

## Physician-Assisted Suicide: Canadians reject certain Commons committee recommendations

*Religion drives divisions over which restrictions should be placed on access to assisted dying*

**April 1, 2016** – As the Supreme Court of Canada-imposed deadline of June 6 looms over a federal government tasked with crafting assisted suicide legislation, a new public opinion poll from the Angus Reid Institute finds Canadians are at odds with some recommendations offered by an all-party Parliamentary committee studying the issue.

While overall support for some regulated structure for doctor-assisted death forms the majority view in this country, this nuanced and complex issue also derives strict limits in the minds of Canadians regarding the circumstances under which a request for assisted death could be approved.

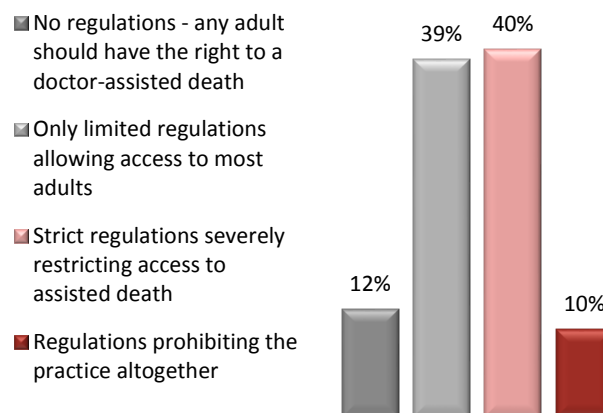
Among those limits: nearly four-in-five Canadians believe physician-assisted suicide should not be allowed for cases of psychological – but not physical – suffering. Further, they are not supportive of a committee recommendation that all publicly-funded hospitals – including those affiliated with the Catholic Church – be required to provide a doctor to assist with suicide.

The poll results also reveal deep divisions – particularly along religious lines – over the proposed regulations governing such procedures.

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### Which of the following best describes your overall view on the regulations Canada should have?



### METHODOLOGY:

The Angus Reid Institute conducted an online survey from March 21 – 24, 2016, among a representative randomized sample of 1,517 Canadian adults who are members of the [Angus Reid Forum](#). For comparison purposes only, a probability sample of this size would carry a margin of error of +/- 2.5 percentage points, 19 times out of 20. Discrepancies in or between totals are due to rounding. The survey was self-commissioned and paid for by ARI. Detailed tables are found at the end of this release.

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- **Part 3 – Health or Moral Issue?**
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## Key Findings:

- Nine-in-ten Canadians (90%) think some form of assisted death should be allowed, they're split as to whether the regulations governing it should be strict or minimal
- While 78 per cent of respondents say assisted suicide shouldn't be allowed when a person has severe psychological suffering – but no terminal illness – severe pain and imminent terminal prognoses are circumstances under which Canadians see a place for people to ask for help ending their own lives (73 and 76 per cent, respectively)
- Christians – both Catholic and Protestant – are more likely to favour strict regulation of assisted death, while those of other faiths – and especially those who identify as atheist or agnostic – tend to prefer less regulation

## Part 1 – Views on Regulations and Limits: the Religious Divide

### What should laws governing assisted suicide look like?

The Supreme Court of Canada [struck down the prohibition on assisted suicide](#) last year, declaring that it violated the Charter rights of competent adults who have a “grievous and irremediable medical condition” that “causes enduring suffering” and wish to die.

The court suspended its decision for one year – and has since [extended the suspension](#) an additional four months – to allow the federal government to craft a legal framework for allowing assisted suicide.

Asked to what degree this framework should restrict people's access to assisted death, Canadians are evenly split. Roughly one-in-ten favour each extreme – either no regulation at all (12%), or an outright ban on assisted death (10%).

This leaves the remaining eight-in-ten divided roughly in half on whether regulation should be strict (40%) or minimal (39%). There are very few differences in opinion on this question based on respondent demographics, with age, gender, region, income, and education all shaking out roughly evenly.

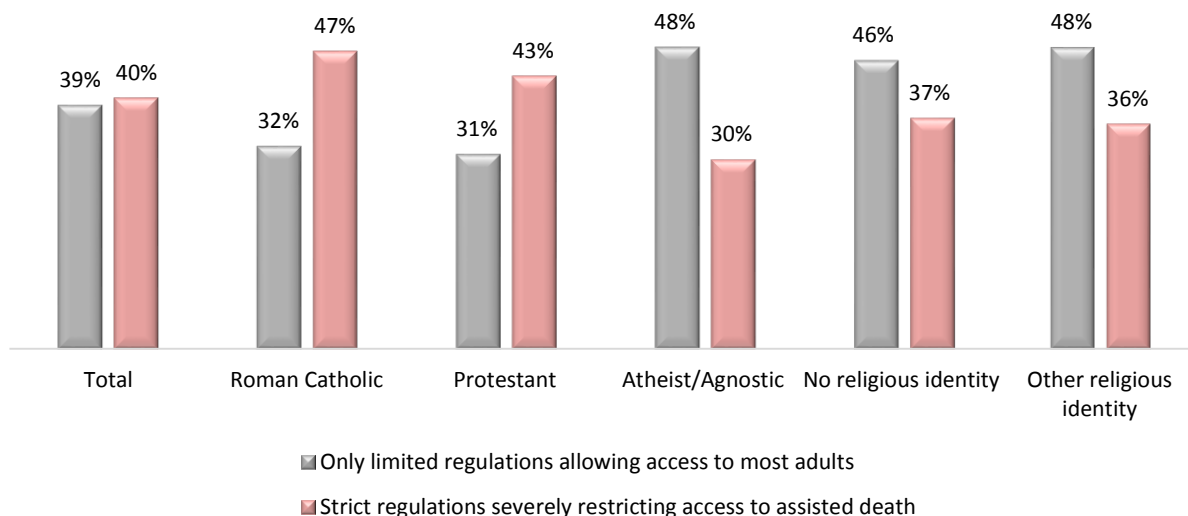
The major driver of this divide, as seen in the following graph, is religion:

