

2021

THE END OF LIFE SURVEY

Views from Jersey, Guernsey
and the Isle of Man



Research undertaken by
Island Global Research on
behalf of Dignity in Dying



Island Global Research

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This report presents findings from a survey on end-of-life planning and care preferences, including views on palliative care and assisted dying.

Data collection took place online in Jersey, Guernsey and the Isle of Man between 10 and 18 May 2021. The survey was completed by 2,801 eligible respondents.

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About Island Global Research

Island Global Research is a market research and consultancy company with experience in both quantitative and qualitative research methods. We regularly conduct market research for clients in the Crown Dependencies.

Island Global Research is part of the BWCI Group.

KEY FINDINGS

The survey was completed by 2,801 residents across Jersey, Guernsey and the Isle of Man in May 2021. A wide range of people participated, although the survey may have appealed more to those with some experience of end-of-life issues.

VIEWS ON ASSISTED DYING

In Jersey:

- 73% strongly support the law changing to allow assisted dying under the conditions set out in the question*. 6% strongly oppose it.
- 57% believe it is of high importance that a law change is debated this political term. 21% believe it is of moderate or low importance, while 20% do not believe it should be debated this political term.

In Guernsey:

- 69% strongly support the law changing to allow assisted dying under the conditions set out in the question*. 9% strongly oppose it.
- 41% believe it is of high importance that a law change is debated again this political term. 32% believe it is of moderate or low importance, while 24% do not believe it should be debated this political term.

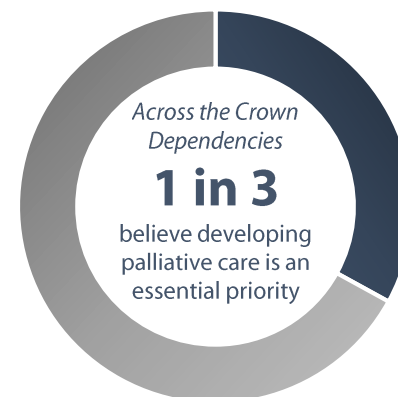
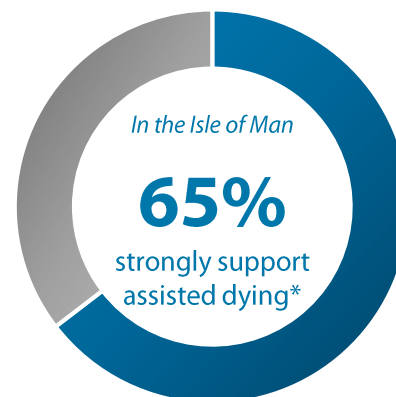
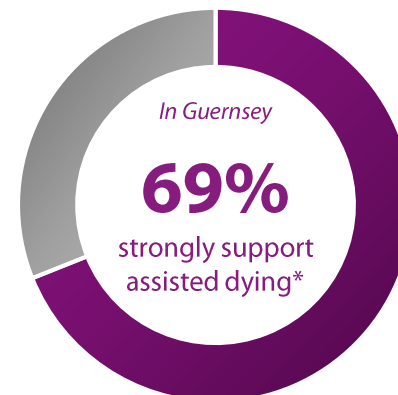
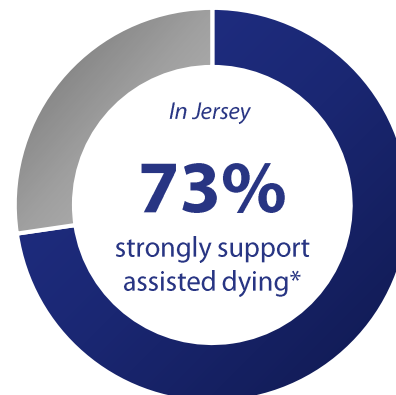
In the Isle of Man:

- 65% strongly support the law changing to allow assisted dying under the conditions set out in the question*. 8% strongly oppose it.
- 48% believe it is of high importance that a law change is debated in the next political term. 30% believe it is of moderate or low importance, while 19% do not believe it should be debated in the next political term.

PALLIATIVE CARE

- Around a third of people believe developing palliative care should be an essential priority in their island (35% Jersey, 33% Guernsey, 33% Isle of Man). In addition, a further 40% believe it is a high priority (46% Jersey, 39% Guernsey, 39% Isle of Man).

VIEWS ON CHANGING THE LAW TO ALLOW ASSISTED DYING* AND THE PRIORITISATION OF PALLIATIVE CARE



*to allow mentally competent, terminally ill adult residents (aged 18+) the option of seeking assistance in their death. Respondents were also told safeguards usually include:

- Two doctors independently assessing whether the person making the request is of sound mind;
- The person is terminally ill with 6 months or less to live and acting of their own free will;
- Doctors independently explore the reasons for the request for assisted dying, review the person's medical care, consult with other professionals and write the prescription for the life-ending medication;
- A reflection period, usually 14 days;
- The dying person would take this medication themselves and be able to change their mind at any point in the process.

KEY FINDINGS

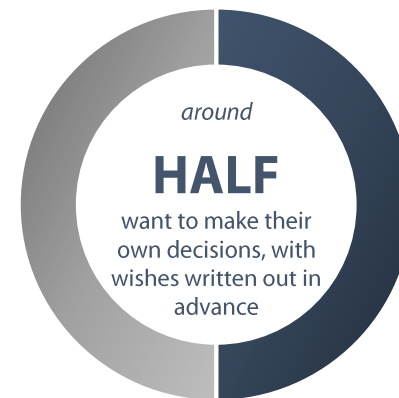
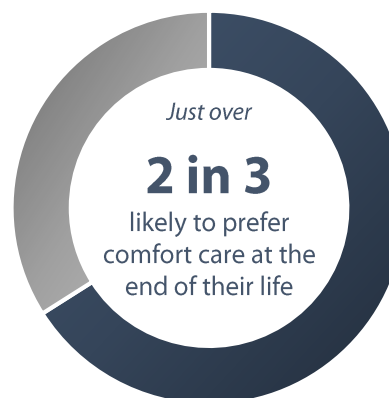
The survey was completed by 2,801 residents across Jersey, Guernsey and the Isle of Man in May 2021. A wide range of people participated, although the survey may have appealed more to those with some experience of end-of-life issues.

END-OF-LIFE HEALTH CARE PLANNING AND PREFERENCES

The results are similar in each of the three islands:

- **Just over two-thirds** said that, if they were dying with no prospect of recovery, they would be most likely to prefer comfort care only (*when the treatment focuses on keeping you comfortable until you die rather than offering treatments to prolong or extend your life*) – Jersey 69%; Guernsey 67%; Isle of Man 68%.
- When asked who should make final decisions on their treatment and care (*e.g. in the event they don't have mental capacity*), **around half** said themselves with their wishes written out in advance – Jersey 54%; Guernsey 53%; Isle of Man 50%.
- However, **less than 1 in 10** respondents said they had a 'Living Will' (Advance Decision to Refuse Treatment) – Jersey 5%; Guernsey 6%; Isle of Man 8%.
- And similarly few had an 'Advance Statement' (general statement about anything that is important to you in relation to your future treatment and wellbeing) – Jersey 8%; Guernsey 8%; Isle of Man 10%.
- In contrast around **half** of people said they have a will, when asked about planning documentation they have in place for their finances – Jersey 52%; Guernsey 54%; Isle of Man 51%.

