The End of Life Debate
A Survey of Connecticut Residents

March 2014
Executive Summary

• Consideration of the “Compassionate Aid in Dying” Bill in Connecticut brings public debate to the issue of a physician’s role at the end of a patient’s life. This in-depth survey of 1,000 adults was undertaken to understand the opinions, hopes, and concerns of Connecticut residents on the issue.

• Conducted March 6, 2014 through March 9, 2014 by The Marist Poll and sponsored by The Knights of Columbus, live interviewers spoke with a random sample of adults 18 years of age and older reached on either their landline or cell phone.

• It is important to note, that like the bill being presented, at no time was the issue referred to as Physician Assisted Suicide in the discussion of the topic with residents.

• Allowing doctors to prescribe a fatal dose of a drug is a complex and complicated issue in the minds of many Connecticut residents. For many it is not a role they believe doctors should undertake and, for a plurality, it even undermines their trust in their physician. Residents express a number of concerns and potential for abuse.

• It is also a polarizing issue. Residents who support legalizing it are more likely to be white, men, earn more than $75,000 or be registered as a Democrat. Residents who oppose legalizing it are more likely to be people of color, women, earn less than $75,000 or be Republican. Residents divide about whether the benefits outweigh the risks for abuse.
A plurality (45%) of Connecticut residents are pessimistic about the path of their state, nearly four in ten (39%) say things are headed in the right direction.

*In general, thinking about the way things are going in Connecticut, do you feel things are going in the right direction or that things are going in the wrong direction?*
Priorities for the State

Connecticut residents prioritize issues for Governor Malloy and the state legislature. Improving the economy is of primary importance, while health care, taxes, and the minimum wage follow. The issue of allowing life ending prescriptions is not an immediate state priority for most residents.

Are each of the following issues an immediate priority for Governor Malloy and the state legislature, an issue, but not an immediate priority, or not an issue to be addressed?

<table>
<thead>
<tr>
<th>Priority</th>
<th>An immediate priority</th>
<th>An issue, but not an immediate priority</th>
<th>Not an issue to be addressed</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving the economy</td>
<td>76%</td>
<td>18%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Making health care more affordable</td>
<td>51%</td>
<td>35%</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Reducing state taxes and fees</td>
<td>51%</td>
<td>34%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Increasing the minimum wage</td>
<td>46%</td>
<td>31%</td>
<td>19%</td>
<td>4%</td>
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<tr>
<td>Allowing patients with a terminal illness to be prescribed medication</td>
<td>23%</td>
<td>39%</td>
<td>31%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Most Connecticut residents (84%) have heard little or nothing at all about the “Compassionate Aid in Dying” Bill.

Have you heard or read a great deal, a good amount, not very much, or nothing at all about a bill in Connecticut to allow doctors to prescribe a fatal drug dose to patients with a terminal illness who want to take their own life?
### Personal Implications

Only 9% of residents would definitely ask their doctor to end their life if life ending prescriptions were legal in Connecticut. Another 22% would consider it if the option were given to them. 62% would probably or definitely not ask their doctor to do so.

If there was a law in Connecticut that allowed doctors to legally prescribe lethal drugs to help terminally ill patients end their own lives and you were diagnosed with a terminal illness and had less than 6 months to live, do you think you would definitely ask a doctor to help you end your life, probably ask a doctor, probably not ask a doctor, or definitely not ask a doctor to end your life?*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>Definitely ask a doctor to help you end your life</td>
</tr>
<tr>
<td>22%</td>
<td>Probably ask a doctor</td>
</tr>
<tr>
<td>23%</td>
<td>Probably not ask a doctor</td>
</tr>
<tr>
<td>39%</td>
<td>Definitely not ask a doctor to end your life</td>
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</tbody>
</table>

*8% are unsure
A majority of Connecticut residents (55%) believe in notable restrictions when it comes to end of life care by doctors for terminally ill patients. Fewer than one in five (17%) believe doctors should be allowed to actively participate in ending a patient’s life, and only 21% believe doctors should be allowed to assist a patient in taking their own life.

