

ARI – Assisted Suicide

There has been a lot of discussion and debate recently about physician-assisted suicide – sometimes also referred to as euthanasia or as doctor assisted dying. Very broadly, this would involve a doctor giving drugs to a patient to end their life.

Last year the Supreme Court of Canada ruled that laws prohibiting doctor assisted dying were unconstitutional, and the Court instructed the Canadian Parliament to make new laws that would permit doctor assisted suicide under well defined circumstances. The federal government is now preparing new laws that will take effect in June.

We want to ask people their views on this issue.

Q1. First, how much interest would you say you personally have in this whole issue of physician-assisted suicide?

A great deal of interest

A fair amount

Some

Not much

No interest at all

Q2. As mentioned, the Canadian government is currently considering proposals and options for new laws on doctor assisted dying. Do you feel that these new laws should allow or prohibit doctor-assisted suicide, via lethal injection or self-administered drugs, under the following circumstances?

[ROTATE STATEMENTS]

When a person with multiple conditions like arthritis and diabetes feels overwhelmed and wants to die

When a person has no hope for the future and finds no meaning in their lives

When a person is in a great deal of pain

When a person wants to control the exact time of their death to make things easier for their family

When a person's care is perceived as a burden to their family

When a person can't get access to medical care to treat their pain and suffering

When an inmate serving a life sentence in jail wishes to end his/her life

When a person wants to stop spending their money in order to leave their family with a larger inheritance

When the cost of a patient's care is very expensive to the health care system

When a person has a terminal disease with a prognosis of, say, six months maximum and would rather end it sooner

Definitely prohibit

Generally prohibit

Generally allow

Definitely allow

We want to ask people's views on some particular points of debate about new laws on doctor assisted dying.

Q3. One issue concerns whether doctor assisted suicide should be made available to people who have no terminal physical disease but do have severe psychological suffering – such as depression. In some places such as Belgium and Holland, doctor assisted suicide is available to people with psychological suffering. In other places, such as Oregon and Washington state, doctor assisted suicide is allowed in some circumstances but psychological suffering on its own is NOT considered a valid reason.

What is your view on how Canada should approach this issue:

Doctor assisted suicide **should be made available** to persons with psychological suffering – such as depression, even though they have no terminal physical disease

Psychological suffering on its own **should not be considered** a valid reason for obtaining a doctor assisted suicide

Q4. In some places where doctor assisted suicide is allowed, patients wanting this must wait for a pre-determined time – usually 14 days. In other places such as Switzerland there is no wait. What should be Canada's position:

No waiting time

Wait time, but less than two weeks

Minimum waiting time of at least two weeks

(Do not allow at all)

Q5a. One issue that has been raised concerns people who have made a "living will" stating that if they become incapacitated with dementia or Alzheimer's they would want to be euthanized via lethal injection. This would involve medical professionals deciding to end a person's life when that person is no longer able to understand what is happening. Do you support or oppose euthanasia under this circumstance?

Support

Oppose

Q5b. Suppose the person with dementia now expresses anxiety or fear about the euthanasia procedure. Should a person under this circumstance have the right to change their mind about assisted dying?

Yes

No

Q6a. Recently some people in Canada have recommended that doctor assisted dying be extended to "mature minors" -- people who are under 18 years of age and who have a terminal disease or illness. Do you generally support or oppose a new Canadian law on doctor assisted death extending to include teenagers under 18 as legally eligible?

Support

Oppose

Q6b. What about the case of "mature minors" under 18 years of age who are suffering no terminal physical disease but have psychological suffering such as depression or other psychological pain. Do you generally support or oppose a new Canadian law on doctor assisted death extending to include teenagers under 18 who are experiencing severe psychological suffering but are not terminally ill?

Support

Oppose

Q7. In some places (such as the Netherlands) they allow euthanasia (lethal injections) 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)?

Oppose

Support only in the most severe cases

Support if parents and doctors agree

Q8. One of the issues that 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?

A request for assisted death would require a prior **review and approval by a panel of independent experts** before the death would occur

A request for assisted death would require **two physicians to review and approve** the case before death would occur

It is expected that new Canadian laws on doctor assisted dying will say that doctors and other medical professionals will not be forced to perform these procedures – they will be able to exclude themselves on moral grounds.

Q9a. There is debate about how these medical professionals should be required to respond if a patient under their care requests a physician-assisted suicide. In this circumstance, should a medical professional who believes physician-assisted suicide is morally wrong:

Be required to refer their patient to a doctor who will assist their death by lethal injection

Not be required to make such a referral

[IF DOCTORS SHOULD BE REQUIRED TO REFER:]

Q9b. Instead of requiring doctors to make a referral, would you support the provincial government maintaining a 1-800 call line or website which individuals could access to find doctors who participate in this procedure.