END-OF-LIFE HEALTH CARE PLANNING AND PREFERENCES ACROSS THE CROWN DEPENDENCIES...



BACKGROUND AND APPROACH

Island Global Research were commissioned by Dignity in Dying to undertake a survey across the Crown Dependencies about end-of-life planning and care preferences, including views on palliative care and assisted dying.

The 5-10 minute survey was conducted online in Jersey, the Bailiwick of Guernsey and Isle of Man, and included questions on:




- End-of-life planning;
- Experiences of end-of-life care and choices respondents would like to have at the end of life;
- Views on changing the law to allow mentally competent, terminally ill adults the option of seeking assistance in their death; and
- Whether respondents believe developing palliative care should be a priority for their island.

Responses were collected between 10 and 18 May 2021. Data collection was launched to coincide with Dying Matters Awareness Week. A national initiative run in the UK by Hospice UK, to encourage conversation around dying, death and bereavement.

We contacted our market research panel, inviting them to participate in the survey. We also promoted the survey using social media. The survey had a very good response and was completed by 2,801 eligible respondents, including 873 in Jersey, 1056 in Guernsey and 872 in the Isle of Man.

Participation was voluntary and respondents were able to skip questions or select prefer not to say if there was anything they were not comfortable answering, and they could exit at any time.

The survey was completed by 2,801 eligible respondents

Jersey	Bailiwick of Guernsey	Isle of Man
		
873 residents	1056 residents	872 residents

Assisted Dying - Additional Context

Jersey: An Assisted Dying Citizens' Jury took place via online sessions during Spring 2021, following a petition and previous surveys indicating public support for amending Jersey law to allow for assisted dying. See <https://www.gov.je/Caring/AssistedDying/Pages/CitizensJuryOnAssistedDying.aspx>

Guernsey: Proposals to enable assisted dying in Guernsey were debated by deputies and defeated in 2018. See <https://gov.gg/article/163966/Assisted-Dying>

Isle of Man: Tynwald debated assisted dying in January 2020. Tynwald was not of the opinion that legislation to allow for voluntary assisted dying should be introduced. <https://www.tynwald.org.im/business/opqp/opqp/2020-PP-0001.pdf>

BACKGROUND AND APPROACH (CONT.)

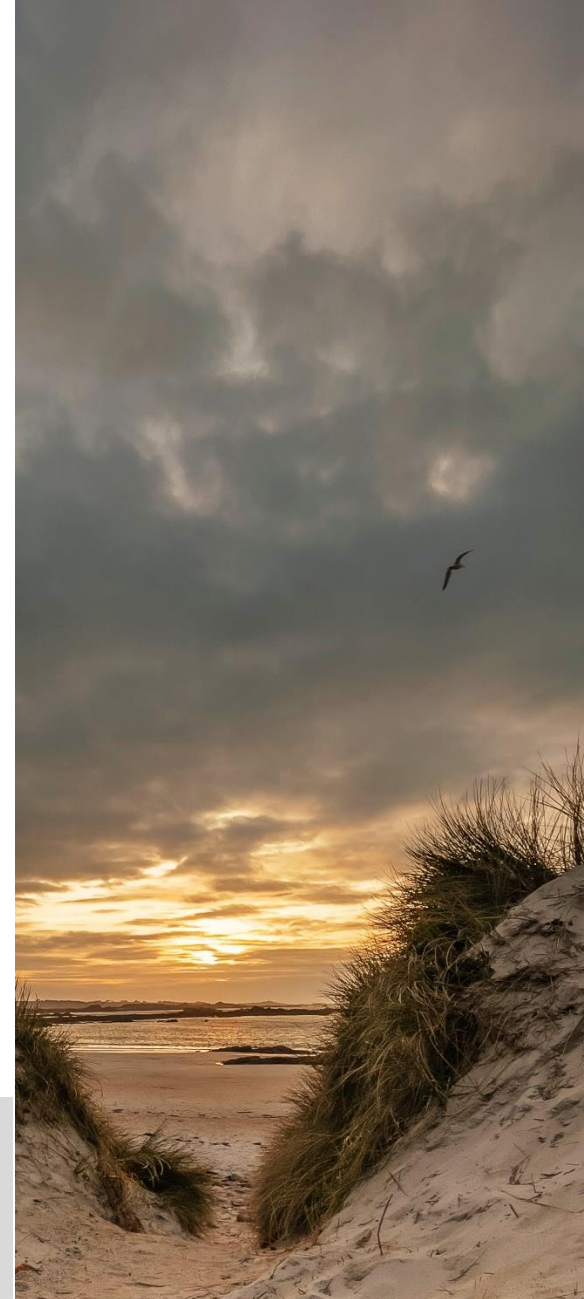
The results presented can be said to be broadly representative of the views of people living in the three islands.

At all stages of the research we worked to deliver objective, independent and representative findings:

- During questionnaire design we ensured that the questions were framed in a neutral manner and allowed all views to be expressed, including a no view / don't know option and the opportunity for respondents to give open text comments on key topics.
- Residents were encouraged to take part in the survey whether or not they had strong views on the topic, and Island Global Research ensured that those with a wide range of experiences and views were invited to participate. That being said, despite addressing the issue during data collection, it is difficult to correct for self-selection bias. A wide range of people participated, although the survey may have appealed more to those with some experience of end-of-life issues (either themselves, through family and friends or professionally - see Appendix A).
- A small number of potential duplicate responses were removed during data cleaning (based on factors including response IP address).
- Survey weights were applied to adjust for the small differences between the age and gender of the sample and the resident populations. This is a standard statistical method that allows us to report results for the island as a whole. Fewer young people completed the survey and more females participated in the survey than males (see Appendix A). However, the survey was completed by a wide range of people and the differences are relatively small. The largest weights are for males aged under 40 and females aged 16-24 and they were capped at 3.0.
- Results of the survey have been objectively and independently analysed by Island Global Research, with findings being made publicly available via this report. Data tables are also available upon request, which include the results of additional sub-group analysis by age, religion, disability / health condition and experience of end of life issues.

Links to support and services for those who have been affected by any of the issues raised in this survey:

- General advice: <https://www.mariecurie.org.uk/who>
- Jersey: <https://www.jerseyhospicecare.com/our-services/community-bereavement-service/>
- Guernsey: <https://healthconnections.gg>
- Isle of Man: <https://www.cruseisleofman.org/get-help>



PLANNING FOR THE END OF LIFE

- Discussing death
- Thinking about end of life care
- Health and finance planning

DISCUSSING DEATH

Respondents were asked: **“To what extent do you feel comfortable or uncomfortable discussing death and dying with your family members and friends?”**

