



Counterfeit Consensus: The Ambivalence of Public Opinion on Assisted Suicide

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About the Author

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Summary

Evidence from bi-monthly tracker surveys and from the British Social Attitudes survey shows that public opinion on 'assisted suicide' has remained largely stable over recent years. There has been no groundswell of opinion in favour. If anything, there has been a decline in those who 'strongly support' a change in the law, down from 49% to 31%.

There is also widespread confusion, with surveys showing between 39% and 42% of people think that 'assisted dying' refers to withdrawal of life-sustaining treatment.

Furthermore, while a majority of people support a change in the law in principle, at least 'somewhat', fewer say that they want their MP to vote in favour. To the question 'Looking ahead to after the next General Election, would you want your MP to vote for or against legislation to make assisted dying legal in the UK?' only 43% said 'vote for'. In London 'vote for' was only 34% and among Asian and Black Britons it was 24%.

Citizens' Assemblies have been suggested as a means to get a better understanding of public

opinion but they suffer from group polarisation and are neither representative of nor accountable to the wider public.

Medical opinion is very divided but those who are most involved in caring for the dying, especially those who work in palliative care, are most opposed (70% in a recent survey).

The picture that polls reveal is much more complicated than the headlines claim: only a minority strongly support legalisation, fewer than half want MPs to vote in favour, and very few people think this should be a priority for the Government. At the same time many had misgivings: 53% were concerned that vulnerable people would apply for assisted dying because they felt they were 'a burden to others,' while 75% thought the NHS was 'currently not in a fit state' to provide assisted suicide.

MPs should vote on the basis of their own consciences and what they judge to be best for the common good, but they need not fear acting against what is claimed to be the opinion of the people.

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Introduction

The advocates of assisted suicide often argue that a clear majority of the public are in favour of legalising it. [1] 'The vast majority of Britons agree that the law must change' according to Lord Falconer. [2] Hence, the time has now come, they say, to give the people what they want. But what do the polls actually tell us when we look at them closely?

According to the POSTBrief on assisted dying, published to inform MPs about the most up-to-date research on a given issue: 'Robust data on UK public perspectives on assisted dying and variations between different groups are limited. Most of the available data are based on opinion polls.' [3] There are several opinion polls that we will discuss in this briefing paper: the YouGov tracker, and the surveys commissioned by Dignity in Dying, Living and Dying Well, Care Not Killing, King's College London, the Nuffield Council on Bioethics and More in Common.

No Considerable Change to Public Opinion

The Holyrood Health, Social Care and Sport Committee's report [4], following a public consultation on the Assisted Dying for Terminally Ill Adults (Scotland) Bill, pointed to the YouGov tracker as presenting data by a reputable polling company.

There are two YouGov trackers showing data from their bi-monthly surveys: one asking if participants think that the law should or should not be changed to allow someone to assist in the

suicide of someone suffering from a terminal illness [5], and another for those suffering from an incurable but not terminal illness. [6] The first has around 73%-64% in favour and the second has 41%-48% in favour over the past five years, with around 23%-16% being against in the first, and 33%-30% against in the second poll. The trackers show a flat line: public opinion has remained largely stable over the past five years. There is therefore no reason to think that there is a great change of public opinion since the last vote on assisted suicide in Westminster in 2015. Similarly, data from the British Social Attitudes survey 'suggests that support for assisted dying for terminally ill patients has been stable for over 30 years.' [7]

The Nuffield Council on Bioethics commissioned two nationally representative surveys on assisted dying in 2024, one in February and another in September. The second survey found that public awareness of assisted dying had increased since the first: '*In February 2024, 59% of the public had seen, read or heard about assisted dying... This rose to 82% in September 2024, likely reflecting the increased media coverage, interest and discussion about the topic.*' [8]

It concludes, however, that this did not greatly affect public opinion: '*Increased exposure to messages on this issue does not appear to have affected the balance of public opinion in England towards assisted dying, with levels of support and opposition remaining consistent between February and September 2024.*' [9] In February, 35% somewhat agreed and 34% strongly agreed that assisted dying should be legalised in England, with 8% somewhat disagreeing and 7% strongly disagreeing. [10] In September, 38% somewhat agreed and 31% strongly agreed, with 7%

somewhat disagreeing and 7% strongly disagreeing. [11] This is very similar to results from More in Common, the organisation founded in the aftermath of the tragic murder of Jo Cox MP, the sister of Kim Leadbeater, who used to be the chair of that organisation and who subsequently stood in and became MP for Cox's constituency of Batley and Spen – now Spen Valley – and has introduced the Terminally Ill Adults (End of Life) Bill which seeks to legalise assisted suicide. Its poll, from November 2024 found, in England [12], 33% somewhat agreed and 31% strongly agreed, with 7% somewhat disagreeing and 6% strongly disagreeing.

