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FOR IMMEDIATE RELEASE: THURSDAY, JANUARY 5, 2006

**More Americans Discussing – and Planning – End-of-Life Treatment**  
**STRONG PUBLIC SUPPORT FOR RIGHT TO DIE**

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## **More Americans Discussing – and Planning – End-of-Life Treatment** **STRONG PUBLIC SUPPORT FOR RIGHT TO DIE**

An overwhelming majority of the public supports laws that give patients the right to decide whether they want to be kept alive through medical treatment. And fully 70% say there are circumstances when patients should be allowed to die, while just 22% believe that doctors and nurses should always do everything possible to save a patient.

Public attitudes on these and many other end-of-life issues are unchanged from 1990, despite advances in lifesaving technology, the aging of the population, and the controversy associated with the Terri Schiavo case. Most Americans believe it should be up to individuals – not the government or medical professionals – to ultimately determine their end-of-life medical decisions.

The Pew Research Center’s survey, conducted Nov. 9-27, 2005 among 1,500 adults, finds that while overall attitudes are largely stable, people are increasingly thinking about – and planning for – their own medical treatment in the event of a terminal illness or incapacitating medical condition. Public awareness of living wills, already widespread in 1990, is now virtually universal, and the number saying they have a living will has more than doubled – from just 12% in 1990 to 29% today.

People also are much more willing to discuss sensitive end-of-life issues with their loved ones than they were a generation ago. Nearly seven-in-ten (69%) of those who are married say they have had a conversation with their husband or wife about their spouse’s wishes for end-of-life medical care; only about half reported doing so in 1990 (51%). Among those with living parents, 57% say they have spoken with their mother – and 48% with their father – about the parent’s requests for end-of-life treatment.

There is strong sentiment in favor of letting close family members decide whether to continue medical treatment for a terminally ill loved one who is unable to communicate their own wishes.

<b>Strong Support for Right to Die...</b>		
	<u>1990</u>	<u>2005</u>
<i>Right to die laws*...</i>	%	%
Approve	79	84
Disapprove	13	10
Depends/DK	<u>8</u>	<u>6</u>
	100	100
<i>Which comes closer to your view...</i>		
Patients should sometimes be allowed to die	73	70
Doctors should always try to save a patient’s life	15	22
Depends/DK	<u>12</u>	<u>8</u>
	100	100
<b>But Morality of Ending Life Depends on Circumstances</b>		
<i>Think person has moral right to end life if they...</i>	<u>1990</u>	<u>2005</u>
	%	%
Suffer great pain with		
no hope of improvement	55	60
Have an incurable disease	49	53
Are ready to die because		
living is a burden	27	33
Are an extremely		
heavy burden on family	29	29
*Laws that let patients decide about being kept alive through medical treatment		

Roughly three-quarters (74%) say a family member should be permitted to make this decision, which is little changed from 1990 (71%).

But Americans make a distinction between allowing a terminally ill person to die and taking action to end someone's life. The public is deeply divided over legalizing physician-assisted suicide; 46% approve of laws permitting doctors to help patients to end their lives, while about as many are opposed (45%).

Though most Americans say it is sometimes morally acceptable for people with dire medical conditions to take their own lives, acceptance of this practice is highly dependent on circumstances. Six-in-ten feel that people have a moral right to end their lives if they suffer from great pain and have no chance for improvement. But this view changes under less extreme circumstances. For example, just 29% say a person has a moral right to end their life if he or she has become burdensome to family, with 62% saying someone in that situation does not have a moral right to take their life.

The survey finds that in many ways, public attitudes toward death and dying defy easy categorization. A majority believes that it is at least sometimes justifiable for a person to kill their spouse, again in extreme circumstances. Roughly six-in-ten (61%) feel that the 'mercy killing' of a spouse is always (6%) or sometimes (55%) justified, if the spouse "was suffering terrible pain from a terminal disease." About half as many (29%) say such an act is never justified, although that represents a significant increase since 1990 (20%).

