Opinion polls of public and doctors have been a feature of the debate over legalising euthanasia and assisted suicide since the early 1950s. The ‘winners’ of course place great stock on the outcomes. However, research by professional pollsters shows clearly that the way a question is worded influences the answer. Gallup for example, has run regular public polls on this issue for many years and has found that public support for euthanasia for a person living with incurable severe pain drops from about 70% when the doctor’s intervention is euphemistically described as “ending the patient’s life by some painless measure” to 50% when it is described as “assistance to commit suicide”.

Others have found even more drastic falls (to about 10%) when the question is personalised rather than hypothetical.

This ‘euphemistic factor’ impacts on Dr Havill’s poll because it asks about a medical practitioner giving “assistance to die on request”. What does this mean? Isn’t that what every general practitioner is frequently called upon to do? Does “assistance to die” include, in Havill’s mind, killing the patient? If it does, why isn’t Havill prepared to say so for the sake of clarity, rather than resort to euphemisms?

A second difficulty with this poll is that question 1 is prefaced by the statement: “Given adequate safeguards against abuse, do you support...” The problem there is that nowhere in the world where euthanasia or assisted suicide are legal has it been possible to set in place legal safeguards against abuse. Thus, for example, in Belgium—which has legislation similar to the End of Life Choice Bill of Maryan Street—about one third of assisted suicides are carried out without any request from the patient. A proportion of those patients were judged to have been capable of making a request had they chosen to do so. In Oregon ‘doctor shopping’ aided by Compassion and Choices as a way of circumventing the legislation is common. Anyone responding to this question as worded would do so under a false sense of security. It would be much more realistic to preface any further polling with: “Given that adequate safeguards against abuse cannot be guaranteed,” or words to that effect.

Finally, I wonder why in the tabular presentation of results Dr Havill combined the two end categories of his five-point scale. We could possibly have learned something very important about the numbers that fully support his propositions on the one hand and that totally opposed them on the other had he reported the results without this modification.

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