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**Which of the following best describes your overall view on the regulations  
Canada should have governing physician-assisted suicide?**



Further, Canada's two most predominant Christian groups tend to be more likely to prefer a full prohibition of assisted dying (11% among Catholics and 17% among Protestants), while the non-religious groups are more likely to prefer no regulation at all (18% of atheists/agnostics and 15% of those claiming "no religious identity").

## **Part 2 – Opinions on Individual Committee Recommendations:**

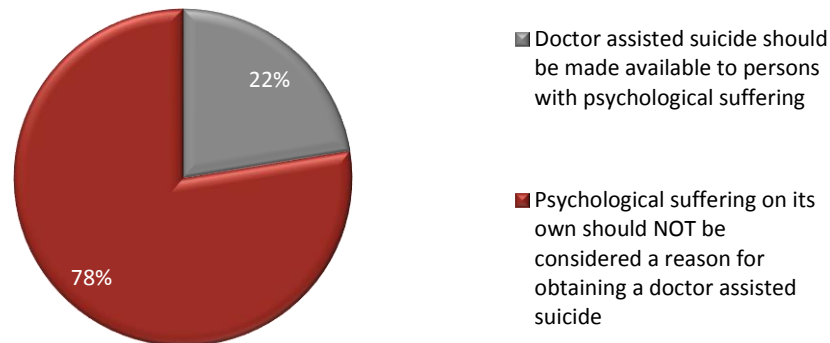
The Parliamentary committee tasked with looking at assisted suicide produced [a report](#) featuring 21 recommendations for how legislation should approach this issue.

This survey finds support for many of the recommendations, which will be discussed later in this section, but it also finds some recommendations on which Canadians do not see eye-to-eye with the committee.

### **Psychological Suffering:**

The most striking of these is the committee's position that physician-assisted suicide should be made available to people with severe psychological suffering that they find "intolerable," even if it's not associated with any physical malady. The vast majority of Canadians reject this recommendation:

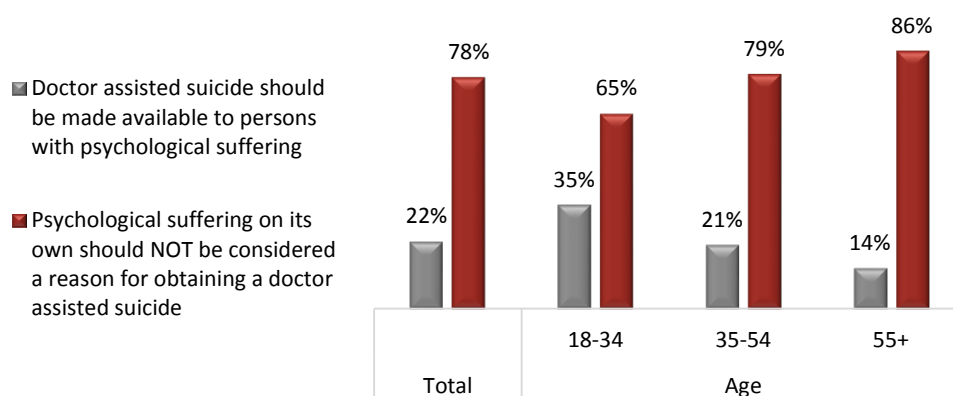
## What is your view on how Canada should approach this issue?



Older Canadians are especially vehement in their opposition to allowing assisted suicide for people who have psychological suffering. Almost nine-in-ten respondents aged 55 or older (86%) say psychological suffering should not, on its own, be grounds for assisted death.

A majority of younger Canadians (those under 35) are also opposed to this idea, but by a narrower margin (two-to-one, rather than the nearly six-to-one among older Canadians):

## What is your view on how Canada should approach this issue?



### Public Money, Private Beliefs:

As with many countries around the world, a key factor in Canadian health care delivery is its historical connection to – and present-day partnership with – religious orders and organizations, which operate hospitals, hospices and other care facilities. By one estimate, approximately one-in-ten hospitals in Canada are run by Catholic charities, while other religious organizations also operate prominent facilities.