People's views of end-of-life policies and practices do not perfectly mirror their own treatment preferences. While there has been an increase since 1990 in the percentage saying that people generally have a moral right to end their own life if they are facing an incurable illness and great pain (from 55% in 1990 to 60% now), there has also been an increase in the percentage who say they would personally want everything possible done to save their lives in many situations. About a third (34%) now say they would tell their doctor to do "everything possible" to save their life even if faced with a terminal illness and great pain; in 1990, fewer (28%) indicated they wanted everything

<b>More Come to Grips With End-of-Life Decisions</b>		
	<u>1990</u>	<u>2005</u>
<i>Thought about end-of-life treatment..</i>	%	%
Great deal	28	35
Some	36	36
Not very much	22	18
No thought at all	13	10
Don't know	<u>1</u>	<u>1</u>
	100	100
<i>Heard of a living will?</i>		
Yes	71	95
No	28	5
Don't know	<u>1</u>	<u>0</u>
	100	100
<i>Happen to have a living will?</i>		
Yes	12	29
No	59	66
<i>Haven't heard of them</i>	(29)	(5)
Don't know	<u>*</u>	<u>*</u>
	100	100
<i>Talked w/ ___ about their treatment</i>		
Spouse	51	69
Mother	43	57
Father	28	48

done to save them in that case.

### ***Other Findings***

- People who have helped make end-of-life medical treatment decisions for loved ones are more likely than others to have a living will or to have discussed their wishes for end-of-life care. In addition, more of those who have gone through this experience believe in a moral right to suicide in certain circumstances, and favor ending their own medical treatment in the face of an incurable disease and great pain.
- By a wide margin, the public continues to disapprove of congressional action in 2005 that directed the federal courts to hear the case of Terri Schiavo, the brain-damaged Florida woman who later died after her feeding tube was removed.
- The Democratic Party has a modest advantage with the public in dealing with end-of-life issues. About one-third (34%) say the Democrats could do a better job with such issues, while 22% favor the Republicans.
- There is very little consistency in public attitudes toward what have been characterized as “life” issues – abortion, the death penalty, and end-of-life questions. However, abortion opponents, and opponents of the death penalty, are more likely than those who accept these practices to favor doing everything possible to save a life regardless of the circumstances, as well as to oppose physician-assisted suicides.

**Right to Die Laws Favored**

By more than eight-to-one (84%-10%), the public approves of laws that let terminally ill patients make decisions about whether to be kept alive through medical treatment. This represents a small but significant increase in support for right to die laws since 1990 (79%).

The increase in support has been more pronounced among those over the age of 50 (from 72% to 83% approval), white Catholics (from 80% to 91% approval), and among those who have given a great deal of thought to end-of-life issues (from 79% to 87% approval).

In instances where a terminally ill patient is unable to communicate, the public supports allowing the closest family member to decide whether to continue medical treatment; 74% agree with this approach, while only

15% say that relatives should *not* be allowed to make such decisions. Here, too, the public is united across political and demographic lines, with approximately three-quarters of Republicans (72%), Democrats (78%), and independents (74%) saying that family members should be able to make treatment decisions for sick relatives.

This strong support for allowing the removal of medical treatment and for allowing family members to make these decisions is reflected in public opinion on the Terri Schiavo controversy. Nearly three-quarters (72%) of the public say that Congress should have stayed out of the Schiavo case, while fewer than one-in-five (17%) say Congress, in its effort to ensure that Schiavo continued to receive medical treatment, did the right thing by requiring federal courts to hear the case. This is essentially unchanged from a July 2005 survey, which found only 20% saying Congress did the right thing.

Large majorities of all social and demographic groups, including Republicans and evangelical Protestants, say that Congress should have stayed out of the Schiavo case. Similarly, even among people who believe that doctors and nurses should make every effort to save a patient’s life, as well as those who think family members should not be able to decide whether to continue medical treatment if a patient’s wishes are not known, solid majorities say that Congress overstepped its bounds in the Schiavo case.

<b>Broad Support for Right to Die Laws</b>			
	<u>1990</u>	<u>2005</u>	<u>Change</u>
	%	%	%
Total	79	84	+5
<i>Age</i>			
Under 50	84	85	+1
50 or older	72	83	+11
<i>White Protestant</i>			
-Evangelical	81	81	0
-Non-evangelical	79	87	+8
<i>Catholic</i>			
-White Catholic	80	91	+11
Secular	84	88	+4
<i>Thought about end-of-life issues...</i>			
A great deal	79	87	+8
Some	82	85	+3
Not much/not at all	78	82	+4

***Assisted Suicide: Stark Religious Differences***

Though Americans are broadly supportive of allowing patients and their families to decide whether medical treatment should be removed, the public is divided over laws that let doctors prescribe lethal doses of drugs to assist terminally ill patients end their lives. Nearly half (46%) approve of such laws, while about as many (45%) disapprove.

