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Attitudes On Euthanasia and Physician-Assisted Suicide Based on Age, Gender, Religion and Level of Education in Muskegon County

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THESIS

For the Degree of:

MASTER OF PHYSICIAN ASSISTANT STUDIES

Attitudes On Euthanasia and Physician-Assisted Suicide
Based on age, gender, religion and level of education in Muskegon County

Submitted By

Gail Merrill

Submitted to the Physician Assistant Program
At Grand Valley State University
Allendale, Michigan
In partial fulfillment of the requirements for the degree of

MASTER OF PHYSICIAN ASSISTANT STUDIES

2001
Attitudes on Euthanasia and Physician-Assisted Suicide
Based on Age, Gender, Religion and Level of Education
In Muskegon County

ABSTRACT

Study Objective: The objective of the study was to determine the attitudes regarding euthanasia and physician-assisted suicide in the Muskegon County area with regard to age, gender, religion and the level of education.

Design: Surveys of Muskegon County residents. This survey was conducted over a 3-month period of time with 225 individual surveys completed.

Setting: The surveying was conducted at various businesses throughout Muskegon County.

Participants: The survey included residents of Muskegon County who were 18 years of age or older. The people who were not residents of Muskegon County or who were under the age of 18 were excluded from the survey. All individuals approached were given the option to participate in the survey. There were 225 participants in the survey.

Interventions: This project consisted of conducting a survey to the people of Muskegon County. Demographic information (age, gender, religion, degree of religiosity and the level of education) was statistically compared to answering the question, "When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient’s life by some painless means if the patient and his/her family request it?"

Results: The data collected looked at the various demographics of age, gender, religion, degree of religiosity and the level of education and compared these with regard to the question relating to attitudes about euthanasia and physician-assisted suicide. The results of the survey were entered into the SPSS program at Grand Valley State University for statistical analysis.

Conclusion: The conclusion of the survey revealed that age, gender, and educational level did not have an impact on the person’s answer as to allowing physician-assisted suicide to terminally ill patients. However, religious preference and degree of religiosity were significant with regard to attitudes on physician-assisted suicide.
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GLOSSARY OF TERMS

Euthanasia: Allowing or assisting a patient/person to end their life in the least painful manner.

Passive euthanasia: Allowing the patient to die a natural death by intentionally disconnecting life support systems, i.e. respiratory equipment, or discontinuing life-sustaining medical procedures.

Active euthanasia: Intentionally ending a dying patient’s life to avoid continued suffering.

Active voluntary euthanasia: Intentionally ending a dying patient’s life based on the patient’s request.

Active involuntary euthanasia: Intentionally ending a dying patient’s life without the consent of that person.

Assisted suicide: Helping a dying patient to end their life by having the means to the end supplied to them.

Physician-assisted suicide: A physician supplying the means for the dying patient to end their life.

Suicide: Intentionally ending one’s own life.

Heroic measures: medical procedures done to a dying patient that will not help as the patient will be dying soon regardless of the measures taken.

Living Will: Advanced directive from a patient in writing to the doctor stating the wishes of the patient not to have life sustaining procedures or life-support equipment supplied in an effort to delay the inevitable death of the patient.

Terminal Illness: A disease/disorder that a person has for which there is no known cure and will ultimately lead to the patient’s death.

Ethics: The moral standards and values of a society.

Hospice: An organization utilized to assist the dying patient and his/her family deal with pain management, control of symptoms of the disease, and end-of-life decisions. This is usually utilized during the last 6-months of the patient’s life.
Right to die: The patient’s personal right to end-of-life decisions.

Persistent vegetative state: A permanently comatose patient with brain damage usually on a life support system.

Coma: A patient who is in an unconscious state who may or may not recover.
CHAPTER 1

INTRODUCTION

Background to Problem

Just the mention of euthanasia congers up many ideas and emotions by the general population, from murder to compassionate assistance in dying. The reason this is a controversial topic is due to the fact that there are situations within the family where people become very sick and are identified by the medical profession as terminally ill. Many of these people have chosen to find a means of ending their lives instead of living in a lot of pain or are physically incapacitated and do not wish to be a burden to others. Because of this thought process, the whole family is usually involved in the decision-making regarding the care of their terminally ill relative.