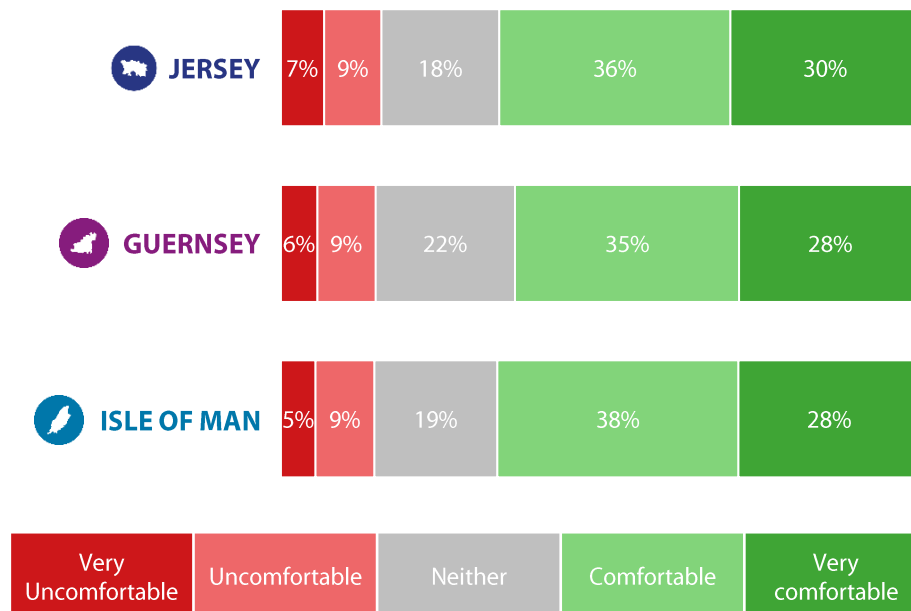
Results are similar by island, with around two-thirds of people saying they felt comfortable or very comfortable discussing death and dying with family and friends:

- 66% in Jersey, including 30% who said very comfortable;
- 63% in Guernsey, including 28% who said very comfortable; and
- 66% in the Isle of Man, including 28% who said very comfortable.

Looking across the three islands, the majority of all groups answering the survey said they felt comfortable or very comfortable discussing death. For example:

- It does not differ significantly by age, or whether the respondent has a disability, health condition or illness,
- There are only minor differences by whether the respondent said they had a religion or not, and by experience of end of life issues.

Feeling comfortable discussing death and dying with relatives and friends



Excluding don't know / prefer not to say

THINKING ABOUT END OF LIFE CARE

Respondents were asked how much thought they had previously given to issues around end of life care, on a scale from 1 (none) to 5 (a lot).

Around 1 in 4 respondents from across the Crown Dependencies said they have given end-of-life care a lot of thought, including 24% in Jersey, 25% in Guernsey and 23% in the Isle of Man who selected '5'.

A further 22-24% selected 4 out of 5, indicating they had given it some thought.

Looking across the three islands consideration of these issues increased with:

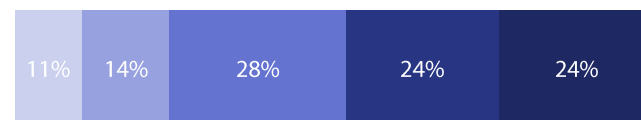
- Age (38% of those aged under 45 selected 4 or 5 vs 51% of those aged 45-64 and 51% of those aged 65+),
- Experience of end of life issues (30% of those with none selected 4 or 5 vs 52% of those with personal and/or professional experience).
- Plus, 67% of those with a physical disability selected 4 or 5 (note: this group also has an older age profile).

Before starting this survey, how much thought have you given to issues around end of life care?

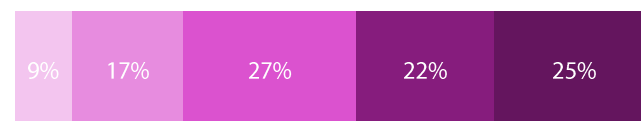
1 – no thought  5 – a lot of thought



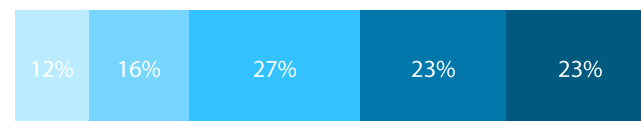
JERSEY



GUERNSEY



ISLE OF MAN



HEALTH AND FINANCE PLANNING

Respondents were asked “Thinking about your finances, do you have either of the following in place?” and “Thinking about your health, do you have any of the following in place?”

In all islands, the proportion of respondents that have legal / planning documents in place for their health is significantly lower than for finances:

- Around half of people in each island said they have a will (52% Jersey; 54% Guernsey; and 51% Isle of Man), and 10-17% said they have a Power of Attorney* for their finances.
- A living will, a Power of Attorney for health / welfare and advance statement were each selected by fewer than 1 in 10 respondents (*although a Power of Attorney for health / welfare was slightly more prevalent in the Isle of Man at 13%*).

Across the Crown Dependencies, 5% of respondents had not heard of a living will, 3% had not heard of a Power of Attorney for health / welfare reasons and 8% had not heard of an Advance Statement.

Prevalence does vary by age, with the older age groups most likely to have one of the above documents in place. Although as before, financial planning is more common than health / welfare planning across all age groups.


% that have the following in place:

Finances	Jersey	Guernsey	Isle of Man
A will	52%	54%	51%
A Power of Attorney*	11%	10%	17%
Health / Welfare	Jersey	Guernsey	Isle of Man
A living will	5%	6%	8%
A Power of Attorney*	3%	6%	13%
Advance statement	8%	8%	10%

Definitions Given to Respondents

- Power of Attorney: We noted that we understand there are legal differences between the islands in terms of which type(s) of Power of Attorney are recognized*.
- A living will: Sometimes known as an Advance Decision to Refuse Treatment, which sets out wishes for what treatment you do not want to receive in the future.
- Advance statement: Sometimes called a Statement of Wishes, which is a general statement about anything that is important to you in relation to your future treatment and wellbeing (e.g. preferences for care, values or beliefs that inform your decisions).

END-OF-LIFE TREATMENT AND CARE PREFERENCES



End-of-life care preferences
Medical decision making
Assisted dying overseas

CARE PREFERENCES

Respondents were asked “If you were dying with no prospect of recovery, which ONE of the following levels of care, would you be most likely to prefer in the last days and/or weeks of life?”

Across the Crown Dependencies, the majority of respondents would be most likely to prefer comfort care only in their last days and/or weeks of life:

- 69% in Jersey
- 67% in Guernsey
- 68% in the Isle of Man

This is consistent by age, religion, disability /health condition /illness and experience of end-of-life issues.

Preferred level of care in last days and/ or weeks of life

	Jersey	Guernsey	Isle of Man
Comfort care only	69%	67%	68%
Limited additional intervention	16%	17%	18%
All treatment options on offer	8%	8%	7%
Don't know/ no view /Prefer not to say	7%	8%	7%

Respondents were given the following definitions:

Comfort care only - this is when the treatment focuses on keeping you comfortable until you die rather than offering treatments to prolong or extend your life.

Limited additional intervention - this includes all comfort care measures, plus some treatments, such as artificial tube feeding or antibiotics, which may prolong life, but would not treat the underlying disease. You would not be resuscitated or put on a ventilator.

All treatment options on offer- this means receiving all treatment options that may be offered to try and prolong life such as artificial ventilation and resuscitation.