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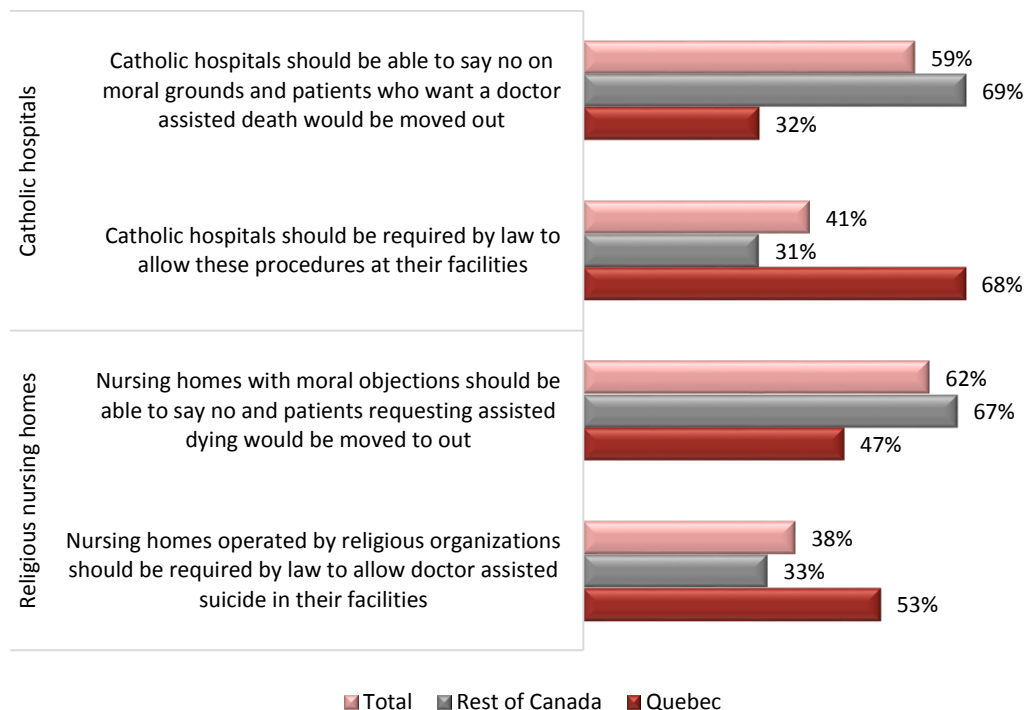
These places are publicly funded, and in many cases, it is unlikely a patient would be aware of the religious affiliation of a facility – as the latter are bound under law to provide care as prescribed and legislated by government.

But what happens when public legislation and private beliefs find themselves at loggerheads? Indeed, the House of Commons committee recommends that “all publicly funded health care institutions provide medical assistance in dying,” effectively precluding religiously affiliated hospitals and nursing homes from refusing assisted suicides in their facilities for religious reasons.

Roughly three-in-five Canadians disagree with this recommendation, believing that institutions with moral objections to assisted suicide “should be able to say no” and also be able to transfer patients to other facilities in order to end their lives.

A strong regional divide is evident: the majority is essentially reversed in Quebec, where [courts recently upheld](#) a provincial legal framework for allowing assisted death, and where much of the population identifies as culturally, if not religiously, Catholic:

### Views on religious institutions objecting to assisted suicide:



The mechanism by which the federal government could enforce the requirement that religiously affiliated health care facilities provide assisted death? Pulling funding from those institutions that refuse to comply.

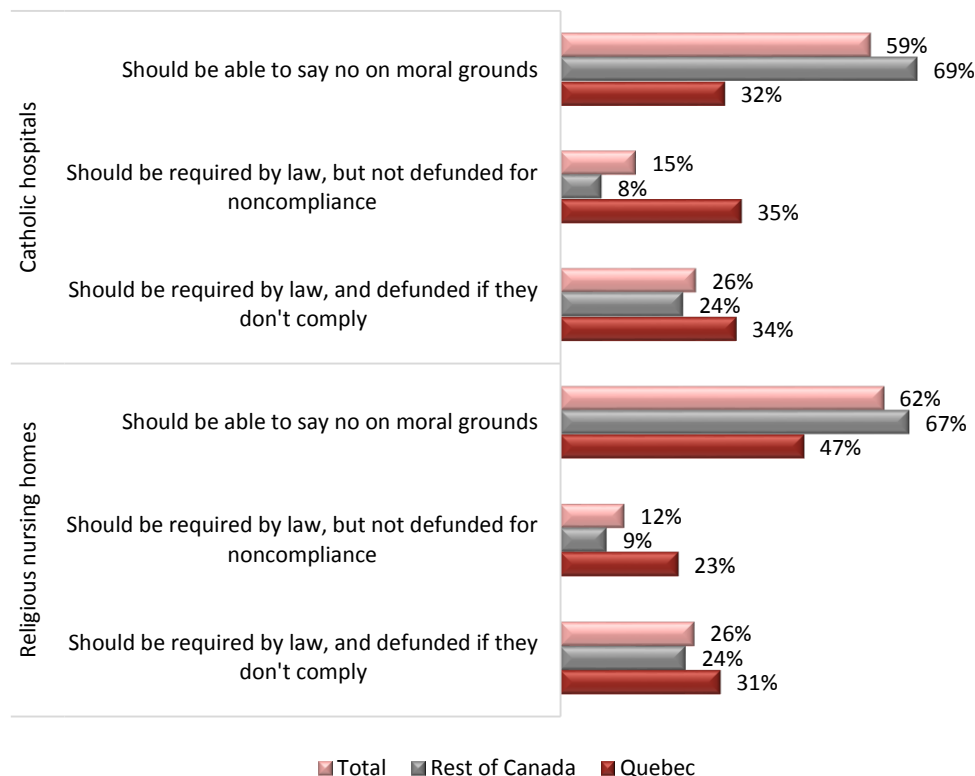
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For those who take a harder line on religious facilities having to follow law over any religious objections – this is appropriate action.

