide it. However, there is little research on what Australian doctors think about legalisation of VAD. In other jurisdictions where VAD is legal, there is only a small percentage of doctors who are willing to provide it. For example, in Oregon in 2015, 216 prescriptions for VAD substances were written by 106 doctors, just 1% of active licenced Oregonian doctors. In an international climate of continuing law
reform, unless governments design regulatory regimes that doctors are comfortable to participate in, people wishing to use VAD may find it difficult to locate a doctor willing to assist them, resulting in an obstacle to access.3

Previous reviews of doctors’ attitudes to VAD in the UK,4 Europe5 and the USA6 have been reported. To date, there has not yet been a comprehensive review of Australian doctors’ attitudes. The objective of this paper, therefore, is to critically review the existing literature regarding Australian doctors’ attitudes to legalised VAD, including their willingness to participate in it, and discern themes in the existing attitudinal data. This is timely with recent Victorian and West Australian reforms and active consideration of VAD laws in other Australian states including Queensland.7 8

Synthesis of the literature identified several themes in doctors’ reported attitudes to VAD, including more opposition than support for legalisation, an emerging gap between doctors who express in-principle support for VAD and their personal willingness to perform various VAD functions, and the impact on doctors resulting from their involvement in the practice.

METHOD
A scoping review was used to assess the potential size and scope of the available research literature. This scoping review followed Arksey and O’Malley’s five stage framework: identifying the research question; identifying relevant studies; study selection; charting the data and reporting the results.9 This scoping review addressed the central research question: what attitudes do Australian doctors report about legalised VAD and its provision?

Identifying relevant studies
A search of four international electronic databases (Cinahl, Embase, Scopus and PubMed) and one Australian database (Informit) was conducted from inception to 30 June 2019. Initial full-text search terms were prepared for PubMed which included: ‘assisted suicide’, ‘euthanasia’, ‘voluntary assisted dying’, ‘doctor’, ‘physician’, ‘medical practitioner’ and ‘Australia’. These search terms or variants were then used in other databases. This initial search was necessarily broad due to the varying terminology used in the field. In line with the review’s focus on attitudinal data, the additional search term of ‘attitude* OR perspective*’ was applied to further refine returned results. Results were then further limited to full text only records. See online supplementary file 1 for the PubMed search strategy.

Inclusion and exclusion criteria
Articles were included if they were written in English, reported qualitative or quantitative research with some scholarly analysis and explicitly discussed the attitudes of Australian doctors to VAD. Articles were excluded if they contained only legal commentary, ethical analysis or were an editorial or opinion piece. Print media articles containing rapid polling results were excluded. Titles and abstracts were screened to exclude publications that did not report either quantitative or qualitative data with some scholarly analysis.

Study selection
Full text articles which were assessed and excluded discussed attitudes to end of life care without specific inquiry into VAD; doctors’ experiences of providing VAD without separate inquiry into their attitudes to legalisation or the attitudes of the public, patients, families, carers or nurses. Reference lists of full-text screened articles were also manually searched to identify further sources, resulting in the inclusion of one further study not located by the electronic database search.10 11 A total of 26 publications detailing 19 studies were ultimately included in the review (figure 1). See online supplementary file 2 for the study characteristics table.

Charting the data
A scoping review synthesised data by sorting material into themes and then representing the material graphically. Studies were grouped according to quantitative or qualitative methodology. Some quantitative studies reported free-text response data and thus were classified as mixed method. Study data extracted were author; year of study; publication; study population; eligible sample; aim of study; study methodology; originating database and key findings. Data were initially sorted using line-by-line emergent coding techniques. This content was then grouped into broader categories to develop descriptive themes.12 Repeated readings of articles were undertaken to identify prominent or recurring themes in the literature, which were correlated against the themes developed from the initial coding and grouping processes. This allowed both inductive and deductive thematic development.