Due to the variety of factors that influence people’s ideals in our society, euthanasia has become a controversial issue not only locally but nationally as well. Euthanasia is a very complicated topic that entails many different ideals and religious beliefs. This is a situation that could happen to any family, not necessarily to a family with an elderly person involved. Any age level can become a victim of circumstance due to an accident, disease, illness, etc. It becomes especially controversial when there is a child involved or someone who has lost the ability to make their own decisions regarding their lives or condition. Children don’t have the maturity and capability of rationalizing the consequences of the potential actions; therefore the decision-making has to be done by
family members. This decision-making could involve parents, siblings, grandparents, etc. and could potentially divide families due to various beliefs within the family. Some people in the family unit will think that it is best to let someone go and others will want to hang on to the patient for emotional reasons, the possibility of a cure, a miraculous recovery, remission, etc. In any event, whether the patient is young or old, the decision is a difficult one to make.

Problem Statement

Michigan has seen some recent changes in the laws regarding euthanasia, in part due to the activities of Dr. Jack Kevorkian. However, prior to these “activities,” Michigan did not have any clearly defined laws regarding assisted suicide. Governor John Engler signed the Senate Bill 200 which pertained to assisted suicide, thus making it a felony.

“Starting September 1, 1998, Michigan will have in place legislation to stop individuals from assisting others in committing suicide,” said Governor Engler. “It gives prosecutors the tools they need to convict those who assist someone in ending their life. And it will put out of business those who prey on the vulnerable.”

This Bill has put the power for “death with dignity” in the hands of the government. It has taken the power away from the individuals to decide for themselves what their destiny should be. One of the greatest fears of being terminally ill is the fear of losing one’s autonomy and the ability to make decisions for one’s life and/or death.

Michigan has seen its fair share of people euthanized at the hands of Dr. Jack Kevorkian. Many people supported the work of Dr. Kevorkian and yet others were glad to see that in 1999, he was sentenced to 10-25 years imprisonment for 2nd degree murder.
In 1998, Michigan defeated Proposal B, a ballot regarding euthanasia, by 71% to 29%, which would have legalized physician-assisted suicide. It was felt that people were not opposed to the concept of assisted suicide, but were opposed to the law as it was written. "Dr. Jack Kevorkian was opposed to the law; he saw it as excessively restrictive. 'It may have been a different outcome if they had a very open-ended piece of legislation that would be accessible to all suffering patients, not just the terminally ill,' comments Dr. John Finn, executive director of Hospice of Michigan." Another problem with the proposal was that it was presented as being excessively complicated.

Michigan is among many states facing the issue of euthanasia. Presently, Oregon is the only state that has legalized physician-assisted suicide. Three states do not have statutes that criminalize assisted suicide - North Carolina, Utah, and Wyoming.

**Purpose**

Do the people of Muskegon County support or oppose a bill that would legalize euthanasia based on their age, gender, religion and level of education? This proposal plans to conduct a survey to a convenience sample of Muskegon County citizens to determine if they would allow physician-assisted suicide under a certain condition. The survey includes information on gender, age, education level, religion and degree of religiosity which will be used to determine correlations between the question on euthanasia. The question is taken from a survey completed by the National Opinion Research Center 1977-94 General Social Survey of which approval for use has been granted. (Appendix A).
Significance of the Problem

Health care professionals on a daily basis are faced with euthanasia issues. There are many factors that influence peoples’ feelings regarding euthanasia from both the standpoint of the medical profession and from a family’s point of view. These include religious beliefs along with degree of religiosity, age of the person dying and age of the family members who are making the decisions, level of education which may influence their understanding of what euthanasia is, previous experience involving cases of painful dying of a terminally ill patient, and family environment. Euthanasia involves not only a decision by the family but also a decision by the physician who is requested to perform it. The physician will have his/her own personal beliefs regarding euthanasia and the factors listed above would also be included in the physician’s decision making.

Hypothesis

The hypothesis of this proposal is that age, gender, religious preference, degree of religiosity and education level will have an impact on the person’s answer as to allowing physician assisted suicide to a terminally ill patient. The following lists the specific hypotheses:

A. Females will agree to euthanasia more often than males.

B. The older the person is, the more apt to agree to euthanasia.

C. The stronger the person’s religiosity is, the more they are apt to not agree with euthanasia.

D. Religion will have an impact on the way that people answer the question regarding euthanasia.

E. People with the higher education will agree to euthanasia.
CHAPTER 2

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

History of Euthanasia

Euthanasia is not a new issue that is being addressed by our society. Euthanasia has been around since Biblical times, including being one of the Ten Commandments in Exodus 20:13: “You shall not murder.” The Bible forbids unjustified killing, however, this law did not apply to enemies in battle, capital punishment, or other forms of justifiable murder. Is mercy killing a justifiable murder? In Judges 9:50-57, it was written about Abimelech who, in the process of attacking his enemies’ tower, a woman dropped a millstone on his head and cracked his skull. He called to his armor-bearer to have him draw his sword and kill him so they couldn’t say, ‘A woman killed him.’ This would be considered a form of active euthanasia.