Among those who say faith organizations should be compelled to assist with suicides, three-in-five also support withdrawing federal funds from facilities that don't obey:

### Views on religious institutions objecting to assisted suicide:



On other committee recommendations, Canadians have mostly favourable views.

### Requiring doctors to refer:

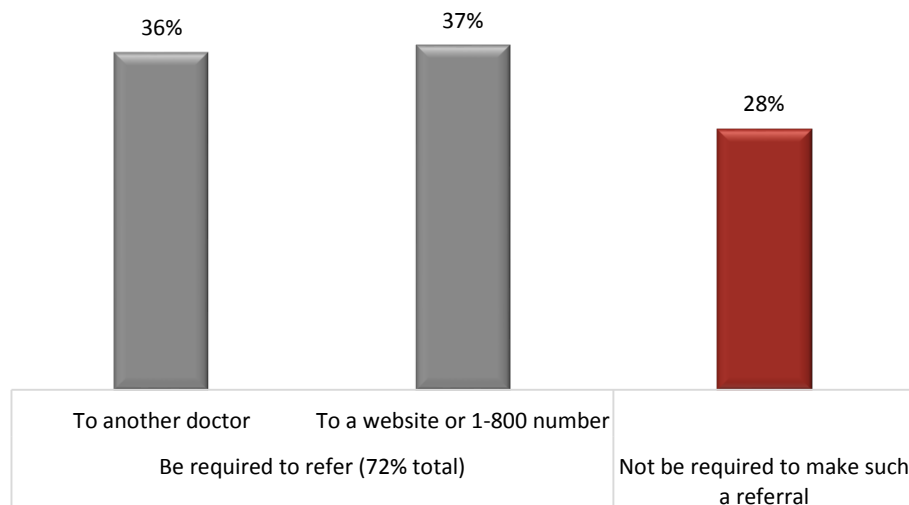
Nearly three-quarters of Canadians (72%) agree with the committee's position that medical professionals who have moral objections to assisted suicide should be required to refer patients seeking such a procedure to a doctor willing to perform it.

But what does "referral" look like? Should physicians have to call around and find a willing doctor themselves? Or is general information enough? Pressed further, roughly half of those respondents who support doctor referrals say pointing patients to a website or a 1-800 number with information ought to be sufficient:

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**Should medical professionals who believe assisted suicide is morally wrong:**



**Access for ‘mature minors’:**

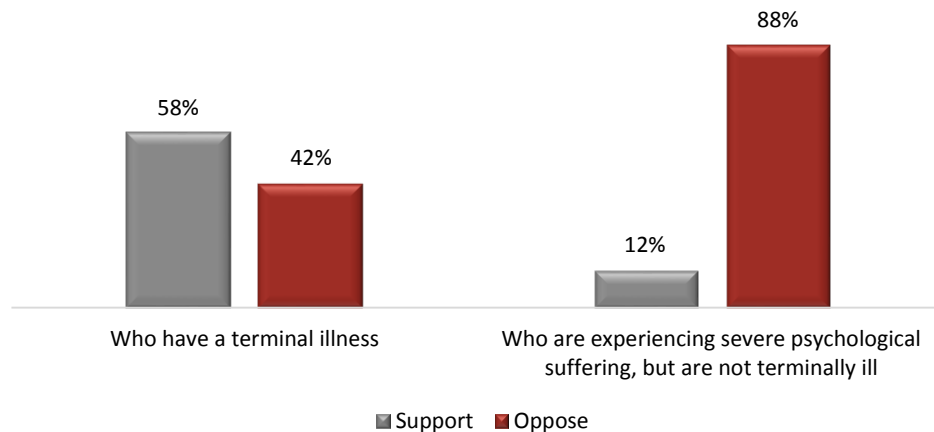
The issue of whether children and teenagers should also be able to seek physician assistance in ending their own lives is a delicate one. For many adults, the idea of a young person – with the theoretical bulk of their life ahead of them – wishing to die runs counter to accepted social and cultural ideas of life. For others, there is no reason children and youth should have to suffer without the same access to choices as adults.

Jurisdictions that allow physician-assisted death in other parts of the world handle the matter differently. In Belgium and the Netherlands it is permitted. In Switzerland, it is not.

In Canada, the all-party parliamentary committee *does* recommend government craft a separate law allowing assisted dying for those under the age of 18 – under certain circumstances.

And once again, it’s the particular circumstances that drive opinion on this question: while most support extending the eligibility for assisted death to so-called “mature minors” who have a terminal illness, they’re overwhelmingly opposed to doing so in cases of severe psychological suffering:

**Do you generally support or oppose a new Canadian law on doctor assisted death extending to include teenagers under 18:**



Though the committee did *not* make any recommendations on this, our Angus Reid Institute survey did ask Canadians about another scenario relating to children: the acceptability of euthanasia for newborns with severe disabilities, as is allowed in [the Netherlands](#).

