Physician assisted suicide for adults has been gaining support in the U.S.\(^1\) A 2010 study concluded that 13% of the families considered ending their terminally ill child’s life prematurely and 10% had discussions about it, which is similar to the rates seen in adults.\(^2\) In 2017 Children’s Hospital Colorado enacted the End of life: Requests for Medical Aid in Dying policy, which grants patients older than 18 the opportunity to obtain life ending treatment. Religious beliefs have a significant impact on provider perspectives on physician assisted suicide in adults.\(^3\) There is no data on physician perspectives on adolescent physician assisted suicide across various medical specialties.

**OBJECTIVE**

To assess pediatric clinician perspectives on Adolescent Physician Assisted Suicide (APAS) across various medical specialties.

**HYPOTHESIS**

There is significant interest in APAS and clinician characteristics affect their perspectives.

**STUDY DESIGN**

Pediatric clinicians were prospectively surveyed about demographics, a case study, and their perspectives on APAS. The survey was sent to 13 different divisions (500 providers) at a quaternary medical center and responses were statistically evaluated. COMIRB 19-0412

**REFERENCES**


**RESULTS**

- 79 clinicians aged 29-65 years responded. 46 completed the case-study and 34 completed all sections.
- This cohort was a good representation of age (P = 0.77) and years of practice (P = 0.85) of clinicians at Children’s Hospital Colorado
- Of this group 23/42 (54.7%) identified as religious vs. 19/42 (45.2%) non-religious.
- 11 identified as general pediatricians and 31 as pediatric subspecialists.
- 52.4% felt APAS should be legal and 42.9% said APAS is needed.
- 7.1% noted they previously had been requested to discuss APAS 1-5 times.
- There were no statistical differences based upon specialty, years of practice, experience or religious identity on perspectives of legalizing APAS.
- 84.8% think religion is important in such decisions, however only 20% discuss it with patients (Figure 1).

**CONCLUSION**

- A slight majority of pediatric clinicians support APAS though it is rarely being requested in clinical practice.
- Although there was no significant difference amongst variables, approaches likely vary and data suggests clinicians require additional training.
- Clinicians feel religion is important during end-of-life decision making, but infrequently discuss it.
- Further research on this topic is needed.