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RESEARCH ARTICLE

Attitude Towards Assisted Dying Among Clergy and Lay People in the Church of England

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Abstract

Attitude towards assisted dying was assessed among 3,230 people who took part in the *Church 2024* survey. Asked to respond to the statement 'I am in favour of allowing assisted dying', 51% disagreed, 28% agreed and 21% were uncertain, suggesting a sizable minority were either in favour of changing the law or undecided. Those against changing the law tended to agree that it is wrong for someone to take their own life, that only God can give and take life and that the risks of abusing any process are too great. Opinion varied across various groups, with women more in favour than men, the old more in favour than the young, laity more in favour than clergy and Anglo-Catholics or Broad Church more in favour than Evangelicals. Personal and psychological disposition predicted some variations in attitude towards assisted dying, probably because they predisposed individuals to taking more general liberal or conservative stances. The patterns are similar to those seen in several different moral issues debated in the Church of England in the last three decades, suggesting assisted dying might follow a similar trajectory in years to come.

Keywords: Assisted Dying Scale (ADS); Church of England; clergy; church traditions; psychological type

Introduction

Assisted dying refers to the process of physicians administering medication that hastens a patient's death. The terms euthanasia and assisted suicide are sometimes used as synonyms of assisted dying (Bloomer et al., 2024), but they refer to slightly different things. Euthanasia can include the possibility of ending life without the patient's knowledge or informed consent, while assisted suicide may be helping someone to take their own life who is not necessarily close to death. Assisted dying, at least as understood in the current debate in the UK, is about people who have a terminal illness and a relatively short time to live being prescribed and helped to self-administer lethal doses of medication. The most recent attempt to change the law across the UK was the *Terminally Ill Adults (End of Life) Bill* introduced by the

Labour MP Kim Leadbeater on 16 October 2024, which passed its second reading on 29 November 2024 (House of Commons, 2024). The parliamentary debate was widely praised as an example of sensitive and careful consideration of a complex issue that has divided public opinion for many years (see, for example, Grace, 2024). On a free vote, the bill passed by a majority of 55, after honest and sometime impassioned arguments from both sides. The opinions of church leaders were widely reported during and after the debate, as they often are on such occasions, and the general tenor was of opposition to any change in the law (Welby, 2024). This paper reports on attitude towards assisted dying among a large sample of clergy and lay people in the Church of England taken during 2024. The aim is to see how far opinion in this population differs from national polls taken around the same time, and what factors might explain the distribution of attitudes across different parts of the Church.

The opprobrium associated the taking of one's own life has deep historical roots which, in Christendom, go back at least as far as Augustine (Picón-Jaimes et al., 2022). Ian Dowbiggin reviewed the history of assisted suicide and showed that, although there were some changes in attitude dating to the Enlightenment, it was only in the latter part of the last century that opinion in Western countries began to change: 'There is little evidence that between classical antiquity and the late twentieth century assisted suicide has ever been viewed as anything other than a poor moral choice' (Dowbiggin, 2020, p. 499). He linked the change in attitude over the last few decades to the history of euthanasia in general, arguing that changes in medical science and life expectancy increased the pressure to help those with chronic and incurable disease end their lives with dignity. The rapidity of the change may also, he argued, be related to what he terms the 'post-modern patient' (who combines high sensitivity to personal health with a mistrust of organized medicine) and the right-to-die movement, which draws on the notion of Human Rights to campaign for individual choice to be recognized and supported by the State.

As more and more jurisdictions have legalized assisted dying (for an overview, see Mroz et al., 2021) the arguments for and against have generally remained the same. Those in favour believe it is wrong for individuals who have capacity and who do not wish to endure a painful and undignified death to be refused help to avoid such a possibility. Individual autonomy and freedom of choice drive the move towards making assisted dying a practical possibility (Bloomer et al., 2024). A recent review of the literature related to the reasons that terminally ill people give for wanting assistance with dying cited depression, pain, functional disability, decreased sense of meaning in life, the sense of being a burden and reduced quality of life as those most frequently reported (Rodríguez-Prat et al., 2024). The US state of Oregon passed the *Death with Dignity Act* in 1997 and publishes annual summaries of the reasons terminally ill people give for wanting assisted death. In 2023, 64% mentioned loss of dignity, 43% concern for being a burden on family and friends and 34% inadequate pain control (Oregon Health Authority, 2024).

Views that oppose assisted dying can be broadly divided into those based on fundamental objections of principle and those based on fears about diagnostic errors and misuse of the process (Fontalis et al., 2018; Hendry et al., 2013). The former include religious beliefs about the sanctity of life and the idea that only God has the right to take life (Sabriseilabi & Williams, 2022) as well as beliefs related to the

Hippocratic Oath and the imperative of medical professionals to save rather than end life. A recent study in New Zealand suggested that conservative religious opposition to euthanasia may be shaped by ideas of divine order. Taking your own life is seen as defying that order and therefore a threat to personal spiritual purity (Lockhart et al., 2023). Even if individuals have no particular religious or ethical objections to assisted dying, they may object to legalizing it because of the difficulties in preventing abuse of the procedure. Opponents point to the danger that vulnerable patients may be feel under social pressure not to burden relatives or the health system and therefore not be truly autonomous in their decision making (Petersen & Dige, 2023). The debate in the UK in autumn 2024 frequently raised the inadequacy of palliative care and pressures on hospices, arguing that many might choose early death because they could not get high quality end-of-life care (Triggle & Mundasad, 2024). There are also 'slippery slope' objections which fear that any initially restrictive scope of legislation may become broadened over time, something which has been particularly noticeable in Canada (Annas & Kummer, 2023; Downie & Schuklenk, 2021; Pullman, 2023).

Assisted Dying in the United Kingdom

The UK has followed the wider trends in Western countries since the turn of the century. Until recently, evidence on public opinion has been relative scarce compared to the extent and ferocity of the debate. High profile cases of people who tried and failed to assert their legal right to assisted dying (for example, Diane Pretty in 2002 and Tony Nicklinson in 2012), as well as on-going cases where those who assisted others to commit suicide face potential prosecution (CPS, 2024), have increased the pressure to change the rules on assisted dying. Surveys by the National Centre for Social Research have used the term 'voluntary euthanasia' to test opinion since the 1980s. A report in 2016 suggested consistently high support of around 70–80% for the statement 'Voluntary euthanasia should be allowed for a person who has a painful incurable disease' (National Centre for Social Research, 2017). A small convenience sample (N = 297) from an online survey in 2019 reported that 70% supported some sort of legalized assisted dying (Pentaris & Jacobs, 2022). The most thorough recent polls of the national population have been those organized in 2024 by the Nuffield Council on Bioethics (2024a, 2024b), which also showed 70% were in favour a change in the law on assisted dying, with 14% opposed and 17% with no particular opinion.

There have been several attempts to change the law in the UK over the last quarter century. The *Patient (Assisted Dying) Bill* introduced by cross bench peer Lord Joffe in 2003, which would have allowed doctors of patients with less than six months to live and who were suffering unbearably to prescribe a lethal dose of medication that the patient could take themselves, was rejected by the House of Lords in 2006. The *Assisted Dying (No. 2) Bill*, originally drafted by Lord Falconer, was introduced by Labour MP Rob Marris in 2015 but defeated by 212 votes at its second reading. The *Terminally Ill Adults (End of Life) Bill* was the first to pass a second reading and, at the time of writing, is being scrutinized in committee. It has stricter requirements than previous bills (including the need to process each case through a High Court judge) and, although there may be changes to some aspects of

the bill, it seems likely that there will be some legal provision for assisted dying in the UK in the next few years.