On this issue, Americans are divided along religious and political lines. By two-to-one (61%-30%) white evangelical Protestants oppose physician-assisted suicide laws; by nearly identical margins, white mainline Protestants and seculars approve of such laws. Catholics, on balance, oppose such laws (by 50%-40%).

Small majorities of Democrats (52%) and independents (52%) approve of allowing physician-assisted suicide. Most Republicans oppose these laws (by 55%-34%), and conservative Republicans oppose them by a margin of two-to-one (62%-29%).

Views on assisted suicide are also affected by the amount of thought given to end-of-life issues; 57% of those who have given a great deal of thought to these issues approve of legal assisted suicide, a view shared by only 35% of those who have given little or no thought to these matters.

***Politics of End-of-Life Issues***

The Democratic Party holds a modest advantage over the GOP as the party seen as better able to handle end-of-life issues. Roughly a third (34%) say the Democrats could do a better job in these matters, compared with 22% who favor the Republicans. Many see neither party as particularly good on the issue (16%) and about a quarter (26%) say they don't know which party could do a better job.

Predictably, there is a strong partisan component to opinion on this

<b>Divided Over Physician-Assisted Suicide</b>			
	<u>Ap- prove</u> %	<u>Disap- prove</u> %	<u>DK</u> %
Total	46	45	9=100
White Protestant	46	48	6=100
-Evangelical	30	61	9=100
-Non-evangelical	65	31	4=100
Catholic	40	50	10=100
-White Catholic	48	42	10=100
Secular	62	28	10=100
<i>Importance of religion</i>			
Very/fairly	41	50	9=100
Not very	69	26	5=100
Republican	34	55	11=100
Democrat	52	40	8=100
Independent	52	40	8=100
<i>Thought about end-of-life issues...</i>			
A great deal	57	36	7=100
Some	45	47	8=100
Not much/not at all	35	54	11=100

<b>Better Able to Handle End-of-Life Issues?</b>	
	%
Democratic Party	34
Republican Party	22
Both equally (Vol.)	2
Neither (Vol.)	16
DK/Ref (Vol.)	<u>26</u>
	100

issue, with Republicans favoring the GOP and Democrats favoring the Democratic Party. Independents who choose a side favor Democrats over Republicans (by 27% to 14%), and self-described moderates give the Democrats an even bigger advantage (40% for the Democrats, 16% for the Republicans).

***Support for Allowing Patients to Die***

The vast majority of Americans –70% – say that there are sometimes circumstances in which a patient should be allowed to die; only 22% believe that doctors and nurses should always do everything possible to save the life of a patient. The number of people who think there are times when medical treatment should be ended has changed little since 1990, though the percentage believing that all possible efforts should be made has grown modestly during the period (from 15% in 1990).

Only among African Americans does a majority (51%) think doctors and nurses should always do everything possible to save a patient (40% disagree). In addition, 35% of those ages 18-29 say everything should be done to keep a patient alive; no more than one-in-five in any other age category agrees.

***But Fewer Would Halt Treatment for Themselves***

While most people support the general idea of stopping medical treatment in some circumstances, fewer would personally ask their doctor to cut off treatment if they faced a terminal or debilitating illness. If facing an incurable illness and suffering a great deal of physical pain, 53% would opt to stop medical treatment, while 34% would tell their doctor to do everything possible to save their life.

Fewer Americans (44%) say they would ask to end care if they had an illness that made them totally dependent on another person for all of their care, while 38% say they

<b>Always Do Everything Possible to Save a Patient's Life?</b>			
	<u>Yes</u>	<u>No</u>	<u>DK</u>
	%	%	%
Total	22	70	8=100
White	18	75	7=100
Black	51	40	9=100
18-29	35	61	4=100
30-49	19	73	8=100
50-64	16	78	6=100
65+	20	69	11=100
College grad	15	79	6=100
Some college	21	72	7=100
High school or less	27	64	9=100
White Protestant	19	75	6=100
Evangelical	26	66	8=100
Mainline	12	84	4=100
Catholic	22	70	8=100
Secular	16	79	5=100

<b>What Would You Tell Your Doctor if You had an Illness...</b>		
	<u>1990</u>	<u>2005</u>
	%	%
<i>With no hope of improvement and great pain</i>		
Do everything possible	28	34
End treatment	59	53
Depends (Vol.)	6	6
Don't know	<u>7</u>	<u>7</u>
	100	100
<i>That made you totally dependent on others</i>		
Do everything possible	31	38
End treatment	51	44
Depends (Vol.)	7	7
Don't know	<u>11</u>	<u>11</u>
	100	100
<i>With no hope of improvement and difficulty functioning</i>		
Do everything possible	40	43
End treatment	44	42
Depends (Vol.)	8	5
Don't know	<u>8</u>	<u>10</u>
	100	100

would want everything done to save them. There is an almost even division of opinion over ending treatment if a person had no hope of improvement and had difficulty functioning; 42% say they would ask that treatment be halted in that case, while 43% say they would tell their doctor to do everything possible. Since 1990, there has been a modest increase in the numbers who say they want everything done medically under these scenarios.