Although the summary of the Nuffield Council survey is right to report that increased exposure has not shifted public opinion dramatically, it is interesting to note that the number of those strongly in favour has declined in the intervening months. Similarly, previous polls for Dignity in Dying in 2015 [13] and 2019 [14] showed 47% strongly support and 49% strongly support a change in the law. This suggests that numbers 'strongly' supporting assisted suicide / assisted dying may have declined in the past five years.

Confusion and Misinformation

There are, however, reasons to be wary of taking these results at face value. 'Three polls from 2018 and 2019 suggest that over three-quarters of UK adults support legalising some form of assisted dying' [15] as mentioned in the POSTBrief. But it goes on to comment:

*'However, **research indicates that the explanatory context, question wording and order and response options can influence reported attitudes to assisted dying.** Further, **public understanding of the term "assisted dying" is low in the UK;** a 2021 poll found that more than half of respondents understood the term to refer to medical practices that are currently legal, such as*

refusing life-prolonging treatment and hospice care. Public attitudes towards the legalisation of assisted dying are also known to be significantly affected by their awareness of the ethical and practical complexities. Opinion polls and surveys that do not capture this complexity may not accurately reflect public attitudes. As noted by the House of Lords 2005 Select Committee on Assisted Dying for the Terminally Ill Bill, opinion polls and survey data are useful to understand how many people agree or disagree with a specific proposition, but they do not explore in-depth the key factors that shape how people perceive complex and sensitive issues.' [16]

The issue of confusion and misinformation makes it particularly problematic to draw conclusions from survey data.

In the first of two surveys commissioned by the Nuffield Council on Bioethics, 'respondents were asked what they understood the term "assisted dying" to mean' [17] before being presented a definition or any information about it. It found that 'a majority of respondents alighted on principles such as ending life with lethal drugs in the context of terminal illness for adults and offering individuals choice and dignity at the end of life.' [18]

However, it also found evidence of some confusion: 'Almost two in five (39%) thought that withdrawing life support from an adult patient who cannot survive without it was assisted dying. Similarly, 28% of respondents thought that adult patients who are dying and who exercise their right to refuse life-prolonging treatment is assisted dying.' [19]

A submission by Living and Dying Well to the UK Parliament's Health and Social Care Committee mentions the following: 'There is poor public understanding of what assisted dying is and what is involved. A 2021 survey of public

understanding found that only 43% realised that assisted dying is giving lethal drugs, 42% thought incorrectly it is stopping life-sustaining treatment, 10% said hospice care and 5% didn't know.' [20]

Similar comments were made in the submission made by Care Not Killing to the same committee:

'Former Supreme Court justice Lord Sumption has observed that although law change advocates claim "the public is overwhelmingly in favour, a lot of polling evidence suggests that that rather depends on the degree of detail which goes into the asking of the question." 2014 ComRes polling found that respondents moved from '73% in favour; 12% against' to '43% in favour; 43% against' once just a few arguments against legalisation had been heard.'

This suggests that many of those responding to polls may have misunderstood what they were being asked. As Andrew Hawkins remarks, *'If half the public were to conflate assisted suicide with palliative care, we should treat all simple one-question polling on the issue with scepticism.'* [21]

On the Care Not Killing website, the following conclusion is drawn from the ComRes survey it commissioned in 2014: *'Polls consistently show between 70% and 80% in support of AS. However, the issue is clearly far more complex than a simple 'support' / 'oppose' question can do justice to. This polling strongly suggests that when offered evidence about the nature or source of opposition to AS [assisted suicide], and some of the key arguments against it, this high level of support rapidly dwindles. ... In short, support for AS looks to be extremely soft and generally uninformed.'* [22]

Uncommitted and Unconvincing

The polls also reveal that public support is not as strong or as convincing as the advocates of assisted suicide would argue.

A poll by King's College London found that although 'two-thirds say they want this Parliament to legalise assisted dying, less than half want their MP to actually vote for it'. [23] 45% think their MP should be compelled to legalise it, whereas 29% want their MP to vote following his or her conscience. This is similar to the data in the poll commissioned by Dignity in Dying (formerly known as the Voluntary Euthanasia Society). [24] Lord Falconer refers to this poll when claiming that 'the vast majority of Britons agree that the law must change'. [25] However, the survey did not ask whether the law must change. It asked, 'to what extent would you support or oppose making it legal for someone to seek 'assisted dying' in the UK, and how strong is your view?' 35% strongly supported this and 40% somewhat supported it: 'somewhat support' is not the same as 'must change'.

