MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code:	OFFICERS Informational Report I-17-06 [I-16 A-102]
Title:	Medical Aid-in-Dying Survey
Sponsor:	MMS Presidential Officers: Henry Dorkin, MD, FAAP Alain Chaoui, MD, FAAFP Maryanne Bombaugh, MD, MSc, MBA and FACOG
Report History:	OFFICERS Informational Report A-17-17 Resolution I-16 A-102

Background

At I-16, the House of Delegates (HOD) adopted as amended Resolution I-16 A-102, Medical Aid-in-Dying Survey. The Board of Trustees (BOT) referred this resolution to the MMS Presidential Officers in consultation with the Committees on Public Health (CPH) and Geriatric Medicine (CGM) for implementation and an informational report to the HOD at A-17. The resolution directs:

> That MMS conduct a membership survey to determine attitudes of physicians and physicians-in-training in Massachusetts toward medical aid-in-dying with a report back to the MMS House of Delegates at A-17. *(D)*

Fiscal Note: (Out-of-Pocket Expenses)	One-Time Expense of $25,000
FTE: (Staff Effort to Complete Project)	Existing Staff

At A-17, the MMS Presidential Officers presented an informational report which discussed other medical societies' surveys on this issue and outlined the plans for the MMS survey.

Discussion

On January 18 of this year, the Senate filed the Massachusetts End of Life Options Act, a bill containing many of the provisions that were present in the 2012 ballot question on physician-assisted suicide that was narrowly defeated. This legislation is one component of the MMS survey on medical aid-in-dying/physician-assisted suicide.

Massachusetts House Bill 1194 and Senate Bill 1225, "An Act relative to end of life options" defines aid-in-dying as "the medical practice of a physician prescribing lawful medication to a qualified patient, which the patient may choose to self-administer to bring about a peaceful death."

The Society has contracted with Robert H. Aseltine, Jr., PhD, to serve as consultant for the MMS survey on medical aid-in-dying/physician-assisted suicide. Dr. Aseltine is a medical sociologist with expertise in quantitative research methods and statistics. He is Professor and Chair in the Division of Behavioral Sciences and Community Health at UConn Health. The MMS has worked with Dr. Aseltine numerous times in the past twenty years, most notably on our Physician Satisfaction Surveys.

Continuing the discussion of Informational Report A-17-17 [I-16 A-102], Medical Aid-in-Dying Survey, the MMS hosted five focus groups with members across the state to better understand physicians' perspectives on this issue. To ensure that the focus groups were representative of our membership, the district presidents were contacted by the Society president for recommendations of participants relative to geographic locations, medical specialties, and professional status from each district. This was in keeping with suggestions from the state medical societies of Colorado and Maryland which have already addressed the topic of medical aid-in-dying/physician-assisted suicide. The officers and members of the CPH and CGM consulted on and approved the final focus group questions.

A light dinner, followed by an hour of questions and responses, were audiotaped and transcribed for use in the survey development. Participants received a nominal gift card incentive. The comments from these groups were then reviewed by the consultant and relevant MMS staff to formulate sound survey questions.

Based on the questions honed from the Colorado Medical Society and the Maryland State Medical Society, as well as Massachusetts specific information and views culled from the five focus groups, the MMS survey on medical aid-in-dying/physician-assisted suicide was drafted by the consultant and MMS staff with expertise in this area. The decision to use both the terms "medical aid-in-dying" and "physician-assisted suicide" was informed by focus group findings and is consistent with the terminology used in the Massachusetts proposed legislation and in the scientific literature, as well as the Society's own long-standing policy.

The definition used in this survey for "medical aid-in-dying/physician-assisted suicide" is "the practice of physicians giving terminally ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit."

The survey instrument was reviewed, refined, and finalized by the officers, in consultation with members of the CPH and CGM. The officers are grateful for the time, thoughtfulness and thoroughness of these committee members.

The finalized survey instrument contained three main opinion questions regarding medical aid-in-dying/physician-assisted suicide; Massachusetts House Bill 1194 / Senate Bill 1225 "An Act relative to end of life options"; and the MMS's current policy opposing physician-assisted suicide. A summary of key aspects of the proposed legislation were included in the survey to educate physician members in this area. Other survey questions sought additional information on physicians' concerns related to medical aid-in-dying/physician-assisted suicide, as well as their experiences working with patients on end-of-life issues.

With development of the finalized tool, members of the CPH and CGM tested the online version of the survey and found no trouble accessing the web link and/or in answering the questions and completing open ended text boxes.

On August 3, a list of active MMS members, including physicians-in-training as directed by the resolution, was pulled from the Society's membership database for use in the survey. The list was reviewed to ensure those without a current or active email address, or whose email address was suppressed from receiving from the MMS address, received a print copy of the survey. The survey was distributed via email to all members

with email addresses using the Survey Monkey software and mailed via the United States Postal Service to those without email access. Those completing the survey received a code to waive the fee for one MMS end-of-life–focused online continuing medical education program. Contact information was also shared via *Vital Signs This Week* for anyone who desired a print copy rather than the online version.

With the survey in the field beginning on September 5, staff worked to establish that links were working, devising ways in which to keep the online survey from going to spam folders, being bounced back from other organizational firewalls, and sending individualized web links or mailed print copies of the survey from time to time as requested by members.

Returned print surveys were entered manually into the database by staff, and other staff reviewed those entries, ensuring that the data was accurate and complete. Additionally, telephone calls and emails were made to a random sample of non-respondents throughout the time the survey was in the field.

Members of the Board of Trustees have been updated at every meeting regarding the status of the survey. A status report on the survey and discussion ensued at each meeting of the President's Advisory Meeting to ensure that members were being reached and that all possible avenues were considered in this effort.

The MMS president called attention to the survey in the September 2017 issue of *Vital Signs*. Supplementary messages, notices, and emails from the president and from the MMS Communications Department have been consistent and frequent – first alerting the membership of the survey arriving in in-boxes and mail boxes, followed by requests and reminders to complete the survey. The President reached out to district presidents urging that they, in turn, reach district membership encouraging survey completion.

Additionally, the speakers of the MMS House of Delegates contacted the MMS delegates with a request to complete the survey "as members of the policy-making arm that requested this survey." MMS staff committee liaisons were also asked to reach out to committee members urging completion of the MMS survey on medical aid-in-dying/physician-assisted suicide. An additional message was also directed to MMS student and resident members when staff identified a lower response rate for this segment of the MMS membership.

The survey was closed on October 16 after six weeks in the field. Results were reviewed for duplicate entries and tabulated by MMS staff, then shared with the consultant for data analysis.

<u>Conclusion</u>

Oregon was the first state to adopt an aid-in-dying law in 1997. Since that time, Colorado, Vermont, Washington, Montana, and Washington, DC, have also legalized medical aid-in-dying/physician-assisted suicide.

On September 26, 2017, the Massachusetts Joint Committee on Health held a hearing for the End of Life Options Act introduced by Representative Louis Kafka and Senator Barbara L'Italien. The MMS president attended the hearing and voiced the Society's opposition to the proposed legislation, in keeping with policy voted upon in the past by the House of Delegates.

Written testimony submitted noted “the importance of providing holistic, comprehensive, and supportive care to individuals with serious illness who are nearing the end of life.” The MMS also documented its collaboration with the Massachusetts Coalition for Serious Illness Care, the Alliance Partnership of Honoring Choices Massachusetts; support and advocacy for Medical Orders for Life-Sustaining Treatment; and ongoing efforts to educate physicians and the public through webinars and other materials.

The testimony also referenced the survey on medical aid-in-dying/physician-assisted suicide, which was ongoing at the time of the hearing. Testimony stated that “[t]he outcome of the survey will not necessarily dictate a change to Medical Society policy, but the survey will certainly inform the deliberations of the House of Delegates, MMS’s policy-making body.”

Ongoing diligence to ensure that the survey reflects the position of the membership has been paramount throughout the process.

A final report, which includes a full description of the methodology and summarizes the survey data, is attached as an addendum.

