

Confusion Between Euthanasia and Other End-of-Life Decisions

Influences on Public Opinion Poll Results

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ABSTRACT

Background: Public opinion polls indicate that a majority of Canadians are in favour of euthanasia. However, there have been many criticisms of the validity of these findings. The objective of this study was to assess public opinion towards euthanasia while controlling for possible threats to validity indicated in the literature review.

Methods: A telephone public opinion poll was conducted in 2002 with a representative sample of the general population of Quebec (n=991; response rate=49.8%). Respondents were asked about their support for euthanasia and treatment withdrawal and, for comparison, were asked a previously used question on euthanasia (Gallup) which has been criticized for methodological problems. Respondents were also asked to distinguish between euthanasia and other end-of-life decisions in hypothetical scenarios.

Results: Eleven percent more people supported euthanasia with the Gallup question than the question developed in this study. Support for euthanasia (69.6%) was less prevalent than for treatment withdrawal (85.8%). Respondents who failed to distinguish between euthanasia and treatment withdrawal or withholding treatment in hypothetical scenarios were more likely to support euthanasia in public opinion poll questions. Furthermore, there is a significant relationship between opinions about the acceptability of euthanasia and inaccurate knowledge of the nature of euthanasia.

Interpretation: Public opinion polls on euthanasia must be interpreted in the light of the wording of the question. Education of the population concerning euthanasia and other end-of-life decisions may be considered to be an important prerequisite to engage in public debate concerning the legalization of euthanasia.

MeSH terms: Euthanasia; public opinion; withdrawing treatment; knowledge; problem formulation

La traduction du résumé se trouve à la fin de l'article.

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Source of support: IM was recipient of a grant from the "Fonds québécois pour la recherche sur la société et la culture" at the time of the study, and data collection was supported by the Centre for Research and Intervention on Suicide and Euthanasia.

Debates concerning euthanasia have become more frequent during the past two decades. Euthanasia was legalized in the Netherlands (2000) and Belgium (2002), and the US state of Oregon legalized physician-assisted suicide (1997). The fact that polls show strong public support has been used in legislative debates to justify why euthanasia should be legalized.¹ In fact, in Canada,² as in Australia,³ Great Britain,⁴ USA,⁵ and the Netherlands,⁶ the majority of the general population support legalizing euthanasia. However, critics have questioned the validity of these polls.

Although the word "euthanasia" is derived from the ancient Greek *eu* (good) and *thanatos* (death), there is a general consensus in research,⁷ legislation and in the medical field⁸⁻¹² to adopt a definition similar to the one used in the Netherlands: "Euthanasia is defined as the administration of drugs with the explicit intention of ending the patient's life at his/her explicit request".¹³ However, some authors suggested avoiding the use of "euthanasia" because of possible ambiguity^{1,14-17} and since this term can be emotionally charged.¹⁸ In addition, answers given to questions on euthanasia may be influenced by the wording of the question.¹⁹

Another concern is the fact that people may not be well informed about end-of-life practices.^{1,20} Within the context of a public information day, Gallagher²¹ found that almost half of people thought that treatment withdrawal was euthanasia and an Oregon study revealed much confusion in patients about their end-of-life options.¹⁵ For some,²²⁻²⁵ such confusion may be understandable because they believe that there is no moral distinction between acts or omissions that result in death. They contend that "passive" and "active" euthanasia are morally equivalent. However, legislation as well as medical practice^{8-12,26,27} invariably distinguish between these practices. For example, in Canadian law, active euthanasia is treated as homicide, while treatment refusal, treatment withdrawal and the "double effect" (providing medications to alleviate pain which may hasten death), which some call "passive euthanasia," are legal.⁹

Until now, there have been no scientific data to corroborate the argument that people are confused about euthanasia and that this confusion influences opinions about

TABLE I

Wording of Questions Concerning Euthanasia, Treatment Withdrawal and Related Results