Church of England Responses to the Assisted Dying Debate

The Church of England has generally remain implacably opposed to any change in the law related to assisted dying. General Synod debated the issue in February 2012 after the unofficial commission chaired by Lord Falconer recommended just such a change. A motion rejecting the independence of the commission and arguing that it placed vulnerable people at greater risk was supported by 284 votes to 0, with 4 abstentions (Finch, 2012). When the proposed change to the law arising from the Falconer commission was debated in Parliament in 2015, Justin Welby, then Archbishop of Canterbury, argued that changing the law would fundamentally change society in terms of how suicide is viewed, how vulnerable people are treated and the compassion shown to those who contemplate suicide or who are terminally ill. He concluded

> The current law and the guidelines for practice work; compassion is shown, the vulnerable are protected. In spite of individual celebrity opinions and the "findings" of snap opinion polls (that cannot hope to do justice to the intricacies of the issue) the current law is not "broken". There is no need to fix it. (Welby, 2015)

Although there were some who broke ranks and came out in support of the 2015 Bill (notably the former Archbishop of Canterbury, George Carey), the synod vote suggested strongly united opposition across the Church.

The General Synod returned to the debate a decade later in July 2022. A background note issued prior to the meeting by the Secretary General (Nye, 2022) reiterated the Church of England's long-standing opposition to assisted dying[1], recalling the 2012 debate and concluding:

> For these reasons – and because no new or better arguments to the contrary have been advanced by any of the lobbyists for Assisted Suicide – the Church of England has been adamant in its rejection of a change in the current law in Parliament, in the media and among the medical professions.

Despite a document which might be seen as pre-empting any debate, there were still those who voted against the motion that called for the prevailing legislation to remain unchanged. The motion was carried by 289 in favour, 25 against and 33 abstentions, pointing to a slight shift in opinion since 2012. Michael Sadgrove, a former Dean of Durham Cathedral, was quoted as saying: '1 in 6 synod members were unable to support the motion on Assisted Dying. A significant minority who

[1]The note uses the term 'Assisted Suicide' for reasons explained in paragraph 6: 'Terminology can vary, confusing the issues. A change in legislation will require a change in the 1961 law on Assisted Suicide. For this reason, the Church of England has insisted on talking about Assisted Suicide rather than Assisted Dying'.

are not persuaded that the Church's traditional stance is the right one. Christian voices need to be heard on every side of this urgent national conversation' (cited in Pocklington, 2022). Justin Welby again spoke out against changing the law (Welby, 2024) and in a BBC interview reiterated his view that this was about the Church sticking to principles and not being swayed by public opinion: 'There will be people who look at that and say the Church is totally out of touch, that they totally disagree with us, and say they are going nowhere near a church, but we don't do things on the basis of opinion polls' (Maqbool & Rossiter, 2024).

It is obvious that assisted dying is a complex issue that raises many ethical and moral conundrums. It may also be true that 'opinion polls' should not drive the Church's doctrinal understanding of whether humans have the right to take their own life and be helped to do so. The reality is, however, that the Church of England does shape its practice in relation to many other issues in relation to changes in society and to the internal 'opinion poll' of how the General Synod votes. Evidence from grassroots surveys of the Church of England in 2001 and 2013 shows how opinion shifted in relation marriage and divorce, the ordination of women and same-sex relationships (Village, 2018a). In all these areas, Synod eventually voted to change practice in ways that aligned what the Church does to what was happening in wider society and in the lives of the people that are served by the Church. Assisted dying may prove to be an exception to rule but, if not, it would be useful to know how opinion stands now on the cusp of change in wider society.

Assessing and Predicting Attitude Towards Assisted Dying in the Church of England

The most detailed and thorough surveys of attitudes among clergy and laity in the Church of England over the course of this decade have been the 2001 and 2013 surveys of the readers of the *Church Times* (Francis et al., 2005; Village, 2018a). The *Church Times* is the main newspaper of the Church of England and although the samples were unlikely to be truly representative of the Church of England as a whole,[2] they did draw on people across the main traditions (Anglo-Catholic, Broad Church, Evangelical and Charismatic). The surveys included items related to a range of issues that had been, or were being, debated by the Church, such as marriage and divorce, the ordination of women and same-sex relationships. Respondents were given statements such as 'I am in favour of the ordination of women as priests' and asked to indicate their agreement or disagreement on a five-point Likert scale (Likert, 1932). This is a widely used method in social science to measure attitudes (Ajzen, 2005; Vogel & Wanke, 2016), which allows both agreement or disagreement with specific statements to be assessed as well as broader underlying positive or negative attitudes towards particular issues. Responses to statements relating to different aspects of the same underlying attitude can be scored and used to created summated scales that are open to statistical analyses (Spector, 1992).

The *Church 2024* survey was similar to the two early *Church Times* surveys but was also promoted in other networks inside Church of England and in other denominations. This paper reports on responses to those who identified as

[2]See chapter 2 in Village (2018a) for a discussion of the sample profiles of previous *Church Times* surveys.

belonging to the Church of England. The aim is to examine responses to specific items related to assisted dying and to see how the underlying attitude towards assisted dying varied in the sample by individual differences, social location and ecclesial or theological preferences. Previous studies in the Church of England have shown how stance towards a wide range of ethical and moral issues can be predicted by factors including sex, age, education, ordination status and church tradition (Francis et al., 2005; Village, 2012, 2018a). In addition, some variance in attitudes can be attributed to personality, especially psychological type preferences. Psychological type theory, originally suggested by Carl Jung (1923) identifies four dimensions of psychological functioning, each with two modes of operation: orientation (extraversion and introversion), perceiving (sensing and intuition), judging (thinking and feeling) and attitude towards the outer world (judging and perceiving). The two core processes of perceiving and judging related respectively to how information is taken in and evaluated. These processes have been shown to be important in shaping liberal and conservative attitudes in the Church of England (Village, 2013, 2016, 2019, 2024) so may predict attitude towards assisted dying if this is seen as a liberalizing trend in the Church of England.

Research Questions

1. What proportion of the grassroots of the Church of England are in favour of allowing assisted dying?
2. How does opinion vary by demography, ordination status and church tradition?
3. What factors predict underlying attitude towards assisted dying in the Church of England?

Method

Procedure and Participants

The *Church 2024* survey was an online survey delivered using the Qualtrics platform. It was launched on 13 March 2024 and closed on 30 November 2024. Links to the survey and an invitation to participate were published at least once in the *Church Times* and the *Church of England Newspaper* as well as in a number of diocesan newsletters during the time that the survey was open. It was also promoted through Roman Catholic networks in the UK and the Republic of Ireland. Of the 5,141 total responses to the survey, 4395 (85.5%) were people living in England, 171 (3.3%) elsewhere in the UK and Northern Ireland, 481 (9.4%) in the Republic of Ireland and 95 (1.8%) elsewhere. In terms of religious affiliation, 4027 (78.3%) were Anglicans, 731 (14.2%) Catholic and 383 (7.5%) other denomination (mainly Methodist and Baptist). The final sample used here consisted of 3,230 individuals who chose Church of England as their denomination, who lived in England, and who had no missing values for variables used in this analysis.