This directive is complete.

ADDENDUM TO

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

OFFICERS Informational Report I-17-06 [I-16 A-102] Medical Aid-in-Dying Survey

Medical Aid-in-Dying/Physicians-Assisted Suicide (MAID/PAS) Survey Final Report

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The following report is an addendum to Officers Informational Report I-17-06 [I-16 A-102], Medical Aid-in-Dying Survey. This final report includes a full description of the methodology and summarizes the survey data as requested for the following directive:

> *That MMS conduct a membership survey to determine attitudes of physicians and physicians-in-training in Massachusetts toward medical aid-in-dying with a report back to the MMS House of Delegates at A-17. (D)*

Methods

The Massachusetts Medical Society conducted a statewide survey of current members in September of 2017. The initial sample contained all 22,597 members drawn from the membership lists maintained by the Medical Society as of August 2017. Members without a valid email on file received a print copy of the survey via postal mail to be completed and returned in a postage-paid envelope (N=5,021). Members who had valid email addresses on file with the Society were initially invited to complete the survey online using a secure link sent through email (N=17,576). Fifty-two percent of those who received the email opened it. Members of the sample not responding to the email invitation within the allotted time received three follow-up email invitations throughout September. 2,294 members completed the survey online and 355 members of the sample completed the survey by mail for a total of 2,649 and a response rate of 12%. We also attempted to contact a random sample of 219 non-respondents by telephone to determine eligibility; this information was then used to adjust the sample denominator for response rate calculations resulting in an adjusted response rate of 13%. The response rate for physicians was 16% and was 5% for physicians-in-training (medical students, residents, and fellows). Detailed information on response rates and a comparison of respondents and non-respondents is included in Appendix A of this report.

Table 1 presents a demographic profile of the physicians completing the survey. Two thirds of respondents were specialists. 62% of respondents were male, almost half (48%) were employees of a facility or group, and 50% of physicians were either practicing in an outpatient clinic, private office, or split their time between a hospital and office. 72% of respondents had graduated from medical school prior to 1996. Half of the physicians completing the survey had had formal training in palliative medicine, and slightly more than 50% reported that they sometimes or often treated patients in later stages of terminal disease.

Physician respondents' opinions on three key questions regarding MAID/PAS are presented in Table 2. Results indicate that:

- 60% of physicians responding either supported or strongly supported the practice of physicians giving terminally ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit.
- 62% of respondents either supported or strongly supported the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225).
- 41% of physicians completing the survey favored changing the MMS policy position to support MAID/PAS. 30% of respondents favored maintaining MMS current policy opposing medical aid-in-dying/physician-assisted suicide. 19% favored changing the policy so that MMS neither formally supports nor opposes MAID/PAS with 6.5% "Not sure" and 3.5% choosing "None of these/Other."

A comparison of responding physicians' opinions on the three key MAID/PAS questions by age found small differences between age groups; 62% of physicians who graduated from medical school prior to 1975 and after 1996 and 56% of physicians graduating between 1976 and 1995 were supportive or strongly supportive of MAID/PAS.

Table 3 compares responding physicians' opinions regarding MAID/PAS by the frequency with which they treat patients in later stages of terminal disease. Support for MAID/PAS was significantly higher among those who reported less experience in treating patients at end of life:

- 66% of physicians who rarely/never treated patients at end of life either supported or strongly supported the practice of MAID/PAS, compared to 53% of physicians who often/sometimes treated such patients.
- 68% of physicians who rarely/never treated patients at end of life either supported or strongly supported the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225), compared to 56% of physicians who often/sometimes treated such patients.
- 45% of physicians who rarely/never treated patients at end of life favored changing the MMS policy position to support MAID/PAS, with 24% of such physicians favoring maintaining the current MMS policy. In contrast, roughly equal proportions of physicians who more frequently treated patients at end of life favored changing the policy to support MAID/PAS (38%) and maintaining the current MMS policy opposed to MAID/PAS (37%).

Table 4 compares responding physicians' opinions regarding MAID/PAS among physicians with and without formal training in palliative medicine. Results were similar to those observed above in contrasts of physicians with varying experience in treating patients at end of life:

- 66% of physicians without formal training in palliative care either supported or strongly supported the practice of MAID/PAS, compared to 53% of physicians with such training.
- 68% of physicians without formal training in palliative care either supported or strongly supported the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225), compared to 55% of physicians who often/sometimes treated such patients.

- 46% of physicians without formal training in palliative care favored changing the MMS policy position to support MAID/PAS, with 24% of such physicians favoring maintaining the current MMS policy. In contrast, equal proportions of physicians with formal training in palliative care favored changing the policy to support MAID/PAS (36%) and maintaining the current MMS policy opposed to MAID/PAS (36%).

Frequency distributions for all closed-ended survey questions are presented in Appendix B. The survey instrument is included as Appendix C.

Summary

The Massachusetts Medical Society conducted a statewide survey of its members between September and October of 2017 via email and postal mail. With a response rate of 12%, findings indicate that 60% of members of the Massachusetts Medical Society who completed the survey supported MAID/PAS and 62% supported the proposed legislation to allow MAID/PAS in Massachusetts. Of the members who completed the survey, 41% favored changing the current MMS policy to one of support for MAID/PAS; in contrast 30% of respondents favored maintaining the current policy opposing MAID/PAS; 19% favored changing the policy so that MMS neither formally supports nor opposes MAID/PAS while 10% were “Not Sure” or chose “None of these/Other.”

Table 1. Characteristics of Massachusetts Medical Society physicians participating in the medical aid-in-dying/physician-assisted suicide survey (N = 2649).		
	N	**Percent**
Specialty		
Primary care	779	32.7
Specialist	1465	67.3
Total	2244	100.0%
Employment Status		
Full or part owner of practice	457	20.5
Independent contractor	97	4.4
Employee	1059	47.6
Retired	381	17.1
Other	231	10.4
Total	2225	100.0%
Practice Setting		
Hospital/split hospital & office	561	25.2
Integrated health delivery system	89	4.0
FQHC/community health center	113	5.1
Outpatient clinic/private office	561	25.2
Academic medical center	380	17.1
Retired	306	13.8
Other	212	9.5
Total	2222	100.0%
Year of Graduation		
Prior to 1975	615	29.1
1976 thru 1995	911	43.1
1996 thru 2021	588	27.8
Total	2114	100.0%
Gender		
Male	1385	62.0
Female	842	37.7
Other	8	.4
Total	2235	100.0%
Training in Palliative Medicine		
Yes	1150	49.4
No	1180	50.6
Total	2330	100.0%
How often do you treat patients in later stages of terminal disease?		
Often	534	23.3
Sometimes	648	28.2
Rarely	597	26.0
Never	517	22.5
Total	2296	100.0%

Table 2. Massachusetts Medical Society physicians participating in the MAID/PAS survey opinions on medical aid-in-dying/physician-assisted suicide.		
In general, do you support or oppose medical aid-in-dying/physician-assisted suicide (MAID/PAS), the practice of physicians giving terminally-ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit?	**N**	**Percent**
Strongly support	767	29.1
Support	806	30.5
Neither support nor oppose	289	10.9
Oppose	354	13.4
Strongly oppose	424	16.1
Total	2640	100.0%
What is your opinion on the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225)? Do you:	**N**	**Percent**
Strongly support	657	27.2
Support	836	34.6
Neither support nor oppose	254	10.5
Oppose	301	12.5
Strongly oppose	368	15.2
Total	2416	100.0%
Which one of the following policy positions do you want to see MMS take moving forward?	**N**	**Percent**
Maintaining the current policy, with MMS formally opposed to medical aid-in-dying/physician-assisted suicide (MAID/PAS).	700	29.8
Changing the policy so that MMS neither formally supports nor opposes medical aid-in-dying/physician-assisted suicide (MAID/PAS)	443	18.9
Changing the policy so that MMS is formally in favor of medical aid-in-dying/physician-assisted suicide (MAID/PAS).	970	41.3
Not sure	152	6.5
None of these/Other (please specify)	82	3.5
Total	2347	100.0%