As with the general question of whether there are circumstances under which care should be stopped, African Americans and younger people are more likely than others to say they would personally want every effort made to save their life. By contrast, older respondents – those ages 50 and older – are significantly less likely than others to say they would want this type of care. White evangelicals and people who attend religious services at least once per week are also more apt than others to want every effort made on their behalf.

***Views of a Parent’s Treatment Wishes***

After being asked about their own wishes in response to these situations, respondents who had at least one living parent were asked what their parent would want done in the same circumstances. For the most part, the answers were similar to their own wishes: A small majority says their parent would opt to stop treatment if faced with a terminal illness and great pain, while reactions to the other two scenarios were more divided.

There are no significant differences in opinion about what a person’s mother or father would want done in these circumstances, with one notable exception. In a situation where an illness left the person totally dependent on a family member or another person for care, mothers were thought more apt to choose to have all possible efforts made to save her life (by 47% to 37%), while more respondents thought their fathers would tilt the other way if faced with such a choice (45% stop treatment, 41% do everything possible). For both mothers and fathers in this scenario, there was a significant increase since 1990 in the desire to have all possible efforts at treatment (up nine percentage points for fathers, up 14 points for mothers).

The wishes of respondents were usually, but not

<b>Assessing Parent’s Treatment Wishes if They Had an Illness...*</b>		
	<u>Mother</u>	<u>Father</u>
	<u>%</u>	<u>%</u>
<i>With no hope of improvement and great pain</i>		
Do everything possible	35	34
End treatment	52	51
Depends/DK	<u>13</u>	<u>15</u>
	100	100
<i>That made them totally dependent on others</i>		
Do everything possible	47	41
End treatment	37	45
Depends/DK	<u>16</u>	<u>14</u>
	100	100
<i>With no hope of improvement and difficulty functioning</i>		
Do everything possible	44	41
End treatment	41	43
Depends/DK	<u>15</u>	<u>16</u>
	100	100

\*Respondents were asked about one living parent.

always, the same as the wishes of the parent they described. Among respondents who said they would opt to stop treatment if personally faced with a terminal illness and great pain, 71% also said their parent would likely make the same choice; 16% said their parent would probably opt for all available treatment.

***More See Doctors as Responsive***

A growing number of people believe that doctors and nurses are paying a lot of attention to instructions from patients about whether or not to keep them alive. Three-in-ten think that doctors are paying a lot of attention to patients' end-of-life wishes, up from 20% in 1990. Overall, nearly seven-in-ten (68%) believe that doctors are paying a lot or some attention to the life-sustaining treatment requests of patients.

People who have played a role in determining the end-of-life treatment of a family member or loved one are more likely than others to believe that doctors and nurses pay close attention to patients' wishes: 41% say they pay a lot of attention, and 34% say they pay at least some attention. Better educated people are also more likely to think doctors and nurses are paying close attention. Four-in-ten college graduates think doctors are paying a lot of attention to patients about whether or not they want treatment to keep them alive. This is up 16% since 1990 when 24% of college graduates felt this way, the largest increase among any demographic group.

***A Moral Right to End One's Own Life?***

A solid majority of Americans (60%) believe a person has a moral right to end their life if they are suffering great pain and have no hope of improvement. Nearly as many (53%) believe a person has a moral right to end their life if suffering from an incurable disease. But far fewer see a right to suicide in other circumstances. Just a third say a person is morally justified in ending their life because living has become a burden. Slightly fewer (29%) favor a right to suicide when a person has become an extremely heavy burden on his or her family.