The profile of the clergy and lay people in the sample is shown in Tables 1 and 2. The Church of England last did a diversity audit in 2014, which was based on

Table 1. Profiles of clergy and lay people

		Lay	Clergy	All
	N =	1942	1288	3230
		%	%	%
Sex	Male	42.8	56.4	48.2
	Female	57.2	43.6	51.8
Age	20s	5.9	1.2	4.0
	30s	7.7	8.1	7.8
	40s	11.0	16.5	13.2
	50s	17.3	27.3	21.3
	60s	26.1	27.0	26.4
	70s	24.8	16.5	21.5
	80s+	7.3	3.3	5.7
Ethnicity	White British	92.7	92.1	92.4
	Minority ethnic	5.3	6.4	5.7
Education	None	0.6	0.0	0.4
	School	6.6	0.9	4.3
	Certificate	16.6	7.1	12.8
	UG degree	41.8	40.7	41.4
	Masters	25.2	39.6	31.0
	Doctorate	9.1	11.7	10.2
Marital status	Single	14.0	10.2	12.5
	Partnered	72.9	80.9	76.1
	Other	13.1	8.9	11.4
Location	Rural	32.3	32.7	32.4
	Town	34.1	31.8	33.2
	Suburban	23.6	24.3	23.9
	Inner city	10.0	11.2	10.5
Tradition	Anglo-Catholic	26.5	31.0	28.3
	Broad church	47.3	40.3	44.5
	Evangelical	26.2	28.7	27.2

returns from 36,000 people in 600 congregations (Church of England, 2015). In that sample, 59% were female, which is close to the figure of 57% female for lay people in this study. Average adult age in the diversity audit was 61 years: age was measured to the nearest decade in this study and averaging on that basis gave an average age for lay people of about 56 years. In the diversity audit, 6% were minority ethnic,

Table 2. Profile of clergy by role in the sample

(a) All clergy	Male	Female	Total
N =	725	562	1288
	%	%	%
Stipendiary parochial	54	51	52
Self-supporting	7	17	12
Stipendiary extra-parochial	5	5	5
Retired	30	20	26
Other	5	6	5

(b) Excluding Retired and Other	Male	Female	Total
N =	474	414	888
	%	%	%
Stipendiary parochial	82	70	76
Self-supporting	11	23	17
Stipendiary extra-parochial	7	7	7

compared with 5% for this study. In the diversity audit, 36% were in rural areas, compared with 32% for this study. Both samples had similar demographic profiles, which suggests the *Church 2024* lay sample may be similar to the Church at large.

Some demographics are known more accurately for clergy than lay people across the Church of England and are published in the *Statistics for Ministry* series. The latest figures are for 2022, published in spreadsheet form. Direct comparison between the Church of England figures and the *Church 2024* sample is difficult because the two used slightly different ways of describing roles and the Church of England data do not include retired clergy. Excluding retired clergy, 76% in the *Church 2024* sample were stipendiary parochial, 7% self-supporting and 17% stipendiary extra-parochial. The best equivalent figures for the Church of England in 2022 were 86%, 8% and 6% (Church of England, 2024, worksheet F), suggesting the *Church 2024* may have oversampled extra-parochial clergy. Sex ratios in these groups suggest the *Church 2024* sample may overestimate the proportion of women: stipendiary parochial clergy 43% female (versus 32% for the Church of England), self-supporting 65% female (versus 53%) and stipendiary extra-parochial 46% (versus 28%).

On the available evidence, the *Church 2024* sample seems to be similar in profile to the best estimates of the wider Church of England laity profile. For clergy, women may be generally overrepresented, especially those who have extra-parochial responsibilities. The most obvious and unknown part of the overall profile is whether it represents the ratio of clergy to lay people in the Church of England and whether the proportions belonging to different church traditions (Anglo-Catholic, Broad Church and Evangelical) reflect those among clergy or laity. The national Church has not tried to estimate these proportions, which would be essential in any

Table 3. Scale properties of the assisted dying scale (ADS)

	Percentage:					
Item:	Disagree strongly	Disagree	Not certain	Agree	Agree strongly	CITC
I am in favour of allowing assisted dying	30	22	21	19	9	.78
Taking your own life is wrong*	7	23	23	28	18	.65
There is too great a risk of abuse*	2	10	21	31	36	.70
Relatives who help their loved ones to commit suicide should not be penalized by the law	5	16	30	36	12	.49
Only God can give and take life*	4	20	23	28	25	.68

Note: $N = 3230$. * These items were reverse coded to create the ADS; CITC = Corrected item-total correlation.

attempt to create a random probability representative sample when assessing opinion across the whole population of the Church of England. This has to be borne in mind when looking at the overall results for opinions and is why it is better look at how opinion varies across different parts of the Church of England and what factors might predict overall attitude towards assisted dying.

The Assisted Dying Scale (ADS)

The previous *Church Times* surveys did not include any statements related to assisted dying, so it was necessary to create new items for the 2024 survey. Most national surveys published prior to 2023 had tended to be directed to medical issues or specifics of the proposed changes in the law, and there was no instrument suitable for a religious population such as the Church of England. Five items were created (Table 3) which included a core statement 'I am in favour of allowing assisted dying' and four others that related to whether or not it is right to take your own life, fears about abuse of any process, the prosecution of those who help others to die and the question of whether humans can decide about ending their life. Responses to these specific items were assumed to give a measure of someone's overall attitude to the issue of assisted dying. Clearly there are other aspects that could be included, but these items were part of a larger survey, so space was limited.

To construct the ADS, the five items were subject to factor analysis (principal components extraction with varimax rotation), which identified a single component accounting for 62% of the total variance. Three items were reverse coded so that a high score on the ADS indicated support for assisted dying both in terms of allowing it, in terms of theological and ethical belief and in terms of practical risks. Alpha reliability for the scale (Cronbach, 1951) was .85, suggesting the scale had good internal consistency reliability and could function as a measure of overall attitude

towards assisted dying. The item on 'Relatives who help their loved ones to commit suicide should not be penalized by the law' had the lowest correlation with the overall scale, which was not surprising as it is a wider issue than assisted dying as currently under discussion. It was kept in the scale, however, because it has been part of the debate previously and seems to be part of what underlies the overall attitude to assisted dying.

Predictor Variables

Previous work on attitudes in the church of England have shown how they vary between groups such as men and women, young and old, laity and clergy and by church tradition (Francis et al., 2005; Village, 2018a). When trying to identify the independent effects of different factors, it is useful to order them such that fundamental predictors, such as psychological preferences or social identities, are distinguished from those secondary predictors such as ecclesial locations or theological stances (Village & Francis, 2009, 2021). In this study, predictors were placed in five groups:

Personal Factors

Sex was coded: male (1), female (2), other (3) and prefer not to say (4). Only those who responded with the first two categories (98.7%) were included in the analyses using the dummy variable female (= 1, other = 0). Age was coded: 18-19 (1), 20s (2), 30s (3), 40s (4), 50s (5), 60s (6), 70s (7) and 80s+ (8). Ethnicity was used to create a dummy variable 'White British' (= 1, ethnic minority = 0).

Psychological Factors

Psychological variables were assessed using the revised shortened version of the Francis Psychological Type and Emotional Temperament Scales (FPTETS) (Village & Francis, 2023a, 2023b, 2024). This is a 30-item instrument comprising four sets of six forced-choice items related to each of the four components of psychological type theory: orientation (extraversion or introversion), perceiving process (sensing or intuition), judging process (thinking or feeling) and attitude towards the outer world (judging or perceiving) and six items related to emotional temperament (calm or volatile) (Village & Francis, 2022). Previous studies have demonstrated that the parent instrument (which contains just the four psychological type scales) functions well as a measure of psychological type preferences in a range of church-related contexts (for example, see Francis et al., 2021; Francis et al., 2011; Village, 2016). In this sample, the alpha reliabilities were .82 for the EI scale, .68 for the SN scale, .79 for the TF scale, .78 for the JP scale and .82 for the emotional temperament scale.