Table 3. Massachusetts Medical Society physicians participating in the MAID/PAS survey opinions on medical aid-in-dying/physician-assisted suicide, by frequency of treating patients in later stages of terminal disease. *		
In general, do you support or oppose medical aid-in-dying/physician-assisted suicide (MAID/PAS), the practice of physicians giving terminally-ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit?	***Frequency of treating patients in later stages of terminal disease***	
	Rarely/Never	**Often/Sometimes**
Strongly support	33.4	26.1
Support	32.7	26.9
Neither support nor oppose	10.4	10.4
Oppose	12.0	15.1
Strongly oppose	11.6	21.5
Total	100.0%	100.0%
What is your opinion on the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225)? Do you:	**Rarely/Never**	**Often/Sometimes**
Strongly support	30.2	24.6
Support	37.8	30.9
Neither support nor oppose	10.1	10.1
Oppose	10.4	14.7
Strongly oppose	11.5	19.7
Total	100.0%	100.0%
Which one of the following policy positions do you want to see MMS take moving forward?	**Rarely/Never**	**Often/Sometimes**
Maintaining the current policy, with MMS formally opposed to medical aid-in-dying/physician-assisted suicide (MAID/PAS).	23.5	36.5
Changing the policy so that MMS neither formally supports nor opposes medical aid-in-dying/physician-assisted suicide (M	20.9	16.6
Changing the policy so that MMS is formally in favor of medical aid-in-dying/physician-assisted suicide (MAID/PAS).	44.5	37.6
Not sure	7.4	5.8
None of these/Other (please specify)	3.6	3.6
Total	100.0%	100.0%

* Difference between those frequently and not frequently treating patients in later stages of terminal disease significant at .001 level for all 3 opinion items.

Table 4. Massachusetts Medical Society physicians participating in the MAID/PAS survey opinions on medical aid-in-dying/physician-assisted suicide, by formal training in palliative care.*

In general, do you support or oppose medical aid-in-dying/physician-assisted suicide (MAID/PAS), the practice of physicians giving terminally-ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit?	***Formal training in palliative care***	
	No	**Yes**
Strongly support	31.9	27.5
Support	34.0	25.5
Neither support nor oppose	10.2	10.5
Oppose	11.9	15.2
Strongly oppose	12.0	21.3
Total	100.0%	100.0%
What is your opinion on the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225)? Do you:	**No**	**Yes**
Strongly support	29.9	24.5
Support	38.2	30.8
Neither support nor oppose	10.9	9.3
Oppose	10.8	14.2
Strongly oppose	10.1	21.2
Total	100.0%	100.0%
Which one of the following policy positions do you want to see MMS take moving forward?	**No**	**Yes**
Maintaining the current policy, with MMS formally opposed to medical aid-in-dying/physician-assisted suicide (MAID/PAS).	23.6	36.4
Changing the policy so that MMS neither formally supports nor opposes medical aid-in-dying/physician-assisted suicide (M	19.8	18.0
Changing the policy so that MMS is formally in favor of medical aid-in-dying/physician-assisted suicide (MAID/PAS).	45.8	36.4
Not sure	7.6	5.5
None of these/Other (please specify)	3.2	3.7
Total	100.0%	100.0%

* Difference between those training in palliative medicine significant at .001 level for all 3 opinion items.

Appendix A: Comparison of MMS Member MAID/PAS Survey Non-Respondents vs. Respondents

Total Number of Surveys Distributed	*22,597*

Non-Respondents			***Respondents***			
Description	**N**	**Percent**	**Description**	**N**	**Percent**	**Response Rates+**
MMS Member Category			**MMS Member Category**			
MMS New Temp	151	1%	MMS New Temp	17	1%	10%
MMS State Affiliate	1	0%	MMS State Affiliate	-	0%	0%
MMS State Physician	9,428	47%	MMS State Physician	1,621	61%	15%
MMS State Resident/Fellow	5,377	27%	MMS State Resident/Fellow	234	9%	4%
MMS State Senior	2,688	14%	MMS State Senior	608	23%	18%
MMS State Student	2,302	12%	MMS State Student	168	6%	7%
Missing	1	0%	Missing	1	0%	
Total	19,948	100%	Total	2,649	100%	
MMS Physicians (Physicians & Senior Physicians)	12,116	61%	MMS Physicians (Physicians & Senior Physicians)	2,229	84%	16%
MMS Physicians in Training (Residents, Fellows & Students)	7,679	38%	MMS Physicians in Training (Residents, Fellows & Students)	402	15%	5%
Other	152	1%	Other	18	1%	11%
Total	19,947	100%	Total	2,649	100%	
State of Residence			**State of Residence**			
In-state (Massachusetts)	16,674	84%	In-state (Massachusetts)	2,290	86%	12%
Out-of-State	3,274	16%	Out-of-State	359	14%	10%
Total	19,948	100%	Total	2,649	100%	
Country of Residence			**Country of Residence**			
United States	19,351	97%	United States	2,633	99%	12%
International	122	1%	International	14	1%	10%
Missing	475	2%	Missing	2	0%	0%
Total	19,948	100%	Total	2,649	100%	
Chapter Name (District Affiliation)			**Chapter Name (District Affiliation)**			
Barnstable	337	2%	Barnstable	100	4%	23%
Berkshire	282	1%	Berkshire	50	2%	15%
Bristol North	134	1%	Bristol North	37	1%	22%
Bristol South	249	1%	Bristol South	62	2%	20%
Charles River	807	4%	Charles River	169	6%	17%
Essex North	351	2%	Essex North	63	2%	15%
Essex South	555	3%	Essex South	109	4%	16%
Franklin	41	0%	Franklin	9	0%	18%
Hampden	811	4%	Hampden	128	5%	14%
Hampshire	151	1%	Hampshire	41	2%	21%
Middlesex	1827	9%	Middlesex	288	11%	14%
Middlesex Central	232	1%	Middlesex Central	50	2%	18%
Middlesex North	212	1%	Middlesex North	30	1%	12%
Middlesex West	443	2%	Middlesex West	83	3%	16%
Norfolk	2982	15%	Norfolk	313	12%	9%
Norfolk South	369	2%	Norfolk South	55	2%	13%
Out of State	2626	13%	Out of State	279	11%	10%
Plymouth	528	3%	Plymouth	99	4%	16%
Suffolk	5097	26%	Suffolk	397	15%	7%
Worcester	1766	9%	Worcester	261	10%	13%

Appendix A: Comparison of MMS Member MAID/PAS Survey Non-Respondents vs. Respondents