On this – Canadians are cautiously permissive. More than two-in-four (42%) support ending a severely disabled baby’s life if its parents and doctors agree, while about as many say they’d support it only in the most “severe” cases. One-in-five say this practice is a non-starter for them.

Notably, there are few differences in opinion between those with children at home and those without. And as is a common thread through this survey – religious identification drives the highest amount of opposition (see summary tables for more detail).

### **Who decides to allow physician-assisted suicide? And how?**

It is one thing for Canadians to support laws and limits to the circumstances under which people may seek help in ending their lives, but ultimately, whose actual decision should it be?

The committee recommends that requests for medical assistance in dying only be carried out if two physicians – independent of one another – decide the patient meets eligibility criteria. Some argue this method essentially enables patients to keep seeking out, or “shopping” doctors until two sign off on their request.

But Canadians generally endorse this plan (59%), especially when set up against another option: creating panels of independent experts to review assisted dying cases. Opinion on this question varies by age, with younger Canadians more inclined to choose an expert panel, as seen in the following graph:

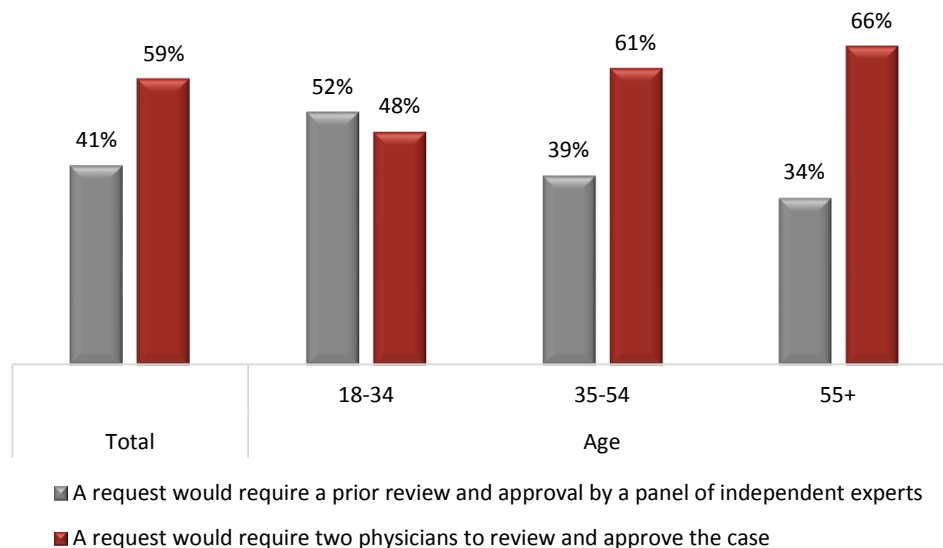
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One of the issues the Canadian government is debating concerns the type of review that must be in place before a person's life is ended with medical assistance. Which of these alternatives is closest to your opinion?



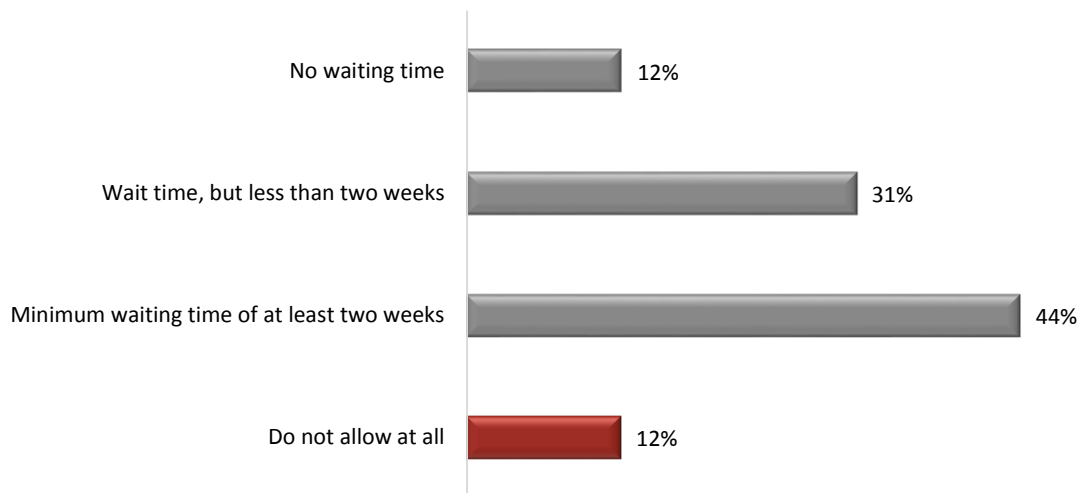
## What about wait times?

While the committee doesn't weigh in on whether patients should be required to wait a pre-determined amount of time between submitting a request for assisted death and having the procedure – it does say any waiting period should be “flexible, and based, in part, on the rapidity of progression and nature of the patient's medical condition.”

Canadian public opinion does tilt in favour of wait times, though there are notable disagreements on how long those periods should be.