Contextual Factors

Highest level of education was coded: no school qualifications (1), school-level (2), university certificate or diploma (3), undergraduate degree (4), master's degree (5) and doctoral degree (6). Marital status was used to create dummy variables single

(= 1, other = 0) and partnered (= 1, other = 0). Location was used to create dummy variables of rural (= 1, other = 0) and inner city (= 1, other = 0).

Ecclesial Factors

Ordination status was coded as clergy (1) and laity (0). Church tradition was assessed using a seven-point bipolar scale labelled 'Anglo-Catholic' at one end and 'Evangelical' at the other. It is a good indicator of differences in belief and practice in the Church of England (Randall, 2005; Village, 2012) and was used to identify Anglo-Catholic (scoring 1-2), Broad Church (3-5) and Evangelical (6-7) respondents. In the Church of England, Anglo-Catholics tend to be liturgical traditionalists but more liberal on moral issues, while the reverse is true for Evangelicals (Village, 2012, 2018b). Anglo-Catholic and Evangelical were used as dummy predictor variables with Broad Church as the reference category. The Charismatic movement has had an enduring influence on part of the Church of England since the 1970s (Hocken, 1997; Scotland, 2003; Steven, 2002). Charismaticism is often associated with the Evangelical wing of the Church, but it has distinctive patterns of worship and beliefs. Individual identification with Charismaticism was assessed using a seven-point bipolar scale labelled 'Not Charismatic' at one end and 'Charismatic' at the other.

Theological Factors

The survey included two seven-point bipolar scales used in other studies of the Church of England measuring the extent conservative (versus liberal) stance on doctrine and on moral issues (Village & Francis, 2021). These two scales were used instead of the more general LIBCON scale because they distinguish two related but somewhat independent aspects of liberal versus conservative belief (Village, 2018b).

Analysis

Analysis was in three stages.

- The first stage examined the levels of agreement for the five items in the ADS for the whole sample. This was in order to show how support varied for different components of an attitude related to assisted dying.
- The second stage examined levels of agreement with the core item 'I am in favour of allowing assisted dying' in different groups such as men and women, young and old or laity and clergy. This quantified the extent to which opinion varied across the sample. Responses were recoded into 'agree' (= agree or strongly agree) and 'not agree' (= not certain, disagree or strongly disagree). Differences between groups were tested with contingency tests.
- The final stage was to explore the factors that predicted scores on the ADS and thus overall attitude to assisted dying. This was to examine more rigorously the contribution of personal, psychological, contextual, ecclesial and theological factors to a person's overall ADS score. Bivariate correlations among the predictor variables showed that some were themselves correlated, so hierarchical multiple regression was used to identify the independent effects

of predictor variables on the ADS. Predictors were added successively to the model in the following order: Model 1: personal factors (sex and age), Model 2: psychological factors (sensing, thinking, judging and emotional volatility), Model 3: contextual factors (single, education, rural and inner city), Model 4: ecclesial factors (clergy, Charismaticism, Anglo-Catholic and Evangelical) and Model 5: theological factors (doctrinal conservatism and moral conservatism).[3] This order was based on the assumption that personal and psychological factors operate prior to the more 'downstream' factors such as general liberal or conservative attitudes. One reason for using nested hierarchical models was to see if there was evidence that the effect of personal or psychological factors on specific attitude towards assisted dying might be mediated by their influence on theological factors.

Results

Overall Responses

Responses to the five items in the ADS suggested that most people were opposed to allowing assisted dying either because they had doubts on theological or ethical grounds or because of the danger of abuse of the process (Table 3). Nonetheless, there was a sizable minority who were not certain in their opinions and smaller, but significant, minority who seemed to be more favourably disposed towards the idea of allowing assisted dying. Thus, while 51% disagreed or strongly disagreed with the statement 'I am in favour of allowing assisted dying', 21% were uncertain, and 28% agreed or strongly agreed. In terms of doctrinal objections, 46% agreed or strongly agreed that taking your own life is wrong and 53% that only God can give and take life. A larger majority (67%) indicated concern that the risk of abuse was too great, suggesting some may be persuaded to support assisted dying if this could be reduced. When it came to penalizing relatives who helped their loved ones commit suicide, 48% felt they should not be penalized and 21% felt they should, with 30% being uncertain, suggesting a more accepting attitude towards those caught in the dilemma of the wishes of loved ones and the strictures of the law. Overall, these figures point to a majority, but not necessarily a huge majority, being opposed to assisted dying. The results do not prove that this is the state of opinion across the whole of the Church of England (because of the difficulty in knowing what would count as a truly representative sample), but there are grounds for suggesting it may not be far off the mark.

The grassroots of the Church of England are currently in a different place on allowing assisted dying from the majority of people in the UK. Reasons for this may vary from one individual to another, and some traditions may have different perspectives on whether changes to the law should be based on doctrinal objections (the sanctity of life or divine rather than human control over life and death) or pragmatic concerns (about abuse of any process or the undervaluing of the palliative

[3]Following an exploratory analysis, three variables that showed no correlation with the ADS in any model were removed from the analysis in order improve presentation. They were ethnicity (White British), extraversion and partnered.

care system). Many of the reasons for baulking at change will be shared with those outside the Church and, indeed, those of no religious persuasion. It remains to be seen whether the current efforts in parliament to change the law will succeed but, even if they do not, the direction of travel in the UK populations suggests that change will come eventually. Carefully monitoring of opinion in the Church of England will help the hierarchy to remain aware of how the ground may be changing under their feet in the years ahead.

Variations in Opinion Across the Sample

Responses to the core item 'I am in favour of allowing assisted dying' were used to assess how opinion varied according to demographic and ecclesial factors (Table 4). There were marked differences between men and women (23% versus 32% agreement, respectively), with age (19% agreement for under 50s versus 34% for those 70 or older), between clergy and lay people (19% versus 34% agreement respectively) and with church tradition (13% agreement for Evangelicals versus 32% for Anglo-Catholics and 34% for Broad Church). There were less marked but statistically significant differences with education (34% agreement for those with no degree versus 28% for those with graduate degrees and 24% for those with postgraduate degrees), between single people and others (21% versus 29% respectively) and with location (33% agreement in rural areas versus 26% in town or suburban areas, and 21% for those in inner cities). There were no differences between those who self-identified as White British and minority ethnicities, nor between those who were partnered and the rest of the sample. Opinion is clearly not evenly distributed across the Church of England, though in no group was there a majority in favour of allowing assisted dying. The average agreement for the whole sample was 28%, but agreement within groups varied from as low as 13% among Evangelicals to 34% for those who had no university degrees.

These variations between groups have been seen over and again when it comes to debated moral issues that have confronted the Church since the 1960s (Francis et al., 2005; Village, 2018a, 2024). The underlying battle is between liberal reformers and conservative guardians of the tradition, which often aligns at least partially with differences between Anglo-Catholics, Evangelicals and the rest of the Church. Using the full range of the seven-point church tradition scale showed that for the ADS it was those who self-assessed themselves as three on the scale (at the Anglo-Catholic end of Broad Church) who were most favourably disposed to a change in the rules (Figure 1). Extreme Anglo-Catholics were less disposed, but not as resistant as Evangelicals. This shape was evident in studies of the same scale from the 2001 *Church Times* survey (Village, 2012). It would be useful for the Church to try and understand how attitudes towards assisted dying come to be aligned with church tradition, and whether this is about specific issues or the distribution of general liberal versus conservatism in the Church.