Question	Wording	Response Options	Respondents N (%)*
Gallup question	When a person has an incurable disease that is immediately life-threatening and causes that person to experience great suffering, do you or do you not think that a competent doctor should be allowed by law to end the patient's life through mercy killing if the patient has made a formal request in writing?	Yes No Don't Know / Refusal	798 (80.8) 134 (13.6) 59 (5.6)
Acceptability of euthanasia	A person with an incurable illness asks his doctor to end his suffering and make him die by giving him an injection of drugs. According to you, is it completely acceptable, somewhat acceptable, somewhat unacceptable, completely unacceptable, that a doctor would, at the person's request, give an injection which causes death?	Completely acceptable Somewhat acceptable Somewhat unacceptable Completely unacceptable Don't Know / Refusal	388 (40.3) 304 (29.3) 112 (11.5) 136 (13.6) 51 (5.2)
Acceptability of treatment withdrawal	A person with an incurable illness asks his doctor to end his suffering and let him die by unplugging the machines that keep him alive. According to you, is it completely acceptable, somewhat acceptable, somewhat unacceptable, completely unacceptable, that a doctor would stop the medical treatment at the request of a patient?	Completely acceptable Somewhat acceptable Somewhat unacceptable Completely unacceptable Don't Know / Refusal	574 (58.2) 274 (27.6) 47 (5.0) 62 (6.2) 34 (3.0)

* Data are presented as number (weighted percentage)

its acceptability. In addition, the influence of the wording of the question has not been investigated with the same respondents and with comparable definitions. This study addresses: 1) Does public opinion on euthanasia vary according to the wording of the question? 2) Is there a difference in public opinion between euthanasia (which some call "active euthanasia") and treatment withdrawal ("passive euthanasia")? 3) What is the nature of the public's understanding of euthanasia? 4) Is there a relationship between the understanding of euthanasia and public opinion concerning its acceptability?

METHODS

Survey design and respondents

Data collection was performed by a private pollster, between June 13 and 26, 2002, as part of an omnibus survey on other socio-political topics. Interviews were conducted by telephone with a representative sample of the general population of Quebec, Canada. The sample was stratified by region (Montreal RMR, 50%, Quebec RMR, 25%, Rest of Quebec, 25%) in order to better represent the heterogeneity of the urban populations. Telephone numbers were generated using list-based random digit dialling (RDD). The Kish Grid, which takes into account age criteria,²⁸ was used to ensure random selection within households. Interviews were completed with 991 respondents (response rate, 49.8%) who were over 18, and could speak either French or English. With a confidence level of 95%, the margin of error for this sample size is 3.1%. Data were weight-

ed by region of residence to compensate for stratification and adjusted for age, gender and mother tongue on the basis of Projections for 2002 by Statistics Canada in order to insure an appropriate distribution of the sample on these characteristics. Comparison of weighted and unweighted data revealed that respondents were not substantially different from the general population on these major characteristics.

Survey instrument

We used the Gallup question on euthanasia and two other questions we developed, one on euthanasia and the other on treatment withdrawal (see Table I). The Gallup question, used to poll Canadian public opinion since 1968, contains several elements that may challenge its validity: 1) it uses the term "*mercy killing*" in the English version and the word "*euthanasie*" in the French version, which is not an accurate translation; 2) it cannot be assumed that all respondents have the same understanding of these terms; 3) it includes tangential information referring to "*competent doctor*," which may bias responses; 4) the question is long and convoluted; 5) only two choices for answer were provided.

In order to assess the acceptability of euthanasia, we developed a question in which the word "euthanasia" was not used, thus avoiding possible confusion due to misunderstanding of its meaning. The action of injecting drugs was used since it is the most common euthanasia method.^{7,29} We also developed a question concerning opinion toward treatment withdrawal by using a description of the action to verify if there is a difference in public opinion between euthanasia (which

some call "active euthanasia") and treatment withdrawal ("passive euthanasia").

New questions were developed to assess the participants' understanding of euthanasia (Table II). Short vignettes describing the five common types of end-of-life decisions (based on the definitions of the Special Senate Committee on Euthanasia and Assisted Suicide report¹) were read and after each, the respondent was asked to state if the situations involved euthanasia or not. The order of presentation of vignettes was varied to avoid potential order bias. Our questions take into account the will of the patient as revealed by presence of his/her request. This study only concerns euthanasia in medical settings, as practiced by medical practitioners. The questionnaire was pre-tested with 15 randomly selected persons to detect possible technical, practical and content-related problems.