Just one-in-ten (12%) say there should be no waiting time at all, while the plurality (44%) opt for the two-week waiting period seen in most of [the five U.S. states where assisted suicide is legal](#):

**In some places where doctor assisted suicide is allowed, patients must wait for a pre-determined time - usually 14 days. In other places such as Switzerland there is no wait. What should Canada's position be:**



### **Part 3: Health care or morality? Many say both:**

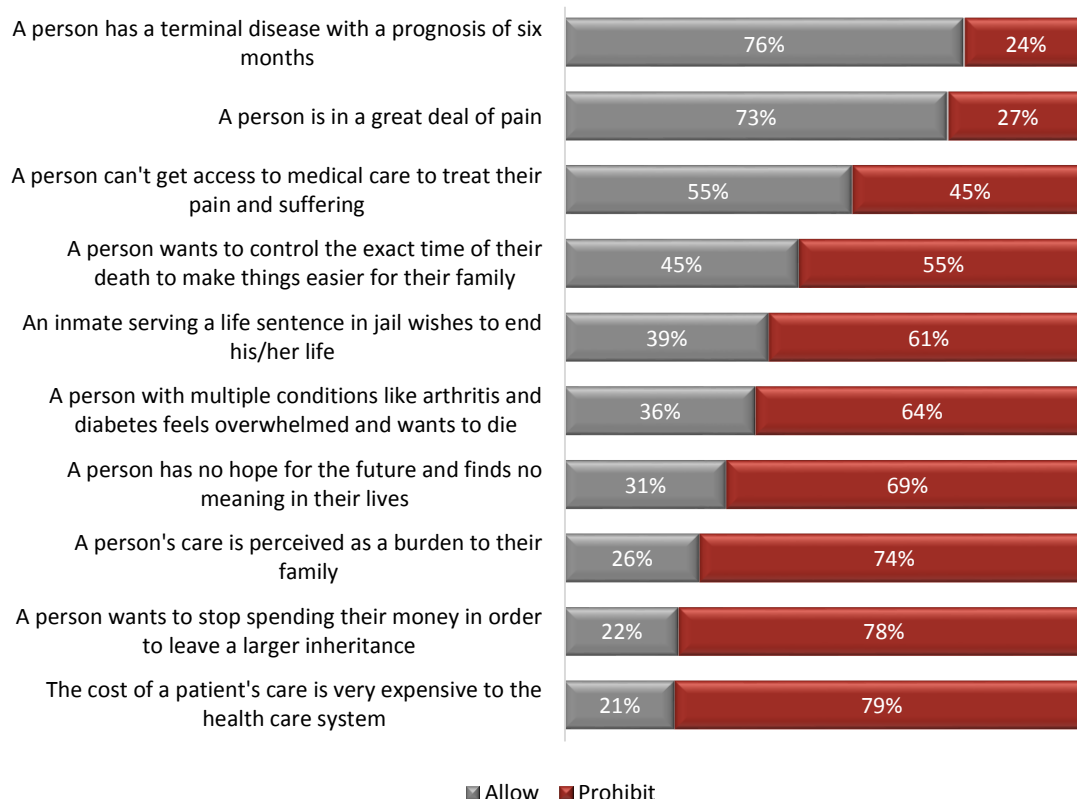
#### **In what circumstances do Canadians find assisted suicide acceptable?**

As was the case when the Angus Reid Institute [asked Canadians about this issue](#) in 2014, the broad overall support for legalizing assisted suicide is very much bounded by the circumstances under which it is requested.

As the graph that follows indicates, three-quarters of respondents say assisted death should be allowed for people who have a terminal illness or are in a great deal of pain. A smaller majority also supports allowing assisted suicide for people who can't get access to medical care to treat their pain and suffering.

The rest of the scenarios canvassed, however, are not grounds for ending one's life legally, according to Canadians:

**Do you feel that these new laws should allow or prohibit doctor-assisted suicide, under the following circumstances?**

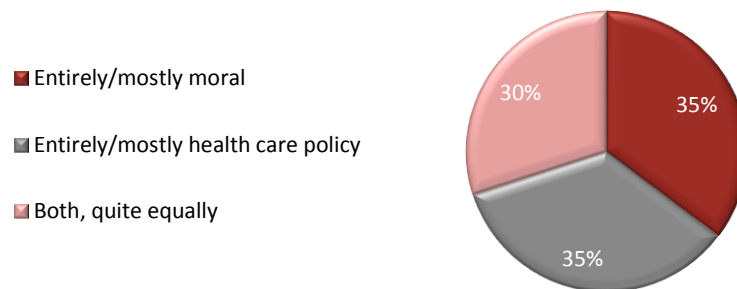


This nuanced view of the acceptability of assisted death may reflect the variety of considerations Canadians take into account when thinking about this issue.

Few see it as either entirely a moral debate or entirely a health care policy issue (14% in each case). The vast majority are somewhere in between, with roughly one-in-five saying it's either "mostly moral" (22%) or "mostly health care" (20%), and the largest single group (30%) saying it is, in fact, both equally.

