
Attitudes to assisted dying among doctors in Norway

ORIGINAL ARTICLE

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Background

Assisted dying (euthanasia and assisted suicide) is illegal in Norway. The views of doctors in Norway on assisted dying were last examined in 2016. We have now conducted a new survey to map doctors' attitudes to assisted dying.

Material and method

Survey of a sample of practising doctors. The doctors were asked to take a stance on six statements about the legalisation of assisted dying and three statements about their willingness to carry out or aid assisted dying, as well as their views on the right to decline.

Results

The response rate was 2010/2534 (79.3 %), and responses from 2004 doctors under 70 years of age were included. A total of 723 (36.1 %) doctors strongly disagreed with the statement 'physician-assisted suicide should be allowed for patients with a terminal illness and short life expectancy', while 232 (11.6 %) strongly agreed. Older respondents were more likely to oppose legalisation. A total of 410 (20.5 %) doctors were willing to aid physician-assisted suicide, and 1796 (89.6 %) wanted the right to conscientiously object to assisted dying in the event of legalisation.

Interpretation

A large proportion of doctors in Norway are opposed to legalising assisted dying. However, there seems to be a shift towards decreasing opposition to legalisation since 2016.

Main findings

A significant proportion of doctors in Norway (36.1 %) are completely opposed to the legalisation of assisted dying, but this percentage appears to have fallen since 2016.

Doctors in Norway seem to be more opposed to legalisation than their counterparts in Sweden and Finland.

A large majority of the doctors who responded to the survey (89.6 %) support the right to conscientiously object to assisted dying in the event of legalisation.

It is now standard practice to use the term *assisted dying* for both *euthanasia* and *assisted suicide* (1, 2). In this study, euthanasia is defined as a doctor intentionally causing a person's death by administering lethal drugs at the patient's request. Physician-assisted suicide refers to a doctor helping someone take their own life by prescribing a lethal drug that the person can take themselves. Assisted dying must be distinguished from *non-treatment decisions*, which refers to withholding or withdrawing treatment in seriously ill patients (2). Assisted dying is illegal in Norway, but the question of legalisation is the subject of ongoing public debate (3, 4).

The Netherlands and Belgium legalised assisted dying in 2002. Since then, many European countries' legislative bodies have debated legalisation. Spain and Austria recently adopted laws legalising assisted dying, and in autumn 2024, England and Wales decided to proceed with a proposed law on physician-assisted suicide. Other countries, such as Finland, have rejected proposals for legalisation (5, 6).

In the spring of 2025, several political parties in Norway discussed legalising assisted dying (7). The Progress Party (Frp) has formally endorsed legalisation, while the Liberal Party (Venstre) formally supports a study. Support for the legalisation of assisted dying appears to have grown in Norway (8), as is the case in most Western European countries (9).

Doctors' attitudes to assisted dying are likely an important factor in the political debate, as they are typically expected to play a key role in determining eligibility and carrying out the process. The Norwegian Medical Association is opposed to assisted dying. The Code of Ethics for Doctors, adopted by the Norwegian Medical Association's Representative Body, states that 'doctors shall not perform assisted dying' (I, Section 5). In 2022, nine doctors requested that the Norwegian Medical Association adopt a neutral stance on the issue (10). The Council for Medical Ethics reviewed the matter, and the Executive Board decided not to change the Association's stance.

Views on assisted dying among doctors in Norway were last surveyed in 2016 (11). At that time, most doctors were opposed to legalisation. The lowest level of opposition was for physician-assisted suicide in patients with 'a terminal illness and short life expectancy', where 47.3 % of respondents strongly disagreed and 9.1 % strongly agreed with legalisation. Support for legalisation was much lower for other clinical contexts. Younger and non-religious doctors were more likely to support legalisation. Doctors are more strongly opposed to legalisation than the general population (12). In a survey of nurses' attitudes, respondents were more in favour of legalisation than doctors but less so than the general population (13). However, the survey was not representative of the entire nursing population.

In surveys of attitudes to assisted dying in Norway, respondents are now typically allowed to express their views with greater nuance in two ways – an approach we also employ in our study. First, they can indicate the level of support and opposition on a five-point scale, from 'strongly agree' to 'strongly disagree'. Second, they can state whether they support legalisation for a selection of clinical contexts. We aimed to examine doctors' current attitudes to assisted dying and the extent to which these may have changed between 2016 and 2024.

