

# Right to Die or Right to Life?

## The public on assisted suicide

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The right-to-life movement, which played an important role in end-of-life debates as far back as the Nancy Cruzan case in the late 1980s,<sup>1</sup> has begun to focus even more of its attention on the end of life. Anti-abortion forces have been in the forefront of opposition to physician-assisted suicide referenda and are the main impetus for “lethal dose” legislation that would use drug-control laws to make it illegal for a doctor to prescribe enough painkillers to help a patient commit suicide. In addition, they have been pursuing laws that would limit the ability of relatives to halt the artificial feeding or life support of patients who cannot make such decisions themselves.<sup>2</sup>

Here we examine whether or not attitudes about physician-assisted suicide and euthanasia fit the pattern of views about the classic right-to-life issue, abortion, by trying to answer four questions:

- What is the level of public support for physician-assisted suicide and euthanasia?
- Looking separately at abortion, physician-assisted suicide, and euthanasia, is the pattern of subgroup responses consistent across surveys?
- What are the main similarities in the pattern of subgroup responses to these issues, and what are some of the socio-demographic and religious variables that appear to be related to pro-life and pro-choice views?
- What are the main differences in the pattern of subgroup responses concerning physician-assisted suicide and euthanasia as compared with those pertaining to abortion?

Major organizations of health care professionals make careful distinctions when discussing end-of-life care.<sup>3</sup> The American Medical Association’s Council on Ethical and Judicial Affairs endorses the duty of physicians to respect the wishes of competent patients to forego life-sustaining treatment, as well as the practice of providing effective pain treatment even when it might hasten death. The Council does not, however, endorse assisted suicide or active euthanasia.

Physician-assisted suicide (PAS) and voluntary active euthanasia (VAE) are often confused in common parlance, a problem aggravated by the fact that VAE is sometimes called “active PAS.” In the case of VAE, the physician, upon the request of the patient, administers a medication or treatment intended to end the patient’s life. PAS differs from VAE in that the patient

takes his or her own life, assisted by the physician, who would typically give the patient a prescription for a lethal drug.

We follow the AMA’s terminology primarily because the distinctions made in the medical ethics literature help clarify public opinion. Discussion of Americans’ views has been complicated by the wide range of responses about physician-assisted suicide, broadly defined. But when polling questions about VAE are separated from those about PAS, technically defined, public opinion appears more stable and consistent.

In surveys conducted from 1996 to the present, public support for PAS ranges from 45% to 61%. Public support for VAE is somewhat higher, ranging from 68% to 75% (see Table 1).<sup>4</sup> The public clearly makes a distinction between two sets of circumstances.

The lower level of support for physician-assisted suicide provides an interesting insight into some of the forces that undergird views on end-of-life issues. One might have expected the public to look more favorably on a practice where the patient controls the timing and final administration of the life-ending act and the physician merely provides the means. But other considerations, such as an instinctive aversion to and religious proscriptions against suicide, or fear that the suffering patient might act too rashly, evidently affect the responses of many Americans.

“The key division on abortion and ‘right-to-life’ attitudes is not between Protestants and Catholics, but between those who might be termed highly religious and those who are more secular in their orientation.”

In delving more deeply into these distinctions, we used data from three recent nationwide surveys to look at the pattern of subgroup responses on abortion, PAS, and VAE. Each of the three surveys contained, in addition to standard demographics, questions measuring public attitudes about abortion and either PAS or VAE.

The first survey was conducted by the *Washington Post*/Henry J. Kaiser Family Foundation/Harvard University July 19 and August 18, 1998. This survey included one question about physician-assisted suicide and another about the acceptability



Table 1

## Public Support for Physician-Assisted Suicide and Voluntary Active Euthanasia—1996-99

		Favor	Oppose	DK
<i>Physician-assisted suicide (PAS)</i>				
3/99	Gallup/CNN/USA Today	61%	35%	4%
6/98	Gallup/CNN/USA Today	59	39	2
1/97	Gallup/CNN/USA Today*	58	37	5
6/96	NBC News/Wall Street Journal	57	34	9
6/97	Gallup/CNN/USA Today	57	36	8
1/97	Gallup/CNN/USA Today*	53	39	8
	Newsweek/PSRA	53	39	8
11/98	CBS News	52	37	11
7/96	Gallup	52	42	6
7-8/98	Washington Post/Kaiser/Harvard	52	44	4
3/96	Washington Post	51	40	9
8-9/97	Kaiser/Harvard/PSRA	45	44	11
<i>Voluntary active euthanasia (VAE)</i>				
4/96	Gallup/CNN/USA Today	75%	22%	4%
7/96	Gallup	69	26	6
2-4/98	General Social Survey	68	27	6
7/97	Harris	68	27	4
2-4/96	General Social Survey	68	28	4

\*Split form experiment, with a slight variation in question wording.

of abortion, as well as measures of religiosity and types of religious belief.