Total Number of Surveys Distributed	*22,597*

Non-Respondents			***Respondents***			
Description	**N**	**Percent**	**Description**	**N**	**Percent**	**Response Rates+**
Worcester North	128	1%	Worcester North	23	1%	15%
Missing	20	0%	Missing	3	0%	13%
Total	19,948	100%	Total	2,649	100%	
Gender			**Gender**			
Female	7,788	39%	Female	985	37%	11%
Male	11,980	60%	Male	1646	62%	12%
Prefer not to answer	1	0%	Prefer not to answer	0	0%	0%
Missing	179	1%	Missing	18	1%	9%
Total	19,948	100%	Total	2,649	100%	
Age			**Age**			
18-25	940	5%	18-25	75	3%	7%
26-35	6,680	33%	26-35	370	14%	5%
36-45	2,774	14%	36-45	248	9%	8%
46-55	2,524	13%	46-55	393	15%	13%
56-65	2,569	13%	56-65	610	23%	19%
over 65	4,002	20%	over 65	925	35%	19%
Missing	459	2%	Missing	28	1%	6%
Total	19,948	100%	Total	2,649	100%	
Mean age in years = 48			*Mean age in years = 57*			
Years Since Medical School Graduation			**Years Since Medical School Graduation**			
Medical Student	2,491	12%	Medical Student	181	7%	7%
1-5 years	4,202	21%	1-5 years	203	8%	5%
6-10 years	2,027	10%	6-10 years	144	5%	7%
11-19 years	2,182	11%	11-19 years	245	9%	10%
20-29 years	2,491	12%	20-29 years	400	15%	14%
30+ years	6,235	31%	30+ years	1,435	54%	19%
Missing	320	2%	Missing	41	2%	11%
Total	19,948	100%	Total	2,649	100%	
Mean years since graduation from medical school = 20			*Mean years since graduation from medical school = 30*			
Survey Distribution Method			**Survey Distribution Method**			
Postal mail -Emails suppressed* by Magnet Mail	2,647	13%	Postal mail -Emails suppressed* by Magnet Mail	213	8%	7%
Postal mail - Email bounced or opted out of Survey Monkey	481	2%	Postal mail - Email bounced or opted out of Survey Monkey	71	3%	13%
Postal mail - No email on file	1,538	8%	Postal mail - No email on file	71	3%	4%
Email via Survey Monkey	15,282	77%	Email via Survey Monkey	2,294	87%	13%
Total	19,948	100%	Total	2,649	100%	
Specialty from MMS Data			**Specialty from MMS Data**			
Primary Care	5,696	29%	Primary Care	883	33%	13%
Specialist	9,411	47%	Specialist	1,387	52%	13%
Missing	4,841	24%	Missing	379	14%	7%
	19,948	100%		2,649	100%	

+Response Rates: Number of respondents in each category divided by total Number of potential respondents in each category
*Suppressed email addresses are addresses that are blocked from receiving emails from the MMS

Appendix A: Comparison of MMS Member MAID/PAS Survey Non-Respondents vs. Respondents

Non-Responder Survey Eligibility per Random Phone calls			
	Not eligible - unable to contact	Eligible - able to contact	Total
Refused survey - Retired	0	4	4
Confirmed Deceased	14	0	14
Resigned from MMS	1	0	1
Random phone list - Contact information is incorrect	4	11	15
Random phone list - No answer	0	2	2
Random phone - left message or sent email	0	131	131
Random phone list - Number Disconnected/Call Won't go through/Email error	4	26	30
Random phone list - Received survey (non-response)	0	2	2
Random phone list - No phone number on file	1	10	11
Reached	0	9	9
Total	24	195	219

Compute % of those unable to contact (N=24) based on 219 random phone calls	11%

Response rates (Based on n=2,653 surveys returned)		
Surveys distributed via email and mail	22,703	
Mailed surveys returned via undeliverable mail	82	
Total distributed	22,621	**12% unadjusted**
subtract adjusted total (remove 11% from ineligible)	2,488	
Total Adjusted Number of Surveys Distributed	20,133	**13% adjusted**

Final Total for Analysis (Removed 24 contacts that were deceased or not in practice) **22,597**

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q1. Below are some attitudes physicians have expressed concerning medical aid-in-dying/physician-assisted suicide (MAID/PAS). Please indicate whether you agree or disagree with the following:

Q1_1 The practice of providing patients with comfort-oriented care that may have the unintended consequence of hastening death is common

		Frequency	Percent
Valid	1.00 Strongly agree	576	22.7
	2.00 Agree	1018	40.0
	3.00 Neither agree nor disagree	466	18.3
	4.00 Disagree	388	15.3
	5.00 Strongly disagree	95	3.7
	Total	2543	100.0
Missing	System	106	
Total		2649	

Q1_2 Legislation to permit MAID/PAS may cause patients to fear physicians will not act in their best interest

		Frequency	Percent
Valid	1.00 Strongly agree	201	7.9
	2.00 Agree	534	21.0
	3.00 Neither agree nor disagree	442	17.4
	4.00 Disagree	960	37.8
	5.00 Strongly disagree	403	15.9
	Total	2540	100.0
Missing	System	109	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q1_3 Better access to mental health care would lessen patient interest in MAID/PAS

		Frequency	Percent
Valid	1.00 Strongly agree	244	9.6
	2.00 Agree	579	22.8
	3.00 Neither agree nor disagree	638	25.1
	4.00 Disagree	766	30.2
	5.00 Strongly disagree	311	12.3
	Total	2538	100.0
Missing	System	111	
Total		2649	

Q1_4 Comfort-oriented care has evolved to the point that physicians do not need to be involved in hastening death

		Frequency	Percent
Valid	1.00 Strongly agree	216	8.5
	2.00 Agree	435	17.1
	3.00 Neither agree nor disagree	422	16.6
	4.00 Disagree	1019	40.1
	5.00 Strongly disagree	448	17.6
	Total	2540	100.0
Missing	System	109	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q1_5 Legislation supporting MAID/PAS is problematic due to the uncertainty of medical prognoses and timing of death

		Frequency	Percent
Valid	1.00 Strongly agree	396	15.6
	2.00 Agree	799	31.5
	3.00 Neither agree nor disagree	361	14.2
	4.00 Disagree	734	28.9
	5.00 Strongly disagree	246	9.7
	Total	2536	100.0
Missing	System	113	
Total		2649	

Q1_6 Participation in MAID/PAS is inconsistent with the physician's role as a healer

		Frequency	Percent
Valid	1.00 Strongly agree	414	16.3
	2.00 Agree	332	13.1
	3.00 Neither agree nor disagree	284	11.2
	4.00 Disagree	832	32.8
	5.00 Strongly disagree	672	26.5
	Total	2534	100.0
Missing	System	115	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q1_7 Access to MAID/PAS is important for patient autonomy

		Frequency	Percent
Valid	1.00 Strongly agree	705	27.9
	2.00 Agree	890	35.2
	3.00 Neither agree nor disagree	336	13.3
	4.00 Disagree	351	13.9
	5.00 Strongly disagree	248	9.8
	Total	2530	100.0
Missing	System	119	
Total		2649	

Q1_8 MAID/PAS legislation is unnecessary, as current regulatory processes are sufficient

		Frequency	Percent
Valid	1.00 Strongly agree	124	4.9
	2.00 Agree	217	8.6
	3.00 Neither agree nor disagree	544	21.5
	4.00 Disagree	968	38.3
	5.00 Strongly disagree	675	26.7
	Total	2528	100.0
Missing	System	121	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q1_9 Physicians who fail to talk with patients about MAID/PAS options are withholding key medical services

		Frequency	Percent
Valid	1.00 Strongly agree	269	10.6
	2.00 Agree	664	26.2
	3.00 Neither agree nor disagree	615	24.2
	4.00 Disagree	639	25.2
	5.00 Strongly disagree	350	13.8
	44.00	1	.0
	Total	2538	100.0
Missing	System	111	
Total		2649	

Q1_10 Under current law, physicians do not have sufficient guidelines for providing comfort-oriented care that may hasten death

		Frequency	Percent
Valid	1.00 Strongly agree	411	16.2
	2.00 Agree	1098	43.4
	3.00 Neither agree nor disagree	524	20.7
	4.00 Disagree	370	14.6
	5.00 Strongly disagree	128	5.1
	22.00	1	.0
	Total	2532	100.0
Missing	System	117	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q1_11 Better use of comfort measures would lessen patient interest in MAID/PAS

		Frequency	Percent
Valid	1.00 Strongly agree	448	17.6
	2.00 Agree	958	37.7
	3.00 Neither agree nor disagree	493	19.4
	4.00 Disagree	511	20.1
	5.00 Strongly disagree	129	5.1
	Total	2539	100.0
Missing	System	110	
Total		2649	

Q2 In general, do you support or oppose medical aid-in-dying/physician-assisted suicide (MAID/PAS), the practice of physicians giving terminally-ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees

		Frequency	Percent
Valid	1.00 Strongly support	767	29.1
	2.00 Support	806	30.5
	3.00 Neither support nor oppose	289	10.9
	4.00 Oppose	354	13.4
	5.00 Strongly oppose	424	16.1
	Total	2640	100.0
Missing	System	9	
Total		2,649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q3. What terminology do you believe best describes the practice of physicians giving terminally-ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit? Please rank your top four choices from the list of terms below indicating your first choice, second choice, third choice, and fourth choice.