In 1 Samuel 31:3-10, Saul was also involved in a battle against his enemies where he was wounded. He also asked his armor-bearer to draw his sword and kill him. This was in an effort to prevent abuse from his enemies once they caught him. Again, this is another form of active euthanasia.

Other historical examples of euthanasia are:
> 399 B.C. Socrates, the Greek philosopher, chose to kill himself by the use of hemlock rather than going into exile.  

> 370 B.C. Hippocrates wrote against the act of euthanasia, "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death."  

> 673 A.C. The Council of Hereford in England stood behind the ecclesiastical taboo on suicide, which was later reaffirmed by King Edgar in 967.  

In as early as the 13th Century, the common law tradition disapproved of both suicide and assisted suicide that was punishable. One of the first legal treatise writers, Henry de Bracton, noted "just as a man may commit felony by slaying another so may he do so by slaying himself." At that time, the person who killed himself would have all of his real and personal possessions forfeited to the king if he performed the act in an effort to avoid conviction or punishment for a crime. Bracton further notes "if a man slays himself in weariness of life or because he is unwilling to endure further bodily pain, ...only his moveable goods were confiscated."

In 1516 A.C. Thomas More wrote the book *Utopia*, in which he defended euthanasia by stating that hospitals' function was to treat and attempt to heal patients. However, the patient should have the option to die if they have an incurable disease either by opium or starvation.

The Court at Common Bench noted in the 16th Century, "suicide is an offense against Nature, against God, and against the King. To destroy one's self is contrary to Nature, and a Thing most horrible."
In 1627 A.C. "Francis Bacon wrote that physicians are 'not only to restore the health, but to mitigate pain and dolours; and not only when such mitigation may conduce to recovery, but when it may serve to make a fair and easy passage.'"\(^6\)

The early American colonies took the common law approach, which was against the act of suicide, and maintained the harsh punishment that was started in the 13\(^{th}\) century. In 1647, the legislators of the Providence Plantation (later to become Rhode Island), declared, "self murder is by all agreed to be the most unnatural, and it is by this present Assembly declared, to be that, wherein he that doth it, kills himself out of a premeditated hatred against his own life..."\(^9\) By the 1700's, the harsh common law penalties were abolished, however, that did not mean that they were accepting of suicide. As Chief Justice Swift noted, "This change reflected the growing consensus that it was unfair to punish the suicide's family for his wrongdoing."\(^10\)

In 1823, assisted suicide was addressed by Chief Justice Swift who stated, "If one counsels another to commit suicide, and the other by reason of the advice kills himself, the advisor is guilty of murder as principal."\(^11\)

Five years later, in 1828, New York set an example to the other States and Territories by enacting the first statute to outlaw assisted suicide.\(^12\)

Other 20\(^{th}\) Century developments regarding euthanasia include:

> 1906 Ohio drafted the first euthanasia bill, however, it was not successful.\(^8\)

> 1935 The world's first formation of a euthanasia society was formed in London, England, known as The Voluntary Euthanasia Society.\(^8\)

> 1938 Rev. Charles Potter of New York founded The Euthanasia Society of America.\(^8\)
> 1957 A Catholic doctrine, distinguishing ordinary from extraordinary means for sustaining life, was issued by Pope Pius XII.8

> 1968 The definition of death included brain death and heart-lung death, was defined by the doctors at Harvard Medical School.8

> 1969 Luis Kutner defined the term “living will” as a means of advanced refusal of medical treatment.21

> 1969 A bill was introduced in the Idaho legislation regarding voluntary euthanasia, however, it failed.8

> 1973 The Patient Bill of Rights was created by the American Hospital Association, which included both the right to refuse any medical treatment and an informed consent.8

> 1973 In the Netherlands, voluntary euthanasia societies were formed.21

> 1974 The Euthanasia Society in New York was renamed the Society for the Right to Die.8

> 1974 In New Haven, CT, the first hospice was started.8

> 1976 California Natural Death Act was passed, which put legal power behind the living wills and protected physicians from being sued if they failed to treat a patient with an incurable illness.8

> 1976 Voluntary Euthanasia societies were formed in Germany and Japan.21

> 1976 Ten more states passed natural death laws.8

> 1976 The first international conference of right-to-die groups met in Tokyo.8,21

> 1979 The Society for the Right-to-Die split from the Concern for Dying organization.8
> 1980 The World Federation of Right-To-Die Societies was formed in Oxford, England.  