The More in Common poll concluded that the Leadbeater Bill should receive a Second Reading 'given strong public support for the principle of assisted dying', but this seems to imply that public support is the only or main criterion on which MPs should vote in favour of a Bill. Furthermore, it seems wrong to call this 'strong public support' when less than a third state that they 'strongly support' this principle. The *Sunday Times* reported the survey as finding that nearly two-thirds of the public support assisted suicide. [26] However, this is because 32% 'somewhat support' it. [27] Furthermore, of those who somewhat support legalisation, only 15% are 'very certain' of their view. This confirms what is seen repeatedly in other surveys, while a majority

signal some support for a change in the law, this view is neither held strongly nor held with great certainty.

Another question from the same poll, which went largely unreported, was more specific and much more relevant to MPs: 'Looking ahead to after the next General Election, would you want your MP to vote for or against legislation to make assisted dying legal in the UK?' Overall, only 43% said 'vote for'. In no area of the country did a majority of those surveyed say 'vote for'. In London 'vote for' was only 34% and among Asian Britons and among Black Britons it was only 24% and it was 19% among Muslims.

This is not a majority, let alone a 'vast majority'.

Moreover, the Whitestone Insight poll commissioned by Living and Dying Well in 2024 found that legalising assisted suicide is not at all a priority for the public: **it ranked 23 out of 24 issues that needed the UK Government's attention**, ranking lower than international trade deals and regulating AI. Only 4% thought it should be a priority for MPs. [28]

The same survey also found that 46% of people surveyed support legalising assisted dying / assisted suicide (AD/AS) in principle but feel there are too many complicating factors to make it a practical and safe option to implement in Britain. [29]

'A clear majority – 56 per cent – voiced fears that legalising AD/AS would lead to a culture where suicide becomes more normalised than it is today. This rose to 67 per cent when those who answered "don't know" were omitted. Similarly, 41 per cent fear that introducing AD/AS when the NHS and Social Care budget is under such pressure would inevitably place an incentive on health professionals to encourage some people to end their lives early.' [30]

A similar concern about the consequences of the bill were highlighted in a new YouGov survey released on 22 November. It found that 53% of respondents thought it was likely that *'[s]ignificant numbers of vulnerable people will decide to apply for assisted dying primarily because they feel that they have become a burden to others.'* More people thought that the initial safeguards in the Leadbeater Bill are likely to be loosened (38% thought this was likely, 34% thought it was unlikely). More people thought that *'[s]ociety will come to expect that some people suffering from certain conditions should be opting for assisted dying, rather than palliative care.'* 44% thought this was likely, whereas 33% thought it was unlikely. [31]

The poll by More in Common revealed that the public's support is very much conditional on having effective safeguards: *'62 per cent of the public favour more restrictive eligibility with robust safeguards compared to 29 per cent who favour lower safeguards to avoid barriers to access.'* [32]

It is also interesting to note that the poll by Dignity in Dying received a higher number of responses in favour of assisted suicide (75%) than the poll by Living and Dying Well (60%). However, the poll by Dignity in Dying phrased its questions with the term 'assisted dying', whereas Living and Dying Well used the term 'assisted suicide'. This may confirm the POSTBrief's comment, as quoted above, that *'the explanatory context, question wording and order and response options can influence reported attitudes to assisted dying.'*

Citizens' Assemblies / Juries

It is sometimes thought that Citizens' Assemblies or Juries might offer a better way to understand public opinion than polls and may offer a way to increase democratic participation in decision-

making. However, Citizens' Assemblies present particular problems of their own. There is a real danger that those likely to accept the invitation to take part in the Citizens' Assembly will be those already pre-disposed to hold a strong opinion in the issue, either for or against, rather than being an accurate and representative cross-section of what the general population believes. Whereas the general population's view is characterised by ambiguity, confusion, and uncertainty, as the polls mentioned previously reveal, Citizens' Assemblies by contrast do not reflect what the wider population thinks. This is for several reasons. Those who are willing and interested in taking part in such an activity are more likely to hold a clearly defined and strongly held opinion on the issue. It is hard to avoid selection-bias in finding volunteers to take part in such activities. The need to choose a relatively small group of participants means that it is impossible to choose a group of participants that are a statistically representative cross-section of the different groups and segments of society.

Moreover, there is a well-documented problem of Citizens' Assemblies and Juries which is known as 'group polarisation': people's views tend to become more extreme through the process of reinforcement when people who share similar views discuss issues together in small groups, adopting a form of 'groupthink'. [33] One recent example of this is the recommendation by a Citizens' Assembly in Ireland to remove specific references to 'marriage' and to 'mothers' from the constitution, and to replace these with generic references to 'family' and 'care'. These proposals were defeated by 67% against and 74% against and together have 'put a question mark over the future of Irish citizens' assemblies'. [34] It is no surprise, then, that the advisory Citizens' Jury on 'assisted dying' in Jersey came to hold the most extreme view: in favour of euthanasia (and not just physician-assisted suicide) by a nurse practitioner (not only by a physician), for chronic

disability (not only for terminal illness) and for minors (not only for adults – though this vote was less clear because of a confusing set of options). [32] This is especially striking because it is not following the example of most Anglophone jurisdictions that have legalised physician-assisted suicide for the terminally ill only, such as Oregon. It is closer to the model of what is done in the Low Countries and Canada, which has been associated with far greater numbers of deaths and with much greater concerns about the scope for abuse and for non-voluntary euthanasia.