Factors Predicting ADS Scores

Regression analysis was used to examine more rigorously the factors that might shape opinion on assisted dying. Bivariate correlation analysis of the ADS (Table 5,

Table 4. Agreement with the 'I am in favour of allowing assisted dying' item in various groups

		N	NA %	AG %	*df*	χ^2
Sex	Male	1557	77	23		
	Female	1673	68	32	1	28.2***
Age	<50	810	81	19		
	50-69	1541	72	28		
	70+	879	66	34	2	47.3***
Ethnicity	White British	2986	71	29		
	Minority ethnicity	185	73	27	1	0.3
Education	No degree	566	66	34		
	UG degree	1336	72	28		
	PG degree	1328	76	24	2	19.3***
Marital status	Single	404	79	21		
	Others	2826	71	29	1	10.1***
	Partnered	2458	73	27		
	Others	772	71	29	1	0.8
Location	Rural	1048	67	33		
	Town	1072	74	26		
	Suburban	771	74	26		
	Inner city	339	79	21	3	27.0***
Ordination status	Clergy	1288	81	19		
	Laity	1942	66	34	1	85.5***
Church tradition	Anglo-Catholic	914	68	32		
	Broad church	1437	66	34		
	Evangelical	879	87	13	2	127.4***

Note: NA = Not agree; AG = Agree. Difference between groups tested with contingency test using chi-squared statistic (χ^2). *df* = degrees of freedom. *** $p < .001$

first row) confirmed that responses to the five-item scales generally reflected the responses to the single core item. Thus, there were significant negative correlations (implying a less favourable attitude) with Evangelical, clergy, inner city, and single and significant positive correlations (implying a more favourable attitude) with Anglo-Catholic, rural, age, and female. There were no significant correlations with ethnicity, education or being partnered. This analysis included additional, continuous predictors and there were statistically significant negative correlations with conservative morality, conservative doctrine, Charismaticism, and thinking and a significant positive correlation with emotional volatility.

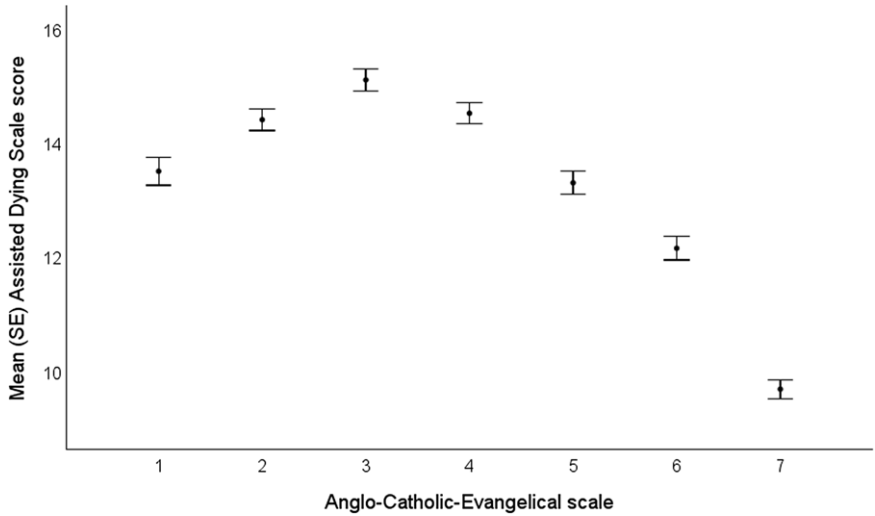

Figure 1. Mean assisted dying scale scores by self-rating on the Anglo-Catholic – Evangelical bipolar scale. Note. 1 = Extreme Anglo-Catholic, 7 = Extreme Evangelical.

The correlation matrix also showed that some of the predictor variables were also correlated among themselves. For example, there were fewer women who self-assigned as Anglo-Catholic or Evangelical compared with Broad Church, a lower proportion of clergy were women rather than men, and women scored significantly lower on conservative doctrine or morality. Women also scored higher, on average, on the emotional volatility scale and lower on the thinking scale, which accords with what is generally know about the distribution of traits and types in the general population. Older people were less likely to be Evangelical or to be conservative in doctrine or morality, but they were more likely to be Anglo-Catholic or to live in rural areas. In cross-sectional studies such as this, these associations can cause misleading correlations or mask effects. For example, the correlation between the ADS and female may be because women are inherently more likely to support assisted dying, or because a higher proportion of women are lay people and lay people tend to be more supportive of assisted dying than are clergy. Multiple regression isolated the independent effects of predictor variables controlled for other predictors in the model.

The addition of successive predictors in models 1 to 5 (Table 6) showed which were the best predictors of ADS scores and which may have been mediating the effects of others. The personal factors, sex and age, were both significant predictors in models 1 to 3, but only age remained significant in models 4 and 5. Sex was no longer a significant predictor when conservative doctrine and morality scores were added in model 5, which suggests the difference in ADS scores between men and women may have been because women tended to be more liberal in general when it came to matters of doctrine or morality. This general attitude may have shaped the way they approached the particular issue of assisted dying. The effect of age was reduced after adding conservative doctrine and morality in model 5, but it remained statistically significant. This may be because, although younger people tended to be

Table 5. Correlation matrix

		17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2
1	ADS	−.57***	−.60***	−.34***	.10***	−.17***	−.11***	−.08***	.10***	−.03	−.07***	.10***	−.03	−.17***	−.01	.21***	.17***
2	Female	−.17***	−.21***	−.09***	−.08***	.09***	−.13***	−.05**	.06***	−.06***	.02	.18***	.04*	−.31***	.02	.05**	
3	Age	−.11***	−.19***	−.14***	.10***	−17***	−.07***	−.13***	.16***	−.09***	−.18***	−.14***	.09***	−.01	.15***		
4	Sensing	.12***	.09***	.06***	−.03	−.10***	−.23***	−.04*	.00	−.23***	.01	−.06**	.43***	.22***			
5	Thinking	.24***	.23***	.12***	−.04*	−.08***	−.11***	.03	−.04*	.15***	.02	−.21***	.29***				
6	Judging	.06***	.05**	.00	.02	−.11***	−.13***	−.04*	−.02	.01	.04*	.06***					
7	Volatility	−.14***	−.12***	−.09***	.02	−.05*	−.06***	−.03	.01	−.02	.07***						
8	Single	.03	.05**	−.03	.04*	−.08***	−.06**	.07***	−.08***	−.01							
9	Education	−.11***	−.03	−.04*	.06***	−.04*	.21***	.04*	−.04*								
10	Rural	−.04*	−.08***	−.10***	.01	−.06**	.00	−.24***									
11	Inner city	.01	.06***	.04*	.04*	.01	.02										
12	Clergy	−.03	.03	.03	.05**	.14***											
13	Charismaticism	.28***	.29***	.39***	−.38***												
14	Anglo-Catholic	−.28***	−.20***	−.38***													
15	Evangelical	.49***	.47***														
16	Conservative doctrine	.82***															
17	Conservative morality																

Note. ADS, Assisted Dying Scale. * $p < .005$; ** $p < .01$; *** $p < .001$.