> 1980 The Hemlock Society was founded in Santa Monica, California, by Derek Humphry. 

> 1980 Right-to-Die Societies were formed in Germany and Canada. 

> 1980 Pope John Paul II issued *Declaration in Euthanasia*, which opposed mercy killing but allowed for increased use of painkillers and allowed the patient to refuse extraordinary medical means to sustain life. 

> 1984 Voluntary Euthanasia was approved by the Netherlands Supreme Court following clearly defined conditions. 

> 1986 Americans Against Human Suffering was founded in California. This became the catalyst for the 1992 California Death with Dignity Act. 

> 1987 Resolution #3-4-87 was passed by the California State Bar Conference becoming the first public council to approve of physician’s assistance in dying. 

> 1988 The first religious group favored aid in dying for the terminally ill. The Unitarian Universalist Association of Congregations passed a national resolution. 

> 1990 American Medical Association adopted the position that a physician can withhold or withdraw treatment from a patient who is close to death, as long as the patient has signed an informed consent. A physician can also discontinue life support of a patient in a permanent coma. 

> 1990 Dr. Jack Kevorkian assisted in the death of Janet Adkins, a woman with Alzheimer’s disease.
> 1990 Congress passed the Patient Self-Determination Act, which required hospitals receiving federal funds to inform patients that they have a right to demand or refuse treatment.\(^8\)

> 1991 75% of Americans approved of living wills per the Nationwide Gallop poll.\(^8\)

> 1991 Concern for Dying and Society for the Right to Die merged to form the Choice in Dying organization.\(^8\)

> 1991 Ballot Initiative 119 was rejected in Washington State by a 54–46 vote. This would have legalized physician-aided suicide and aid in dying.\(^8\)

> 1993 Oregon Right to Die was founded. This was the agency that wrote and assisted in the passage of the Oregon Death with Dignity Act.\(^8\)

> 1994 The Death with Dignity Education Center was founded in California. This is a national nonprofit organization that supports a humane responsive system for terminally ill patients.\(^8\)

> 1994 Physician assisted suicide (PAS) was approved by the California Bar.\(^8\)

> 1994 All states recognize some form of advanced directives.\(^8\)

> 1994 Oregon passed the Death with Dignity Act that allowed doctors to prescribe lethal drugs. That year, an injunction was issued by U.S. District Court Judge Hogan that prevented the law from taking effect.\(^8\)

> 1996 The Northern Territory of Australia passed a law allowing voluntary euthanasia. However, the following year, the law was overturned.\(^8,21\)

> 1996 Dr. Kevorkian was acquitted of violating a Michigan state law banning assisted suicide.\(^8\)
> 1997 The polls showed that 82% of British people wanted reforms on assisted suicide laws.8

> 1997 Oregon’s Death with Dignity Act, 1994, took effect on October 27th.8

> 1997 Laws against physician-assisted suicide were ruled not unconstitutional by the Supreme Court of America.21

> 1998 Michigan had a ballot, Measure B, which would legalize physician-assisted suicide. This was defeated by 69%-31% vote.8

> 1998 Dr. Jack Kevorkian was sentenced to 10-25 years in prison for the conviction of 2nd degree murder of Thomas Youk after showing a video of the procedure on national television.8

**Surveys on Euthanasia**

Euthanasia is a very controversial issue and there are a wide variety of opinions on the topic. Many surveys have been completed to not only physicians, but to the general public and people who were in a position to possibly request euthanasia, i.e. oncology patients and those with the diagnosis of an incurable disease.

In 1991, a survey of 1,391 physicians was completed in Alberta, Canada, which measured “physician’s opinion on (a) the morality of active euthanasia, (b) changes in the law to permit active euthanasia, and (c) the practice of legalized euthanasia.” A 3-year follow-up survey was completed to compare the differences in opinions of the two years, using the same sample of physicians with 1,291 physicians responding. The repeated survey found that the opinions changed significantly from 1991 to 1994 showing that there was a decrease in support for the legalization and practice of active euthanasia.
However, the physicians did feel that if active euthanasia were to be legalized, the procedure should be performed exclusively by someone in the medical profession.  