The second survey was the 1998 General Social Survey, conducted from February to April 1998. Included were a question about voluntary active euthanasia and several questions about abortion in different circumstances. The GSS also contains a wide array of demographic and religious measures.

The third survey was a Gallup Poll conducted between July 26 and July 28, 1996. This survey included questions about physician-assisted suicide and voluntary active euthanasia (each asked of a half-sample), and preferred legal status of abortion (asked of the total sample).

For convenience of description, we use throughout this article the shorthand term "support" for abortion, PAS, and VAE, even though that may not be strictly what a particular response indicated.

To explore opinion on abortion, we used one measure of abortion attitudes from each of the three surveys. The *Washington Post/Kaiser/Harvard* question asked respondents whether, from the point of view of their own values

and morals, they find abortion acceptable (51%) or unacceptable (48%). From the General Social Survey, we used a variable asking if it should be possible for a pregnant woman to get a legal abortion if she wants it for any reason (39% yes, 56% no). Using a two-part Gallup question about the preferred legal status of abortion, we looked at those who favored having abortion legal in all or most circumstances (38%) vs. those who thought abortion should be legal only in a few circumstances or illegal in all (58%).

While the variety of question wordings resulted in different topline results, the pattern of subgroup responses was consistent across the three survey questions.

As might be expected, support for abortion is 31 to 39 percentage points higher among those with no religious preference than among born-again or fundamentalist Protestants.<sup>5</sup> Those rated "low" in religiosity are 29 to 43 percentage points more likely to support abortion than those rated "high" in religiosity.<sup>6</sup> The responses of Protestants and Catholics are significantly different in only one survey. However, support for abortion is 18 to 35 points greater among low-attending Protestants and low-attending Catholics than among their high-attending counterparts.<sup>7</sup>



Support for abortion is also 33 to 42 percentage points higher among liberals than conservatives, and 13 to 17 points higher among Democrats than among Republicans. College graduates are 16 to 26 percentage points more likely than those with less than a high school education to support abortion.

To assess opinion on physician-assisted suicide and voluntary active euthanasia, we used PAS and VAE questions from two different surveys, respectively. The *Washington Post/Kaiser/Harvard* PAS question asked if it should be legal for doctors to help someone commit suicide if the person is terminally ill, in great pain, and wants to kill him or herself (52% yes, 44% no). The Gallup PAS question asks if doctors should be allowed to assist a person with an incurable disease to commit suicide if the patient requests it (52% yes, 42% no).

From the General Social Survey, we used a variable measuring support for VAE which asked whether doctors should be allowed by law to end the life of a patient who has a disease that cannot be cured if the patient and family request it (68% say yes, 27% no). The Gallup VAE question was identically worded (69% yes, 26% no).

Again, the pattern of subgroup responses was consistent across the questions, in spite of the fact that the topline results differed between the VAE and PAS questions. Support for PAS/VAE is 35 to 40 percentage points higher among those with no religious preference than among born-again or fundamentalist Protestants. Those rated "low" in religiosity are 45 to 58 points more likely to support PAS/VAE than those rated "high" in religiosity.

Contrary to what one might expect, Catholics were just as likely or more likely than Protestants to support physician-assisted suicide or voluntary active euthanasia. Once again, attendance at religious services seems to be more important than religious affiliation. Low-attending Protestants and low-attending Catholics are 34 to 41 points more likely than their high-attending counterparts to support the "right to die."

Support for PAS/VAE is 26 to 29 percentage points higher among liberals than conservatives, and 6 to 14 points higher among Democrats than Republicans. Interestingly, support for PAS/VAE is 10 to 29 percentage points higher among whites than African Americans.

The discussion so far makes evident that the patterns of subgroup responses for abortion and PAS/VAE are strikingly similar in many ways. Support for *both* abortion and PAS/VAE is significantly higher among liberals and Democrats than among conservatives and Republicans. Generally, support is higher for *both* abortion and PAS/VAE among 18 to 29 year-olds than those age 65 and over, and among college graduates than those with less than a high

school education.