Table 6. Hierarchical multiple regression of the assisted dying scale

	Model				
	1	2	3	4	5
Female	.16***	.11***	.10***	.08***	.01
Age	.20***	.22***	.20***	.15***	.10***
Sensing		.00	.01	.01	.04*
Thinking		−.11***	−.11***	−.10***	−.01
Judging		−.03	−.03	−.04*	−.03
Volatility		.09***	.09***	.06***	.03*
Single			−.03*	−.06***	−.03*
Education			.02	.01	−.03
Rural			.04*	.02	.03*
Inner city			−.03	−.03	−.03
Clergy				−.09***	−.09***
Charismaticism				−.05**	.04*
Anglo-Catholic				−.03	−.05**
Evangelical				−.29***	−.07***
Conservative doctrine					−.33***
Conservative morality					−.28***
R^2	.07	.09	.10	.19	.41
Change R^2		.02***	.01**	.09***	.22***

Note. * $p < .05$; ** $p < .01$; ***$p < .001$. Standardized beta coefficients.

more generally conservative, there were factors that made old people more accepting of the idea of assisted dying.

Some psychological factors had some predictive power on ADS scores. Thinking score predictor lowers ADS scores until conservative doctrine and morality were added in model 5, implying that those who had preference for conservatism also tended to prefer thinking over feeling in their judging function. The positive effect of emotional volatility on ADS scores was also reduced when controlling for doctrinal and moral conservatism, again suggesting that psychological variables may influence attitude towards the specific issue of assisted dying through their effect on general attitudes towards doctrine and morality.

Contextual factors had relatively little consistent effect on ADS scores, apart from single, which remained a predictor of slightly lower ADS scores, and living in rural areas, which remained a predictor of slightly higher ADS scores.

Perhaps unsurprisingly, it was the two measures of conservative doctrine and morality that had the strongest effects on attitude towards assisted dying. This suggests that people who held conservative theological views generally were also likely to hold a conservative attitude towards any change in the law on assisted

dying. For ecclesial factors, added in model four, the lower support among clergy for assisted dying remained statistically significant after controlling for other factors. Evangelicals are known to hold more conservative views generally, but their negative scores on the ADS remained even after controlling for this. In the bivariate correlations, there was a positive correlation between Anglo-Catholics and the ADS, showing they were more positive than Evangelicals. However, they were less positive than Broad Church, and this was apparent by the negative correlation with ADS after controlling for Evangelicals in Model 4.

In the final model, the variables with the biggest effects were conservative doctrine and conservative morality, age, clergy and church tradition. Variables with smaller but statistically significant effects were sensing, emotional volatility, single, rural and Charismaticism.

Discussion

This study of 3230 clergy and lay people in the Church of England was set against the ongoing process in the UK, which is likely to lead to a change in the law in the next few years that will permit assisted dying. The aim was to assess opinion on this issue among the grassroots of the Church and to try and understand how opinion varies between different groups and with personal, psychological, contextual, ecclesial and theological factors.

The first research question asked about overall opinion on issues related to assisted dying in the Church of England. The results suggested that on the core issue of allowing assisted dying 28% were in favour, 51% opposed and 21% uncertain. This is in marked contrast to a national poll taken at about the same time, which showed 70% in favour, 14% opposed and 17% uncertain (Nuffield Council on Bioethics, 2024b). The marked contrast to society at large seems to partly reflect reservations based on moral or theological grounds (46% felt taking your own life is wrong and 52% that only God can give or take life) and partly on fear of abuse of the system (67% felt there was too great a risk of abuse). These sorts of reservations were expressed by Justin Welby in his interview in reaction to the introduction of both the 2015 and 2024 parliamentary bills (Welby, 2015, 2024). In this regard, he seems to be speaking for the majority of clergy and lay people across the church. What was not represented were the views of those who were in favour of change or who were uncertain about change. They comprised 49% of respondents to the core item in the survey, which is much more than the 17% who took part in the 2022 Synod debate and abstained or voted against a motion calling for the law to remain unchanged. Things have moved rapidly in the UK since 2022, so the *Church 2024* survey may be signalling a shift in opinion. It is also possible that the Synod did not fully represent the grassroots of the Church in the way it voted. While most people across the Church would probably oppose the Bill currently being discussed in parliament, this may not remain so if it is eventually passed into law and assisted dying becomes part of the end-of-life landscape.

The second research question looked at how opinion about the core item ('I am in favour of allowing assisted dying') varied across the Church of England. There were significant differences by sex (women more positive than men), age (older people

more positive than younger ones), education (those without degrees more positive than those with degrees), marital status (single people less positive than others), location (those in rural areas more positive than those in inner cities), ordination (lay people more positive than clergy) and church tradition (Evangelicals less positive than Anglo-Catholics or Broad Church). Although no groups showed a majority in favour of assisted dying, some of the differences were marked and suggest this may be another issue where the Church will have to try and hold together some very different perspectives. The extreme opposition to change among Evangelicals put them at odds with others in the Church of England, and the 13% in favour of allowing assisted dying was even lower than the approximately 20% in favour among 622 Catholics in this survey (unpublished information). The other divide is between clergy and laity, with almost twice as many (34%) lay people in favour than among clergy (19%). This pattern, of changing opinion in society at large showing up in lay members of the Church of England before clergy and in the majority Broad Church before either the catholic or evangelical wings, has been seen in several other issues related personal moral choices since the 1960s (Village, 2018a). Although every issue is different, and past trends do not guarantee future performance, it seems likely that opinion may continue to evolve at different speeds in different constituencies across the Church.

The third research question used the ADS attitudinal scale to explore the effects of personal, psychological, contextual, ecclesial and theological factors on underlying attitude towards assisted dying. The results suggested that the most immediate and crucial factors shaping attitudes to this particular issue were those related to general liberal or conservative beliefs about doctrine and morality. This may seem an obvious and redundant finding, but it makes an important point: when faced with novel moral conundrums, people in the Church of England tend to decide about them in line with their broader theological stances. Liberals tend to welcome changes that give individuals freedom of choice, even if this overturns long-held traditional ideas. Conservatives tend to uphold traditional beliefs and standards and resist the pressure for change from outside the Church.

What makes individuals hold the views they do is likely to be a complex mix of their social location, experience and individual makeup. Psychological type preferences and general liberal-conservative theological stances can interact in complex ways to shape attitudes towards debated issues in the Church of England. A study using the 2013 *Church Times* survey dataset found that preference for sensing over intuition and thinking over feeling predicted more conservative attitudes towards issues such as same-sex relationships, the ordination of women, divorce and remarriage and cohabitation (Village, 2024). In this survey, preference for thinking over feeling was associated with a negative attitude towards allowing assisted dying, which is in line with the idea that thinking types tend to make objective decisions based on principles rather than subjective decisions based on empathy with others and shared values.

It seemed that personal factors and psychological preference may be partly what drives adherence to conservative theological stances, which in turn shape attitudes towards assisted dying. The differences between men and women, and between thinking and feeling, disappeared when conservative doctrine and conservative moral attitudes were added to the regression (Table 6, model 5). Women in the Church of England have been shown in other studies to be generally more liberal

than men on moral issues (Robbins, 2007; Village, 2018b). It may be that this predisposed them to take more progressive stances when there is pressure for change. Although doctrinal and moral conservativism were positively correlated (Table 5), they each exerted independent effects on ADS scores, suggesting that it may be important to tease apart the nature of objections to assisted dying as the debate moves forward.