Looking at this question another way, Canadians fall into the three roughly equal camps seen in the following graph:

**Overall, for you personally, is this subject of doctor-assisted death a moral issue involving concepts of right and wrong or a health care policy issue?**



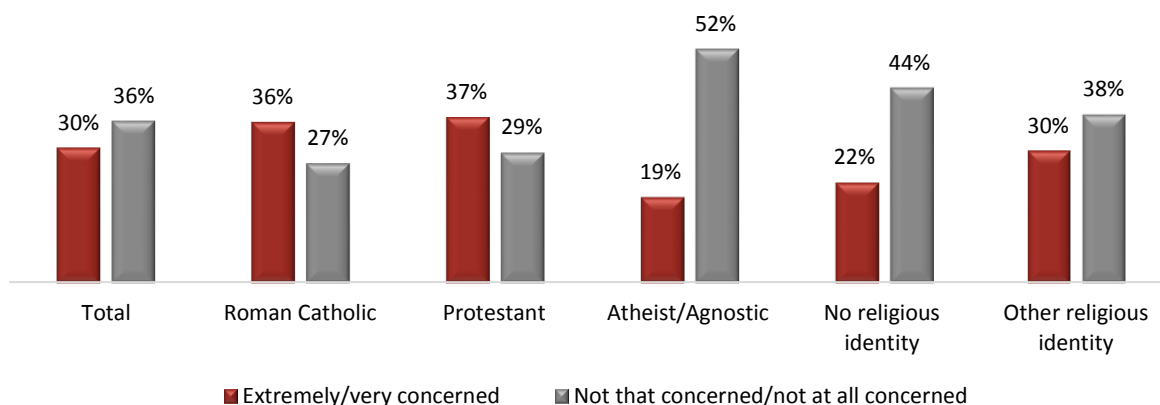
## **Part 4 – A “Slippery Slope”?**

### **Canadians divided over end-result concerns:**

Another much-discussed tension point between assisted-suicide opponents and advocates is over the question of whether legislation may end up “going further” than originally intended in terms of permissibility, access, and circumstances.

On this, Canadians are almost equally divided, with about one-third each saying they are either extremely or very concerned, not or not-at-all concerned, or somewhat so. Like views on the overall shape assisted-suicide legislation should take, opinion on this question varies significantly by religious identity:

**How concerned are you that assisted dying in Canada may end up going further than originally intended?**



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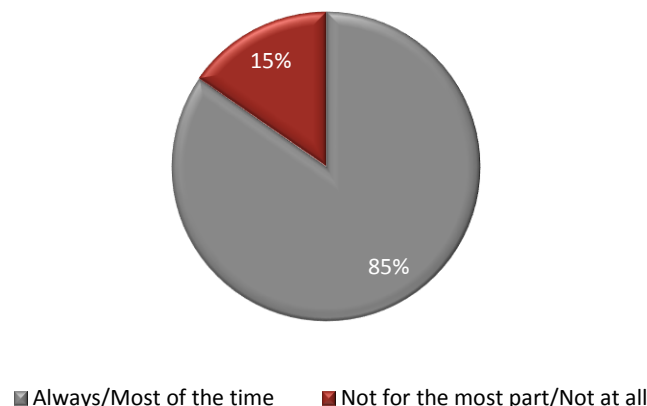
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## The Palliative Care Experience:

Discussions around palliative care may be seen as a companion to discussions of assisted suicide, not only because they both deal with the end of a patient's life, but also because some people believe allowing access to the latter will lead to a de-emphasis of the former.

Asked about their own personal experiences, one-in-three Canadians surveyed indicated someone close to them had received professional palliative care in the past five years. Of that group, the vast majority (85%) report their loved ones received end of life care that provided "comfort and dignity", either always or most of the time:

**Overall, did you feel that your friends and/or family received  
end of life care that gave them comfort and dignity?**



This in and of itself is an encouraging finding about the state of end-of-life care in Canada overall. But for the one-in-seven (15%) Canadians who say those they cared about faced their final days without the physical or emotional support needed, how much does this experience colour their views on assisted suicide? In short, not very much.

Roughly three-quarters of Canadians (73%) say they anticipate "no effect" on the quality of palliative care as a result of Canada's permitting assisted suicide. Among those with bad memories of the palliative care for their loved ones? The number holds at 73 per cent. Among those for whom the time was good? It remains statistically unchanged at 75 per cent.

One distinguishing feature is of note, however: the relationship between Canadians' experience with palliative care and their concerns – or lack thereof – around the "slippery slope" factor.

Those who say their impressions of palliative care are negative are twice as likely to say they are "not at all" concerned about the "slippery slope" argument surrounding assisted-suicide's end-result (19% versus 10%).

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By contrast, Canadians who say palliative care calmed and reassured loved ones in their final days are more than three times as likely to say they're "extremely" concerned as those for whom end-of-life care proved a bad experience for friends and family (17% versus 5%).

*The **Angus Reid Institute (ARI)** was founded in October 2014 by pollster and sociologist, Dr. Angus Reid. ARI is a national, not-for-profit, non-partisan public opinion research organization established to advance education by commissioning, conducting and disseminating to the public accessible and impartial statistical data, research and policy analysis on economics, political science, philanthropy, public administration, domestic and international affairs and other socio-economic issues of importance to Canada and its world.*