RESULTS
Identified studies
There were eleven quantitative, four mixed method and four qualitative studies identified for review. Quantitative studies collected data through postal or electronic surveys; three of these studies attempted to produce longitudinal data by utilisation of similar survey formats and questions.13–15 Mixed method studies applied content analysis to free-form text responses included in four quantitative surveys. Qualitative studies used semistructured interviews to examine attitudes towards VAD and specific end of life care-related scenarios. These results are summarised in online supplementary file 2.

Definitional issues
The 32-year span of the reviewed literature meant VAD was referred to in a variety of ways:
euthanasia (variously voluntary/passive/active),\textsuperscript{14–24} assisted dying,\textsuperscript{16} physician-assisted dying,\textsuperscript{24} assisted suicide (including physician-assisted), 'hastening death',\textsuperscript{13,14,25–27} and 'taking active steps to bring about the death of [a person]'.\textsuperscript{13,25} Studies produced during or after law reform in Victoria utilised the current terminology of VAD.\textsuperscript{28–31}

Definitional disparity precluded meta-analysis of the studies, because the various studies classified VAD practices differently. Indeed, confusion on the part of doctors about what constituted voluntary euthanasia was reported.\textsuperscript{21} A 2004 study noted potential under-reporting in the research because of ongoing disagreement between doctors about the nature of euthanasia.\textsuperscript{14} A 2016 study of 156 palliative care doctors noted that previous disagreements in the specialty about lawful palliative care practice comparative to voluntary euthanasia could have resulted in potentially flawed data in earlier studies.\textsuperscript{24}

**Themes**
Despite definitional issues and variation in data collection methods, three overarching themes emerged from the reviewed studies. These are: attitudes towards regulation; personal and professional impact of legalisation and practical considerations regarding access to VAD.

**Attitudes towards regulation**
Earlier studies examined degrees of support or opposition to legalised VAD. Later studies identified that a binary yes/no proposition could not capture the diversity of perspectives regarding legalisation. Many studies described reasons for doctors’ positions on VAD while others reported concerns about increased regulation of medical practice by VAD legislation.

**Support or opposition for legalisation**
Regarding doctors’ support for the broad proposition of VAD legalisation, the reviewed studies reported a range of 9%–60%.\textsuperscript{24,27} Specialty wise, palliative care physicians, oncologists and geriatricians were less likely to support legalised VAD.\textsuperscript{16,24,32} Table 1 summarises data from those studies which specifically addressed orientation towards law reform (ie, support and opposition) and doctors’ willingness to participate in a legal regime.

**A closer examination of support or opposition**
While early studies measured doctors’ attitudes to legalised VAD by way of binary categories of support or opposition, later studies provided more nuance in doctors’ positions. A 1999 study of 16 doctors caring for patients with HIV/AIDS identified three classifications for doctors’ orientation towards VAD law
reform.20 The study found that ‘traditionalists’ (19%) did not practise VAD; ‘revisionists’ (69%) desired either law reform or to construct VAD as an act of medical treatment, while ‘conservatives’ (12%) supported VAD in principle but did not agitate for change. A 2000 study of 405 doctors found that respondents fell into four cohorts: opposed to voluntary euthanasia and its legalisation (32%); not opposed to voluntary euthanasia but unsupportive of a change in law (25%); supportive of voluntary euthanasia and law reform (31%) or unsure (12%).33 The study observed that opposition to legalisation should not automatically be equated with opposition to VAD and could instead be characterised as a preference for dealing with requests