3,299 U.S. oncologists were surveyed in regard to their attitudes and practices of euthanasia and PAS. The survey showed that “22.5% supported the use of PAS for a terminally ill patient with unremitting pain and 6.5% supported euthanasia.” The survey also noted that 3.7% of the doctors had performed euthanasia and 10.8% had performed PAS. However, the physicians that did perform euthanasia were unable to obtain all of the care that their patients needed. The opinion of the authors was that if the patients are able to obtain palliative care and if physicians could receive more training in end-of-life care, the requests for euthanasia would decrease.

A survey was completed in Washington state inquiring how often physicians receive requests for euthanasia and PAS. Of the responding 828 physicians, 12% received requests for PAS and 4% received requests for euthanasia. The survey concluded that requests made to physicians for euthanasia or PAS were not rare.

An initial survey was completed with a 6 to 12 month follow-up survey with regard to the attitudes of the ethics of PAS and euthanasia and the stability of their answers from one study to the next. The survey included 111 oncology patients, 324 oncologists, and 158 members of the general public. The study found that physicians were more apt to change their opinion toward opposing euthanasia and PAS in comparison to the oncology patients and the general public. Up to 1/3 of the participants changed their responses from the previous study, usually toward opposition. “Characteristics previously associated with attitudes regarding euthanasia and PAS, such as Roman Catholic religion, were not predictive of stability” in their answers.
A study was completed comparing 152 physicians in the United States (Oregon) and 67 physicians from the Netherlands with regard to their attitudes toward increasing the use of morphine with the consequence of premature death, PAS, and euthanasia. The study also looked at their involvement in euthanasia, PAS, and practices regarding end-of-life decisions. American physicians were involved less often in these types of cases than the Dutch. However, they did find that the American physicians were more accepting to increased morphine use and PAS when they knew that their patients were concerned about becoming a burden to their family. 17

A survey of 70 patients (32 men and 38 women) was completed regarding the attitudes of terminally ill patients toward legalization of euthanasia and PAS. 75% of the participants felt that euthanasia or PAS should be legalized. Those that did respond in this manner put their reasons as pain and a patient’s right to make their own choices. Religious beliefs and moral objections were noted as reasons to object to legalization. Many patients who are in the advanced stages of cancer are in favor of legalization of euthanasia and PAS and would probably request it if pain or physical symptoms became intolerable for them. 18

The General Social Survey is a survey of U.S. households with respondents numbering up to 35,000. Their survey responses from 1991-1994 showed that over 85% of people with no religious affiliation were in agreement with euthanasia, with over 65% of Catholics in agreement. It was also noted in 1993-1994 survey that over 75% of people age 18-29 agreed with euthanasia and just over 30% of people 80+ years of age were in agreement. Those who were strongly religious did not agree with euthanasia as much as those who were not very religious. It was also found that people with increased
levels of education were more apt to agree with euthanasia (over 90% with 4+ years of college) than those with only 0-11 years of schooling (approximately 80%). As the level of education increased, the level of agreement also increased.\textsuperscript{22}

There are many reasons why people make these requests to their physicians; the predominant reasons being the fear of future disability thus having to depend on others for their daily care, loss of control of bodily functions (68% surveyed) and loss of autonomy (63%).\textsuperscript{19} Most patients want to assert their own autonomy when it comes to death. They want to maintain the control and at the same time maintain their own dignity. Dr. Rob Jonquiere, director of the Dutch Voluntary Euthanasia Society, states, "Many people ask for euthanasia because they are afraid. They want to be the master of the final moment." Once a physician has agreed to assist the patient, Dr. Jonquiere notes, "fear fades away. You see people accepting the situation. Instead of having to euthanize the patient, the patient dies naturally." He continues, "The choice is not between life and death, but rather, 'How am I going to die?'"\textsuperscript{20}
CHAPTER 3

METHODOLOGY

Study Design
This project consisted of conducting a survey to the residents of Muskegon County. The demographic information included gender, age, religion, degree of religiosity, and level of education. The major question of euthanasia was asked, “When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient’s life by some painless means if the patient and his/her family request it?” (Appendix B). This survey was conducted over a 3 month period of time with 225 individuals surveyed.

