Most Michigan physicians and members of the general public reject a ban on physician-assisted suicide, U-M study shows.

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ANN ARBOR--- Most Michigan physicians and members of the general public reject a ban on physician-assisted suicide, according to early results from a University of Michigan survey.

Instead, two-thirds of the general public and more than half the physicians in Michigan would definitely or probably favor a plan to legalize physician-assisted suicide for terminally ill patients who are suffering unacceptable pain. (See attached chart.)

The survey results are reported in a letter in the Sept. 22 issue of the New England Journal of Medicine. Authors are Jerald G. Bachman, David J. Doukas, Richard L. Lichtenstein and Kirsten H. Alcser, all of the U-M Institute for Social Research (ISR).

The survey of a representative sample of 336 Michigan physicians and 341 members of the general public has a margin of error of 5 percent. It is part of a larger study of more than a 1,000 physicians and 2,000 other adults.

"The debate about whether physicians should ever be allowed to help patients end their lives is a topic of great interest throughout the United States," notes Bachman, a research scientist at ISR. "But the actions of Dr. Jack Kevorkian have made the issue of special importance in Michigan. While the Michigan legislature banned assisted suicide, effective in February 1993, that ban has been challenged in court and further legislative action is likely. One of the main purposes of this study is to..."
Suicide

provide useful information to the state legislature about
the views of the general public and Michigan physicians.

"By using a mail survey that contains a broad range of
information on the issue, rather than conducting a telephone
poll, we were able to give survey respondents a chance to
think about the issues, even discuss them with others,
rather than force them to give instant opinions about very
complicated questions with little background information or
time for reflection."

Although mail surveys are often plagued with poor
response rates, 70 percent of the physician sample and
nearly 80 percent of those in the general public sample
returned completed questionnaires in the spring of 1994.
"Such response rates to mail surveys are extraordinary,"
says Alcser, a senior research associate at ISR. "They
clearly indicate the importance of this topic."

After describing various arguments on several sides of
the highly charged issue and presenting various options
available to terminally ill patients, including the right to
refuse treatment, the right to pain medication and hospice
care, the questionnaires described what was called "Plan A"
to allow physician-assisted suicide for terminally ill
patients suffering unacceptable pain.

Similar to initiatives recently defeated by Washington
and California voters, Plan A included a number of required
safeguards, including second opinions, exploration of pain
management alternatives and two witnessed requests by the
patient separated by a seven-day waiting period.

Legalizing physician-assisted suicide or banning it are
not the only options possible. Another question, asked of
physicians only, offered a wider range of choices. Here,
only 17 percent of physicians said they would ban physician-
assisted suicide, whereas 41 percent said they would favor a
law like Plan A. But 37 percent favored "no law,"
preferring to leave the decision to end a life either to the
doctor-patient relationship or to the medical profession.
(See attached chart.)

"Physicians seem to be concerned about legislative
action and its inherent intrusiveness into the medical
profession," says Doukas, assistant professor in the U-M

(more)
Medical School's Department of Family Practice and associate director of clinical bioethics of the Program in Society and Medicine.

"These concerns may reflect how physicians value their freedom to practice and resist the notion of regulation from outside the medical profession," he adds.

"The early survey results suggest that opinion in Michigan remains divided, although a substantial majority is clearly opposed to a total ban on assisted suicide," notes Lichtenstein, an associate professor at the U-M School of Public Health.

"The findings suggest that perhaps the legislature should consider an approach that permits a limited number of physician-assisted suicides under carefully controlled and monitored conditions, rather than outlawing it completely."

"These survey results should be very useful for future legislation or state policy," says Howard Brody, director of Michigan State University's Center for Ethics and Humanities in the Life Sciences and past chair of the Michigan Commission on Death and Dying. "Unlike many opinion polls, this survey studies not only what people are thinking about the subject today, but why they think what they think. Bachman's group remained in close contact with our Commission while it was meeting, to be sure the questions asked would be as helpful as possible to those who may later have to write a new law." Brody served as consultant to the U-M survey project.

The research is funded by a grant from the Michigan Health Care Education and Research Foundation, the philanthropic affiliate of Blue Cross and Blue Shield of Michigan.

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(ISR;SPH;Med;JBachman;RLichtenstein;DDoukas;KAlcser)(R1-3; D1-2;ISRA,B;X1,2A)(TC/1-8)[suicide]
What Michigan Physicians and General Public Think
About Physician-assisted Suicide*

Suppose that the Michigan Legislature were deciding between just two choices:
(a) keeping all physician-assisted suicide illegal, or
(b) enacting Plan A for physician-assisted suicide.

Which do you think would be the better choice for the Legislature?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Physicians</th>
<th>General Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) It should definitely keep all physician-assisted suicide illegal</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>(2) It should probably keep all physician-assisted suicide illegal</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>(3) Uncertain, can’t say</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(4) It should probably enact Plan A</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>(5) It should definitely enact Plan A</td>
<td>28</td>
<td>40</td>
</tr>
</tbody>
</table>

Some physicians would favor a law like Plan A, allowing physician-assisted suicide, while others might favor a law prohibiting physician-assisted suicide. And, some physicians might favor no law at all, preferring instead to leave end-of-life decisions to the doctor-patient relationship or to regulations or guidelines to be provided by the medical profession. Which of those options would you favor most?

<table>
<thead>
<tr>
<th>Option</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) A law allowing physician-assisted suicide</td>
<td>41</td>
</tr>
<tr>
<td>(2) A law prohibiting physician-assisted suicide</td>
<td>17</td>
</tr>
<tr>
<td>(3) No law -- leave it to the doctor-patient relationship</td>
<td>22</td>
</tr>
<tr>
<td>(4) No law -- the medical profession should provide regulation/guidelines</td>
<td>15</td>
</tr>
<tr>
<td>(5) Don’t know/Not sure</td>
<td>6</td>
</tr>
</tbody>
</table>

*All entries are percentages; because of rounding, not all add to 100%.