Conclusion

This survey was intended to test attitudes towards assisted dying across the Church of England in a year when legislation was introduced into parliament, which is likely to lead to a change in law that will enable medics to assist terminally ill people to end their lives sooner than would otherwise be the case. In contrast to the general public, there is still overall opposition to change among the grassroots of the Church. This is by no means universal, and there are some marked differences across different demographic and ecclesial groups. The patterns are not dissimilar to those seen for other moral issues where public opinion has shifted in the last few decades and the Church of England has slowly moved to change practice in areas such as the ordination of women, marriage and divorce and same-sex relationships. If past behaviour is anything to go by, when and if the law changes there will be people within the Church who wish to be helped to take their lives when they become terminally ill. Clergy will be asked to provide pastoral and spiritual support. At first clergy will be told they must not themselves seek assisted dying in such circumstances and should refrain from acting as advocates for others. As time goes by, these practical rules will be breached until the hierarchy of the Church will change its stance on how to deal with assisted dying in practice, even if traditional doctrine related to this issue remains unchanged and affirmed. Despite the assertions of senior leaders, it seems likely that opinion polls, insofar as they reflect at least broadly the way people change their moral outlook on life, do point towards the direction of travel on the issue of assisted dying. If previous issues are anything to go by, it may take a while for change to come and, when it does, the Church will find a sharp disparity between doctrine and practice once again.

Limitations of this study

Although this was a relatively large sample of clergy and lay people in the Church of England, it was not possible to weight it in a way that would make it truly representative of the overall opinion across the Church and therefore more readily comparable with national surveys. It would be good for the Church of England to find ways of gathering data that would allow such a weighting exercise so that opinion can be gauged more accurately. The survey items on the assisted dying scale in the *Church 2024* survey had to be kept to a minimum for reasons of space and time, so not all the facets of the attitude could be assed in this study. Future studies looking only at this issue would do well to improve and expand the ADS to ensure it fully covers the various current arguments put forward for and against allowing assisted dying.

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References

I. Ajzen, *Attitudes, Personality and Behaviour* (2nd ed.). (McGraw-Hill Education (Open University), 2005).

G. J. Annas and H. B. Kummer, 'Preventing the Slide Down the Slippery Slope from Assisted Suicide to Euthanasia While Protecting the Rights of People with Disabilities Who are "Not Dead Yet." ', *The American Journal of Bioethics* **23**.9 (2023), p. 20–22. https://doi.org/10.1080/15265161.2023.2237455

M. J. Bloomer, L. Saffer, J. Hewitt, L. Johns, D. McAuliffe and Bonner, A., 'Maybe for Unbearable Suffering: Diverse Racial, Ethnic and Cultural Perspectives of Assisted Dying. A Scoping Review', *Palliative Medicine* **38**.9 (2024), p. 968–980. https://doi.org/10.1177/02692163241268449

Church of England. (2015). *Everyone counts: Introducing the findings*. https://www.churchofengland.org/sites/default/files/2017-10/everyonecounts_gensynodfringe15.pdf

Church of England. (2024). *Ministry Statistics 2022 (excel)*. Data Services, Church of England. Retrieved 16 December 2024 from https://www.churchofengland.org/sites/default/files/2024-10/ministrystatistics2022tables_published.xlsx

CPS. (2024, 8 April 2024). *Assisted Suicide*. Crown Prosecution Service. https://www.cps.gov.uk/publication/assisted-suicide

L. J. Cronbach, 'Coefficient Alpha and the Internal Structure of Tests', *Psychometrika* **16**.3 (1951), p. 297–334. https://doi.org/10.1007/BF02310555

I. Dowbiggin(2020). "A profound shift in policy" The history of assisted suicide. In P. N. Stearns (Ed.), The Routledge history of death since 1800 (1st ed.). https://doi.org/10.4324/9780429028274

J. Downie and U. Schuklenk, 'Social Determinants of Health and Slippery Slopes in Assisted Dying Debates: Lessons from Canada', *Journal of Medical Ethics* **47**.10 (2021), p. 662–669. https://doi.org/10.1136/medethics-2021-107493

S. Finch(2012). *Independent Commission on assisted dying*. https://www.churchofengland.org/sites/default/files/2018-01/gs-1851a-pmm-assisted-dying_feb12.pdf

A. Fontalis, E. Prousali and K. Kulkarni, 'Euthanasia and Assisted Dying: What is the Current Position and What are the Key Arguments Informing the Debate?', *Journal of the Royal Society of Medicine* **111**.11 (2018), p. 407–413. https://doi.org/10.1177/0141076818803452

L. J. Francis, O. Edwards and T. ap Sion, 'Applying psychological type and psychological temperament theory to the congregations at cathedral carol services', *Mental Health, Religion & Culture* **24**.4 (2021), p. 412–424. https://doi.org/10.1080/13674676.2020.1764516

L. J. Francis, M. Robbins and J. Astley, *Fragmented Faith? Exposing the Fault-Lines in the Church of England*. (Paternoster Press, 2005).

L. J. Francis, M. Robbins and C. Craig, 'The Psychological Type Profile of Anglican Churchgoers in England: Compatible or Incompatible with their Clergy?', *International Journal of Practical Theology* **15**.2 (2011), p. 243–259. https://doi.org/10.1515/IJPT.2011.036

J. Grace(2024, 29 November 2024). Vote on assisted dying summons ultra-rare Commons sight: Intelligent debate. *The Guardian*. https://www.theguardian.com/politics/2024/nov/29/vote-on-assisted-dying-summons-ultra-rare-commons-sight-intelligent-debate

M. Hendry, D. Pasterfield, R. Lewi, B. Carter, D. Hodgson and C. Wilkinson, 'Why do we Want the Right to Die? A Systematic Review of the International Literature on the Views of Patients, Carers and the Public on Assisted Dying', *Palliative Medicine* **27**.1 (2013), p. 13–26. https://doi.org/10.1177/0269216312463623

P. Hocken, *Streams of Renewal*. (Paternoster, 1997).

House of Commons. (2024). *Terminally Ill Adults (End of Life) Bill*. House of Commons. Retrieved 5 December 2024 from https://bills.parliament.uk/bills/3774

C. G. Jung, *Psychological Types*. (Routledge, 1923).

R. Likert, A Technique for the Measurement of Attitudes', *Archives of Psychology*, **140**.1 (1932), p. 1–55.

C. Lockhart, C. H. J. Lee, C. G. Sibley and D. Osborne, 'The Sanctity of life: The Role of Purity in Attitudes Towards Abortion and Euthanasia', *International Journal of Psychology* **58**.1 (2023), p. 16–29. https://doi.org/10.1002/ijop.12877

A. Maqbool and E. Rossiter(2024). *Assisted dying bill dangerous, says Archbishop*. BBC News. Retrieved 3 December 2024 from https://www.bbc.co.uk/news/articles/cn9dn42xqg4o

S. Mroz, S. Dierickx, L. Deliens, J. Cohen and K. Chambaere, 'Assisted Dying Around the World: A Status Quaestionis', *Annals of Palliative Medicine* **10**.3 (2021), p. 3540–3553.

National Centre for Social Research. (2017). *British Social Attitudes 34 – Moral Issues*. https://natcen.ac.uk/sites/default/files/2023-08/bsa34_moral_issues_final.pdf

Nuffield Council on Bioethics. (2024a). *Exploring public views on assisted dying: Survey 1 – February 2024*.