Material and method

The panel of doctors consists of a sample of practising members of the Norwegian Medical Association, which includes 91–95 % of all doctors in Norway. Every two years, the panel receives a questionnaire about living and working conditions, as well as attitudes to ethical issues. The sample is designed to be representative of doctors in Norway. The survey responses were collected between March and August 2024 (see Appendix 1 for the questionnaire's introduction, which includes definitions, and the questions in full).

Respondents were asked to take a stance on six statements about the legalisation of assisted dying (response options were 'strongly disagree', 'somewhat disagree', 'neither agree nor disagree', 'somewhat agree' and 'strongly agree'), and to answer three questions about their willingness to carry out or aid assisted dying, as well as their views on their right to decline (response options were 'yes', 'no' and 'don't know').

Respondents were also asked their sex, age and job. Jobs were categorised as non-clinical (I), clinical in a hospital (II), clinical in primary care (III), or private practice (IV).

Participation in the survey was voluntary and based on informed consent. The survey was exempt from the requirement for ethical approval by the Regional Committee for Medical and Health Research Ethics (REK) (0000–1870), and it was reviewed by the data protection officer at Sikt – the Norwegian Agency for Shared Services in Education and Research.

Statistics

Descriptive data were presented as numbers (*n*) and percentages (%), or as a mean with standard deviation (SD). Missing data were presented as a number (*n*) and percentage (%). The association between sex, age, job category and agreement with statements in support of legalisation was analysed using logistic regression. Analyses were performed using Stata SE18.5 and SPSS 29.

Results

A total of 2010 out of 2534 (79.3 %) doctors responded to the questionnaire. We included respondents under the age of 70 ($N = 2004$). Compared to practising members aged below 70 years in the Norwegian Medical Association, the respondents consisted of a higher percentage of women (60.4 % vs. 56.2 %), and they had a higher average age (47.4 vs. 44.1 years) (Table 1). The distribution of job categories was consistent with that in the Norwegian Medical Association's membership register.

Attitudes to legalisation of assisted dying

A total of 723 out of 2004 respondents (36.1 %) said they strongly disagreed with statement 1 about physician-assisted suicide in terminally ill patients with a short life expectancy, while 232 (11.6 %) strongly agreed. The proportion who strongly disagreed was higher for statement 2 on euthanasia in terminally ill patients with a short life expectancy (826; 41.2 %), statement 3 on assisted dying in patients with an incurable chronic illness (1084; 54.1 %), statement 4 on incurable mental illness (1269; 64.3 %), and statement 5 on being tired of life (1565; 78.1 %) (Table 2).

Significance of sex, age and job category

Logistic regression analyses revealed that younger doctors were more likely to agree with statements 1 and 2, when controlling for sex and job category (OR = 0.97, 95 % CI 0.96 to 0.98, $p < 0.001$). The same was also true for statement 3 (OR = 0.97, 95 % CI 0.95 to 0.98, $p < 0.001$), but women were less likely to agree than men (OR = 0.76, 95 % CI 0.58 to 0.98, $p = 0.04$), when controlling for job category. There were also significant associations between agreement with statement 4 and younger age (OR = 0.96, 95 % CI 0.94 to 0.98, $p < 0.001$), and women were again less likely to agree than men (OR = 0.62, 95 % CI 0.43 to 0.90, $p = 0.01$), when controlling for job category.

Willingness to carry out assisted dying and attitudes to the right to conscientiously object

A total of 410 (20.5 %) respondents indicated that they might be willing to aid physician-assisted suicide (Table 3), while 236 (11.8 %) were willing to perform euthanasia and 1796 (89.6 %) supported the right to conscientiously object in the event of assisted dying being legalised. There was no difference here between doctors who strongly agreed with the legalisation of assisted dying and other doctors.

Women were less likely to be willing to aid physician-assisted suicide (OR = 0.69, 95 % CI 0.55 to 0.86, $p = 0.001$), and increasing age was also associated with a reduced willingness to do so (OR = 0.98, 95 % CI 0.97 to 0.99, $p < 0.001$), when controlling for job category. Similar associations were found for willingness to carry out euthanasia.

Discussion

Compared to a similar survey in 2016, the results from the 2024 survey continue to indicate opposition to the legalisation of assisted dying among doctors in Norway. There is also no significant change in the proportion of doctors who support legalisation. However, the proportion of respondents who strongly disagreed with legalisation was lower than in 2016.

The first three statements in the 2024 survey were also included in the questionnaire sent to the panel of doctors in 2016, and 837 of the 2004 doctors (41.8 %) who responded in 2024 also responded in 2016. Their response distribution was the same as that of the group as a whole (data not shown).