Yes, that would be okay instead

No, doctors should be required to refer

[PLEASE NOTE – the following two questions – hospital duo and nursing home duo -- need to be rotated]
[will be custom VC scripting]

Q10. Another issue concerns the position of Catholic **hospitals** that operate in cities and towns across Canada. Catholic hospitals have stated, on moral and ethical grounds, that they will not allow doctor assisted suicide in their facilities. Which of the following is closest to your opinion:

Catholic hospitals should be able to say no on moral grounds and patients who want a doctor assisted death would be moved to another facility

Or

Catholic hospitals should be required by law to allow these procedures at their facilities

[If Catholic hospitals should be required:]

Q10b. Would you support withdrawing public funding from Catholic hospitals that refuse to allow doctor assisted suicides on their premises?

Yes, support

No, oppose

Q11a. A further issue concerns the position of **nursing homes** that are publicly funded in whole or in part and are operated by religious organizations. Some of these nursing homes have stated that they will not allow doctor assisted dying in their facilities. Which of the following is closest to your opinion:

Nursing homes with moral objections should be able to say no and patients requesting assisted dying would be moved to other locations

Nursing homes operated by religious organizations should be required by law to allow doctor assisted suicide in their facilities

[If these nursing homes should allow:]

Q11b. Would you support withdrawing public funding from nursing homes that refuse to allow doctor assisted suicide on their premises?

Yes, support

No, oppose

Q12. We would like to ask you a personal question which you should feel free to skip if you wish. During the last five years has anyone close to you, a friend or family member, received professional end of life care in a palliative care ward, hospice or at home?

Yes

No

Prefer not to say

[IF YES TO Q12]

Q13. Overall did you feel that your friends and/or family received end of life care that gave them comfort and dignity?

Always

Most of the time

No, not for the most part

Not at all

Q14. Some people worry that with the changing laws permitting doctor assisted dying, less emphasis will be placed on improving palliative care at home, in hospital or hospice. Others feel that these changes will have no effect on the availability of palliative care. What do you think?

Less emphasis on improving palliative care

No effect

Q15. Which of the following best describes your overall view on the regulations Canada should have governing physician assisted suicide or doctor assisted dying?

Overall, do you think there should be:

No regulations - any adult should have the right to a doctor assisted death

Only limited regulations allowing access to most adults who want it

Strict regulations severely restricting access to assisted death

Regulations prohibiting the practice altogether

Q16. Some people are concerned that this is a "slippery slope" where, once we have legalized assisted dying, it will steadily be allowed and used more and more for reasons that have to do with different ideas of quality of life rather than the original aim of reducing suffering for terminally ill patients. How concerned are you yourself that assisted dying in Canada may end up going further than originally intended?

Extremely concerned

Very concerned

Somewhat concerned

Not that concerned

Not at all concerned

Q17. 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?

Entirely a moral issue
 Mostly a moral issue
 Mostly health care policy
 Entirely health care policy
 Both, quite equally

And, finally, to assist with our statistical analysis:

18. Which one of the following best describes your religious identity?

Atheist
 Agnostic
 Buddhist
 Christian (including Catholic)
 Hindu
 Jewish
 Muslim
 Sikh
 Spiritual
 No religious identity
 Other (specify:) _____

[IF CHRISTIAN ASK:]

19. With what church do you most closely identify?

Roman Catholic/Catholic
 United Church of Canada
 Anglican/Episcopal
 Presbyterian
 Lutheran
 Baptist
 Orthodox (Eastern, Russian, Greek)
 African Methodist
 Assemblies of God
 Bible Church
 Brethren
 Christian & Missionary Alliance
 Christian Reformed
 Christian Science
 Church of Christ
 Church of God
 Church of the Nazarene
 Congregational
 Disciples of Christ

Holiness
Jehovah's Witnesses
Latter-day Saints
Mennonite
Methodist
Pentecostal
Quaker/Friends
Reformed Church of America/Dutch Reformed
Seventh-day Adventist
Unitarian
Non-denominational Christian
Other Christian

[Ask All]

20. Aside from weddings and funerals, how often do you attend religious services?

More than once a week

Once a week

Once or twice a month

A few times a year

Seldom

Never

21. Do you believe there is life after death?

Yes

No

Uncertain

22. And, in sum, what do you think happens to people after they die?

They simply stop existing

They go to heaven or another good place

They go somewhere else

They get reincarnated

You really don't know/can't say

