

WORLD & NATION

Survey shows little support for suicide

CHICAGO (CNS) — When given all the facts about physician-assisted suicide and such alternatives as hospice care and natural death, Americans by a 5-to-1 margin said they would choose the alternatives if terminally ill, according to a new American Medical Association survey.

Titled "End-of-Life Care Survey," the report was released in Chicago Jan. 6, just two days before the U.S. Supreme Court was to hear oral arguments in two widely publicized physician-assisted suicide cases.

One of those cases involves Dr. Timothy Quill of Rochester, the lead plaintiff in *Vacco vs. Quill*. Quill challenged New York's law banning physician-assisted suicide.

"This survey reinforces our belief that, once informed of their available options and rights at the end of life, most patients would opt for comfort care and natural death," said Dr. Nancy W. Dickey, chairwoman of the AMA board, in releasing the study.

"The notion that a terminal or advanced chronic illness is a sentence to a horrible, painful death is simply not true," noted Dickey, who said the survey highlighted a critical need for public ed-

ucation on the issue.

"Through hospice care, providing adequate pain medication and encouraging advance care planning to clarify patients' wishes for end-of-life care, physicians can offer patients a dignified death with quality, autonomy and value," she added.

The telephone survey was conducted for the AMA by the Global Strategy Group of New York, which used a random digit-dial method to interview 1,000 adults nationwide Dec. 9-11. The survey has a sampling error of plus or minus 3.1 percent.

Before asking certain questions, interviewers read explanations of the terms physician-assisted suicide, euthanasia and hospice care.

The survey showed, generally, that 52 percent of Americans approve — and 35 percent disapprove — of "intentionally ending a patient's life in cases of unremitting suffering or expected suffering from a terminal illness." The other 13 percent remain undecided.

In this response, there were differences by gender and age. More men — 56 percent of them compared to 48 percent of women — said they approve of physician-assisted suicide, while 47 percent of those

older than 55 said they disapprove.

However, general support for physician-assisted suicide weakened significantly when respondents were given more information about other end-of-life options and about how euthanasia, including euthanasia not requested, and physician-assisted suicide are practiced in the Netherlands.

For example, after hearing a description of hospice or palliative care, only 13 percent of respondents said they would opt for physician-assisted suicide if terminally ill. Forty percent said they would choose hospice or palliative care and 33 percent would opt for natural death without medical assistance, providing the 5-to-1 margin.

Also, only 13 percent of those surveyed actually knew how physician-assisted suicide currently is practiced in the Netherlands: that it is illegal but not prosecuted if done according to certain standards. The rest either did not know Dutch law or were mistaken about it.

In the Netherlands, assisted suicide and euthanasia are criminal offenses, but a law allows doctors to carry out those activities if they meet criteria established by the government.

When respondents were questioned about a policy — based on Dutch data — "that resulted in physicians openly performing assisted suicide or euthanasia to about 2 percent of all people who die and if around 1 percent of people who die were given euthanasia they did not request," 64 percent said they disapproved of such a policy, while 24 percent approved and 12 percent did not know or did not answer.

Regarding terminology, 83 percent of respondents reported familiarity with the terms physician-assisted suicide and euthanasia, while only 65 percent said they are familiar with the terms hospice or palliative care.

When asked about existing rights, 84 percent of those surveyed said they know U.S. patients can refuse any medical treatment, even treatment to keep them alive. But 43 percent did not know it is legally and medically possible in the United States to give patients medicine to control pain that might unintentionally contribute to their deaths.

In evaluating the data, Global Strategy's Jeffrey Pollock said, "The average American wants to see the laws we already have for respecting a patient's right to refuse treatment and obtain comfort care used more effectively."

The AMA, a voluntary organization for physicians, is in the midst of an educational campaign for its members, other health care professionals and patients concerning end-of-life care options.



CNS/Reuters

Floods ravage West

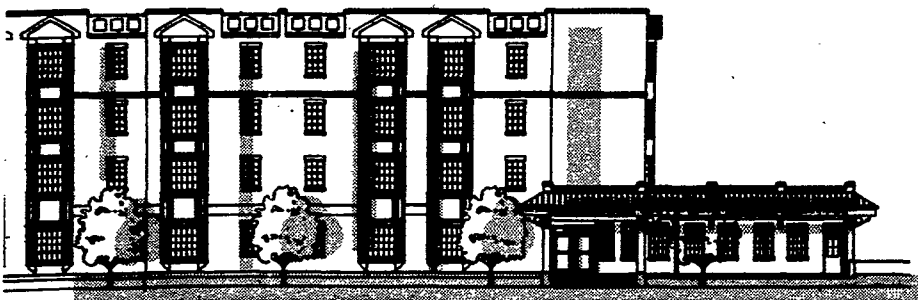
A small farm is surrounded by flood waters south of Sacramento in Franklin, Calif., Jan. 3. Catholic Charities and other agencies are accepting donations to aid families in need as a result of recent storms and flooding in northern California and western Washington.

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Theologian decries haste

According to Thomas A. Shannon, the multitude of questions raised by the issue of physician-assisted suicide should include why the focus on physician-assisted suicide — rather than on how the dying are being cared for — and, "Why are we acting so quickly?"

"It seems that what we are doing is falling into the very traditional American practice of acting first and thinking later — or never," declared Shannon, an author and professor of religion and social ethics at Worcester Polytechnic Institute.

Shannon spoke at St. Mary's Church Downtown Community Forum in Rochester Dec. 4, after speaking at a diocesan seminar at St. Bernard's Institute.

The talks by Shannon were part of an ongoing diocesan focus on end-of-life issues. This month, many parishes will make health-care proxies available to parishioners, and will focus on the issue in homilies Jan. 19.

The more discussion over such issues, the better, Shannon noted during his talk at St. Mary's. Years of debate over the right to die that the Karen Ann Quinlan and Nancy Cruzan cases inspired "actually served the country well... and actually developed some consensus," he said.

If a Supreme Court decision comes without adequate public debate, it will only further divide people, he said, as happened after *Roe vs. Wade* and the legalization of abortion.

Shannon suggested that the physician-assisted suicide "movement may be a cry for help." Surveys show that physicians are continuing unwanted interventions in their patients' lives, he said, noting, "Physicians are either not listening or overtreating."

He cited a study published in 1993 reporting that half of attending physicians and nurses and 70 percent of resident physicians acted against their own convictions in ignoring requests from terminally ill patients to withhold life support.

Shannon also criticized the debate over physician-assisted suicide as being dominated by experts. The experts, he said, have "something to gain" by structuring the debate. He later noted that Dr. Timothy Quill of Rochester, who is the lead plaintiff in the suit before the Supreme Court regarding physician-assisted suicide, is an author, as is Dr. Jack Kevoorkian.

"They have a real vested interest in this now," he said. "Maybe somebody not as committed should be in the debate, too."

Kids' Answers

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