MEDICAL DECISION MAKING

Who should make final decisions on your treatment and care *(respondents could select more than one)*

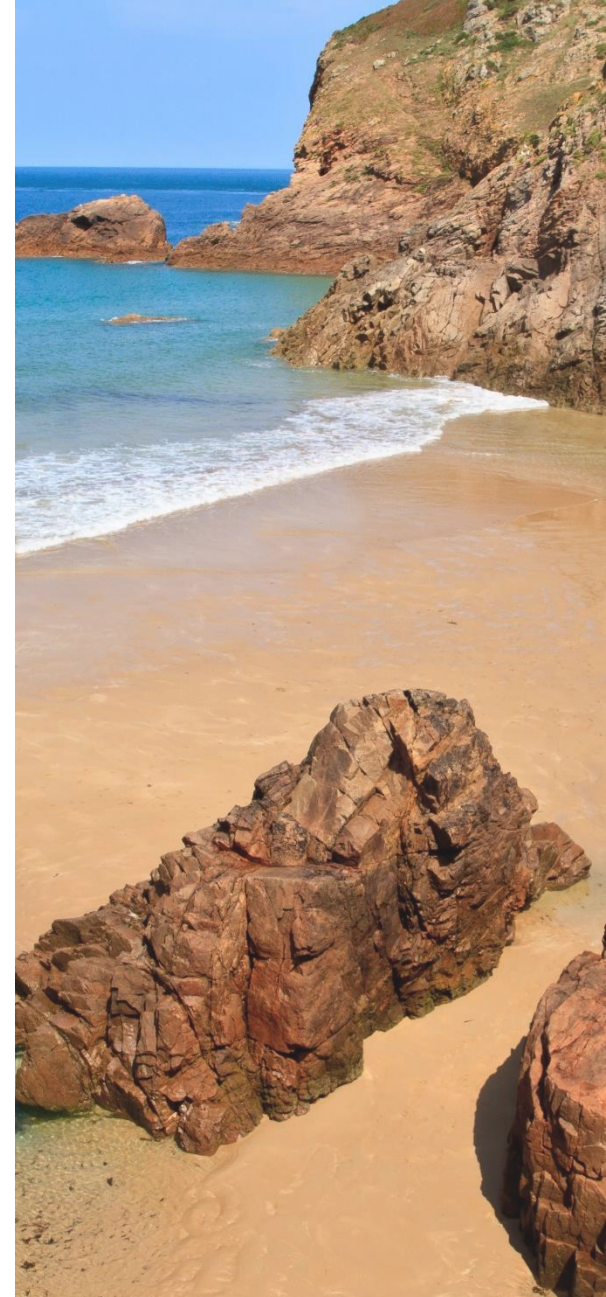
	Jersey	Guernsey	Isle of Man
Your partner or a close family member	75%	75%	73%
Yourself, with your wishes written out in advance	54%	53%	50%
The doctor / medical professional caring for you	22%	27%	25%
Don't know/no view /Other	3%	4%	2%

Respondents were asked “In the event that you are unable to make medical decisions for yourself (e.g. because you don’t have mental capacity), who would you want to make the final decisions about your treatment and care? Please select all that apply.”

In each of the three islands, roughly:

- Three-quarters of people said their partner or a close family member
- Half would like to make their own final decisions, having written out their wishes in advance
- A quarter would like the doctor / medical profession to make final decisions.

Across the Crown Dependencies, younger people were more likely than those aged 65+ to say themselves with their wishes written out in advance (60% of those aged under 45 vs 55% of those aged 45-64 vs 37% of those aged 65+. A similar trend is seen in each of the three islands.)



ASSISTED DYING OVERSEAS

Respondents were asked: “If you were terminally ill, how likely would you be to consider travelling overseas for an assisted death for yourself?”

Respondents in Jersey are *slightly* more likely to consider travelling overseas for an assisted death if they were terminally ill:

- 54% in Jersey said they are likely or very likely to consider travelling overseas,
- 38% said that would be unlikely or very unlikely;

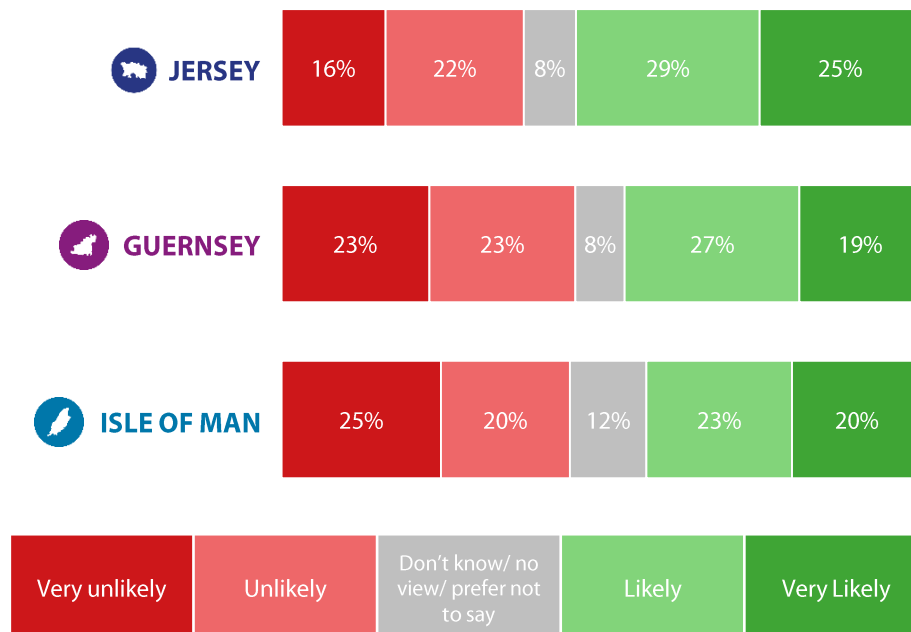
There is an even split of opinion in Guernsey and the Isle of Man:

- In Guernsey 46% are likely or very likely to consider this, while the same percentage are unlikely or very unlikely.
- In the Isle of Man 43% are likely or very likely, while 45% are unlikely or very unlikely.

Differences are notable by age, with younger people significantly more likely to say they would consider travelling overseas than over 65s. For example, across the Crown Dependencies, ‘likely’ or ‘very likely’ was selected by just over half of under 65s, compared to just under a third of those aged 65+.

Those with a religion were also less likely to say ‘likely’ / ‘very likely’ (36%) compared to those without (59%).

Likelihood of considering travelling overseas for assisted death



END-OF-LIFE AND SPECIALIST PALLIATIVE CARE

Having a death that is right for you
Developing end-of-life care
Reviewing end of life care services in Guernsey

HAVING A DEATH THAT IS 'RIGHT' FOR YOU

Respondents were asked: **"Based on your opinion of the quality of palliative care in your island, how confident do you feel that when you reach the end of your life you will be able to have the death that is 'right' for you?"**

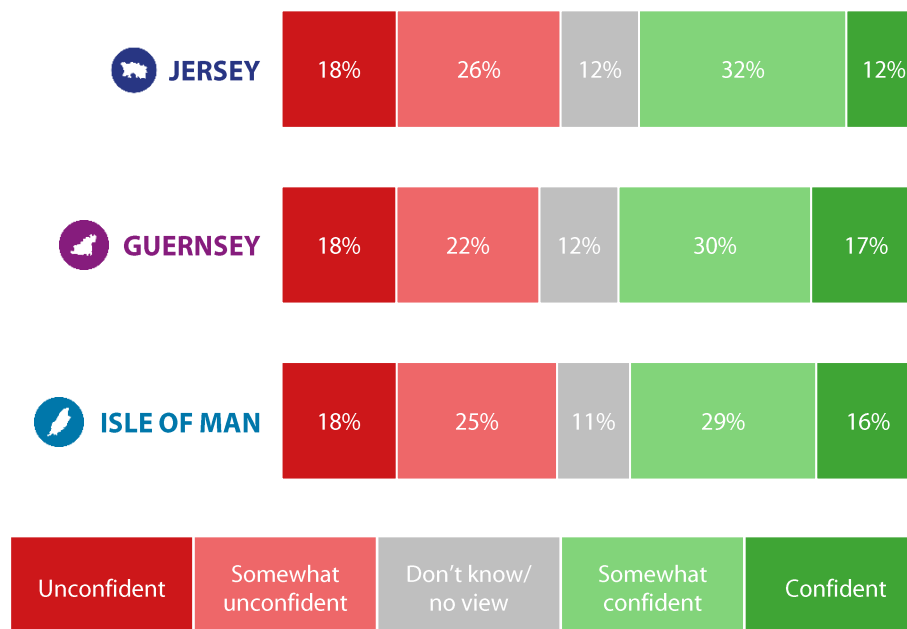
In each of the three islands, there is a split opinion about how confident respondents are that they will be able to have a death that is 'right' for them. For example:

- In Jersey, 12% are confident while 18% are unconfident
- In Guernsey and the Isle of Man people are slightly more likely to be confident (17% and 16% respectively), but 18% remain unconfident.