Q3_1 Aid-in-Dying

		Frequency	Percent
Valid	1.00 1 (First Choice)	118	11.4
	2.00 2 (Second Choice)	233	22.5
	3.00 3 (Third Choice)	312	30.2
	4.00 4 (Fourth Choice)	371	35.9
	Total	1034	100.0
Missing	System	1615	
Total		2,649	

Q3_2 Medical Aid-in-Dying

		Frequency	Percent
Valid	1.00 1 (First Choice)	356	23.4
	2.00 2 (Second Choice)	433	28.4
	3.00 3 (Third Choice)	433	28.4
	4.00 4 (Fourth Choice)	300	19.7
	Total	1522	100.0
Missing	System	1127	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q3_3 Physician-Hastened Death

		Frequency	Percent
Valid	1.00 1 (First Choice)	22	9.1
	2.00 2 (Second Choice)	45	18.7
	3.00 3 (Third Choice)	69	28.6
	4.00 4 (Fourth Choice)	105	43.6
	Total	241	100.0
Missing	System	2408	
Total		2649	

Q3_4 Physician-Assisted Death

		Frequency	Percent
Valid	1.00 1 (First Choice)	127	19.0
	2.00 2 (Second Choice)	170	25.4
	3.00 3 (Third Choice)	190	28.4
	4.00 4 (Fourth Choice)	181	27.1
	Total	668	100.0
Missing	System	1981	
Total		2649	

Q3_5 Dying with Dignity

		Frequency	Percent
Valid	1.00 1 (First Choice)	747	56.3
	2.00 2 (Second Choice)	253	19.1
	3.00 3 (Third Choice)	174	13.1
	4.00 4 (Fourth Choice)	153	11.5
	Total	1327	100.0
Missing	System	1322	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q3_6 Medical Care of the Dying

		Frequency	Percent
Valid	1.00 1 (First Choice)	317	27.6
	2.00 2 (Second Choice)	419	36.5
	3.00 3 (Third Choice)	225	19.6
	4.00 4 (Fourth Choice)	186	16.2
	Total	1147	100.0
Missing	System	1502	
Total		2649	

Q3_7 Physician-Assisted Suicide

		Frequency	Percent
Valid	1.00 1 (First Choice)	340	57.3
	2.00 2 (Second Choice)	96	16.2
	3.00 3 (Third Choice)	83	14.0
	4.00 4 (Fourth Choice)	74	12.5
	Total	593	100.0
Missing	System	2058	
Total		2649	

Q3_8 Medically-Assisted Suicide

		Frequency	Percent
Valid	1.00 1 (First Choice)	60	11.6
	2.00 2 (Second Choice)	218	42.2
	3.00 3 (Third Choice)	120	23.2
	4.00 4 (Fourth Choice)	119	23.0
	Total	517	100.0
Missing	System	2132	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q3_9 Physician-Accelerated Death

		Frequency	Percent
Valid	1.00 1 (First Choice)	24	9.6
	2.00 2 (Second Choice)	50	20.1
	3.00 3 (Third Choice)	90	36.1
	4.00 4 (Fourth Choice)	85	34.1
	Total	249	100.0
Missing	System	2400	
Total		2649	

Q3_10 Physician Aid-in-Dying

		Frequency	Percent
Valid	1.00 1 (First Choice)	190	16.8
	2.00 2 (Second Choice)	279	24.6
	3.00 3 (Third Choice)	356	31.4
	4.00 4 (Fourth Choice)	309	27.2
	Total	1134	100.0
Missing	System	1515	
Total		2649	

Q3_11 Physician-Prescribed Medication to End Life

		Frequency	Percent
Valid	1.00 1 (First Choice)	146	16.8
	2.00 2 (Second Choice)	154	17.7
	3.00 3 (Third Choice)	244	28.0
	4.00 4 (Fourth Choice)	326	37.5
	Total	870	100.0
Missing	System	1779	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q4 How familiar are you with Massachusetts House bill 1194/Senate bill 1225, "An Act relative to end-of-life options"? Would you say you are:

		Frequency	Percent
Valid	1.00 Very familiar	69	2.9
	2.00 Somewhat familiar	383	15.8
	3.00 Not very familiar	805	33.3
	4.00 Not at all familiar	1161	48.0
	Total	2418	100.0
Missing	System	231	
Total		2649	

Q5 What is your opinion on the proposed "aid-in-dying" legislation in Massachusetts, "An Act relative to end of life options" (House bill 1194/Senate bill 1225)? Do you:

		Frequency	Percent
Valid	1.00 Strongly support	657	27.2
	2.00 Support	836	34.6
	3.00 Neither support nor oppose	254	10.5
	4.00 Oppose	301	12.5
	5.00 Strongly oppose	368	15.2
	Total	2416	100.0
Missing	System	233	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q6. The following is a list of concerns that have been expressed by physicians about the proposed "aid-in-dying" legislation, "An Act relative to end of life options", described on the previous page. These questions are rooted in the language of the proposed legislation. How concerned are you about the following issues related to this proposed legislation now being considered by Massachusetts legislators?

q6_1 Creating a slippery slope of opting for death instead of treating suffering

		Frequency	Percent
Valid	1.00 Very concerned	582	24.9
	2.00 Somewhat concerned	641	27.4
	3.00 Not very concerned	760	32.5
	4.00 Not at all concerned	356	15.2
	Total	2339	100.0
Missing	System	310	
Total		2649	

Q6_2 Inconsistency between prescribing lethal drugs and physicians' oath to do no harm

		Frequency	Percent
Valid	1.00 Very concerned	554	23.8
	2.00 Somewhat concerned	435	18.7
	3.00 Not very concerned	717	30.8
	4.00 Not at all concerned	622	26.7
	Total	2328	100.0
Missing	System	321	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q6_3 Financial pressures to push patients, particularly low-income and elderly, toward death

		Frequency	Percent
Valid	1.00 Very concerned	576	24.7
	2.00 Somewhat concerned	725	31.0
	3.00 Not very concerned	642	27.5
	4.00 Not at all concerned	392	16.8
	44.00	1	.0
	Total	2336	100.0
Missing	System	313	
Total		2649	

q6_4 Pressure from family to choose death for patients who are a burden

		Frequency	Percent
Valid	1.00 Very concerned	650	27.8
	2.00 Somewhat concerned	966	41.3
	3.00 Not very concerned	536	22.9
	4.00 Not at all concerned	186	8.0
	Total	2338	100.0
Missing	System	311	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q6_5 Negatively affecting the image of physicians as healers and patient advocates

		Frequency	Percent
Valid	1.00 Very concerned	506	21.7
	2.00 Somewhat concerned	604	25.9
	3.00 Not very concerned	758	32.5
	4.00 Not at all concerned	463	19.9
	Total	2331	100.0
Missing	System	318	
Total		2649	

Q6_6 Pressure or legal action pushing physicians who oppose "aid-in-dying" legislation to participate in the system

		Frequency	Percent
Valid	1.00 Very concerned	547	23.5
	2.00 Somewhat concerned	566	24.3
	3.00 Not very concerned	793	34.0
	4.00 Not at all concerned	426	18.3
	Total	2332	100.0
Missing	System	317	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q6_7 Uncertainty over whether a patient's condition is terminal

		Frequency	Percent
Valid	1.00 Very concerned	500	21.4
	2.00 Somewhat concerned	856	36.7
	3.00 Not very concerned	758	32.5
	4.00 Not at all concerned	220	9.4
	Total	2334	100.0
Missing	System	315	
Total		2649	

Q6_8 Inadequate oversight of access to lethal drugs

		Frequency	Percent
Valid	1.00 Very concerned	491	21.1
	2.00 Somewhat concerned	785	33.7
	3.00 Not very concerned	756	32.5
	4.00 Not at all concerned	297	12.8
	Total	2329	100.0
Missing	System	320	
Total		2649	