### Table 1

| Study                        | Year | Sample/specialty (response rate) | Orientation towards law reform | Willingness to participate |
|------------------------------|------|----------------------------------|--------------------------------|---------------------------|
| Kuhsie and Singer13          | 1987 | 869 (46%)                        | Do you think the law should be changed to allow doctors to take active steps to bring about a patient’s death under some circumstances? 60% yes, 40% no | Would you practise active voluntary euthanasia if it were legal? 40% yes, 41% no, 19% unsure |
| Stevens and Hassar22 23      | 1991 | 298 (60%)                        | Do you think it should be legally permissible for medical practitioners to take active steps to bring about a patient’s death under some circumstances? 45% yes, 39% no, 16% unsure | n/a |
| Baume and O’Malley10 26      | 1994 | 1268 (76%)                       | Should the law be changed to allow AVE? 38% yes; Should the law be changed to allow PAS? 46% yes | If AVE was legal, and an incurably ill patient asked you to hasten death, would you comply with the request? 50% yes |
| Steinberg et al17            | 1995 | 259 (67%)                        | Do you think the law should be changed to allow active voluntary euthanasia for terminally ill people who decide that they no longer wish to live? 31% yes, 50% no, 19% unsure; If a terminally ill patient has decided that he/she would rather not continue living, do you think a doctor should be allowed by law to assist them to die? 36% yes | n/a |
| Wilson et al18               | 1996 | 886 general practitioners (80%)  | Do you personally wish to have the option of voluntary euthanasia? 45% yes, 36% no | n/a |
| Steinberg et al19            | 1997 | 174 (51%)                        | To what extent do you approve of the law that was recently passed in the Northern Territory which allows a terminally ill person to request physician-assisted suicide or euthanasia? 14% strongly approve, 21% approve, 28% strongly disapprove and 20% disapprove | n/a |
| Cartwright et al21           | 2000 | 399 (43%)                        | Should the law be changed to allow AVE? 38% yes, 48% no, 16% unsure | n/a |
| Löfmark et al22              | 2002 | 1478 end of life care specialists (53%) | A person should have the right to decide whether or not to hasten the end of his or her life: 59% agree | Would you be willing under certain circumstances to administer, prescribe or supply drugs with the explicit intention of hastening the end of life on the explicit request of a patient? 28% yes |
| Neil et al24                 | 2006 | 854 (47%)                        | Do you support the legalisation of voluntary euthanasia? 53% yes | If it were legal to assist certain patients to die, would you be willing to prescribe lethal drugs? 40% yes; both prescribe and administer lethal drugs? 28% |
| Sheahan11                    | 2015 | 156 palliative care doctors (40%) | Do you think we should legalise the practice of physician-assisted suicide in Australia? 75% no, 9% yes, 16% undecided; Do you think we should legalise the practice of voluntary euthanasia in Australia? 80% no, 7% yes, 13% unsure | If physician-assisted suicide was legalised, would you feel comfortable providing these prescriptions as a doctor? 85% no, 5% yes, 10% unsure; If voluntary euthanasia was legalised in Australia, would you feel comfortable administering this medication as a doctor? 88% no, 2% yes, 10% unsure |
| Australian Medical Association10 | 2016 | 3733 (12%)                      | Do you believe euthanasia should be lawful in any circumstances? 47% no, 35% yes, 18% unsure; Do you believe physician-assisted suicide should be lawful in any circumstances? 51% no, 30% yes, 19% unsure | If euthanasia were to become lawful, how likely do you think it would be that you would provide it if requested by a patient in accordance with the law? 36% not likely at all, 16% unlikely, 16% neutral or unsure, 20% likely, 12% very likely |
| Younget al26                 | 2017 | 39 oncology providers (31%)      | Do you agree with the Victorian Government proposal to legalise VAD? 28% yes, 28% no, 44% unsure | Would you participate in VAD? 30% yes, 70% no |
| Karapelis et al29            | 2017 | 362 oncology providers (55%)     | What is your position on legalisation about VAD requiring physicians participating in VAD to write a prescription for the patient to self-administer a lethal medication? 32% support, 48% oppose; What is your position on that legislation requiring physicians participating in VAD to administer a lethal medication parenterally? 14% support, 66% oppose | Would you personally be prepared to write a prescription for a lethal medication that a patient assessed as suitable for VAD would self-administer? 80% no, 20% yes, 36% of doctors unwilling to write a prescription would be willing to refer on |
| Munday and Poont31            | 2017 | 226 geriatricians (20%)          | Do you support legalisation of VAD? 24% support; 53% opposed. Do you support legalisation of voluntary euthanasia? 17% support; 68% opposed | Would you be comfortable to prescribe medications for VAD if it were legalised? 12% yes. Would you be willing to refer to a third party? 6% yes |