Across the three islands, the following groups are more likely to say they are unconfident:

- Younger age groups (around 20% of under 65s vs 12% of those aged 65+)
- Those who do not have a religion (24% vs 12% of those who do*)

Confidence in the ability to have a death that is 'right' for you, based on opinions of palliative care



DEVELOPING END OF LIFE CARE

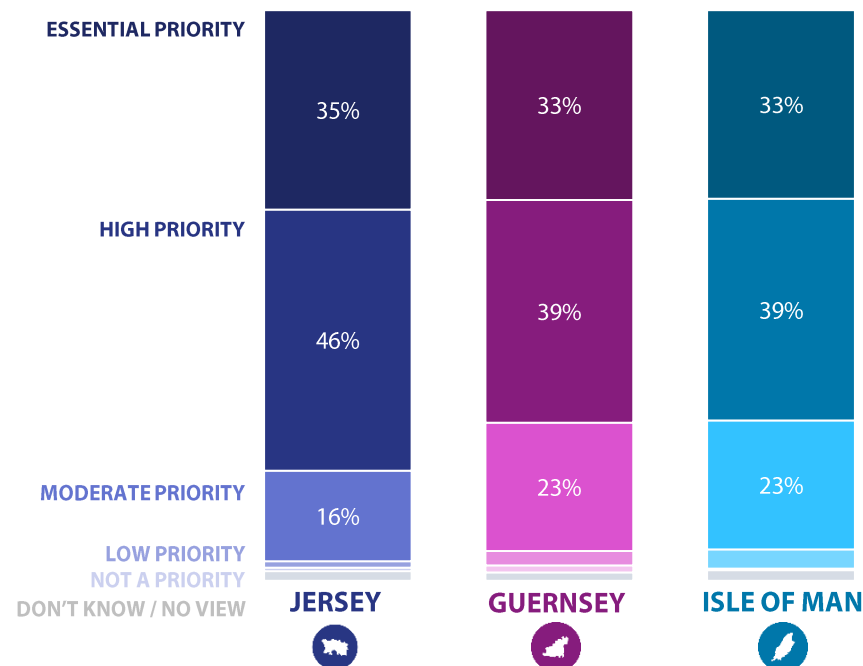
Respondents were asked: **“To what extent do you believe developing end-of-life and specialist palliative care should be a priority in your island?”**

The majority of respondents believe that developing end-of-life and specialist palliative care should be a high or essential priority in their island:

- 81% in Jersey, including 35% that said it was an essential priority;
- 72% in Guernsey and the Isle of Man, including 33% that said it was an essential priority.

Looking across the Crown Dependencies, those with experience of end-of-life issues are more likely to believe it should be an essential priority (37% vs 24% of those without). However, the difference is relatively small and the majority of respondents in both groups believe end-of-life and specialist palliative care should be a high or essential priority.

To what extent do you believe developing end-of-life and specialist palliative care should be a priority in your island?



REVIEWING END OF LIFE CARE SERVICES IN GUERNSEY

Respondents in Guernsey were asked two additional questions about end of life care services. They were given the following information:

"The States of Guernsey's Government Work Plan includes a "Review on end of life care" as an action that is in the pipeline, subject to resourcing decisions. The review will consider the measures necessary to improve quality of life and health outcomes for all islanders towards the end of their lives, covering: Community services; Primary care; Long-term care; Person-centred care for those who need care on an ongoing basis, and support for their friends and family; Possible developments in end-of-life care E.g. increasing the hours of provision of specialist palliative care, on-island availability of specialist consultants, the provision of counselling and support services, and the provision of alternative medication and technologies for pain relief."

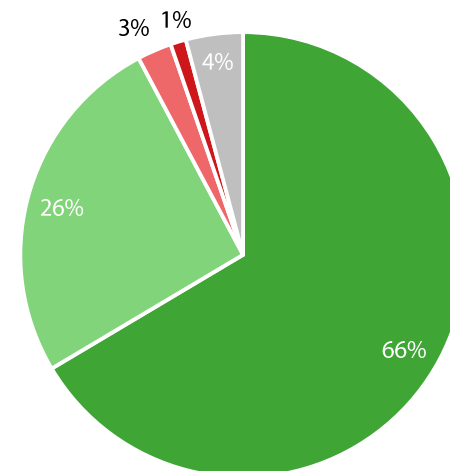
Respondents were then asked "To what extent do you support or oppose the Government's decision to conduct this review?" There are high levels of support for this decision:

- Two-thirds strongly support the decision to conduct a Review on end of life care, and a further 26% somewhat support it.
- 4% somewhat or strongly oppose the decision to conduct the review.

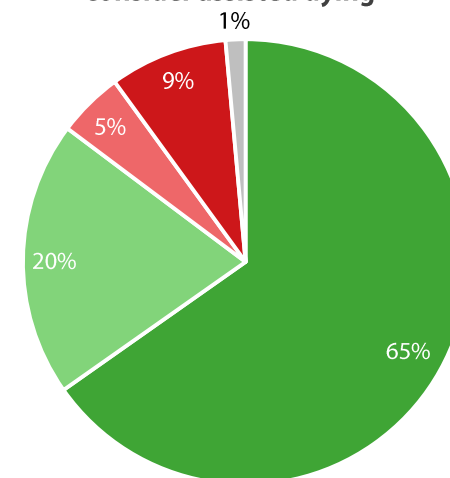
Finally, they were asked "To what extent would you support or oppose this review being extended to also consider the legalisation of assisted dying for terminally ill, mentally competent adults?" There are similarly high levels of support:

- 65% strongly support extending the review to consider assisted dying, plus a further 20% somewhat support this idea.
- 5% somewhat oppose and 9% strongly oppose extending the review.

Support for conducting a review on end of life care



Support for extending the review to consider assisted dying



DO YOU HAVE ANY VIEWS OR EXPERIENCES YOU'D LIKE TO SHARE ABOUT END-OF-LIFE HEALTH SERVICES, INCLUDING SPECIALIST PALLIATIVE CARE, IN YOUR ISLAND?

The following comments were made by respondents from across the three islands, and illustrate the different types of views expressed:

"We have a good hospice, and hopefully a children's hospice soon, but having end of life experts in GP surgeries would be good, along with approachable specialist palliative care at the hospital via the wards."

"My father was in the hospice and they did a fantastic job but not everyone is lucky enough to get a space there."