One way to interpret the results of the survey is that only those who strongly agreed or strongly disagreed have a clear and firm opinion on the issue of legalisation, while those who selected one of the three middle categories are uncertain and more easily influenced by public debate, arguments or the specific content of any proposed law. In this interpretation, 11.6 % of doctors in Norway support legalising assisted dying in some form or other in certain situations, while 36.1 % are clearly opposed. More respondents in 2024 than in 2016 chose one of the three middle categories: 'somewhat agree', 'neither agree nor disagree', or 'somewhat disagree'. This may indicate that more doctors than previously have no clear stance on the legalisation of assisted dying. An alternative interpretation is to combine 'somewhat agree' and 'strongly agree', as well as 'somewhat disagree' and 'strongly disagree'. This would mean that for the statement on physician-assisted suicide, 38.5 % express some level of agreement for legalisation, while 50.0 % express some level of disagreement.

The respondents were asked to consider six statements and to nuance their responses by indicating their level of agreement. As shown in previous surveys, the context in which assisted dying may be permitted plays an important role [\(11\)](#). The clearest support for assisted dying was in terminally ill patients. There was also more support for physician-assisted suicide (where the person administers the fatal dose themselves) than for euthanasia (where the doctor administers the fatal dose). This is a consistent finding internationally.

More restrictive than doctors in Sweden and Finland

In a study of doctors in Sweden, 47 % accepted physician-assisted suicide and 33 % did not [\(14\)](#). The response options were 'yes', 'no' and 'unsure'. In a study of doctors in Finland, 17 % strongly agreed that physician-assisted suicide should be permitted, while 32 % strongly disagreed [\(15\)](#). However, international comparisons are challenging due to differences in definitions and how the questions are phrased [\(16\)](#). Nonetheless, doctors' support for legalisation has increased over time in both Sweden and Finland.

Willingness to carry out assisted dying

If assisted dying is legalised, around one fifth of the respondents would be willing to aid physician-assisted suicide, while 11.8 % would be willing to carry out euthanasia. Many also answered 'don't know'. In 2014, the panel of doctors was also asked about their willingness to carry out physician-assisted suicide if it were legalised, and 8.6 % said they would be willing (11). In 2014, however, the question was posed in a different context alongside a number of other potential ethical dilemmas in medicine. In the present survey, we found that a large majority supported the right to conscientiously object to assisted dying. This may indicate that doctors perceive the issue of assisted dying as having substantial moral implications. Even the doctors who supported legalisation did not think their colleagues should be expected or pressured to take part. In a study of the public's attitudes to medical ethical issues, 69 % completely or partly supported the right to conscientiously object to assisted dying in the event of legalisation (17). If assisted dying is introduced as a patient right, it will raise the question of whether, and how, doctors' freedom of conscience can be protected.

In comparison, the Swedish and Finnish studies showed that 31 % and 13 %, respectively, were willing to aid physician-assisted suicide (14, 15).

Doctors more strongly opposed to legalisation

Doctors appear to be more opposed to the legalisation of assisted dying than nurses, veterinarians and the general population (11–13, 18). The issue of legalising assisted dying is more directly relevant to doctors than others. Doctors have clinical experience with serious illness, the final stages of life, and death. They may have seen the potential for alleviating suffering and ensuring a good, dignified death, as well as the reality of patients suffering in the final phase of life. The traditional professional ethics of doctors focus on healing, relieving pain, providing comfort and preventing illness. Ending a life, even to relieve suffering and respect a patient's wishes, would mark a significant departure from the traditional role of doctors (19). The issue of assisted dying is particularly important for doctors because if it is legalised they would be expected to play a key role in assessing requests, referring patients and aiding the extinguishing of life.

Strengths and limitations

Strengths of the study included a high response rate and the fact that three of the statements and response options were almost identical in the 2024 and 2016 questionnaires. This makes it possible to examine changes in doctors' attitudes to assisted dying. The sample was representative in terms of job categories but skewed in terms of sex and age. As a result, the proportion of doctors who support the legalisation of assisted dying may have been underestimated. This primarily applies to the descriptive responses, whereas the regression analyses were controlled for age and sex.

Conclusion

A large proportion of doctors in Norway remain opposed to the legalisation of assisted dying. However, the findings may suggest a shift towards greater uncertainty about legalisation since 2016. As in the general population, doctors in Norway are largely opposed to assisted dying in cases involving chronic illness or mental illness and in patients who are tired of life – conditions that are increasingly driving assisted dying in countries where it is permitted (20).

The article has been peer-reviewed.

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