But the single most notable commonality between abortion and PAS/VAE attitudes appears on measures of religiosity and types of religious belief (see Table 2). The (loosely-termed) "pro-life" and "pro-choice" division is quite clear. Those who rate lower on scores of religiosity, who prefer no religion and are not born-again or fundamentalist Protestants, and who (among Christians) seldom attend religious services are more likely to support both abortion and PAS/VAE than those who rate higher in religiosity, are born-again or fundamentalist Protestants, and who (among Christians) attend religious services frequently. The key division is not between Protestants and Catholics, but between those who might be termed highly religious and those who are more secular in their orientation. James D. Hunter has argued that there is a moral coalition of religious conservatives *across* denominations, advancing a traditionalist view of the sanctity of life against a more secularized and individualistic view of the variable value of life.<sup>8</sup> Support for PAS/VAE may reflect a secular definition of sympathy for the dying, as opposed to valuing human life *per se*.

The most interesting difference in attitudes about PAS/VAE as compared with abortion occurs on the race variable. Although on two of the three questions, whites and African Americans do not differ significantly in their views about abortion, they do differ significantly on PAS/VAE (see Table 3). The differences between the responses of whites and African Americans on abortion range from 6 to 10 percentage points.

In sharp contrast, support for PAS is 27 to 29 percentage points lower among African Americans than among whites. The difference is not as great on VAE, but it is still statistically significant. Support for VAE is 10 to 19 percentage points lower among African Americans than among whites.

Given the history of race relations in the US, it should not be surprising that African Americans tend to distrust established institutions when it comes to their individual well-being.<sup>9</sup> That distrust apparently carries over to concerns about what others might do to them when they are vulnerable near the end of life. Earlier studies have shown that, in addition to differing from whites in their attitudes about PAS/VAE, African Americans are less likely than whites to recommend termination of life support in hypothetical end-of-life situations.<sup>10</sup>

The conservatism of African Americans in end-of-life situations may also be based on religious belief. In both the GSS and the *Washington Post/Kaiser/Harvard* poll, a significantly higher proportion of African-Americans than of whites rate "high" in religiosity. In the same two surveys, African Americans are more than twice as likely as whites to describe themselves as being born-again or evangelical Protestants. As we have seen,



Table 2

## Religiosity and Support for Abortion, PAS, and VAE

*Percent in favor*

	Abortion		PAS	VAE
	<i>Washington Post/ Kaiser/Harvard</i>	GSS	<i>Washington Post/ Kaiser/Harvard</i>	GSS
<i>By religiosity</i>				
High	27%	21%	21%	39%
Low	70	50	79	84
<i>By religion/born-again or fundamentalist</i>				
Protestant/born-again or fundamentalist	34	24	32	53
Catholic	51	33	56	68
Protestant/not born-again or fundamentalist	66	44	65	71
No religion	65	63	72	88
<i>By religion/attendance</i>				
High-attending Protestant	36	18	29	42
High-attending Catholic	34	16	35	49
Low-attending Protestant	54	44	70	80
Low-attending Catholic	79	42	89	85

Table 3

## Race and Support for Abortion, PAS and VAE

	Total adults	Whites	Blacks
<i>Abortion</i>			
<i>Washington Post/Kaiser/Harvard</i>	51%	52%	45%
<i>General Social Survey</i>	39	40	34
<i>Gallup</i>	38	40	30
<i>Physician-assisted suicide (PAS)</i>			
<i>Washington Post/Kaiser/Harvard</i>	52	56	29
<i>Gallup</i>	52	57	28
<i>Voluntary active euthanasia (VAE)</i>			
<i>General Social Survey</i>	68	70	51
<i>Gallup</i>	69	70	60



born-again or evangelical Protestants are among those most likely to oppose PAS/VAE.

One might have expected that higher religiosity and greater prevalence of the born-again/evangelical form of religious belief would have led African Americans to express significantly lower support for abortion, but the differences on that issue are muted. African American attitudes about abortion may be affected by competing forces such as economics or family structure.