"The palliative care teams I have had contact with have been excellent but my family members have still experienced indignity and terrible pain. This also has a huge impact on family and friends both physically and emotionally."

"Specialist end of life care can be a wonderful thing not just for the patient but for their families. It should be the thing that we are investing heavily in."

"Have had four members of the family die with cancer - whilst palliative care is OK it is not up to the standard I would like to see."

"There need to be more palliative care in-patient beds available. Too often patients have to die on busy, acute medical wards because there are no hospice beds available. There also needs to be more support for people to be able to die at home with dignity, including 24 hour nursing support if needed."

"If specialist palliative care and end-of-life health services are the best that they can be then the assisted dying should not be needed."

"I don't think Hospice should be a charity, proper care such as they provide should be part of our Health Service and paid for out of our taxes."

"I watched my dad die of liver cancer, 6 weeks of pain, anguish and suffering that he didn't deserve. If he had the right to end his suffering it could have been a peaceful end instead."

"We don't have enough hospice beds. My dying husband had to wait for a month to get into hospice, had a few hospital admissions meanwhile and the care in hospital is not adequate for the terminally ill with cognitive problems."

"Hospital is not always the best place to be.. I've been in the situation where a loved one was given end of life care on a main ward with no privacy."

"I consider that our hospice is wonderful but with the Baby Boomer generation now approaching end of life, it is likely to be unable to meet all needs."

"When people are diagnosed with a life limiting illness they are meant to get specialist nurses/carers but there are so few on island that when the patient is in receipt of that care it is often too late."

"Like many, I have seen loved ones suffer terribly at their end of life, with palliative care giving only limited relief."

"When my partner was at the end of his life, I do not feel the care that he received was sufficient, nor was the information provided to me sufficient to understand what was happening, and that I was therefore unprepared."

ASSISTED DYING – VIEWS ON THE LAW

Changing the law
Debating the law
Public Referendum
Taking the lead

CHANGING THE LAW

Respondents were given the following information:

"There are jurisdictions where the law gives the right for a terminally ill, mentally competent adult to seek help in controlling the manner and timing of their death subject to upfront safeguards. This is known as assisted dying or medical aid in dying. Safeguards usually include:

- Two doctors independently assessing whether the person making the request is of sound mind;*
- The person is terminally ill with 6 months or less to live and acting of their own free will;*
- Doctors independently explore the reasons for the request for assisted dying, review the person's medical care, consult with other professionals and write the prescription for the life-ending medication;*
- A reflection period, usually 14 days;*
- The dying person would take this medication themselves and be able to change their mind at any point in the process."*

They were then asked "Whether or not you would want the choice for yourself, to what extent do you support or oppose the law changing in your island, to allow mentally competent, terminally ill adult residents (18+) the option of seeking assistance in their death?"

The majority of respondents support a change in the law to allow assisted dying, including:

- 73% in Jersey who strongly support it,
- 69% in Guernsey who strongly support it,
- 65% in the Isle of Man who strongly support it.

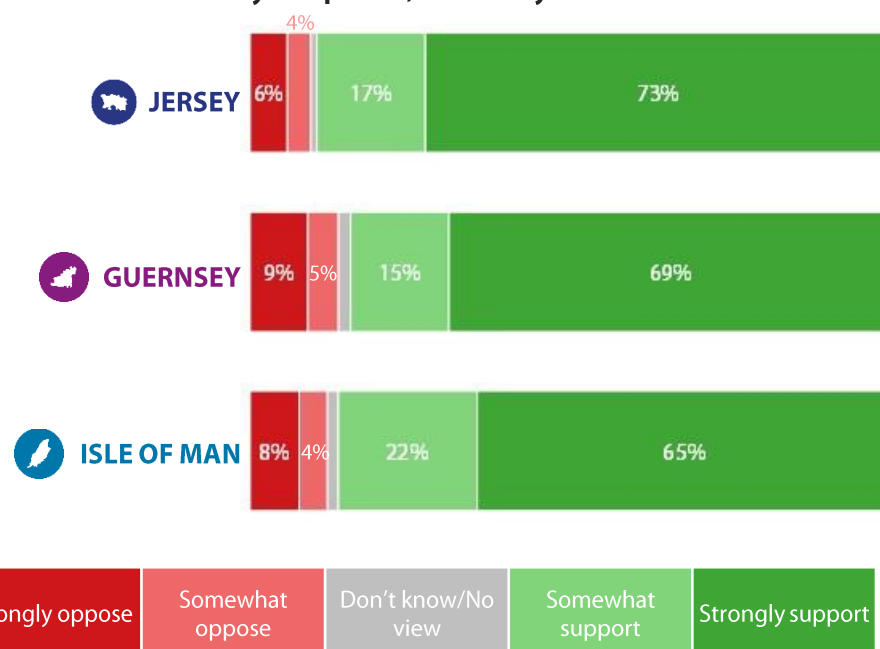
In all islands, less than 15% somewhat or strongly oppose a change in law.

Across the three islands:

- 77% of under 45s and 73% of 45-64 year olds strongly support changing the law, compared to 52% of those aged 65+. Although support decreases slightly with age, it is still the majority, and similar trends can be seen in each of the three islands.
- Similarly, 84% of those who are not religious strongly support changing the law, compared to 53% of those who do have a religion.
- Support does not differ significantly by experience of end of life issues.

Additionally, in Jersey, 54% of those with a physical disability* strongly support a change compared to 74% of those without any disability, health condition or illness.

Support for changing the law to allow assisted dying for mentally competent, terminally ill adult island residents



CHANGING THE LAW

Respondents were asked if they would like to make any additional comments in relation to their opinion, and/or regarding the safeguards in this scenario.

The following themes illustrate the views of those with different opinions on changing the law:

STRONGLY SUPPORT

A choice that should be available e.g.:

- It should be an individual choice.
- People should not have to travel off-island in order to end their life.

Safeguards can work e.g.:

- As long as strict safeguards are in place *e.g. of sound mind, wishes expressed in writing, with extensive discussion and agreement of two doctors and family, monitored to prevent coercion.*
- Safeguards work in other countries.

Should not have to live in pain e.g.:

- Should not have to live in pain with no quality of life... humanity offered to animals should be extended to humans.
- Palliative care does not provide sufficient pain relief so assisted dying should be allowed.

Extensions to the law change proposed in the question included:

- Criteria should be extended to include non-terminal illnesses such as dementia and those who are in pain and have more than 6 months to live.
- Arrangements should be made for those too unwell to take medication themselves if their wishes are stated in a living will.
- Government should not decide, it should be controlled by an independent body.
- Increase age from 18 to older.

SOMEWHAT SUPPORT

Safeguarding imperative and has risks e.g.:

- Individual choice but strict safeguards should be in place with option to change mind at any point.
- Independent body of non-medical professionals should be involved in decision making process.
- Pressure could be put on an individual by family to relieve burden or for financial gain.
- Safeguards could weaken over time.
- In Guernsey, the Mental Capacity Act should be implemented first.

Alternatives should be pursued first:

- All other options should be considered first, including pain relief and mental health support.

Concern about the impact on ...

- Puts too much pressure on doctors to make decision and open to abuse if hospitals need to free up beds.
- Reflection process is needed that considers views of family and friends.

Other concerns:

- Doctors' assessments are not always correct as some people live longer than predicted.
- Law should not allow those from other countries to come to the island to end their life.

