

# Pharmacists' characteristics and their views of physician-assisted death

E. HACKETT and S.-A. FRANCIS

**Introduction** Recent articles have attempted to provoke debate concerning the role of the pharmacist in physician-assisted suicide (PAS).<sup>1,2</sup> Previous research has suggested that if PAS were legalised, a significant proportion of British community pharmacists would knowingly dispense such prescriptions, but that males were significantly less likely to favour PAS than females.<sup>3</sup>

The aim of this study was to examine pharmacists' views and experiences of PAS and voluntary active euthanasia (VAE), according to a range of personal characteristics and their work environments.

**Method** A postal questionnaire was sent to a random sample of 500 pharmacists in England and Wales, stratified according to sex and working environment (community or hospital), as defined through their registration with the Royal Pharmaceutical Society of Great Britain.

**Results** Completed questionnaires were returned from 295 pharmacists, of whom 53 per cent were female and 46 per cent were male. The mean age of respondents was 42 years. Forty-six per cent were community pharmacists and 43 per cent hospital pharmacists. Two-thirds of respondents (67 per cent) reported having a religion; however, 40 per cent of these reported that they did not believe that their religion influenced their views. Sixty-three per cent of the respondents had experienced the death of a relative or close friend.

The majority of pharmacists (83 per cent) believed that at times a person had the right to choose their own manner of death; 57 per cent and 60 per cent thought that there should be changes in the law to legalise both PAS and VAE, respectively.

Twenty-four per cent claimed that they would currently dispense drugs for PAS or VAE. If it were legal to do so, 63 per cent stated that they would dispense prescriptions for PAS and 62 per cent for VAE.

Sex, age and working environment were not found to be associated with pharmacists' views of PAS and VAE. However, those who had reported a

## FOCAL POINTS

- A large majority of pharmacists who responded to a postal questionnaire regarding their views and experiences of physician-assisted suicide (PAS) and voluntary active euthanasia (VAE) thought that at times a person had the right to choose their own manner of death
- Almost a quarter claimed that at present they would knowingly dispense drugs for PAS or VAE
- Respondents who stated that they had a religion or those who had experienced the death of a relative or close friend were significantly less likely to support the practices of PAS or VAE
- Almost a third claimed that if they suspected a prescription was for PAS or VAE, they would not want to know the intended purpose of these drugs
- Community pharmacists were significantly less likely to want to know the purpose of drugs intended for PAS or VAE and significantly more likely to agree to dispense such a prescription at the present time, than their hospital counterparts

religion or having experienced the death of a relative/friend were significantly associated with views that did not support the practices of PAS and VAE.

A third of respondents (34 per cent) claimed that if they suspected a prescription was for PAS or VAE, they would not want to know the intended purpose of the drugs. Community pharmacists were significantly less likely to want to know this information ( $P < 0.001$ ) and significantly more likely currently to dispense such a prescription than their hospital colleagues ( $P = 0.046$ ).

Seventy-one per cent of respondents wanted the Society's Code of Ethics to advise pharmacists on how to act if they were ever knowingly asked for drugs for PAS or VAE.

**Discussion** Despite 40 per cent of pharmacists reporting that their religious beliefs did not influence their views, those who reported a religion were significantly less supportive of PAS and VAE practices. Similarly, those who had experienced the death of a relative or friend were also significantly less supportive of these practices, suggesting that the deaths that they had experienced were "good deaths" as opposed to "bad deaths".<sup>4</sup>

Although professional accountability is a requirement of the pharmacy profession, one third of the pharmacists did not want to know the purpose of drugs they dispensed if they were intended for PAS or VAE; a similar proportion has been reported in previous research.<sup>3</sup> This view was significantly associated with community practice, which may reflect the fewer opportunities afforded to community pharmacists to discuss such issues with colleagues or refer to local policy guidance. The pharmacists in this survey have requested the advice and support of the profession in tackling this difficult ethical dilemma.

## References

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Medicines Information, Pharmacy Department, Guy's Hospital, St Thomas Street, London SE1 9RT  
E. Hackett

Centre for Practice and Policy, School of Pharmacy, University of London  
S.-A. Francis

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