

Medical ethics: a survey of general practitioners' attitudes

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SUMMARY: A postal questionnaire was used to investigate general practitioners' attitudes to several issues of medical ethics: artificial insemination, contraception, termination of pregnancy, euthanasia and criteria for brain death. The 500 doctors surveyed were all practising in the west of Scotland; 301 forms were returned (60 per cent response).

The responses showed clear acceptance of artificial insemination husband (AIH), the oral contraceptive pill and the IUCD (intrauterine contraceptive device), the withholding of life-saving treatment from a severely handicapped neonate, and the current criteria of brain death. A majority of doctors had reservations about artificial insemination donor (AID) and postcoital contraception. There were major differences on the abortion issue: termination was in general considered acceptable in circumstances of rape, threat to mother's life or prenatal diagnosis of spina bifida. There was more doubt that termination of pregnancy should be available to pregnant schoolgirls and to women whose careers might be at stake. The results showed little difference between males and females, but the older practitioners tended to be more liberal in their views than their younger counterparts.

Introduction

QUESTIONS of medical ethics have confronted doctors for as long as medicine has been practised. Nowadays they seem to be of a new magnitude and encompass matters to which every doctor should give much thought. Partly as a result of the current technological revolution new issues arise with increasing frequency; they are debated by committees and at

conferences, commented on endlessly, and indeed have whole journals devoted to them.

Given the intense interest in and concern about medical ethics, it is astonishing that so little information is available on the collective views of doctors. It would appear that only Waite and Cartwright have surveyed British doctors in substantial numbers.¹

With society seeking the answers to these issues, it is important that the views of doctors are made known. This survey was an attempt to discover what these views are.

The aims of the survey were to answer the following questions in relation to some important medical ethical issues. What are the areas of agreement and disagreement among general practitioners? Are attitudes related to age or sex? Is there a desire for changes to be made in the law or current codes of practice?

Method

The survey was carried out in February 1982 by sending questionnaires to 500 general practitioners working in the west of Scotland. All were members of the Royal College of General Practitioners, which has in its membership about one third of the total number of general practitioners in this area.

The main survey was preceded by two pilot studies which confirmed its feasibility and helped with the formulation of questions.

The ethical areas covered by the questionnaire were artificial insemination, contraception, termination of pregnancy, euthanasia and criteria for brain death. Replies to each question could be 'Yes', 'No' or 'Don't know', and space inviting further comments was provided. Completed questionnaires, all anonymous, were returned by post in addressed envelopes supplied.

Results

The number of questionnaires returned was 301, a response rate of 60 per cent, although one form was incomplete; 43 of the respondents (14 per cent) were female and 258 (86 per cent) were male, in the age

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groups shown in Table 1. The number and percentage of responses to each question are listed in Table 2. The data was analysed by comparing the males and females and the under 40 years and over 50 years age groups.

Table 1. Age groups of the 301 respondents.

Age group (years)	Number	Percentage
Under 30	39	13
30-39	77	26
40-49	44	15
Over 50	141	47

Statistical significance was estimated using the chi-square test.

On comparing male doctors with female doctors, only one question—‘Are there circumstances where you would approve of AID?’—revealed a statistically significant difference (Table 3). Comparison of the under 40 years age group with the under 50 years age group revealed statistically significant differences in opinion in answers to six items (Table 4).

An appendix to the question regarding the law on abortion asked: ‘Are there any other changes you would like to see in the 1967 Abortion Act?’ Seven doctors wanted the Act to be repealed and six said that there

Table 2. Number and percentage of respondents replying to each question. (N = 300 general practitioners.)

