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Dying With Dignity – Summary Report

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Prepared for:

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1. Background and Objectives

- Dying with Dignity Victoria (formally the Voluntary Euthanasia Society of Victoria Inc) is an organisation promoting legislation of freedom of choice and human rights with regard to dignity at the end of life. NEWS POLL has conducted a study to examine a couple of areas on this topic.

- The objective of the research was to examine :
 - public opinion on a lethal dose being provided by doctors
 - respondents personal experience of voluntary euthanasia
 - respondents having a “living will” or Advance Healthcare Directive
 - and religion of respondents

2. Methodology

Sample

- Conducted nationally among 2423 respondents aged 18 years and over.
- Respondents were selected by means of a stratified random sample process which included:
 - a quota set for each capital city and non-capital city area. Within each of these areas a quota set for each telephone area code;
 - random selection of household telephone numbers drawn from current telephone listings for each area code;
 - random selection of an individual in each household by a "last birthday" screening question.

Interviewing

- Conducted by telephone over the periods of 2 - 4 February and 16 - 18 February 2007, by fully trained and personally briefed interviewers.
- To ensure the sample included those people who tend to spend a lot of time away from home, a system of call backs and appointments was incorporated.

Weighting

- To reflect the population distribution, results were post-weighted to Australian Bureau of Statistics data on age, highest level of schooling completed, sex and area.

3. Summary of key findings

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- Eighty percent of respondents nationally thought that doctors should be allowed to provide a lethal dose to a patient experiencing unrelievable suffering and with no hope of recovery.
- Support was higher in regional and rural Australia (82%) than in capital cities (78%). Of the capital cities, support was highest in Perth (85%) and lowest in Sydney (73%)
- People who claim to have a religion still strongly support the right of doctors to provide a lethal dose (74%), however people who claim to have no religion are even more likely to support this view (91%)
- Twenty two percent of respondents nationally have had a personal experience of a close relative or friend being hopelessly ill and wanting voluntary euthanasia
- Seven percent of respondents nationally claim to have a “living will”.

4. Research Findings

4.1 Should doctors be allowed to provide a lethal dose

Q1. Thinking now about voluntary euthanasia (**PRON: YOUTH-AN-ASIA**). If a hopelessly ill patient, experiencing **unrelievable** suffering, with absolutely **no** chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not?

		VICTORIA		NEW SOUTH WALES		QUEENS- LAND		SOUTH AUSTRALIA		WESTERN AUSTRALIA		
	TOTAL (2,423) %	MELB (408) %	REST VIC (200) %	SYD (402) %	REST NSW (303) %	BRIS (200) %	REST QLD (204) %	ADEL (200) %	REST SA (101) %	Perth (202) %	REST WA (101) %	TAS (102) %
Yes, doctor should be allowed to give a lethal dose	80	80	87	73	79	82	80	80	84	85	85	86
No, doctor should not be allowed to give a lethal dose	14	14	10	19	13	14	12	14	12	9	10	11
Can't say	6	6	3	8	8	4	8	6	4	6	5	3

Eighty percent of respondents nationally felt that doctors should be allowed to give a hopelessly ill patient a lethal dose. Within the 65+ age group, 72 percent of respondents felt that doctors should be allowed to give a lethal dose. This was the lowest level of agreement amongst all the age groups. The greatest support was given by those aged 35-49 with almost 85 percent agreeing that a doctor should be allowed to provide a lethal dose to a hopelessly ill patient.

It is evident that religion does play a role in people's beliefs in relation to voluntary euthanasia. Of those respondents who claim to belong to a religion, 74 percent, agree that a doctor should be allowed to provide a lethal dose. This compares to a figure of 91 percent among respondents with no religion.

4.2 Experience of close friend or relative wanting euthanasia

Q.2 *Have you yourself had personal experience where a close relative or friend was hopelessly ill and wanted voluntary euthanasia?*

	TOTAL (2,423) %	18-24 (178) %	25-34 (284) %	35-49 (669) %	50-64 (749) %	65+ (543) %
Yes, personal experience	22	17	18	23	27	20
No, personal experience	77	82	82	76	71	78
Don't know / refused	1	1	0	1	2	2

Almost 1 in 4 respondents (22%) had had a close friend or relative who was hopelessly ill and wanted voluntary euthanasia. This personal experience will clearly influence people's attitudes towards voluntary euthanasia, as evidenced by the results below.

	TOTAL (2,423) %	Yes, had personal experience with someone wanting voluntary euthanasia (549) %	No, personal experience with someone wanting voluntary euthanasia (1848) %
Yes, doctor should be allowed to give a lethal dose	80	90	77
No, doctor should not be allowed to give a lethal dose	14	8	16
Can't say	6	2	7

Those who have had a personal experience with a close friend or relative who was hopelessly ill and wanted voluntary euthanasia, are more inclined to feel that a doctor should be allowed to provide a lethal dose (90 percent) compared to those who have not had a personal experience (77 percent) .