SOMEWHAT AND STRONGLY OPPOSE

Concern that safeguards would be insufficient e.g.:

- Safeguards not be sufficient to protect vulnerable from being exploited.
- Safeguards cannot protect against the law being abused.
- Safeguards would erode over time.
- More people should be involved in the decision making process, including both medical and non-medical professionals to ensure safeguards are upheld.
- Potential for abuse and coercion / risk that older and disabled people are (or feel) forced into this.
- Self-imposed and external pressure could lead people to opt for assisted suicide, to alleviate stress and burden (e.g. on families).
- Slippery slope to allowing assisted dying for people with mental health issues like in the Netherlands.

Improving palliative care is considered a preferred alternative e.g.:

- Improving the standard of palliative care is the preferred option.
- Potential that it could reduce the standard of palliative care a patient receives, better to focus on improving palliative care.
- Potential for assisted dying to become preferred option in order to save money which could dilute level of care and does not fit with doctors' duty to preserve life.

Concern about the impact on...e.g:

- Impact on families and health professionals is too large.
- Puts doctors in impossible situation that could impact their mental health.

Other concerns:

- Doctors' assessments are not always correct.
- Assisted dying goes against religious beliefs.
- Island could become known for assisted dying and attract people to the island for that reason.

DEBATING THE LAW

Respondents were asked, “Do you think it is important that changing the law to allow assisted dying in [your island] is debated in the [current /next*] political term?”.

Around three-quarters believe it is important to debate a law change this / next term, with appetite slightly higher in Jersey:

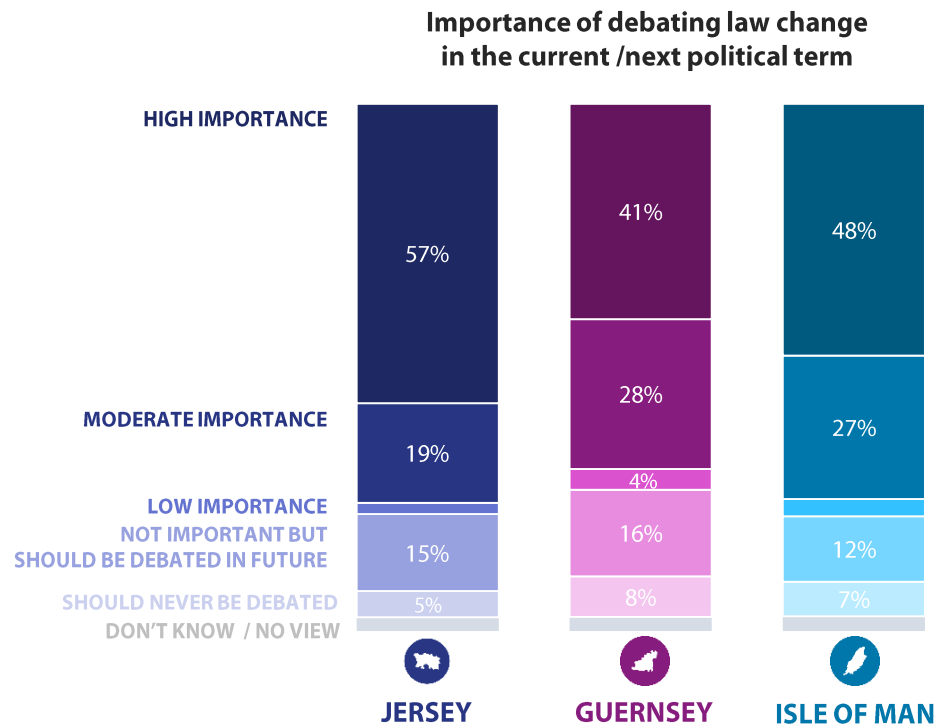
- 78% in Jersey believe a law change should be debated this political term, including 57% who say it is of high importance.
- 73% in Guernsey believe a law change should be debated this political term, including 41% who say it is of high importance.
- 78% in the Isle of Man believe a law change should be debated the next political term, including 48% who say it is of high importance.

In Jersey and the Isle of Man, around 1 in 5 believe it should not be debated this/next political term, including 5% and 7% who say it should never be debated, respectively.

In Guernsey around 1 in 4 believe it should not be debated this political term, including 8% who say it should never be debated.

Across the islands, the following groups are more likely to say it is of high importance, but the differences are relatively small:

- Aged under 65 (50-55% vs 40% of those aged 65+, although this difference is smaller in Guernsey).
- No religion (59% vs 39% of those who do have a religion).
- Have experience of end-of-life issues (51% vs 42% of those who don't).



PUBLIC REFERENDUM

Respondents were asked: **“To what extent would you support or oppose a public referendum on a change in the law to allow the option of assisted dying in [your island]?”**

There is high support for a referendum in all three islands, with appetite being greatest in Jersey and lowest in Guernsey:

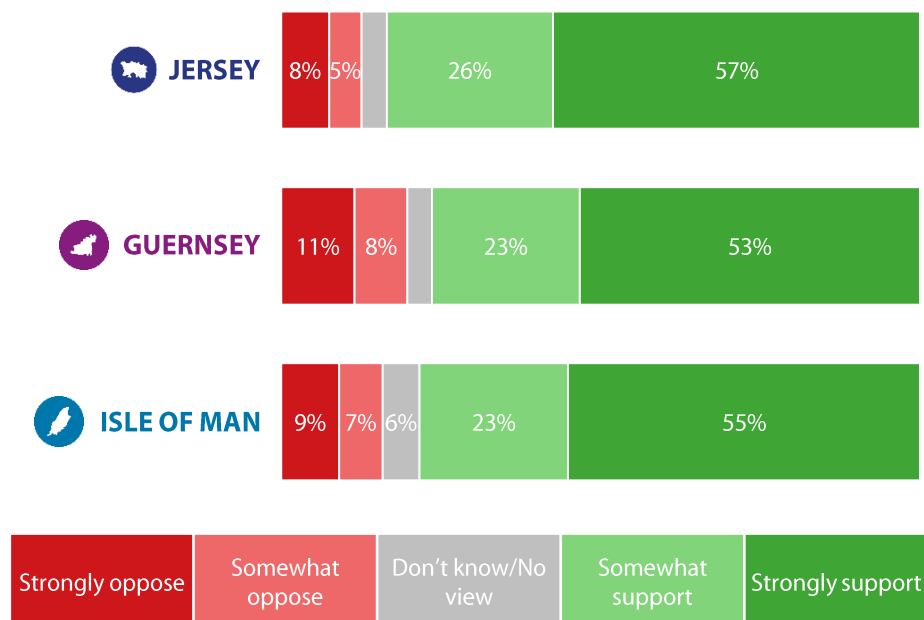
- In all islands just over half strongly support a referendum and around a quarter somewhat support a referendum.
- In Jersey 13% somewhat or strongly oppose one, as do 16% in the Isle of Man and 20% in Guernsey.

Looking across the three islands, the majority of all groups answering the survey said they somewhat or strongly support a referendum, with only slight differences by age and religion:

- Over 65s were more likely to strongly oppose the referendum than the younger age groups (13% vs 6-9%).
- Those with a religion were more strongly opposed than those without (14% vs 5%).

Plus, in Jersey, those who have personal experience of end-of-life issues were more likely to strongly support one (61% vs 48%).

Support or oppose a public referendum



TAKING THE LEAD

Respondents were asked: “When it comes to changing the law to legalise assisted dying in your island, which of the following statements do you agree with most?”... “should wait to see what the UK does”, “it does not matter what the UK does – it does not affect my view”, “don’t know/no view”.