Study Sites
The following locations gave permission for distribution of the questionnaire:
WestShore Chiropractic Center, 3365 McCracken St., Muskegon, MI.
Lakeshore School of Fine Arts, 1202 Shettler Rd., Muskegon, MI
Subway Stores of Muskegon, MI (4 locations)
   2977 Henry St., Roosevelt Park, MI
   420 Whitehall Rd., North Muskegon, MI
   1845 Lakeshore Dr., Muskegon, MI
   6370 Airline Rd., Fruitport, MI
The Subjects and Samplings

Inclusions
The survey included residents of Muskegon County who are over the age of 18. All individuals approached were given the option to participate in the survey.

Exclusions
People who are not residents of Muskegon County or who are under the age of 18 were excluded from the survey.

Equipment and Instruments
The project required the use of survey questionnaires, computer bubble sheets for the information to be recorded, a #2 pencil, and a clipboard. The SPSS computer program at Grand Valley State University was used to perform the statistical functions of this survey. The survey questions were taken from the General Social Survey. (See Appendix A for approval of use of the questions.)

Procedure
The data was collected by Gail Merrill, a Grand Valley State University Physician Assistant Student. The identity of the participants was not obtained, therefore confidentiality was maintained. Signed permission was given from the various sites to survey the customers of the facilities. (Appendix C).

Following is the dialogue that was utilized prior to submitting the surveys:
"Hello. My name is Gail Merrill and I am working on my Master's Thesis through Grand Valley State University's Physician Assistant Program. To complete the research
for this project, I am conducting a survey. Are you a resident of Muskegon County and over the age of 18?” If the answer is yes, then they were asked, “Would you be willing to participate in the survey?” If they are not a resident or under age 18, they were thanked for their time.

The agreeing participants were issued a questionnaire, a clipboard, a #2 pencil and a computer bubble sheet to record their answers. After the questionnaires were completed, they were collected and the participants were thanked for their time.

The information was entered into the SPSS program at GVSU for statistical analysis.

**Limitations**

Because this was a convenience sample, there were limitations as to the range of persons being surveyed. The survey was limited to residents who visit the various sites where the surveys were conducted. The participants at the Subway Restaurants were probably employed and were able to afford take-out food. In addition, they were also from the surrounding areas. The participants from WestShore Chiropractic Center came to the Center for treatment, therefore they may have been influenced by their illness or the pain that they were experiencing prior to treatment. Lakeshore School of Fine Arts targets people who are able to afford art classes. The participants from the Muskegon Mall were shoppers. Besides the limitations noted above, there were individual limitations and factors to every person who participated in the survey.
CHAPTER 4

RESULTS/DATA ANALYSIS

The survey was completed by 225 adults (age 18 and older) in Muskegon County. (See Appendix B). The test completed on the survey results was a Chi-square test of independence. This test looks at the relationship between two categorical variables. This test has two conditions, those being: 1) all expected counts must be over one, and 2) no more than 20% of the expected counts can be less than 5. The variables in the survey included gender, age, religion, degree of religiosity, level of education, and the question regarding physician assisted suicide. Some of the categories had to be combined within another category due to the decreased count within that category, following the requirements mentioned above for the Chi-square test. This included having to combine an age bracket of 82-above (1 respondent) with the age bracket of 66-81. One other category within a variable had to be combined. The religion of Jewish (1 respondent) was combined with the "other" category. The "other" category was not limited to Jewish, but may have included Buddhist, Hindu, or any other religion not included in the Protestant, Catholic, or no affiliation. The survey did not ask to specify what the persons "other" religion may be.

The Chi-test of independence was run against the different variables and the question, "When a person has a disease that cannot be cured, do you think doctors should
be allowed by law to end the patient’s life by some painless means if the patient and his/her family request it?" The results of the survey were entered into the Grand Valley University’s SPSS statistical program and the results obtained.

There were 109 (48%) females responding to the survey and 116 males responding to the survey. A majority of the respondents were either in the age bracket 18-33 (32% or 73 respondents) or age 34-49 (39% or 88 respondents). There were four categories under the question of level of education; 0-11 years, high school graduate, some college and 4+ college. A majority of the respondents fell within the “some college” (96 respondents) and 4+ college (80 respondents).