4.3 Do you have a living will

Q3. A “living will” allows a person to specify **in advance**, which medical treatments they would refuse or accept in the case of serious medical conditions should they become **unable** to specify their own wishes. It is sometimes called an Advance Healthcare Directive. Do you have one of these living wills?

		VICTORIA		NEW SOUTH WALES		QUEENSLAND		SOUTH AUSTRALIA		WESTERN AUSTRALIA		TASMANIA
	TOTAL (2423) %	MELB (408) %	REST VIC (200) %	Sydney (402) %	REST NSW (303) %	BRIS (200) %	REST QLD (204) %	ADEL (200) %	REST SA (101) %	PERTH (202) %	REST WA (101) %	TAS (102) %
Yes	7	7	8	5	8	10	9	10	6	5	5	2
No	92	92	91	94	91	89	90	90	98	95	95	98
Don't know	1	1	1	1	1	1	1	0	2	0	0	0

A majority of respondents (92%) do not currently have a “living will” or Advance Healthcare Directive.

Interesting to note, more respondents (10%) in Adelaide have a “living will” compared to Sydney respondents (5%), this is significant at the 90% confidence level.

The highest percentage of respondents who have a “living will” were aged 65 years and over (12%). There is a statistically significant difference between the 65 years and over age group and the younger age groups (18-24 years and 25-34 years), inferring that the older age group are more likely to have a “living will” than the younger age groups.

4.4 Analysing attitudes by religious belief

Q4. The next question may be considered a little sensitive to some, but we would appreciate your co-operation. What is your own religion, or do you not have a religion?

	TOTAL (2423) %	Total Christian (1433) %	Total Non Christian (53) %	Total Religious (1598) %	No Religion (784) %
Q1. Lethal dose provided by Doctor					
Yes	80	75	58	74	91
No	14	18	24	18	5
Don't know	6	7	18	8	4
Q2. Personal experience of friend/relative wanting voluntary euthanasia					
Yes	22	21	21	20	24
No	77	78	79	78	75
Don't know	1	1	0	2	1
Q3. Currently have a "Living will"					
Yes	7	7	8	7	7
No	92	92	90	92	92
Don't know	1	1	2	1	1

The results suggest that there is no difference in the likelihood of respondents having a "living will" based on their religious beliefs. For example respondents who are Christian, Non-Christian, religious or non religious are all equally unlikely to have a "living will", (90-92%).

5. Questionnaire

SECTION J- ASK ALL RESPONDENTS

- J1 The next couple of questions are of a sensitive nature but your honest answers are important to us. Thinking now about voluntary euthanasia (**PRON: YOUTH-AN-ASIA**). If a hopelessly ill patient, experiencing **un**relievable suffering, with absolutely **no** chance of recovering asks for a lethal dose, should a doctor be allowed to provide a lethal dose, or not? Yes..... 1
No 2
Don't know 3
Refused..... 4
- J2 Have you yourself had personal experience where a close relative or friend was hopelessly ill and wanted voluntary euthanasia? Yes..... 1
No 2
Don't know 3
Refused..... 4
- J3 A "living will" allows a person to specify **in advance**, which medical treatments they would refuse or accept in the case of serious medical conditions should they become **unable** to specify their own wishes. It is sometimes called an Advance Healthcare Directive. Do you have one of these living wills? Yes..... 1
No 2
Don't know 3
Refused..... 4



SECTION YY - ASK ALL RESPONDENTS

YY1 The next question may be considered a little sensitive to some, but we would appreciate your co-operation. What is your own religion, or do you not have a religion?

IF NECESSARY REASSURE RESPONDENT OF CONFIDENTIALITY AND THAT INFORMATION IS FOR CLASSIFICATION PURPOSES ONLY

	<u>S/M</u>
Anglican / Church Of England	01
Baptist	02
Buddhism / Buddhist.....	03
Catholic / Roman Catholic.....	04
Christian (other / NFI).....	05

Churches Of Christ.....	06
Hinduism / Hindu	07
Islam / Muslim	08
Jehovah's Witness	09
Judaism / Jewish	10
Lutheran	11

Orthodox.....	12
Pentecostal.....	13
Presbyterian & Reformed	14
Salvation Army	15
Uniting Church.....	16

Other religions	17
(Specify)_____	
Do not have religion / Atheist / Agnostic	18
Don't know.....	19
Refused.....	20