	Yes		No		Don't know	
	Number	(%)	Number	(%)	Number	(%)
<i>Artificial insemination</i>						
1. Are there circumstances where you would approve of AIH?	294	(98)	3	(1)	3	(1)
2. Are there circumstances where you would approve of AID?	196	(65)	71	(24)	33	(11)
<i>Contraception</i>						
1. Do you consider the following to be ethically acceptable:						
a) IUCD?	279	(93)	16	(5)	6	(2)
b) Postcoital contraception?	236	(78)	48	(16)	17	(6)
c) Oral contraception?	296	(98)	4	(1)	1	(<1)
2. Would you like to see changes in the 1967 Abortion Act? If yes:	129	(43)	152	(50)	20	(7)
a) A lowering of the maximum gestation age at which abortion may be performed?	90	(30)* (70)†	21	(7)* (16)†	18	(6)* (14)†
b) More precise definition of specified circumstances?	96	(32)* (74)†	14	(5)* (11)†	19	(6)* (15)†
<i>Termination of pregnancy</i>						
1. Would you generally be in favour of termination of pregnancy in the following circumstances:						
a) Pregnancy resulting from rape?	282	(94)	14	(5)	4	(1)
b) Mother's life threatened?	289	(96)	10	(3)	1	(<1)
c) Prenatal diagnosis of spina bifida	267	(89)	24	(8)	10	(3)
d) Schoolgirl without steady boyfriend	216	(72)	51	(17)	33	(11)
e) Mother's career threatened	97	(32)	146	(49)	57	(19)
<i>Euthanasia</i>						
1. Does a person have a right to take his own life:						
a) Always?	86	(29)	180	(60)	33	(11)
b) If terminally ill?	150	(50)	116	(39)	33	(11)
2. Do you foresee changes in the law permitting doctors to end the life of the terminally ill?	40	(13)	237	(79)	22	(7)
3. Would you welcome such changes if they came?	37	(12)	244	(81)	19	(6)
4. Is it ever right to withhold life-saving treatment from a severely handicapped baby?	264	(88)	14	(5)	22	(7)
<i>Brain death</i>						
1. Do you consider the current criteria of brain death to be reliable?	247	(82)	9	(3)	45	(15)

*Percentage of total number of respondents. †Percentage of respondents answering ‘Yes’. Percentages were rounded off to the nearest whole number. One questionnaire was not completely answered.

should be no legal restrictions to termination of pregnancy. Although many other individual opinions were expressed, no other suggestions were put forward.

The questionnaire answers relating to the 1967 Abortion Act were correlated. This revealed that 66 doctors wanted both a lowering of the maximum gestational age at which abortion would be permissible—that is, 51 per cent of those wanting a more conservative law.

Discussion

It is not easy to make a quantitative assessment of attitudes to such complex issues as abortion and euthanasia. Several of the doctors had experienced difficulty in answering some of the questions with a simple 'Yes', 'No', 'Don't know'. Nevertheless, we believe that in the main the questions were sufficiently precise to allow valid conclusions to be drawn from the results.

There was a clear pattern in the results on the question of artificial insemination. AIH was not in any

way controversial. In contrast, 24 per cent of the doctors disapproved of AID and a further 11 per cent were uncertain. Interestingly, this was the only issue on which there was significant disagreement between males and females: only half the female doctors approved of AID compared with two thirds of the male doctors.

On the matter of contraception, the majority of general practitioners regarded the intrauterine contraceptive device (IUCD) and the oral contraceptive pill as ethically acceptable. Concerns which have been expressed about the mode of action of the IUCD do not seem to have reduced its acceptability. Only four doctors out of the 301 respondents were opposed to the use of the contraceptive pill for ethical reasons. This was surprising in an area with a large population of Roman Catholics including doctors. Postcoital contraception was a little more controversial, 16 per cent of general practitioners finding this method ethically unacceptable (this figure included 28 per cent of the female doctors).

It was perhaps to be expected that the subject of abortion would reveal the most marked disagreement. Only 50 per cent of the doctors were satisfied with the present law and 43 per cent wanted a more conservative law. Those aged under 40 years were significantly more dissatisfied with the Abortion Act than were their colleagues who were over 50 years old. The two suggested areas for amendment of the Act seemed to be the only popular ones; around 50 per cent of those advocating change would have liked amendments to be implemented in both areas and 50 per cent in one or the other.