Q6_9 Failure by physicians to observe requirements of an "aid-in-dying" law

		Frequency	Percent
Valid	1.00 Very concerned	318	13.7
	2.00 Somewhat concerned	765	32.9
	3.00 Not very concerned	937	40.3
	4.00 Not at all concerned	307	13.2
	Total	2327	100.0
Missing	System	322	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q6_10 Provision of "aid-in-dying" for patients with mental illness

		Frequency	Percent
Valid	1.00 Very concerned	702	30.2
	2.00 Somewhat concerned	1022	44.0
	3.00 Not very concerned	469	20.2
	4.00 Not at all concerned	130	5.6
	Total	2323	100.0
Missing	System	326	
Total		2649	

Q6_11 Whether the proposed "aid-in-dying" legislation has adequate protections for physicians who follow the law

		Frequency	Percent
Valid	1.00 Very concerned	655	28.1
	2.00 Somewhat concerned	922	39.5
	3.00 Not very concerned	566	24.3
	4.00 Not at all concerned	190	8.1
	Total	2333	100.0
Missing	System	316	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q6_12 Concern regarding the qualifications of the licensed mental health clinician who is to determine capability/capacity

		Frequency	Percent
Valid	1.00 Very concerned	548	23.5
	2.00 Somewhat concerned	881	37.8
	3.00 Not very concerned	710	30.5
	4.00 Not at all concerned	191	8.2
	Total	2330	100.0
Missing	System	319	
Total		2649	

Q7. The following are some of the key provisions taken directly from the proposed "aid-in-dying" legislation, "An Act relative to end of life options". How important is it that any final "aid-in-dying" legislation language include the following:

Q7_1 Both the attending physician and the consulting physician must determine a terminal diagnosis and determine the patient's capability/capacity

		Frequency	Percent
Valid	1.00 Very important	1927	84.6
	2.00 Somewhat important	292	12.8
	3.00 Not very important	39	1.7
	4.00 Not at all important	21	.9
	Total	2279	100.0
Missing	System	370	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q7_2 Legal immunity for physicians for prescribing lethal drugs under the terms of the law

		Frequency	Percent
Valid	1.00 Very important	2018	88.4
	2.00 Somewhat important	195	8.5
	3.00 Not very important	30	1.3
	4.00 Not at all important	40	1.8
	Total	2283	100.0
Missing	System	366	
Total		2649	

Q7_3 Patients must voluntarily request "aid-in-dying" in writing

		Frequency	Percent
Valid	1.00 Very important	1526	66.9
	2.00 Somewhat important	535	23.5
	3.00 Not very important	172	7.5
	4.00 Not at all important	47	2.1
	11.00	1	.0
	Total	2281	100.0
Missing	System	368	
Total		2649	

Q7_4 Physicians must document and report every oral/written request, their diagnosis and the outcome for each patient

		Frequency	Percent
Valid	1.00 Very important	1591	69.7
	2.00 Somewhat important	518	22.7
	3.00 Not very important	122	5.3
	4.00 Not at all important	51	2.2
	Total	2282	100.0
Missing	System	367	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q7_5 No provider can be compelled to participate

		Frequency	Percent
Valid	1.00 Very important	2094	90.9
	2.00 Somewhat important	160	6.9
	3.00 Not very important	39	1.7
	4.00 Not at all important	11	.5
	Total	2304	100.0
Missing	System	345	
Total		2649	

Q7_6 Requirement that patients be referred to a licensed mental health professional to determine that they are not suffering from a psychiatric or psychological disorder or depression causing impaired judgment

		Frequency	Percent
Valid	1.00 Very important	1390	60.9
	2.00 Somewhat important	591	25.9
	3.00 Not very important	227	10.0
	4.00 Not at all important	73	3.2
	Total	2281	100.0
Missing	System	368	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q7_7 Requirement that physicians who refuse to provide a qualified patient with "aid-in-dying" as defined by the legislation to disclose written policies to patient upon request

		Frequency	Percent
Valid	1.00 Very important	839	36.8
	2.00 Somewhat important	755	33.1
	3.00 Not very important	408	17.9
	4.00 Not at all important	279	12.2
	Total	2281	100.0
Missing	System	368	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q8 Which one of the following policy positions do you want to see MMS take moving forward? (Please select one answer.)

		Frequency	Percent
Valid	.00 None of these/Other (please specify)	82	3.5
	1.00 Maintaining the current policy, with MMS formally opposed to medical aid-in-dying/physician-assisted suicide (MAID/PAS).	700	29.8
	2.00 Changing the policy so that MMS neither formally supports nor opposes medical aid-in-dying/physician-assisted suicide (MAID/PAS)	443	18.9
	3.00 Changing the policy so that MMS is formally in favor of medical aid-in-dying/physician-assisted suicide (MAID/PAS).	970	41.3
	4.00 Not sure	152	6.5
	Total	2347	100.0
Missing	System	302	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q9 Have you received formal training in palliative medicine, either in your medical training or through continuing medical education?

		Frequency	Percent
Valid	1.00 Yes	1150	49.4
	2.00 No	1180	50.6
	Total	2330	100.0
Missing	System	319	
Total		2649	

Q10 How often do you treat patients in later stages of terminal disease?

		Frequency	Percent
Valid	1.00 Often	534	23.3
	2.00 Sometimes	648	28.2
	3.00 Rarely	597	26.0
	4.00 Never	517	22.5
	Total	2296	100.0
Missing	System	353	
Total		2649	

Q11 How often do you refer patients in later stages of terminal disease to a palliative care specialist or hospice care?

		Frequency	Percent
Valid	1.00 All or almost all of the time	445	19.7
	2.00 Most of the time	529	23.4
	3.00 Sometimes	456	20.2
	4.00 Rarely	331	14.6
	5.00 Never	499	22.1
	Total	2260	100.0
Missing	System	389	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q12 In your experience, how difficult is it to refer patients to a palliative care specialist?

		Frequency	Percent
Valid	1.00 Very difficult	114	5.5
	2.00 Somewhat difficult	622	30.1
	3.00 Not very difficult	881	42.6
	4.00 Not at all difficult	451	21.8
	Total	2068	100.0
Missing	System	581	
Total		2649	

Q13. How much of a challenge do the following pose in referring patients to a palliative care specialist or hospice care?

Q13_1 Lack of palliative care specialists or hospice care in your area

		Frequency	Percent
Valid	1.00 Very challenging	142	22.5
	2.00 Somewhat challenging	312	49.4
	3.00 Not very challenging	137	21.7
	4.00 Not at all challenging	40	6.3
	Total	631	100.0
Missing	System	2018	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q13_2 Palliative care specialists not included in your referral networks

		Frequency	Percent
Valid	1.00 Very challenging	108	17.7
	2.00 Somewhat challenging	263	43.2
	3.00 Not very challenging	157	25.8
	4.00 Not at all challenging	81	13.3
	Total	609	100.0
Missing	System	2040	
Total		2649	

Q13_3 Patient concerns about high costs, lack of insurance coverage

		Frequency	Percent
Valid	1.00 Very challenging	144	22.9
	2.00 Somewhat challenging	260	41.3
	3.00 Not very challenging	161	25.6
	4.00 Not at all challenging	64	10.2
	Total	629	100.0
Missing	System	2020	
Total		2649	

Q13_4 Not sure there are significant benefits for your patients

		Frequency	Percent
Valid	1.00 Very challenging	53	8.5
	2.00 Somewhat challenging	154	24.6
	3.00 Not very challenging	166	26.5
	4.00 Not at all challenging	253	40.4
	Total	626	100.0
Missing	System	2023	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q13_5 Patients do not want to discuss palliative/hospice options

		Frequency	Percent
Valid	1.00 Very challenging	89	14.3
	2.00 Somewhat challenging	300	48.1
	3.00 Not very challenging	170	27.2
	4.00 Not at all challenging	65	10.4
	Total	624	100.0
Missing	System	2025	
Total		2649	