DEMOGRAPHICS

1	To make sure we're speaking to a cross-section of people, please tell me if you are aged...? READ OUT 01-04 IF AGED 18-34 OR 05-11 IF AGED 35 AND OVER	18-19..... 01 20-24..... 02 25-29..... 03 30-34..... 04 35-39..... 05	40-44..... 06 45-49..... 07 50-54..... 08 55-59..... 09 60-64..... 10 65+..... 11 REFUSED..... 12
2	RECORD SEX	MALE..... 1 FEMALE..... 2	
3	Are you the person who is most responsible for doing the household grocery shopping? IF UNSURE / SHARED EQUALLY WITH SOMEONE ELSE CODE AS "YES" IE CODE 1		YES..... 1 NO..... 2
4(a)	How many people aged 18 years or over live in your household, including yourself?		---4(a)--- <u>ADULTS</u> ONE 1 TWO..... 2 THREE 3 FOUR 4 FIVE 5 SIX+ 6 NONE 7 DON'T KNOW / REFUSED..... 8
4(b)	And how many children aged 17 years or younger live in your household?		---4(b)--- <u>CHILDREN</u> ONE 1 TWO..... 2 THREE 3 FOUR 4 FIVE 5 SIX+ 6 NONE 7 DON'T KNOW / REFUSED..... 8
5	Are you in paid employment full time, part time or not at all? IF UNSURE / CASUAL / SELF EMPLOYED Is that closer to full time or part time hours?		FULL TIME..... 1 PART TIME..... 2 NOT AT ALL..... 3 DON'T KNOW / REFUSED..... 4
6	To help us ensure we have a representative sample could you please tell me the highest level of primary or secondary school you personally have completed? Was it...? READ OUT 1-3		YEAR 9 OR BELOW..... 1 YEAR 10 2 OR, YEAR 11 OR 12..... 3 DON'T KNOW / REFUSED..... 4
7	And apart from primary and secondary school, what is the highest level of education you personally have completed ? Was it...? READ OUT 1-3		<u>SR</u> A DIPLOMA OR CERTIFICATE FROM A COLLEGE OR TAFE, INCLUDING AN APPRENTICESHIP 1 A DEGREE OR DIPLOMA FROM A UNIVERSITY 2 OR, NONE OF THESE 3 REFUSED / DON'T KNOW..... 4
8	Which one of the following best describes your present marital status? READ OUT 1-6		<u>SR</u> NEVER MARRIED 1 DEFACTO OR LIVE TOGETHER..... 2 MARRIED 3 SEPARATED BUT NOT DIVORCED..... 4 DIVORCED 5 WIDOWED 6 REFUSED 7
9	Could I please have the occupation of the main income earner of your household? IF NECESSARY Could I also have the position or job title of the main income earner of your household?		
10	Is your household's combined annual income from all sources, before tax... READ OUT A-D. Would that be...? READ OUT 02-04 IF 30 TO 59, 06-08 IF 60 TO 89 OR 10-11 IF 90 THOUSAND OR MORE		A) <u>UNDER 30 THOUSAND DOLLARS</u> 01 B) <u>30 TO 59</u> \$30,000-\$39,999 02 \$40,000-\$49,999 03 OR, \$50,000-\$59,999..... 04 REFUSED / DON'T KNOW 05 C) <u>60 TO 89</u> \$60,000-\$69,999 06 \$70,000-\$79,999 07 OR, \$80,000-\$89,999..... 08 REFUSED / DON'T KNOW 09 D) <u>OR, 90 THOUSAND OR MORE</u> \$90,000-\$99,999 10 OR, \$100,000 OR MORE..... 11 REFUSED / DON'T KNOW 12 REFUSED 13 DON'T KNOW 14
	INTERVIEWER INFORMATION	UNDER \$30,000 PA IS UNDER \$577 PER WEEK \$30,000-\$39,999 PA IS \$577-\$769 PER WEEK \$40,000-\$49,999 PA IS \$770-\$962 PER WEEK \$50,000-\$59,999 PA IS \$963-\$1,154 PER WEEK \$60,000-\$69,999 PA IS \$1,155-\$1,346 PER WEEK \$70,000-\$79,999 PA IS \$1,347-\$1,538 PER WEEK \$80,000-\$89,999 PA IS \$1,539-\$1,731 PER WEEK \$90,000-\$99,999 PA IS \$1,732-\$1,923 PER WEEK OVER \$100,000 PA IS OVER \$1,923 PER WEEK	



NEWSPOLL TERMS AND CONDITIONS

A) Professional behaviour and Privacy

NEWSPOLL is a member of the Association of Market and Social Research Organisations and is AS4752 quality accredited. Newspoll adheres to the Code of Professional Behaviour of the Australian Market and Social Research Society and the Market and Social Research Privacy Principles. The Code of Professional Behaviour includes the following key requirements:

1. Confidentiality

Clients' identities will not be revealed to respondents nor to any third party without the client's consent or unless Newspoll becomes legally obliged to do so. Respondents' identities will not be revealed to clients without the respondent's consent and only in cases where the information is to be used for research purposes and the intended use has been explained to respondents.