The pattern of subgroup support for and opposition to physician-assisted suicide and euthanasia is quite similar to that for abortion. This would seem to indicate that at least the potential exists to mobilize the pro-life coalition in opposition to PAS and VAE. However, there is little evidence that PAS and VAE have become as salient as abortion on the public's political agenda. PAS and VAE have not yet appeared on any survey's list of most important problems facing the country.

As is so often the case in American society, religion and race are key factors in understanding public opinion on social issues like abortion, PAS, and VAE. Surveys about end-of-life issues should routinely include religious variables that go beyond the traditional religious preference measures. We should pay particular attention to religiosity and types of religious belief that cut across denominational lines.

Discussion of public opinion on assisted suicide, broadly defined, can be clarified by separating questions into at least two groups (PAS and VAE), as defined by the medical ethics literature. We do not recommend introducing technical language like "voluntary active euthanasia" into question wordings, as that would surely create confusion for respondents. But distinctions made in analysis can help us understand some of the dynamics underlying Americans' views on the subject.

As the Baby Boom cohort ages and medical technology continues to help Americans live longer, issues at the end of life are likely to become more important. Whether or not these issues polarize politically along pro-choice vs pro-life lines remains to be seen. Survey data using hypothetical cases about termination or continuation of life support in various scenarios do not point to a high degree of polarization.<sup>11</sup> But on the issue of assisted suicide, divisions by religiosity, race, and party identification may lead to increasing public controversy and political salience.

#### Endnotes

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<sup>1</sup>Marilyn Webb, *The Good Death: The New American Search to*

*Reshape the End of Life* (New York: Bantam, 1997), pp.158-161.

<sup>2</sup>Amy Goldstein, "'Pro-Life' Activists Take on Death," *Washington Post*, November 10, 1998, A1.

<sup>3</sup>American Geriatrics Society, *Physician-Assisted Suicide and Voluntary Active Euthanasia*, Updated position statement. (New York: American Geriatrics Society, 1998); American Medical Association, Council on Ethical and Judicial Affairs, "Decisions Near the End of Life," *JAMA: Journal of the American Medical Association* 1991, Vol. 267, pp. 2229-34; American Nurses Association, *Compendium of Position Statements on the Nurse's Role in End-of-Life Decisions* (Washington, DC: American Nurses Association, 1992).

<sup>4</sup>For a discussion of public opinion trends on end-of-life issues and the limitations of the most commonly used question wordings about PAS and VAE, see John M. Benson, "The Polls—Trends: End-of-Life Issues," *Public Opinion Quarterly* (in press).

<sup>5</sup>Unless otherwise indicated, wherever we explicitly cite ranges of difference, it means that the differences were statistically significant when tested on unweighted, recalculated data.

<sup>6</sup>The "religiosity" measure in the *Washington Post/Kaiser Family Foundation/Harvard University* survey is created from questions about the importance of religion in the respondent's own life, frequency of religious attendance, and frequency of prayer. In the GSS, it is created from frequency of religious attendance and frequency of prayer.

<sup>7</sup>"High-attending" is defined as attending religious services once a week or more. For the *Washington Post/Kaiser/Harvard* survey, "low-attending" is defined as attending "seldom" or "never." For the General Social Survey, it is defined as "less than once a year" or "never."

<sup>8</sup>James D. Hunter, *Culture Wars: The Struggle to Define America* (New York: Basic Books, 1991). Hunter and James E. Davis, "Cultural Politics at the Edge of Life," *Journal of Political History* 1995, Vol. 7, pp. 103-127, have also discussed the role of religious beliefs in attitudes about euthanasia.

<sup>9</sup>Robert J. Blendon, Ann C. Scheck, Karen Donelan, Craig A. Hill, Mark Smith, Dennis Beatrice, and Drew Altman, "How White and African Americans View Their Health and Social Problems," *JAMA: Journal of the American Medical Association* 1995, Vol. 273, pp. 341-346.

<sup>10</sup>Charles E. Denk, John M. Benson, John C. Fletcher, and Tina M. Reigel, "How Do Americans Want to Die? A Factorial Vignette Survey of Public Attitudes About End-of-Life Decision-Making," *Social Science Research* 1997, Vol. 26, pp. 95-120; Times Mirror Center for the People and the Press, *The Right to Die* (Washington, DC: Times Mirror Center, 1990).

<sup>11</sup>A recent study concluded, "The social differences that are quite divisive in other health care matters, such as abortion and euthanasia, have not so far been activated in the debate about end-of-life treatment." Denk et al., p. 113.



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