AVE, active voluntary euthanasia; PAS, physician assisted suicide; VAD, voluntary assisted dying.
for VAD in the context of the private doctor-patient relationship.21

Reasons for opposition
Doctors reported opposition to legalised VAD based on concern for vulnerable populations;10 14 27 inappropriate motives on the part of health institutions, nursing homes and families;14 31 concern that best practice palliative care was not available to patients;14 concern about the quality of a dying patient’s decision making;14 22 the impact on the doctor-patient relationship;13 27 31 uncertainty about prognosis;22 and concern that VAD was not the proper role of a treating doctor.10 14 28 Doctors also reported concerns about the potential for abuse of VAD laws, including access other than for terminal illness;23 patients feeling a duty to die to prevent being a burden on family or the healthcare system;21 23 and loss of patient control.23 Other research indicated that doctors saw their duty to do no harm as incompatible with VAD.10 24 30

Reasons for support
Doctors’ support for legalised VAD was reported to be motivated by patient autonomy.10 23 26 28 30 One study of doctors involved in the care and treatment of terminally ill patients found that the presence of an expressed wish to die by a patient was more likely than not to influence a doctor’s decision regarding VAD.22 34 Another study of end of life care professionals reported that some doctors believed it was inappropriate for medical practitioners to impose their own views on suffering people, especially where those views conflicted with patient wishes.30

Other research concluded that some doctors supported VAD as a compassionate response to suffering.18 23 30 31 In a 1987 study, Victorian doctors indicated that they would take steps to hasten death to relieve suffering for terminally ill people who had no realistic way of improving the quality of their life.13 Other studies found that the terminal stage of terminal illness being reached,18 a patient’s intractable suffering and refractory pain23 25 28 and poor quality of life25 motivated doctors to provide VAD.

Regulation of doctors’ professional practice
The ability of the law to effectively regulate VAD was explored in some studies. The study by Kuhse and Singer in 1987 found that ‘doctors are prepared to breach the law in order to respond to the needs of their patients’.13 A 1999 study of HIV doctors found that they were strongly opposed to law reform if it impinged on free exercise of their clinical judgement.20 A 2006 study reported a perception among Victorian doctors that the law was a blunt instrument in the complex practice of VAD.14 ‘Two studies reported that doctors’ opposition towards legalisation reflected a desire to maintain professional self-regulation and autonomy.20 21 Some doctors objected to the intrusion of the law into the private doctor-patient relationship.13 21 A 1991 study found that doctors relied on internalised ethical and moral codes, not externally imposed legal constraints, when formulating their attitudes.25 This study found that the benefit of law reform would be limited because it was unlikely to change doctors’ practices.

Professional and personal impact of legalisation
Professional and personal concerns were reported by doctors regarding the legalisation of VAD. The main issues reported included tension between palliative medicine and VAD, and the personal impact of being responsible for the provision of VAD.

Incompatibility with palliative care
Studies explored the tension between existing palliative care practices and the legalisation of VAD. A study of 156 palliative care doctors identified that 75% opposed legalised physician-assisted suicide and 85% opposed voluntary euthanasia, with various concerns noted which included that legalisation would impact negatively on doctors’ personal practice of palliative medicine and the perceived difficulty in establishing trust within the context of a transition to palliative care from the acute setting.24 This is consistent with an earlier study where doctors reported that assisted dying was not part of end of life care and should not be a palliative care option.33

Some studies considered the intersection between euthanasia and palliative care. While a 1995 study found that 79% of doctors did not believe that good palliative care would reduce requests for euthanasia,33 four studies reported doctors’ stating that excellent palliative care made VAD unnecessary.14 30 31 35 Conversely, some studies reported doctors’ views that current palliative care arrangements did not provide suitable symptom relief.15 31

It was reported that some doctors held concerns that legalised VAD would result in a decline in palliative care standards.10 30 31 For example, some predicted greater leniency in dosing of palliative sedation would occur with a more relaxed legal framework.30 The mandatory inclusion of a palliative care assessment in the VAD statutory framework was supported by 95% of oncology providers in one recent study29 and by 67% of geriatricians in another.31