<i>Attention paid by doctors/nurses...</i>	<u>1990</u> %	<u>2005</u> %
A lot	20	30
Some	37	38
Very little	26	17
No attention (vol.)	2	2
DK/Ref	<u>15</u>	<u>13</u>
	100	100

	<u>Yes</u> %	<u>No</u> %	<u>DK</u> %
Total	60	34	6=100
Men	66	28	6=100
Women	54	39	7=100
White	62	31	7=100
Black	43	50	7=100
18-29	62	36	2=100
30-49	62	32	6=100
50-64	62	30	8=100
65+	50	39	11=100
White Protestant	57	35	8=100
Evangelical	42	49	9=100
Mainline	73	21	6=100
Catholic	60	35	5=100
White Catholic	62	33	5=100
Secular	78	20	2=100
Republican	49	44	7=100
Democrat	67	28	5=100
Independent	67	27	6=100

There are significant gender and racial differences over the moral right to suicide. Men are more likely than women to support a right to end one’s own life in a situation where there is no hope of improvement and great pain (66% for men, 54% for women). A solid majority of whites (62%) say a person has a moral right to end their life under such circumstances, compared with just 43% of African Americans.

Attitudes on this question are also strongly related to the respondent’s religious beliefs, as well as to party and ideology. Fewer than half of white evangelical Protestants (42%) believe that an individual suffering a great deal of pain with no hope of improvement has a moral right to end their life, compared with 73% of white mainline Protestants. Most Catholics (60%) support the moral right to suicide under these circumstances, as do an overwhelming majority of seculars (78%). Similarly wide disparities are seen in terms of church attendance, with frequent attenders less supportive of such a right.

There are wide differences between Republicans and Democrats on this question as well. Fully 83% of liberal Democrats think people have a moral right to end their own lives under these circumstances, while just 41% of conservative Republicans agree. Moderate and liberal Republicans (63%) and conservative and moderate Democrats (62%) fall in between.

***Many See ‘Mercy Killing’ as Sometimes Justified***

Beyond supporting an individual’s moral right to take their own life under certain circumstances, a majority of the public believes that helping a terminally ill spouse commit suicide – or even killing a spouse in this situation – can at least be sometimes justified. Despite the stark difference in the framing of these options, the public makes little distinction between justifying the killing of a spouse or helping a spouse to commit suicide.

Most Americans (55%) say that killing a spouse who is terminally ill and suffering from terrible pain is sometimes justified, but far fewer (6%) believe it is always justified. Only 29% say it is never justified, though that is up from 20% when the question was first asked in 1990. White evangelical Protestants are more likely than other religious groups to believe that killing a spouse is never justified, but even among this group only about half (47%) hold this view.

<b>If Someone’s Spouse is Terminally Ill and in Pain...</b>		
	<u>1990</u>	<u>2005</u>
<i>Killing spouse is...?*</i>	%	%
Never justified	20	29
Sometimes justified	63	55
Always justified	7	6
Don’t know	<u>10</u>	<u>10</u>
	100	100
<i>Helping spouse commit suicide is...?^</i>		
Never justified	-	25
Sometimes justified	-	53
Always justified	-	14
Don’t know	-	<u>8</u>
		100
* Asked of Form 1 only		
^ Asked of Form 2 only		

Despite the widespread sentiment that killing a spouse, or helping a spouse commit suicide, is sometimes justified, most people say they cannot imagine actually taking such actions themselves. Only about a third (36%) say they could imagine helping a loved one commit suicide, and even fewer (29%) say they could imagine killing a loved one.

***Severely Handicapped Infants***

Compared with 15 years ago, more people say that infants born with severe handicaps – no matter how severe – should receive as much medical treatment as possible. Overall, 60% feel this way, up from 52% in 1990. Just 28% believe that parents have the right to refuse treatment that might save the infant’s life, down from 32% in 1990. African Americans (84%) and younger respondents (70%) are more likely than others to favor providing as much treatment as possible.

Only about half of college graduates (48%) support making every effort medically to save a severely handicapped infant – though that is still larger than the percentage saying parents should have the right to refuse treatment (36%). Support for providing the most treatment possible increases to 65% among people with only a high school diploma and to 73% among those who did not finish high school.

<b>Make Every Medical Effort for Severely Handicapped Infant</b>			
	<u>1990</u>	<u>2005</u>	<u>Change</u>
	%	%	
Total	52	60	+8
Men	58	61	+3
Women	47	59	+12
Whites	50	56	+6
Blacks	76	84	+8
18-29	63	70	+7
30-49	49	58	+9
50-64	44	55	+11
65+	55	58	+3
College grad	43	48	+5
Some college	48	58	+10
High school or less	57	67	+10
White Protestant	48	57	+9
Evangelical	60	68	+8
Mainline	38	47	+9
Catholic	57	63	+6
Secular	41	50	+9

***Catholic Priests Raise End-of-Life Issues***

Overall, a third of regular churchgoers say that the clergy at their place of worship speak out on end-of-life issues. Roughly half of regular churchgoers say their clergy speak out on abortion (52%) and Iraq (50%). However, only about quarter (27%) say their clergy address the death penalty.