2. Ownership of information

Results to a research study commissioned by a client become the property of the client. Results to syndicated studies remain the property of NEWSPOLL.

All research proposals, research designs, questionnaires and processing techniques, including systems of weighting, remain the property of NEWSPOLL. All computer table reports provided by NEWSPOLL identify the variables used in the weighting process. Further details, if required, are available at an additional cost. Photocopies of individual questionnaires or a copy of the database, **excluding** respondents' identities, may be made available to a client at the client's expense.

Unless specified otherwise, any hard copy or electronic material provided by a client for the conduct of a project will be retained by Newspoll and stored in a secure location.

3. Publication of results

Clients choosing to release the findings of a NEWSPOLL survey must ensure that the results are represented in an objective and non-misleading fashion.

NEWSPOLL advises that all questions must be objective and not intentionally misleading or attempting to elicit a desired response. NEWSPOLL must be consulted and agree in advance on the form and content of any intended release. NEWSPOLL must be provided with a copy of the proposed release and given 48 hours for its review. Up to two executive hours will be made available for this review process. Additional reviewing time, if required, will be charged at an hourly rate. NEWSPOLL is obliged to take action to correct any misleading statements about the research or its findings. **The NEWSPOLL name may be used only in cases where these conditions have been satisfied.**

B) Conditions of agreement between NEWSPOLL and clients

1. Reporting

Standard reporting format is a computer table report consisting of analysis of each client question by up to two standard panels of demographic discriminators. Reports are available either in electronic (PDF) format, or hard copy (A4 sized, two copies). Extra or non-standard analysis and optional reporting formats are available at additional cost and may require longer reporting time.

2. Conduct of fieldwork

From time to time Newspoll employs the services of associated companies to assist with fieldwork related services. Newspoll reserves the right to do so when required.

3. Costs and confirmation of costs

Costs for a study can be confirmed only after agreement on questionnaire outline or on sighting a draft client questionnaire. Changes to agreed research specifications and/or questionnaire will result in a cost revision. Unless otherwise specified, all quoted costs refer to Australian dollars and reflect current year's rates, effective for the January - December period. Costs are quoted exclusive of GST. For Australian clients, GST will be shown separately on a tax invoice and must be paid for by the client.

4. Omnibus bookings, approvals and late changes

Space on NEWSPOLL's omnibuses is strictly limited to ensure high quality response. Early bookings, at least a week prior to fieldwork, are recommended and clients are advised to finalise and approve questionnaires as early as possible. Final approval of a questionnaire refers to approval, after all agreed changes, to a questionnaire developed or formatted by Newspoll and submitted to a client for review.

Questionnaires approved, or bookings made, after the following deadlines are subject to late surcharges as shown:

	Final Questionnaire Approval Deadline	Late approvals or changes	
Telephone Omnibus			
Fri - Sun	Thurs 11:00am	After 11:00am After 4:00pm	15% of study cost, min \$425 plus GST 20% of study cost plus one question unit cost per page
Mon - Wed or Mon - Thurs	Thurs 5:00pm	After 5:00pm After 1:00pm Fri	15% of study cost, min \$425 plus GST 20% of study cost plus one question unit cost per page
Tues - Thurs	Mon 11:00am	After 11:00am After 4:00pm	15% of study cost, min \$425 plus GST 20% of study cost plus one question unit cost per page
Online Omnibus			
Thurs-Sun	Tues 4:00pm	Questionnaires must be finalised and approved by specified deadline, otherwise they cannot be included in the Online Omnibus and cancellation charges (below) apply. Late provision or changes to visuals may be accommodated up to 1:00pm Wed, subject to late charge of \$600 + GST per visual.	

5. Cancellation or postponement charges

NEWSPOLL reserves the right to charge up to full quoted study cost where a confirmed booking is made and the study is subsequently cancelled or postponed within three working days prior to the commencement of fieldwork or after fieldwork has begun. Studies cancelled or postponed earlier than this are subject to a minimum 10 percent charge if questionnaire development has begun.

6. Invoicing and payment terms

Omnibus studies are invoiced in full at the time of provision of results or for multi-round studies 50 percent will be invoiced at the commencement of the study and 50 percent on provision of results. Custom studies are invoiced 50 percent upon commissioning and 50 percent upon provision of results.

Full payment of invoices is requested within seven days of invoice date. Newspoll reserves the right to impose a late payment surcharge of up to \$1,000 per month for invoices unpaid after 30 days. NEWSPOLL also reserves the right to delay the commencement of any study if there are overdue invoices from previous studies. Repeated late payment of invoices will result in the need for payment in full prior to the commencement of future studies.