RESULTS

Opinions according to the wording of the question

The Gallup question had 81% support, which was 11% higher than with our question (Table I).^{*} Of those who found euthanasia unacceptable with our question, 52% said that euthanasia was acceptable according to the Gallup question. This compares to 4% who found euthanasia acceptable according to our question, but unacceptable in the Gallup question ($\chi^2=272.2$; $df=1$; $p<0.0001$).

* A "yes" answer to the Gallup question was compared to the combination of the answers "somewhat" and "completely acceptable" to the question we developed.

TABLE II

Wording of Vignettes on End-of-life Decisions and Related Results

Type of End-of-life Decisions	Wording	Correct Answer N (%)	Incorrect Answer* N (%)
Euthanasia	"A dying person asks his doctor to give him a lethal injection because he can no longer stand suffering from his illness. The doctor agrees and this causes the patient's death"	798 (79.7)	193 (20.3)
Physician-assisted suicide	"A doctor gives a terminally ill person medication the person can take to kill himself"	278 (28.1)	713 (71.9)
Treatment withdrawal	"At the request of a patient, a doctor disconnects machines which keep the person alive, for example, an artificial lung"	335 (34.0)	656 (66.0)
Withholding treatment	"At the request of a patient, a doctor respects the person's decision to refuse treatment which would prolong his life"	618 (61.9)	373 (38.1)
Double effect†	"A doctor gives a dying person drugs to relieve his suffering, but the drugs hasten his death"	508 (51.2)	483 (48.8)

* Those who answered "don't know" or refused to answer were combined with those who gave a wrong answer to create a grouping of all persons who cannot correctly identify the description of euthanasia or cannot distinguish euthanasia from other end-of-life decisions.

† In this study, double effect is defined as a situation where there is a "risk of shortening life as a consequence of treatment given for the purpose of alleviating suffering". The intention in the double effect is to relieve the suffering and not to end the patient's life, although the treatment may contribute to hastening death.

TABLE III

Relationship Between Ability to Distinguish Between Euthanasia and Other End-of-Life Decisions and Opinions Concerning its Acceptability (n = 940)*

Distinction	N	Acceptable	Unacceptable	χ^2
Specific Situation of Euthanasia				
Correct identification	768	77%	23%	
Incorrect identification	172	57%	43%	25.97‡
Situation of Assisted Suicide				
Distinguished from euthanasia	264	69%	31%	
Confusion with euthanasia	676	75%	25%	1.89
Situation of Treatment Withdrawal				
Distinguished from euthanasia	321	65%	35%	
Confusion with euthanasia	619	78%	22%	13.24‡
Situation of Double Effect				
Distinguished from euthanasia	490	71%	29%	
Confusion with euthanasia	450	76%	24%	1.89
Situation of Withholding Treatment				
Distinguished from euthanasia	591	70%	30%	
Confusion with euthanasia	349	79%	21%	7.67†

* Respondents who answered "I don't know" or refused to answer the question on the acceptability of euthanasia are not included in this analysis.

† p<0.01

‡ p<0.001

Public opinion on euthanasia and treatment withdrawal

Nearly 70% of respondents were in favour of euthanasia, compared to 86% for treatment withdrawal (Table I). Of those who found euthanasia unacceptable, 64% said that treatment withdrawal is acceptable, compared to 3% who found euthanasia acceptable but treatment withdrawal unacceptable ($\chi^2=193.1$; $df=1$; $p<0.0001$).

Understanding of what constitutes euthanasia and opinions about its acceptability

Responses to short vignettes describing the five types of end-of-life decisions revealed that 80% could correctly identify the specific description of euthanasia (see Table II). However, 72% also thought that physician-assisted suicide is euthanasia, 66% identified treatment withdrawal as euthanasia, 49% thought the double effect of providing pain medication which may

accelerate death was euthanasia and 38% identified withholding treatment as euthanasia.