Nuffield Council on Bioethics. (2024b). *Exploring public views on assisted dying: Survey 2 – September 2024*.

W. Nye(2022). *Assisted suicide (Private Member's Motion): Background note from the Secretary General*. https://www.churchofengland.org/sites/default/files/2022-06/gs-2266b-sec-gen-note-assisted-suicide.pdf

Oregon Health Authority. (2024). *Oregon Death with Dignity Act: 2023 data summary*. https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/Documents/year26.pdf

P. Pentaris and L. Jacobs. 'UK public's Views and Perceptions about the Legalisation of Assisted Dying and Assisted Suicide', *OMEGA - Journal of Death and Dying* **86**.1 (2022), p. 203–217. https://doi.org/10.1177/0030222820947254

T. S. Petersen and M. Dige, 'Critique of Autonomy-Based Arguments Against Legalising Assisted Dying. *Bioethics* **37**.2 (2023), p. 165–170. https://doi.org/10.1111/bioe.13125

Y. A. Picón-Jaimes, I. D. Lozada-Martinez, J. E.Orozco-Chinome, L. M. Montaña-Gómez, M. P. Bolaño-Romero, L. R. Moscote-Salazar, T. Janjua and S. Rahman, 'Euthanasia and Assisted Suicide: An in-depth Review of Relevant Historical Aspects', *Annals of Medicine and Surgery* **75** (2022), p. 103380. https://doi.org/10.1016/j.amsu.2022.103380

D. Pocklington(2022, 9 December 2024). Synod vote on "assisted suicide". *Law & Religion UK*. https://lawandreligionuk.com/2022/07/12/synod-vote-on-assisted-suicide/

D. Pullman, 'Slowing the Slide Down the Slippery Slope of Medical Assistance in Dying: Mutual Learnings for Canada and the US', *The American Journal of Bioethics* **23**.11 (2023), p. 64–72. https://doi.org/10.1080/15265161.2023.2201190

K. Randall, *Evangelicals Etcetera: Conflict and Conviction in the Church of England's Parties*. (Ashgate, 2005).

M. Robbins. 'Clergymen and Clergywomen: The Same Inclusive Gospel? ', *Journal of Beliefs & Values* **28**.1 (2007), p. 55–64. https://doi.org/10.1080/13617670701251561

A. Rodríguez-Prat, D. Pergolizzi, I. Crespo, J. Julià-Torras, A. Balaguer, K. Kremeike, R. Voltz and C. Monforte-Royo, 'The Wish to Hasten Death in Patients with Life-Limiting Conditions. A Systematic Overview', *Journal of Pain and Symptom Management* **68**.2 (2024), p. e91–e115. https://doi.org/10.1016/j.jpainsymman.2024.04.023

S. Sabriseilabi and J. Williams, 'Dimensions of Religion and Attitudes Toward Euthanasia. *Death Studies* **46**.5 (2022), p. 1149–1156. https://doi.org/10.1080/07481187.2020.1800863

N. Scotland(2003). Evangelicalism and the Charismatic Movement (UK). In C. G. Bartholomew, R. Parry and A. V. West (Eds.), *The futures of evangelicalism: Issues and prospects* (pp. 271–301). Inter-Varsity Press.

P. E. Spector, *Summated Rating Scale Construction*. (Sage, 1992).

J. H. S. Steven, *Worship in the Spirit: Charismatic Worship in the Church of England*. (Paternoster Press, 2002).

N. Triggle and S. Mundasad(2024, 30 November 2024). *'Palliative care is not good enough - there's no plan to fix it'*. BBC News. Retrieved 6 December 2024 from https://www.bbc.co.uk/news/articles/cn9x00v88pzo

A. Village(2012). English Anglicanism: Construct validity of a scale of Anglo-catholic versus evangelical self-identification. In F.-V. Anthony & H.-G. Ziebertz (Eds.), Religious Identity and *National* Heritage: Empirical-*Theological* Perspectives (pp. 93–122). Brill. https://doi.org/10.1163/9789004228788_007

A. Village, 'Traditions within the Church of England and Psychological Type: A Study Among the CLergy', *Journal of Empirical Theology* **26**.1 (2013), p. 22–44. https://doi.org/10.1163/15709256-12341252

A. Village, 'Biblical Conservatism and Psychological Type', *Journal of Empirical Theology* **29**.2 (2016), p. 137–159. https://doi.org/10.1163/15709256-12341340

A. Village, *The Church of England in the first decade of the 21st century: The Church Times Surveys*. (Palgrave Macmillan, 2018a). https://www.palgrave.com/gb/book/9783030045272

A. Village, What does the Liberal-Conservative Scale Measure? A Study Among Clergy and Laity in the Church of England', *Journal of Empirical Theology* **31**.2 (2018b), 194–216. https://doi.org/10.1163/15709256-12341371

A. Village, 'Liberalism and Conservatism in Relation to Psychological Type Among Church of England Clergy', *Journal of Empirical Theology* **32**.1 (2019), p. 1–17. https://doi.org/10.1163/15709256-12341384

A. Village, 'Debated Issues in the Church of England: The Roles of Theology and Psychology', *Journal of Empirical Theology* **37** (2024), p. 71–93. https://doi.org/10.1163/15709256-20231170

A. Village and L. J. Francis, *The mind of the Anglican clergy: Assessing attitudes and beliefs in the Church of England*. (Edwin Mellen Press, 2009).

A. Village and L. J. Francis, 'Shaping Attitudes Toward Church in a Time of Coronavirus: Exploring the Effects of Personal, Psychological, Social, and Theological Factors among Church of England Clergy And Laity', *Journal of Empirical Theology* **34**.1 (2021), p. 102–128. https://doi.org/10.1163/15709256-12341423

A. Village and L. J. Francis, 'Factorial Structure and Validity of the Francis Psychological Type and Emotional Temperament Scales (FPTETS) ', *Mental Health, Religion & Culture* **25**9 (2022), p. 897–909. https://doi.org/10.1080/13674676.2022.2026311

A. Village and L. J. Francis. Introducing the Francis Psychological Type and Emotional Temperament Scales (FPTETS): A Study among Church Leaders and Church Members. *Religion, Brain & Behavior* **13**.4 (2023a), 399–419. https://doi.org/10.1080/2153599x.2022.2160800

A. Village and L. J. Francis, 'Revising the Francis Psychological Type and Emotional Temperament Scales (FPTETS) ', *Mental Health, Religion & Culture* (2023b), 1–10. https://doi.org/10.1080/13674676.2023.2232330

A. Village and L. J. Francis, A Shorter Version of the Revised Francis Psychological Type and Emotional Temperament Scales (FPTETS-R) ', *European Journal of Psychological Assessment* (2024), p. 1–8. https://doi.org/10.1027/1015-5759/a000826

T. Vogel and M. Wanke, *Attitudes and Attitude Change* (2nd ed.). (Routledge, 2016).

J. Welby, (2015, 5 September 2015). *Why I believe assisting people to die would dehumanise our society for ever*. The Guardian. Retrieved 3 December 2024 from https://www.theguardian.com/commentisfree/2015/sep/05/assisted-dying-suicide-bill-justin-welby-archbishop-canterbury

J. Welby, (2024, 16 October 2024). *The Archbishop of Canterbury warns against legalising assisted suicide*. Retrieved 3 December 2024 from https://www.archbishopofcanterbury.org/about/meet-justin-welby/archbishop-justins-priorities/archbishop-canterbury-warns-against

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