The decision to legalise assisted dying is a serious and grave one. If such a decision were taken, it ought to be done by elected representatives, who are accountable and responsible to the electorate. It is not a decision that ought to be made by a Citizens' Assembly or a Citizens' Jury, which is neither expert nor representative and is not held accountable to the public for its decisions, nor is there any way for the wider public to have any influence over its deliberations. [35] Rather than enhancing public engagement, they circumvent it.

Divided Opinions Among Doctors

Finally, it is worth mentioning that the views of medical professionals are no more clear-cut than among the public.

The British Medical Association's poll of its members in 2020, performed by Kantar, found that 40% of its surveyed members thought the BMA should actively support changing the law, 33% thought it should maintain its opposition, and 21% favoured the BMA taking a neutral stance. [37] Although 50% were in favour of legalising physician-assisted suicide (and 39% against), 45% expressed an unwillingness to participate in the prescription of lethal drugs to a

patient. Only 36% of surveyed BMA members were willing to prescribe them.

Similarly, a 'recent poll of more than 1,000 doctors on *Doctors.net.uk* found opinion on physician-assisted dying was split, with 48 per cent of respondents against, nearly 45 per cent in favour. A majority said it would negatively impact the medical profession.' [39]

Where polls are broken down by specialism it is clear that those who are involved in the ongoing care of elderly and dying patients are more strongly opposed to a change in the law. Thus the four most supportive specialisms were otolaryngology (53% supportive), clinical radiology (52%), trauma and orthopaedic surgery (52%) and anaesthetics (51%) whereas the four most strongly opposed were palliative medicine (70% opposed), clinical oncology (44%), geriatric medicine (44%) and general practice (39%).

The level of opposition among physicians in palliative medicine is particularly striking and is related to a concern that a change in the law on assisted suicide could have a negative impact on level and quality palliative care. [40]

In this context it is useful to note that, in the More in Common survey, while a majority were in favour of legalising assisted dying in principle, 75% thought that '*the NHS is currently not in a fit state to provide people with the option of assisted dying*'. [41] This seems to support the argument of the Health Secretary, speaking as someone in favour of assisted suicide in principle, that the law should not be enacted until the problems currently facing the NHS have been addressed. [42] This is echoed by the Equality and Human Rights Commission who have warned that before a law is brought in '*all practicable social conditions, support, care and services are in place so that people with serious or terminal illnesses can decide how and when to end their life freely*

and without feeling coerced, and therefore in a way which is compatible with Article 2 rights.' [43]

Conclusion

When we delve more deeply into the data gathered by these polls, we find that the public are not strongly committed one way or another as the headlines would suggest, but rather they have conflicting opinions on this issue.

The picture they reveal is much more complicated than the headlines claim: only a minority strongly support legalisation, fewer than half want MPs to vote in favour, and very few people think this should be a priority for the Government.

Those in minority communities, such as Muslim, Asian, and Black communities, are more likely to be cautious. They know whom the system favours and who tends to bear most of the risk.

It is frequently pointed out that polls often show a majority of the public support the reintroduction of the death penalty. A poll by YouGov shows that 53% would support the death penalty being used for someone who murders a child, whereas 36% are opposed. [44] If MPs are opposed to following public opinion slavishly on the issue of the death penalty, then they should reconsider how to interpret opinion polls on the complex matter of legalising assisted suicide.

MPs should also remember the following point made by Andrew Hawkins about why Parliament has, time after time, rejected the many attempts to legalise it in previous years:

'The reluctance of Parliament to legislate to permit assisted suicide reflects the fact that, despite many attempts to change the law, members of each House have had the chance to hear arguments for and against, in objective terms. Those arguments cannot be communicated simply or easily in a public poll.' [45]

MPs should vote on the basis of their own consciences and what they judge to be best for the common good, but they need not fear acting against what is claimed to be the strong opinions of the people. They can be reassured that most of their constituents are likely to be divided on this issue, confused about what exactly is being proposed, and uncertain about whether it can be safely implemented.

Getting Help

If the issues discussed here affect you or someone close to you, you can call Samaritans on 116 123 (UK and ROI), visit their website <https://www.samaritans.org/> or contact them on jo@samaritans.org.

If you are reporting or writing about a case of death by suicide, whether assisted or non-assisted, please consult media guidelines <https://www.samaritans.org/about-samaritans/media-guidelines/> on how to do so responsibly.

Endnotes

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