Q13_6 Other

		Frequency	Percent
Valid	1.00 Very challenging	38	33.6
	2.00 Somewhat challenging	26	23.0
	3.00 Not very challenging	20	17.7
	4.00 Not at all challenging	29	25.7
	Total	113	100.0
Missing	System	2536	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q14 Some have suggested that physicians, and particularly primary care physicians, need support and ongoing training throughout their careers on talking to patients about their plans and priorities for end-of-life care. How important do you think it is that MMS

		Frequency	Percent
Valid	1.00 Very important	1491	64.2
	2.00 Important	582	25.0
	3.00 Somewhat important	192	8.3
	4.00 Not very important	27	1.2
	5.00 Not at all important	9	.4
	6.00 Not sure	23	1.0
	Total	2324	100.0
Missing	System	325	
Total		2649	

Q15 Some have also suggested that there needs to be greater education of the public on end-of-life care. This may include funding for programs and public awareness efforts around end-of-life care; raising awareness of palliative medicine and hospice care; and

		Frequency	Percent
Valid	1.00 Very important	1576	68.3
	2.00 Important	491	21.3
	3.00 Somewhat important	164	7.1
	4.00 Not very important	42	1.8
	5.00 Not at all important	16	.7
	6.00 Not sure	18	.8
	Total	2307	100.0
Missing	System	342	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q19 What is your specialty?

		Frequency	Percent
Valid	Primary Care	779	34.7
	Specialist	1465	65.3
Total		2244	100.0
Missing		405	
Total		2649	

Q21 Are you a full or part owner of your main practice?

		Frequency	Percent
	1.00 Yes, I am a full or part owner	457	20.5
	2.00 No, I am an independent contractor	97	4.4
	3.00 No, I am an employee	1059	47.6
	4.00 Retired	381	17.1
	5.00 Other	231	10.4
	Total	2225	100.0
Missing	System	424	
Total		2649	

Appendix B: Physician members who participated in the Medical Aid-in-Dying/Physician-Assisted Suicide Survey - Results for Closed-Ended Survey Questions

Q23 Which of the following best describes the type of facility in which you MOSTLY practice? (Please choose only one.)

		Frequency	Percent
Valid	1.00 Hospital	404	18.2
	2.00 Split time about evenly between hospital and office	157	7.1
	3.00 Integrated health delivery system	89	4.0
	4.00 Other community health center	52	2.3
	5.00 Outpatient clinic/private office	561	25.2
	6.00 Academic medical center	380	17.1
	7.00 Federally qualified health center/rural health clinic	61	2.7
	8.00 Retired	306	13.8
	9.00 Other	212	9.5
	Total	2222	100.0
Missing	System	427	
Total		2649	

Q25 What is your gender?

		Frequency	Percent
Valid	1.00 Male	1385	62.0
	2.00 Female	842	37.7
	3.00 Other	8	.4
	Total	2235	100.0
Missing	System	414	
Total		2649	

Q26 What is your race/ethnicity? (Check all that apply)

	Frequency	Percent
Race/Ethnicity		
Hispanic/Latino	52	2.6%
Black/African American	19	0.9%
White	1,725	85.6%
Asian	187	9.3%
Other	4	0.2%
Multiracial	29	1.4%
Missing System	637	
Total	2,653	100%

Appendix C: Medical Aid-in-Dying/Physician-Assisted Suicide Survey

Massachusetts Medical Society

Every physician matters, each patient counts.

Medical Aid in Dying/ Physician-Assisted Suicide Survey

OVER ▶

Q1. Below are some attitudes physicians have expressed concerning **medical aid in dying/physician-assisted suicide (MAID/PAS)**. Please indicate whether you agree or disagree with the following:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The practice of providing patients with comfort-oriented care that may have the unintended consequence of hastening death is common	○	○	○	○	○
Legislation to permit MAID/PAS may cause patients to fear physicians will not act in their best interest	○	○	○	○	○
Better access to mental health care would lessen patient interest in MAID/PAS	○	○	○	○	○
Comfort-oriented care has evolved to the point that physicians do not need to be involved in hastening death	○	○	○	○	○
Legislation supporting MAID/PAS is problematic due to the uncertainty of medical prognoses and timing of death	○	○	○	○	○
Participation in MAID/PAS is inconsistent with the physician's role as a healer	○	○	○	○	○
Access to MAID/PAS is important for patient autonomy	○	○	○	○	○
MAID/PAS legislation is unnecessary, as current regulatory processes are sufficient	○	○	○	○	○
Physicians who fail to talk with patients about MAID/PAS options are withholding key medical services	○	○	○	○	○
Under current law, physicians do not have sufficient guidelines for providing comfort-oriented care that may hasten death	○	○	○	○	○
Better use of comfort measures would lessen patient interest in MAID/PAS	○	○	○	○	○

Q2. In general, do you support or oppose **medical aid in dying/physician-assisted suicide (MAID/PAS)**, the practice of physicians giving terminally ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit?

- ○ Strongly support
- ○ Support
- ○ Neither support nor oppose
- ○ Oppose
- ○ Strongly oppose

Q3. What terminology do you believe best describes **the practice of physicians giving terminally ill adults prescriptions for lethal doses of medications, to be self-administered at such time as the patient sees fit**? Please rank your top four choices from the list of terms below indicating your first choice with a "1," second choice as "2," third choice as "3," and fourth choice as "4."

___ Aid in Dying	___ Dying with Dignity	___ Physician Accelerated Death
___ Medical Aid in Dying	___ Medical Care of the Dying	___ Physician Aid in Dying
___ Physician Hastened Death	___ Physician-Assisted Suicide	___ Physician Prescribed Medication to End Life
___ Physician-Assisted Death	___ Medically Assisted Suicide	

Q4. How familiar are you with Massachusetts House bill 1194/Senate bill 1225, "An Act relative to end of life options"? Would you say you are:

- ○ Very familiar
- ○ Somewhat familiar
- ○ Not very familiar
- ○ Not at all familiar

The following provides an overview of this proposed legislation:

Massachusetts House bill 1194/Senate bill 1225 "An Act relative to end of life options"

The proposed legislation defines: "aid in dying" as "the medical practice of a physician prescribing lawful medication to a qualified patient, which the patient may choose to self-administer to bring about a peaceful death", and is the term used to describe the proposed law in the highlights of the legislation outlined below. For the full text of the proposed legislation please visit the Massachusetts legislature website at: **https://malegislature.gov/Bills/190/S1225** or **https://malegislature.gov/Bills/190/H1194**.

Some of the included highlights of the already proposed legislation are:

- Allows physicians to prescribe life-ending drugs to terminally ill patients at their request.
- "'Terminally ill' means having a terminal illness or condition which can reasonably be expected to cause death within 6 months, whether or not treatment is provided."
- The terminal illness must be confirmed by a consulting physician who is not the attending physician.
- The terminally ill patient must be at least 18 years old and a resident of Massachusetts with capability/capacity to make informed decisions.
- The patient's "capability" must be confirmed via "counseling" and documented in the medical record. The bill language states:
  - *Capability* refers to "having the capacity to make informed, complex health care decisions; understand the consequences of those decisions; and to communicate them to health care providers, including communication through individuals familiar with the patient's manner of communicating if those individuals are available."
  - *Counseling* means "one or more consultations as necessary between a licensed mental health professional and a patient for the purpose of determining that the patient is capable and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment."
- The terminally ill patient cannot be under guardianship and may not qualify solely because of age or disability.
- "Aid-in-dying" requests must be made voluntarily and orally, and must be followed by a written request no fewer than 15 days after the oral request is made.
- The written request must be witnessed by two individuals and at least one witness cannot be family, the patient's beneficiary, professionally affiliated with the facility where the patient resides, or the attending physician.
- Terminally ill patients are recommended, but not required, to notify next of kin.
- Terminally ill patients have a right to rescind at any point in the process.
- The proposed legislation allows for physicians to choose not to participate in "aid in dying" without penalty.
- The proposed legislation states that actions taken to "aid in dying" shall not be a violation of civil or criminal law or constitute a professional disciplinary infraction.
- If the physician chooses not to participate in "aid in dying," the physician must maintain policies regarding their decision not to participate, as outlined in the statute, and disclose those written policies upon request.
- "Physicians are required to keep a record of the number of requests; number of prescriptions written; number of requests rescinded; and the number of qualified patients that took the medication under this chapter. These data shall be reported to the Department of Public Health annually, which will subsequently be made available to the public."