It was noted that there was not a significant relationship between gender (p=.580) and the way the question regarding euthanasia was answered. There was also no significant relationship between age (p=.343), or education (p=.172) and the response to the question. There was, however, a significant relationship between the response to the question and religion (p=.019) (Appendix D) and the degree of religiosity (p=.000) (Appendix E). 223 responses for religious affiliation were received with 12.6% having no affiliation, 43.5% Protestant, 28.3% Catholic, and 15.6% other. Of those responding with no affiliation, 89.3% either strongly agreed or agreed and not one person who strongly disagreed to euthanasia. The Protestants responded with 57.8% either strongly agreeing or agreeing to euthanasia while the Catholics responded with 57.1% strongly agreeing and agreeing. The “other” category showed 71.4% strongly agreeing or agreeing. As the highest percentage was for those with no religious affiliation, this shows that religion does have an effect on how a person views physician assisted suicide. (See Figure 1).
When the degree of religiosity was compared, 32.2% were strongly religious, 47.3% were somewhat religious, and 20.5% were not very religious. Of the strongly religious, 45.8% strongly agreed or agreed to euthanasia. Of the somewhat religious, 66.1% strongly agreed or agreed. The most dramatic was the “not very religious” category with 84.8% strongly agreeing or agreeing. (Figure 2). This shows that the stronger the degree of religiosity, the more likely the person is to disagree with physician assisted suicide.
The purpose of the study was to determine if the residents of Muskegon County agree or oppose physician assisted suicide based on their age, gender, religion, degree of religiosity and level of education. The study was a convenience sample, which surveyed 224 Muskegon County residents age 18 or older.

The hypotheses stated: 1) females would agree to euthanasia more often than males; 2) the older the person is, the more apt they are to agree to euthanasia; 3) the stronger the person’s religiosity is, the more apt they are to disagree with physician assisted suicide; 4) religion will have an impact on the way that people answer the question regarding euthanasia; and 5) people with higher education will agree more to euthanasia.

The survey showed that there was no significant relationship regarding gender, age, or education. This was an unexpected finding based on the hypotheses. This was contrary to the survey completed by the General Social Survey with regard to age and education. That survey showed that older people were less likely to agree with euthanasia than the younger 18-29 year age group. They also found that people with increased educational levels agreed with euthanasia more than those with less education. Some religions did disagree with euthanasia more than others. Those with no religious affiliation had the highest percentage that agreed or strongly agreed with physician assisted suicide.
assisted suicide. It was noted there was a significant relationship with regard to stronger religiosity and disagreeing or strongly disagreeing to physician assisted suicide. The survey showed that the stronger the degree of religiosity, the less likely they will agree with physician assisted suicide. This was an anticipated finding based on the hypothesis.

The limitations of this survey included the fact that it was a convenience sample and did not reflect a random sample of Muskegon County residents. It was limited to the people who visited the various testing sites that completed the survey. Therefore, it was a homogeneous group with little differences in people represented. The participants who visited the WestShore Chiropractic Center may have been influenced by the degree of pain that they were experiencing at the time. If they had a higher degree of pain, they may have been swayed one way or another based on the degree of pain and their intolerance to pain. The survey was also completed at Lakeshore School of Fine Arts and was limited to participants that could afford to attend that particular school. The participants from Subway Restaurants were more likely to represent the working class, as they would be coming there to eat lunch out and were probably not the stay-at-home population. The people who may not have been included in the survey could have been the lower income population. This could be due to the inability to have health insurance for chiropractic visits or the money to pay outright for a doctor's visit. The same holds true regarding Lakeshore School of Fine Arts or the people dining at the Subway Restaurants with an inability to afford these "luxuries." Besides the limitations noted above, there were individual limitations and factors that were subjective to the participants in the survey. These could include, but are not limited to, personal experiences of seeing a loved one having to die a painful death, working for a Hospice,
working with people who are elderly and/or in a nursing home who may or may not be
suffering, or personal episodes of depression and/or pain and having personal suicidal
ideations. These personal experiences may sway their answer to euthanasia one way or
another.

Other suggestions for further research on this topic may be to run this survey in a
different area of the state, i.e. a more liberal vs. more conservative area or one county
versus another county. Then you could compare the different survey results to see if
there is a significant relationship within the different variables.

People in the health care profession will be faced with this dilemma many times
in their career. Each person will have their own feelings and ideas on the subject of
physician assisted suicide. This is an issue that is facing our society today, especially
with physicians such as Dr. Kevorkian, who pushed the limits of the law to the point
where he is incarcerated for his actions. He acted in a manner that he felt was appropriate
to our society, however, our society has not condoned his actions nor has it embraced
physician assisted suicide as viable option. Our society struggles with the moral and
legal issues of physician-assisted suicide. With our society's average age increasing
daily, more people will be faced with this issue not only for themselves, but for their
loved ones. This may increasingly become more of an issue between the doctor, the
patient and the patient's family.