Over 90% said that it does not matter what the UK does. From this and previous answers, we can see that...

More than three-quarters of people support changing the law to allow assisted dying and believe that it does not matter what the UK does (i.e. their island should take the lead in changing the law):

- 83% in Jersey
- 77% in Guernsey
- 78% in the Isle of Man.

8% of people in Jersey oppose changing the law regardless of what the UK does, along with 11% in Guernsey and 10% in Isle of Man. There are only small differences by age and religion:

- Across the Crown Dependencies, 15% of those aged 65+ oppose regardless of the UK’s status, compared to 6-9% of younger age groups.
- Similarly 18% of those with a religion oppose regardless, compared to 2% of those without.

Less than 1 in 10 people believe their island should wait to see if / what the UK does when it comes to changing the law to legalise assisted dying.

Taking the lead in changing the law to allow assisted dying



CONCLUSION

There is high support in Jersey, Guernsey and the Isle of Man for:

- Changing the law to allow assisted dying for mentally competent, terminally ill adult residents aged 18+ (65-73% *strongly support*);
- Debating a change in the law during the current political term in Jersey and Guernsey / next political term in the Isle of Man (41-57% *high importance*);
- Prioritising the development of end-of-life and specialist palliative care (72-81% *high or essential priority*).

The open text comments illustrate that support for assisted dying often stems from the view that it is an individual's choice and people should not have to live in pain, alongside confidence that safeguards can work. The findings also suggest that for most people, developing palliative care is a priority together with (and not a replacement for) allowing assisted dying.

Concerns around safeguarding were raised by all, but especially those who somewhat support or oppose a change in the law. Other concerns included: that doctors' assessments are not always correct and people may live longer than predicted; the potential impact on family members and health professionals; that alternative care options including better palliative care should be pursued first or instead; that it goes against religious beliefs; and that the law should not allow non-residents to come to the island to end their life. Engaging constructively on these issues would be important in any debate on changing the law.

Across the Crown Dependencies, we checked for differences by age, religion, disability/health condition/illness, and experience of end-of-life issues. Full details can be found in data tables of results (which are available upon request). In general, differences in views were relatively small. Although support for assisted dying tends to decrease slightly with age, it is still fairly high amongst those aged 65+ (52%). Those who are not religious tend to be more supportive (84%), but there is still support among those who do have a religion (53%).

Differences between the islands were very small, but it should be noted that the appetite for changing the law to allow assisted dying is slightly higher in Jersey. This is likely to reflect the current conversation in the island, including a Citizens' Jury on assisted dying. Similarly, those in Jersey were slightly more likely to say that developing end-of-life and specialist palliative care should be a high or essential priority in their island. This is a view which may reflect the slightly lower confidence in the quality of palliative care in Jersey (12% were confident they will be able to have the death that is 'right' for them compared to 16-17% in Guernsey and the Isle of Man). It is also consistent with these findings that respondents in Jersey were slightly more likely to say they would consider travelling overseas for an assisted death if they were terminally ill (25% vs 19-20% in Guernsey and the Isle of Man).

Finally, across all three islands, the findings show that people tend to have strong preferences in relation to the care they receive at the end of their life. This includes, the nature of the care given and who should make final decisions about their care. However, in contrast to finances, very few people have planning documentation in place setting out their wishes with regards to their future health and welfare.



APPENDIX A: PROFILE OF RESPONDENTS



PROFILE OF RESPONDENTS

The profile of people who completed the survey was compared to the latest available data on the population of Jersey, Bailiwick of Guernsey and the Isle of Man.

Survey weights were applied to correct for age and gender differences between the sample and the population of each island. Thus, they compensate for different patterns of non-response from different sub-groups of the population, such that survey results can be generalised from the sample back to the population from which they are drawn.

	Jersey	Guernsey	Isle of Man	Jersey	Guernsey	Isle of Man	Jersey	Guernsey	Isle of Man
Base size (sample)				873	1056	872	873	1056	872
	Population	Population	Population	% of sample	% of sample	% of sample	% after weighting	% after weighting	% after weighting
Age group									
16-24	13%	12%	12%	1%	2%	1%	4%	8%	3%
25-29	9%	8%	6%	2%	4%	3%	5%	8%	5%
30-34	9%	8%	7%	4%	5%	2%	7%	6%	6%
35-39	9%	8%	7%	5%	6%	5%	8%	8%	7%
40-44	8%	6%	7%	7%	7%	5%	11%	7%	6%
45-49	11%	9%	10%	10%	9%	9%	13%	10%	12%
50-54	9%	10%	10%	14%	13%	12%	12%	11%	12%
55-59	6%	8%	7%	15%	14%	15%	8%	8%	8%
60-64	7%	8%	8%	16%	13%	15%	9%	8%	9%
65-69	5%	7%	8%	11%	10%	15%	7%	7%	10%
70-74	5%	7%	6%	10%	10%	11%	6%	7%	8%
75+	9%	11%	11%	6%	7%	7%	11%	12%	14%
Prefer not to say	-	-	-	0%	<1%	<1%	0%	<1%	<1%
Gender									
Female	51%	51%	51%	72%	70%	72%	59%	54%	56%
Male	49%	49%	49%	28%	29%	28%	41%	45%	44%
Prefer to self-describe	-	-	-	<1%	<1%	<1%	<1%	<1%	<1%
Prefer not to say	-	-	-	<1%	1%	<1%	<1%	1%	<1%

PROFILE OF RESPONDENTS

The profile of survey respondents after survey weights have been applied is shown below.

The majority of respondents have some experience of end-of-life issues, including 68% of those aged under 45 and around 80% of those aged 45+ (indicated they had spent time / cared for dying relative or friend and/or have a terminal illness and/or have had another experience of end-of-life issues).

In addition, please note that respondents aged 65+ were more likely than younger respondents to have a religion or describe themselves as having a physical disability (not shown).

	Jersey	Guernsey	Isle of Man
Base size (sample)	873	1056	872
	% after weighting	% after weighting	% after weighting
Religion			
No religion	48%	52%	50%
Christian	49%	42%	43%
Buddhist	<1%	<1%	1%
Hindu	0%	<1%	0%
Jewish	<1%	0%	1%
Muslim	0%	0%	0%
Sikh	0%	0%	0%
Any other religion, please describe:	1%	4%	3%
Prefer not to say	1%	2%	3%

Would you describe yourself as having...? Select all that apply

A physical disability	6%	6%	9%
A mental or emotional health condition	12%	16%	14%
A chronic illness/condition	18%	15%	24%
A terminal illness	1%	1%	0%
None of the above	69%	68%	62%
Prefer not to say	2%	2%	3%

	Jersey	Guernsey	Isle of Man
Base size (sample)	873	1056	872
	% after weighting	% after weighting	% after weighting

Have you cared for or spent time with a dying family member or friend towards the end of their life?

Yes	70%	73%	73%
No	29%	26%	25%
Prefer not to say	1%	1%	2%

Do you have any other experience of end-of-life issues? E.g. in a professional capacity, through your employment, charity work etc.

Professional / charity	15%	18%	23%
Other personal experience	3%	3%	2%
Both professional and other personal	<1%	<1%	<1%
Yes unknown	<1%	1%	1%
No	78%	76%	71%
Prefer not to say	4%	3%	2%



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