Which one of the following statements comes closest to your opinion about the role doctors should play when a patient has a terminal illness and wants to take their own life:*  

1. Doctors should be allowed to assist the patient to take their life including being allowed to administer the dose of a fatal drug  
   - 17%

2. Doctors should be allowed to prescribe a fatal drug dose so the patient can take their own life  
   - 21%

3. Doctors should be allowed to remove life support and other medical interventions for the patient to let nature take its course  
   - 28%

4. Doctors should not be allowed to assist the patient to take their own life but should prescribe drugs and care to manage their illness  
   - 27%

*7% are unsure
Impact on Trust

46% of residents say they are less likely to trust physicians who believe it is their role to assist a terminally ill patient in ending their life.

Are you more likely or less likely to trust a doctor who believes it is their role to prescribe a fatal drug dose to patients who are terminally ill so the patient can take their own life?*

- 46% Less Likely
- 13% No Difference
- 32% More Likely

*8% are unsure
Many Connecticut residents worry about abuse if physicians are allowed to prescribe fatal drugs.

If it is legal in Connecticut for doctors to prescribe a fatal drug dose to patients with a terminal illness who want to take their own life, do you worry a great deal, a good amount, not very much, or not at all about each of the following:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Great Deal/A Good Amount</th>
<th>Not Very Much/Not at All</th>
</tr>
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<tbody>
<tr>
<td>Patients without better health insurance will be given fewer life-saving options</td>
<td>65%</td>
<td>32%</td>
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<tr>
<td>The doctor does not accurately determine the patient's state of mind given there is no requirement for a psychiatrist or mental health professional to do the evaluation if the patient’s doctor believes the patient is of sound mind</td>
<td>64%</td>
<td>33%</td>
</tr>
<tr>
<td>The doctors' prediction of the course or outcome of the disease is wrong</td>
<td>63%</td>
<td>34%</td>
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<td>The elderly may become at risk in nursing homes or health care facilities</td>
<td>63%</td>
<td>34%</td>
</tr>
<tr>
<td>Patients who are depressed will be more likely to want to take their life</td>
<td>58%</td>
<td>39%</td>
</tr>
<tr>
<td>Patients will be pressured to take their life so as not to become a burden to their friends or families</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>It may become a cost saving measure for health care decisions</td>
<td>45%</td>
<td>50%</td>
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</table>
Connecticut residents divide when it comes to balancing the risks with the benefits of allowing doctors to prescribe fatal drugs.

*If it is legal for doctors to prescribe a fatal drug dose to patients with a terminal illness who want to die, which comes closer to your view:* *

- **46%**
  - The **benefits** of such a law outweigh the risks of abuse

- **45%**
  - The **risks** of abuse outweigh the benefits of such a law

*9% are unsure*
STUDY METHODOLOGY
Methodology Statement

• This survey of 1,000 adults was conducted March 6, 2014 through March 9, 2014 by The Marist Poll and sponsored by The Knights of Columbus. Adults 18 years of age and older residing in the state of Connecticut were interviewed by telephone using live interviewers.

• Both landline and cell phone telephone numbers were randomly selected. Landline telephone numbers were randomly selected based upon a list of telephone exchanges from throughout Connecticut from ASDE Survey Sampler, Inc. Selection was done to ensure that each region was represented in proportion to its population. To increase coverage, this landline sample was supplemented by respondents reached through random dialing of cell phone numbers from Survey Sampling International. The two samples were then combined and balanced to reflect the 2010 Census results for age, gender, income, race, and region. Respondents in the household were selected by asking for the youngest male. Results are statistically significant within ±3.1 percentage points. The error margin increases for cross-tabulations.

• Please note that some totals may not add to 100% due to rounding.
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Founded in 1978, The Marist College Institute for Public Opinion (MIPO) is a survey research center at Marist College in Poughkeepsie, New York. The Marist Poll has conducted independent research on public priorities, elections, and a wide variety of social issues. Through the regular public release of surveys, MIPO has built a legacy of independence, reliability, and accuracy. Its results are featured in print and electronic media throughout the world.