

Public Opinion Polls & the Legalisation of Euthanasia

A Literature Search



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Reportedly, between 65 and 80% of respondents to public opinion polls on the desirability of legalising euthanasia, respond in the affirmative.

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**But there are
problems with public opinion polls.**

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Problem #1

**Some allow multiple entries leading to
vote rigging.**

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Problem # 2

**Most use simple, emotive questions with
'Yes / No' answers.**

For example:

**Should a doctor be allowed to end the
life of a patient experiencing
uncontrollable pain at the patient's
request?**

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**Studies by international pollsters
show that support for euthanasia
hinges on how the question is worded.**

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When a person has a disease that cannot be cured should doctors be allowed to end that person's life by some painless means if the person requests it? Yes 70%, No 27%

When a person has a disease that cannot be cured and is living in severe pain should doctors be allowed in law to assist the patient to commit suicide if the person requests it? Yes 51%, No 45%

Gallup Poll May 29 2013

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Problem #3

**The opinions they reflect are based on
hypothetical scenarios.**

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When the question is personalised, the rate of affirmative responses drops sharply.

60.2% of cancer patients supported euthanasia in a hypothetical situation but only 10.6% would seriously consider it for themselves.

Emanuel EL et al JAMA 2000, 284:2460 - 2468

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Problem #4

There is widespread confusion as to what constitutes euthanasia even amongst doctors and nurses.

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Some definitions.

Euthanasia (“a good death”) in practice equates to using a procedure with the deliberate intention of terminating a person’s life as quickly as possible.

Physician Assisted Suicide (PAS) ~ a doctor’s assistance to commit suicide.

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What is NOT euthanasia.

- **With-holding or withdrawing technological support or medication that is not accomplishing anything useful.**
- **Death that may incidentally occur when medication is being administered purely for the relief of symptoms.**

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Problem #5

Public ignorance of key issues.

The pollsters invariably promote euthanasia as a straight-forward procedure with no dangers for the community because effective legal safeguards can be drawn up. It is not so.

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For many years reports from the Benelux countries where euthanasia is legal have revealed major compliance issues:

- **Non-reporting by doctors**
- **Widespread use of euthanasia without specific request by, or consent of, patients.**

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A Belgian study.

**32% of reported assisted deaths were done
without explicit request or consent.**

(Canad. Med. Assoc. J. 2010, 182: 895 – 901)

A Dutch study.

**In 2010, ~ 350 of all deaths were by
euthanasia performed without specific
request or consent.**

(Lancet-on-line July 11th. 2012.)

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The one valuable lesson we can learn from the Dutch, Belgian and Luxemburg experience is that it is not possible to contain the use and abuse of euthanasia by legal means despite what its advocates assert.

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Following the Cartwright Report of 1988, the ‘doctrine’ of Informed Consent has been a lynchpin of medical practice in New Zealand. It will be seriously eroded should euthanasia be legalised.

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Problem #6.

Public ignorance of key issues.

That it is inevitable that the range of conditions for which euthanasia is sanctioned will in time be broadened well beyond the relatively narrow spectrum of indications for which it was introduced.

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Dutch policies have expanded from euthanasia of the terminally ill to euthanasia of the chronically ill, to euthanasia for psychological distress and from voluntary to involuntary euthanasia over about 30 years.

In Belgium this transition has taken about five years. The proposal put forward by Maryan Street MP will allow it in N.Z. from the beginning.

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Problem #7.

Public ignorance of key issues.

**Diagnosis is not a precise art. It is a
matter of probabilities.**

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Post-mortem findings are in complete agreement with pre-death diagnosis in only half the cases. In one study, 10% of patients would have been expected to live had a correct diagnosis been made.

Some people will undoubtedly be euthanased for a disease they did not have.

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Problem #8.

Public ignorance of key issues.

**Prognosis is even trickier than
diagnosis. Some people will have their
lives terminated on the basis of an
incorrectly pessimistic prognosis.**

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Problem #9.

Public ignorance of key issues.

**Euthanasia and PAS do not guarantee
“death with dignity.”**

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In a study from the Netherlands, complications arose in 13.5% of people undergoing euthanasia and 41% of people undergoing PAS. In 10% more than one problem was encountered.

New Eng. J. Med. 2000, 342: 551 - 556.

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In the light of the above research, if the results of public opinion are to have any weight, the question being posed would need to be in a form similar to the following.