Q5. What is your opinion on the proposed "aid-in-dying" legislation in Massachusetts, **"An Act relative to end of life options"** (House bill 1194/Senate bill 1225)? Do you:

- ○ Strongly support
- ○ Support
- ○ Neither support nor oppose
- ○ Oppose
- ○ Strongly oppose

Q6. The following is a list of concerns that have been expressed by physicians about the proposed "aid-in-dying" legislation, "An Act relative to end of life options", described on the previous page. These questions are rooted in the language of the proposed legislation.

How concerned are you about the following issues related to this proposed legislation now being considered by Massachusetts legislators?

	Very concerned	Somewhat concerned	Not very concerned	Not at all concerned
Creating a slippery slope of opting for death instead of treating suffering	○	○	○	○
Inconsistency between prescribing lethal drugs and physicians' oath to do no harm	○	○	○	○
Financial pressures to push patients, particularly low-income and elderly, toward death	○	○	○	○
Pressure from family to choose death for patients who are a burden	○	○	○	○
Negatively affecting the image of physicians as healers and patient advocates	○	○	○	○
Pressure or legal action pushing physicians who oppose "aid-in-dying" legislation to participate in the system	○	○	○	○
Uncertainty over whether a patient's condition is terminal	○	○	○	○
Inadequate oversight of access to lethal drugs	○	○	○	○
Failure by physicians to observe requirements of an "aid-in-dying" law	○	○	○	○
Provision of "aid-in-dying" for patients with mental illness	○	○	○	○
Whether the proposed "aid-in-dying" legislation has adequate protections for physicians who follow the law	○	○	○	○
Concern regarding the qualifications of the licensed mental health professional who is to determine capability/capacity	○	○	○	○

Q7. The following are some of the key provisions taken directly from the proposed "aid-in-dying" legislation, "An Act relative to end of life options." How important is it that any final "aid-in-dying" legislation include the following:

	Very important	Somewhat important	Not very important	Not at all important
Both the attending physician and the consulting physician must determine a terminal diagnosis and determine the patient's capability/capacity	○	○	○	○
Legal immunity for physicians for prescribing lethal drugs under the terms of the law	○	○	○	○
Patients must voluntarily request "aid in dying" in writing	○	○	○	○
Physicians must document and report every oral/written request, their diagnosis, and the outcome for each patient	○	○	○	○
No provider can be compelled to participate	○	○	○	○
Requirement that patients be referred to a licensed mental health professional to determine that they are not suffering from a psychiatric or psychological disorder or depression causing impaired judgment	○	○	○	○
Requirement of physicians who refuse to provide a qualified patient with "aid-in-dying" as defined by the legislation to disclose written policies to patient upon request	○	○	○	○

Q8. Current MMS policy is opposed to **medical aid in dying/physician-assisted suicide (MAID/PAS)**. The current MMS policy states:

"The Massachusetts Medical Society supports patient dignity and the alleviation of pain and suffering at the end of life."

"The Massachusetts Medical Society will provide physicians treating terminally ill patients with the ethical, medical, social, and legal education, training, and resources to enable them to contribute to the comfort and dignity of the patient and the patient's family."

"The Massachusetts Medical Society is opposed to physician-assisted suicide."

Which of the following policy positions do you want to see the MMS take moving forward? (*Please select one answer.*)

- ○ Maintaining the current policy, with the MMS **formally opposed** to medical aid in dying/physician-assisted suicide (MAID/PAS)
- ○ Changing the policy so that the MMS **neither formally supports nor opposes** medical aid in dying/physician-assisted suicide (MAID/PAS)
- ○ Changing the policy so that the MMS is formally **in favor of** medical aid in dying/physician-assisted suicide (MAID/PAS)
- ○ Not sure
- ○ None of these/other

Other (*please specify*) _____

Q9. Have you received formal training in palliative medicine, either in your medical training or through continuing medical education?

○ Yes ○ No

Q10. How often do you treat patients in later stages of terminal disease?

○ Often ○ Sometimes ○ Rarely ○ Never

Q11. How often do you refer patients in later stages of terminal disease to a palliative care specialist or hospice care?

○ All or almost all of the time ○ Most of the time ○ Sometimes ○ Rarely ○ Never

Q12. In your experience, how difficult is it to refer patients to a palliative care specialist?

○ Very difficult ○ Somewhat difficult ○ Not very difficult (*skip to Q13*) ○ Not at all difficult (*skip to Q13*)

Q12a. How much of a challenge do the following pose in referring patients to a palliative care specialist or hospice care?

	Very challenging	Somewhat challenging	Not very challenging	Not at all challenging
Lack of palliative care specialists or hospice care in your area	○	○	○	○
Palliative care specialists not included in your referral networks	○	○	○	○
Patient concerns about high costs, lack of insurance coverage	○	○	○	○
Not sure there are significant benefits for your patients	○	○	○	○
Patients do not want to discuss palliative/hospice options	○	○	○	○
Other	○	○	○	○

Other (*please specify*) _____

Q13. Some have suggested that physicians, and particularly primary care physicians, need support and ongoing training throughout their careers on talking to patients about their plans and priorities for end-of-life care.

How important do you think it is that the MMS sponsor programs (e.g., webinars, trainings, connection to expert resources, connection to peers) focused on helping physicians to better address end-of-life care issues with their patients?

- ○ Very important
- ○ Important
- ○ Somewhat Important
- ○ Not very important
- ○ Not at all important
- ○ Not sure

Q14. Some have also suggested that there needs to be greater education of the public on end-of-life care. This may include funding for programs and public awareness efforts around end-of-life care; raising awareness of palliative medicine and hospice care; and ensuring access to palliative care coverage and clinical expertise is available.

How important do you think it is for the MMS to advocate for public education on end-of-life issues in Massachusetts?

- ○ Very important
- ○ Important
- ○ Somewhat Important
- ○ Not very important
- ○ Not at all important
- ○ Not sure

Q15. Do you think that the MMS should use the results of this survey in formulating policy and shaping advocacy efforts? Please explain.

_____

_____

Q16. Are there any additional thoughts or comments you would like to share regarding MAID/PAS? Please feel free to provide us with that information below.

_____

_____

Demographics

1. How many hours per week are you engaged in direct patient care? _____

2. What is your specialty?

- ○ Primary care (*please specify type*) _____
- ○ Specialist (*please specify type*) _____

3. Are you a full or part owner of your main practice?

- ○ Yes, I am a full or part owner
- ○ No, I am an independent contractor
- ○ No, I am an employee
- ○ Retired
- ○ Other (*please specify*) _____

3a. What is your main practice zip code (or home zip code, if you are retired)? _____

4. Which of the following best describes the type of facility in which you MOSTLY practice? (*please choose only one*)

- ○ Hospital
- ○ Split time about evenly between hospital and office
- ○ Integrated health delivery system
- ○ Other community health center
- ○ Other facility. Please be specific: _____
- ○ Does not apply
- ○ Outpatient clinic/private office
- ○ Academic medical center
- ○ Federally qualified health center/rural health clinic
- ○ Retired

5. What year did you graduate from medical school? _____

6. What is your gender?

- ○ Male
- ○ Female
- ○ Other

7. What is your race/ethnicity? (*Check all that apply*)

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Hispanic or Latino
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Prefer not to answer

Thank you for completing and returning this survey in the postage paid envelope provided. Once we receive your completed survey, you will be able to enter the discount code "MAIDPAS17" to secure one free online CME course when you register on our website at **www.massmed.org/survey/eol**.