Chi-square analyses revealed two principal findings (Table III): first, people who could not identify the specific description of euthanasia as representing euthanasia were more likely to find euthanasia unacceptable. Among those who did not correctly identify the vignette, 43% found euthanasia unacceptable, compared to 23% for those who could correctly identify the euthanasia vignette. Second, people who confused euthanasia with other end-of-life decisions found euthanasia more acceptable: Among those who did not differentiate euthanasia from treatment withdrawal, 78% found euthanasia acceptable, compared to 65% of those who distinguished between these practices. Similarly, persons who did not distinguish euthanasia from withholding treatment were more likely to view euthanasia as acceptable

than persons who could distinguish between these practices (79% vs. 70%). No statistically significant relationships were found between the acceptability of euthanasia and the vignettes describing physician-assisted suicide and the double effect.

INTERPRETATION

Importance of the wording of questions

This study underlines important methodological problems in euthanasia opinion polls.^{1,15-18} Opinions differ according to the wording of questions. It is recommended to avoid using questions with the pitfalls of the Gallup wording: 1) do not use the word "euthanasia" but a description of the action; 2) avoid including tangential terms, such as "competent doctors"; 3) keep the question short and right to the point; 4) use a four-point scale in order to allow the respondent more flexibility.

Opinions concerning euthanasia and treatment withdrawal

In most industrialized countries, there is a moral and legal distinction between "causing death" and "letting die." According to the World Medical Association's Declaration on euthanasia,⁸ endorsed by several medical associations:^{9-12,30} "Euthanasia is unethical but this does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course." The general population distinguishes between these practices; we found higher support for treatment withdrawal (86%) than for euthanasia (70%). However, the majority are in favour of both practices.

Confusion between euthanasia and other end-of-life decisions

Results from this study corroborate the assumption that the general public is confused about the meaning of euthanasia:^{15,21} people often fail to distinguish between euthanasia and other end-of-life decisions when they are presented with concrete examples. The confusion between euthanasia and physician-assisted suicide may be understandable since both practices are illegal in most industrialized countries.

There is also much confusion between euthanasia and the double effect – a legal practice in most countries.^{9,10,12,30} However, misconceptions about the double effect may be understandable since even some physicians are uncomfortable when adequate treatment of pain could hasten death; they may be reluctant to prescribe sufficient medication to adequately control pain out of concern for legal prosecution.³¹ Nevertheless, confusion between euthanasia, physician-assisted suicide and double effect does not seem to influence public opinion on euthanasia.

The higher favourable response to polls concerning euthanasia reflects the respondents' understanding of euthanasia as including withdrawal and withholding treatment, not only direct actions by a physician to end a patient's life. The most common source of confusion is between treatment withdrawal and euthanasia and this is related to a more supportive opinion toward euthanasia. It is possible that using "euthanasia" with different qualifiers ("active" for euthanasia, and "passive" for treatment withdrawal and withholding treatment) to describe different end-of-life practices, has contributed to some confusion.^{32,33} We also found that 20% of the respondents did not identify a clear example of euthanasia as actually being a case of euthanasia and these respondents were less likely to consider euthanasia acceptable. Therefore, if a more accurate understanding of what constitutes euthanasia and other end-of-life practices is developed, this does not necessarily imply that support for euthanasia will be less prevalent; it should simply lead to more informed choices.

The present study has several limitations. Results must be considered within the socio-political context at the time of the survey. There were no public debates

or cases relating to euthanasia reported in the Canadian media during this period. Thus, people may have been less aware of this issue; however, they also were not influenced by highly publicizing "sensational" cases. We also used unplugging machines that keep the patient alive as the example of treatment withdrawal. It would be interesting in the future to use other interventions, such as withholding or withdrawing nutrition and hydration, to develop a more thorough understanding of opinions concerning treatment withdrawal. Finally, the response rate is very good, but still, non-respondents may differ in some way from respondents. However, this should not normally have an impact on the relationship between variables.