Physician assistants will also be struggling with the moral and legal issues. There
may come a time when each Physician Assistant will be faced with that personal
decision, knowing full well that each person needs to be treated on an individual basis.
Their own personal beliefs will become a factor in the picture of how they will respond to
any requests. For now, society has set the laws regarding physician assisted suicide, however, there may come a time when we will be the truly "free" country that we are and will allow the people to make their own choices in their lives and their deaths. At that point, physicians and physician assistants will have to address their own personal belief system and deal with the choices that they and their patients make.

Based on the survey completed, a majority of the people surveyed either agreed or strongly agreed (64%) with physician assisted suicide compared to those who disagreed or strongly disagreed (36%). As our laws are based on a majority vote, there is a possibility that physician assisted suicide may become an option in the future. Our health care providers will need to be prepared for that possibility and will have to assess their own beliefs at that point.


3 New International Version of the Bible.

4 Williams, G., The Sanctity of Life and the Criminal Law 257 (1957).


19 Balch, B.J., Fear of disability and “being a burden” motivates suicides, new Oregon study shows. National Right to Life Committee’s Department of Medical Ethics, February 23, 2000.


APPENDIX A
Gail Merrill

From: <tani-emest@norcmail.uchicago.edu>
To: <gmpa2b@earthlink.net>
Sent: Wednesday, October 04, 2000 2:36 PM
Attach: RFC822.TXT
Subject: survey question use

Dear Ms. Merrill,

Thank you for contacting the NORC Library.

NORC's General Social Survey is in the public domain. Therefore, please feel free to use the question (cf. http://www.icpsr.umich.edu/GSS99/codebook/lctdie1.htm). We ask only that you credit its source.

Sincerely,

Ernie Tani
NORC Library
tani-emest@norcmail.uchicago.edu

________________________________________
Forward Header

Subject: survey question use
Author: "Gail Merrill" <gmpa2b@earthlink.net> at INTERNET
Date: 9/26/2000 1:33 PM

I am a Physician Assistant student at Grand Valley State University, Allendale, I am interested in using one of your questions for my master's thesis and would like your permission to use this question.

"When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it?"

I would like to use this question along with age, religious faith and degree of religiosity, education and political views as the basis for my master's thesis. I could like to obtain these views from people in Muskegon County, Michigan.

Please let me know what I would need to do to be able to utilize this question. I appreciate any assistance that you can give me.

Sincerely,

Gail Merrill, PA-S
Directions: Please fill in the circle on the bubble sheet that corresponds to your answers to the questions.

1. Your gender:
   A. Male
   B. Female

2. Your age:
   A. 18-33
   B. 34-49
   C. 50-65
   D. 66-81
   E. 81-above

3. Your religion
   A. No Affiliation
   B. Protestant
   C. Catholic
   D. Jewish
   E. Other

4. Degree of Religiosity
   A. Strongly religious
   B.Somewhat religious
   C. Not very religious

5. Your Level of Education:
   A. 0-11 years
   B. High School Graduate
   C. Some College
   D. 4+ College

6. When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient’s life by some painless means if the patient and his/her family request it?
   A. Strongly Agree
   B. Agree
   C. No opinion
   D. Disagree
   E. Strongly Disagree

Thank you for your time in completing this questionnaire.
LETTER OF PERMISSION

I, Gregory Ling, D.C., give Gail Merrill permission to conduct her survey for her Masters Thesis at WestShore Chiropractic Center, Muskegon, Michigan.

Name and Title

Date 11/14/2000
LETTER OF PERMISSION

I, Paula Bringedahl, owner, give Gail Merrill permission to conduct her survey for her Masters Thesis at Lakeshore School of Fine Arts, Muskegon, Michigan.

Name and Title

Date 11-25-00
LETTER OF PERMISSION

I, Pete Gawkowski (owner), give Gail Merrill permission to conduct her
survey for her Masters Thesis at Subway Stores of Muskegon, Michigan.

[Redacted]

Name and Title

Date

11/16/00
LETTER OF PERMISSION

I, [Name Redacted], give Gail Merrill permission to conduct her
survey for her Masters Thesis at Muskegon Mall, Muskegon, Michigan.

[Signature]
Name and Title

11/25/00
Date

*Note: Due to the "Rules of Conduct" for Muskegon Mall Ms. Merrill will
not be allowed to approach customers. Customers must walk up to Ms. Merrill.*
### Religion * PAS Crosstabulation

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