Impact on doctors
Qualitative research indicated doctors’ concern about the psychological harm caused by responsibility for VAD, in terms of their experience of guilt, the burden of the act, the conflict with personal values, the potential for premature action before correct prognosis and the complexities of informed consent.23 It was reported that 30% of palliative care doctors experienced discomfort with requests for assistance in dying.24

Rutherford J, et al. BMJ Supportive & Palliative Care 2020;0:1–9. doi:10.1136/bmjspcare-2020-002192
Doctors also anticipated conflict with their treating team, other doctors and their patients, in the performance of various VAD activities.23 30 Doctors further identified the fear of professional stigma, specifically concerns about being ‘named and shamed’ as a provider of VAD.29 30

**Practical considerations regarding access**

Australian doctors reported varying opinions about who should be permitted to access VAD and when. The Victorian law requires a person to be suffering from a terminal illness with less than 6 months life expectancy or 12 months in the case of a neurodegenerative disease. Even where eligibility criteria might be satisfied, some doctors reported concern that legal access would be impaired by doctors’ unwillingness to perform all of the roles assigned to them under the legislation, particularly prescribing a VAD substance and in some cases, administering the substance.30 33 Another study reported that a significant number of geriatricians held concerns about accurate prognostication and capacity assessment.31

**Eligibility concerns**

A 2016 national survey asked Australian doctors to comment on the most appropriate circumstances for access to VAD.10 Ninety per cent of supportive doctors said eligibility should be, at minimum, based on the circumstances of an incurable illness associated with irremediable and unbearable suffering. Sixty-four per cent of supporting doctors in the same study required the more stringent qualifying condition of a terminal illness.

The studies since the passage of the Victorian law have brought greater focus to the time at which people should be able to access VAD. In a study of 39 oncology providers, 72% agreed that a person must be within the final weeks or months of life, while 52% of respondents said a prognosis of 3 months or less was appropriate.28 Twenty-three per cent of geriatricians specified a minimum 6-month life expectancy, while 32% required a month or less.31

**Willingness to participate in voluntary assisted dying**

*Table 1* reports available data from the included studies regarding doctors’ professed willingness to provide VAD. Two studies identified an apparent gap between doctors’ in-principle support for VAD and their willingness to participate in a legal regime. For example, a study of 39 oncologists found that five would neither prescribe a VAD substance nor refer on to a participating practitioner, 20 were willing to only refer on, 3 were willing to prescribe a VAD substance and 11 were uncertain about their level of participation.28 Another study of 854 doctors found that while 40% would be willing to prescribe a lethal drug if legal, only 28% would be willing to both prescribe and administer the drug.14

A 2018 study of 362 oncology providers found a declining level of willingness to participate in VAD activities corresponding to the degree of intervention.29 So while 32% of respondents agreed that doctors should write a prescription for a VAD substance, 29% agreed that doctors should supervise the administration of the substance, 17% agreed that doctors should dispense the substance personally and 14% agreed that doctors should be required personally to administer the substance.

A qualitative study by White et al reported specifically on doctors’ willingness to facilitate VAD.23 The study examined doctors’ responses to questions about different situations, namely a patient requesting VAD; VAD being legalised; practitioner administration of legal VAD and discussing VAD with patients who had requested access. The study found that different ethical beliefs were associated with each of the separate actions. For example, while the duty to relieve suffering was associated by many doctors with the situations of a patient requesting VAD, and a practitioner administering VAD, it was not associated by doctors with the acts of legalising VAD or discussing VAD with patients. The study authors highlighted ‘the importance of considering attitudes towards specific active voluntary euthanasia related behaviours rather than more global considerations of active voluntary euthanasia’.23

**DISCUSSION**

The findings of this review are consistent with international research which shows that doctors fall into four broad categories relative to their orientation towards VAD: supportive of the practice and its legalisation; supportive of the practice but not supportive of its legalisation; opposed to both the practice and its legalisation or unsure of their position.33 36 More nuanced understanding of doctors’ attitudes towards regulation is important because doctors will play a pivotal role in VAD in Victoria and other states and nations where law reform continues on a similar trajectory. Binary classifications used in some of the reviewed studies did not adequately reveal why some doctors might support VAD but not want it legalised or why doctors who hold in-principle support for legalisation do not intend to practise it.