We conclude that the use of the argument that public opinion is in favour of euthanasia to support changing laws must be critically examined. There are methodological problems in the wording of survey questions that can bias responses, and the validity of responses may be compromised by pervasive misunderstandings of what euthanasia means. Since a significant proportion of the population cannot distinguish between euthanasia and other end-of-life decisions that are legal in Canada, education may be an important prerequisite to an informed debate on euthanasia.

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Received: February 27, 2006
Accepted: September 14, 2006

RÉSUMÉ

Contexte : Les sondages d'opinion révèlent que la population canadienne est majoritairement favorable à l'euthanasie. Toutefois, certains auteurs critiquent la validité de ces résultats. Cette étude vise à examiner l'opinion publique sur la question de l'euthanasie en prenant en compte les problèmes méthodologiques identifiés dans les écrits scientifiques.

Méthode : En 2002, un sondage d'opinion a été réalisé auprès d'un échantillon représentatif de la population québécoise (n=991; taux de réponse=49,8 %). Les répondants ont été priés de donner leur opinion sur l'euthanasie et l'arrêt de traitement; pour fins de comparaison, on a également posé une question utilisée antérieurement par la firme Gallup et qui avait été critiquée pour des raisons de méthode. À partir de vignettes, les répondants devaient également distinguer l'euthanasie d'autres pratiques de fin de vie.

Résultats : L'appui à l'euthanasie était supérieur de 11 points de pourcentage avec la question Gallup qu'avec celle élaborée dans le cadre de notre étude. L'appui à l'euthanasie (69,6 %) était moins élevé que l'appui à l'arrêt de traitement (85,8 %). Les répondants qui n'ont pu distinguer l'euthanasie de l'abstention de traitement ou de l'arrêt de traitement à partir des vignettes étaient plus favorables à l'euthanasie. De plus, il y avait une relation significative entre l'appui à l'euthanasie et la méconnaissance de l'euthanasie, démontrée par le fait de ne pas avoir reconnu la vignette décrivant la situation d'euthanasie.

Interprétation : Les sondages d'opinion sur l'euthanasie doivent être interprétés en tenant compte de la manière dont les questions sont formulées. L'information de la population sur l'euthanasie et les autres pratiques de fin de vie devrait être considérée comme une condition préalable à un débat éclairé sur la légalisation de l'euthanasie.



L'Association canadienne de santé publique (ACSP) et le Réseau d'alerte pandémique (RAP) informent les Canadiens sur les précautions que nous pouvons tous prendre pour empêcher la propagation de la maladie, réagir à un état d'urgence et protéger notre santé durant la pandémie.

Partout dans le monde, les gouvernements se mobilisent en vue de la prochaine pandémie de grippe. Les sites Web, fiches d'information et listes de vérification se multiplient. Mais il arrive souvent que le langage soit compliqué et que les renseignements fournis soient de nature technique. C'est la raison pour laquelle l'ACSP et le RAP ont mis au point une trousse d'informations pratiques, fondées sur des faits et rédigées en langage simple.

Cette trousse simple et pratique donnera aux Canadiens l'information dont ils ont besoin pour se protéger durant une pandémie de grippe. Il s'agit de simples précautions que tout le monde peut prendre dans la vie de tous les jours.

Ces mesures de santé publique se résument en trois mots :

1. **PRÉVENTION** – bonnes habitudes d'hygiène qui réduisent le risque d'attraper et de transmettre la maladie, par exemple bien se laver les mains;
2. **PRÉPARATION** – instructions faciles à suivre pour se préparer à la pandémie de grippe ou à toute autre situation d'urgence;
3. **PROTECTION** – renseignements essentiels pour se soigner et se protéger durant la pandémie.

Avec cette trousse, l'ACSP veut inciter les Canadiens à mieux se renseigner et à mettre en pratique les conseils qui leur sont donnés sous forme de simples précautions, afin de limiter les dégâts que la prochaine pandémie pourrait causer. On espère que ces mesures renforceront la résilience et que toute la population sera mieux préparée à faire face à une pandémie de grippe ou à toute autre situation d'urgence en matière de santé publique.

La trousse est disponible en français et en anglais, en ligne. Consultez le site www.pandemie.cpha.ca.

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