About 90 per cent of the doctors considered that spina bifida diagnosed *in utero* or pregnancy resulting

Table 3. Comparison of male respondents' answers with female respondents' answers to the question: 'Are there circumstances where you would approve of AID?'

	Percentage response		
	Yes	No	Don't know
Males	67	24	9
Females	51	23	23

P < 0.025.

Table 4. Questions for which statistically significant differences were found between the age groups in the percentage responses.

	Age group (years)	Percentage response			Significance
		Yes	No	Don't know	
<i>Contraception</i>					
1. Would you like to see changes in the 1967 Abortion Act? If yes:	Under 40	51	45	4	<i>P</i> < 0.025
	Over 50	35	56	9	
a) A lowering of the maximum gestation age?	Under 40	35	60	5	<i>P</i> < 0.05
	Over 50	24	69	7	
<i>Termination of pregnancy</i>					
1. Would you generally be in favour of termination of pregnancy in the following circumstances:					
a) Pregnancy resulting from rape?	Under 40	90	9	2	<i>P</i> < 0.01
	Over 50	98	1	1	
e) Mother's career threatened?	Under 40	22	59	20	<i>P</i> < 0.005
	Over 50	41	41	18	
<i>Euthanasia</i>					
1. Does a person have a right to take his own life					
a) Always?	Under 40	33	52	16	<i>P</i> < 0.05
	Over 50	25	67	8	
2. Do you foresee changes in the law permitting doctors to end the life of the terminally ill?	Under 40	10	87	3	<i>P</i> < 0.05
	Over 50	15	74	11	

from rape were good grounds for therapeutic abortion. We had expected that there would be a universal 'Yes' to the question about the recommendation of abortion when the mother's life was at risk, even though the situation rarely arises, but 10 of our colleagues replied 'No' and these were predominantly young male doctors. It would be interesting to know how they would justify this opinion. It was difficult to formulate clearcut questions on the social reasons there might be for referring women for abortion because of the many factors that could affect a general practitioner's decision. Nevertheless, it seems that about three quarters of the doctors were in general agreement that abortion should be available to patients of school age with no immediate prospect of marriage. By contrast, a pregnancy which jeopardized the mother's career was not considered to be grounds for termination by about 50 per cent of the doctors, and a further 20 per cent were undecided. The age of the doctor was significant: the older practitioners were much more liberally minded on the question of abortion. This could suggest that the doctors' attitudes change as they become more experienced.

The respondents to the question on euthanasia felt, by a majority of two to one, that a person did not have the right to take his own life, except in the event of terminal illness (40 per cent). The majority of doctors felt that more liberal laws on euthanasia were neither likely nor desirable—indeed, a number of doctors expressed concern about any such possibility. The doctors in this study were rejecting euthanasia as an answer to the many problems involved in the care of the dying.

Non-treatment of handicapped neonates has been much debated. Our results showed a strong rejection of the proposition that every baby has an inviolable right to life-saving treatment whatever its handicap.

The general practitioners were, in general, satisfied with the current British criteria for the diagnosis of brain death. The fact that 15 per cent were unsure on this point is hardly surprising since the general practitioner is rarely involved.

This study will, we hope, help to clarify the position of the profession as a whole on some issues of medical ethics, contribute to the current debate on these topics and perhaps stimulate further investigation into the collective attitudes of general practitioners.

References

1. Waite M, Cartwright A. General practitioners and birth control advice in 1970-71. *Br J Prev Soc Med* 1972; 26: 56.

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COMPUTERS IN PRIMARY CARE Occasional Paper 13

Computers are coming. More and more general practitioners are computerizing aspects of their record systems in general medical practice.

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The members of this working party have between them considerable experience of using computers in general practice. Together they summarize the experience and philosophy which they have acquired which enables them to put forward a series of conclusions and recommendations for the future.

Computers in Primary Care is published by the *Journal of the Royal College of General Practitioners*, and is available now, price £3.00 post free, from the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Payment should be made with order.

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The Royal College of General Practitioners has now published the *1983 Members' Reference Book* in the same size and format as last year.

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