Some key concerns of doctors were about regulation of their practice of VAD, with implications for palliative care practice and the practice of medicine more broadly. Potential personal detriment to doctors if providing VAD was also a concern. Whether these issues are driving a reported lack of practitioner willingness to participate in VAD requires further exploration.

This review also reported some of the practical concerns which doctors perceived about legalised VAD, including difficulty with prognostication, capacity assessment and lack of guidelines. This is
consistent with international research which found that the absence of authorised guidelines, protocols and training, alongside fear of professional stigma or censure, and potential for error, are demotivating for doctors. Better understanding of the specific concerns that doctors have about operating within legal VAD frameworks in Australia and elsewhere is required, for the refusal of doctors to be involved will pose a practical difficulty for patients to access VAD.

Furthermore, while there is a connection between support by doctors for legalised VAD and law reform, it is not yet known whether law reform will increase doctors’ willingness to participate in the regime in Australia. International research suggests that doctors more readily accept VAD in countries where the practice is legal. Research undertaken by the EURELD consortium investigated the attitudes of doctors from seven different countries and found that Belgian and Dutch physicians are most open towards VAD. These countries have had close to two decades of legal VAD. Another study of doctors’ attitudes in different regions in Belgium found that acceptance rates seemed to have increased since the passage of Belgium’s VAD law. Cohen et al suggested that this increase could be either as a result of increased societal attention to, and open discussion about VAD after legalisation, or because doctors adapt their views about what they think is ethically permissible, to what is legally permitted.

How Australian doctors will respond to liberalised VAD remains to be seen. While some Australian doctors report an intention to participate in VAD in a limited way, such as by referring on, many doctors report unwillingness to perform prescribing or administration tasks. This finding is consistent with international research and may reflect different ethical considerations for specific VAD roles. International studies confirm that a lack of doctors willing to provide liberalised VAD may present significant implementation issues. An understanding of the impact that doctors’ internalised ethical and moral framework has on their willingness to engage in VAD activities may assist to address this.

Further research is critical as jurisdictions move from a pre-reform to an implementation context. Research indicated that doctor support for legalised VAD tended to be higher in jurisdictions which had liberalised the practice. Hypothetically asking what doctors would do if VAD was legal is not the same as asking about something already in place; this is particularly relevant to Australia where all studies identified for review were conducted before the Victorian law commenced operation.

**Limitations**

Variation in the included studies of VAD terminology, research method, population, sample size and study objectives meant this scoping review could only undertake qualitative thematic analysis. This review noted concerns with the included studies relating to variation in survey format and reliance on different patient vignettes. Other limitations of the studies included framing bias, small samples, use of non-random sampling techniques and low response rates.

**CONCLUSION**

VAD law reform is occurring internationally, and doctors are pivotal to the effective operation of this legislation. However, doctors, particularly those most likely to be entrusted with assisting in death such as palliative care practitioners and oncologists, demonstrate some of the strongest reported opposition to legalised VAD. In Australia, VAD is legislated in two states with other jurisdictions considering various proposals for reform. In this climate of law reform, it is critical to understand what doctors think about legalisation of VAD and whether they are prepared to participate in the process. This article reviewed the existing Australian studies and found a lack of nuanced data about why doctors might be opposed to legalised VAD. Doctors reported concerns about negative impacts on palliative care and doctors’ emotional well-being; less frequently discussed are those moral, ethical or professional matters which may discourage doctors from participating in legalised VAD. Rigorous data are required regarding the circumstances in which doctors might be prepared to provide VAD or what circumstances would discourage them from being involved in this practice. This detailed understanding of medical perspectives about VAD would support design of legislative models that take better account of doctors’ concerns. This may facilitate their greater participation in VAD and help address potential access issues arising from availability of willing doctors.

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