**Summary tables follow. For detailed results by region, age, gender, income, and other demographics, [click here](#).**

Do you feel that these new laws should allow or prohibit doctor-assisted suicide, under the following circumstances?				
	Definitely allow	Generally allow	Generally prohibit	Definitely prohibit
When a person with multiple conditions like arthritis & diabetes feels overwhelmed and wants to die	11%	25%	34%	29%
When a person is in a great deal of pain	36%	37%	17%	10%
When a person wants to control the exact time of their death to make things easier for their family	16%	29%	27%	29%
When a person's care is perceived as a burden to their family	6%	20%	32%	43%
When a person can't get access to medical care to treat their pain and suffering	21%	34%	27%	19%
When an inmate serving a life sentence in jail wishes to end his/her life	22%	17%	19%	42%
When a person wants to stop spending their money in order to leave their family with a larger inheritance	6%	16%	28%	50%
When the cost of a patient's care is very expensive to the health care system	6%	15%	27%	52%
When a person has a terminal disease with a prognosis of, say, six months maximum and would rather end it sooner	42%	34%	14%	10%

Do you feel that these new laws should allow or prohibit doctor-assisted suicide, under the following circumstances? (Summary of Allow)		
(weighted totals)	March 2016 (1517)	November 2014* Summary of Agree (1504)
When a person has a terminal disease with a prognosis of, say, six months maximum and would rather end it sooner	76%	82%
When a person is in a great deal of pain	73%	76%
When a person has a disease like Alzheimer's and fears a loss of self-awareness and/or bathroom functions	Not asked	67%
When a person can't get access to medical care to treat their pain and suffering	55%	55%
When a person wants to control the exact time of their death to make things easier for their family	45%	45%
When an inmate serving a life sentence in jail wishes to end his/ her life	39%	41%
When a person's care is perceived as a burden to their family	26%	35%**
When a person with multiple conditions like arthritis and diabetes feels overwhelmed and wants to die	36%	35%
When a person has no hope for the future and finds no meaning in their lives	31%	33%
When a person wants to stop spending their money in order to leave their family with a larger inheritance	22%	15%
When the cost of a patient's care is very expensive to the health care system	21%	Not asked

\*2014 Question wording: Should such assisted suicide be permitted in the following types of cases:  
Strongly agree, moderately agree, moderately disagree, strongly disagree

\*\*2014 Question wording: When a person perceives their care to be a burden to their family

Which of the following best describes your overall view on the regulations Canada should have governing physician-assisted suicide or doctor-assisted dying?						
(weighted sample sizes)	Total (1517)	Religion				
		Roman Catholic (376)	Protestant (444)	Atheist/ Agnostic (290)	No religious identity (243)	Other religious identity (164)
No regulations - any adult should have the right to a doctor assisted death	12%	10%	8%	18%	15%	9%
Only limited regulations allowing access to most adults who want it	39%	32%	31%	48%	46%	48%
Strict regulations severely restricting access to assisted death	40%	47%	43%	30%	37%	36%
Regulations prohibiting the practice altogether	10%	11%	17%	3%	3%	7%

In some places they allow euthanasia for newborns with severe disabilities. In the case of Canada, do you support or oppose permitting euthanasia for newborns with severe disabilities (assuming it is at the request of the parents)?						
(weighted sample sizes)	Total (1517)	Religion				
		Roman Catholic (376)	Protestant (444)	Atheist/ Agnostic (290)	No religious identity (243)	Other religious identity (164)
Support if parents and doctors agree	42%	38%	29%	53%	53%	46%
Support only in the most severe cases	39%	41%	39%	39%	38%	35%
Oppose	20%	21%	32%	8%	9%	19%



In some places they allow euthanasia for newborns with severe disabilities. In the case of Canada, do you support or oppose permitting euthanasia for newborns with severe disabilities (assuming it is at the request of the parents)?			
(weighted sample sizes)	Total (1517)	Children at home	
		Yes (445)	No (1050)
Support if parents and doctors agree	42%	39%	43%
Support only in the most severe cases	39%	40%	38%
Oppose	20%	22%	19%

Some people are concerned that this is a “slippery slope.” How concerned are you yourself that assisted dying in Canada may end up going further than originally intended?						
(weighted sample sizes)	Total (1517)	Religion				
		Roman Catholic (376)	Protestant (444)	Atheist/ Agnostic (290)	No religious identity (243)	Other religious identity (164)
Extremely concerned	15%	19%	23%	7%	7%	11%
Very concerned	15%	17%	14%	12%	15%	19%
Somewhat concerned	34%	37%	34%	28%	34%	33%
Not that concerned	26%	18%	24%	36%	35%	24%
Not at all concerned	10%	9%	5%	16%	9%	13%

**Some people are concerned that this is a “slippery slope.” How concerned are you yourself that assisted dying in Canada may end up going further than originally intended?**

(weighted sample sizes)	Total (1517)	Palliative care experience			
		Positive (424)	Negative (77*)	None (937)	Prefer not to say (80*)
Extremely concerned	15%	17%	5%	14%	24%
Very concerned	15%	15%	17%	15%	14%
Somewhat concerned	34%	33%	28%	34%	39%
Not that concerned	26%	25%	31%	28%	14%
Not at all concerned	10%	10%	19%	9%	9%

\*small sample size

**Some people worry that with permitting doctor-assisted dying, less emphasis will be placed on improving palliative care. Others feel that these changes will have no effect on the availability of palliative care. What do you think?**

(weighted sample sizes)	Total (1517)	Palliative care experience			
		Positive (424)	Negative (77*)	None (937)	Prefer not to say (80*)
Less emphasis on improving palliative care	27%	24%	27%	27%	40%
No effect	73%	76%	73%	73%	60%

\*small sample size