Catholic clergy stand out in their attention to end-of-life issues; half of Catholics who attend church at least monthly say that their clergy speak out on these matters, compared with 28% of evangelical Protestants and 16% of mainline Protestants. More Catholics than Protestants also report hearing about abortion (71%) and the death penalty (35%) from their clergy.

<b>Issues Addressed by Clergy</b>				
<i>Do clergy at your place of worship ever speak out on...*</i>				
	<u>End-of-life decisions</u>	<u>Abortion</u>	<u>Iraq</u>	<u>Death penalty</u>
	%	%	%	%
Total	33	52	50	27
White Protestant	24	45	48	21
Evangelical	28	52	50	22
Non-evangelical	16	31	43	18
Catholic	50	71	50	35

\*Based on those who attend church services monthly or more often.

***How Generations Have Changed***

This survey made it possible to track opinions and experiences within discrete generations over time – most of the key questions were also asked in 1990 and several in 1975 as well. Even though the individuals interviewed in the earlier years were themselves not re-interviewed, the newer polls include age groups that are 15 (or 30) years older and thus represent the same generations interviewed earlier.

One of the most striking changes between 1990 and 2005 is the growth in the number of people who say they have a living will – up 17 points, from 12% in 1990 to 29% now. This growth occurred across generations; while the

<b>Have a Living Will?</b>				
<i>Generation</i>	<i>Percent “Yes”</i>		<i>Change 1990-2005</i>	<i>Age in 2005</i>
	1990	2005		
Born 1913-1927	19	57	+38	(78-92)
1928-1942	18	49	+31	(63-77)
1943-1957	12	36	+24	(48-62)
1958-1972	4	24	+20	(33-47)
Born since 1972	--	10		(18-32)
<b>Total</b>	<b>12</b>	<b>29</b>	<b>+17</b>	

number saying they have living wills increased the most in the oldest cohort (up 38 points), it also grew by at least 20 points in each of the other three cohorts tracked over this time period.

Another notable change since 1975 is the growth in the number of people who see a moral right to suicide for those suffering great pain with no hope of improvement – up nearly 20 percentage points compared with three decades ago. However, most of this increase occurred between 1975 and 1990 (from 41% to 55%); since 1990, there has been a more modest rise in the number expressing this view (five points).

<i>Generation</i>	<i>Percent "Yes"</i>			<i>Change 1975-2005</i>	<i>Age in 2005</i>
	1975	1990	2005		
Born 1913-1927	29	39	46	+17	(78-92)
1928-1942	42	48	53	+11	(63-77)
1943-1957	56	57	62	+6	(48-62)
1958-1972	--	66	63		(33-47)
Born since 1972	--	--	62		(18-32)
<b>Total</b>	<b>41</b>	<b>55</b>	<b>60</b>	<b>+19</b>	

\*If faced with great pain and no hope of improvement

Over the past three decades, increased acceptance of a moral right to suicide has been greatest (from 29% to 46%) among the oldest cohort – those Americans who were between the ages of 48 and 62 in 1975, and are now ages 78 to 92. But younger generations also are more supportive of a moral right to end one's life now compared with 1975.

While more people have come to accept a right to suicide over the past 30 years, the trend on so-called "mercy killing" has moved in the opposite direction. The number of people who believe that killing a terminally ill spouse is *never* justified, while still a minority, has risen nine percentage points since 1990. However, views on this issue have not changed among the middle cohort – those people who roughly correspond to the older end of the baby boomer generation (ages 48 to 62).

<i>Generation</i>	<i>Percent</i>		<i>Change 1990-2005</i>	<i>Age in 2005</i>
	1990	2005		
Born 1913-1927	28	–*		(78-92)
1928-1942	24	35	+11	(63-77)
1943-1957	22	23	+1	(48-62)
1958-1972	13	31	+18	(33-47)
Born since 1972	--	27		(18-32)
<b>Total</b>	<b>20</b>	<b>29</b>	<b>+9</b>	

\* In 2005 too few respondents in this generation were asked the question because it was asked of only half the sample.

***Abortion, Death Penalty and End-of-Life Issues***

Relatively few Americans subscribe to what may be termed as a consistent "ethic of life" – opposing both abortion and the death penalty, and favoring the use of all medical means to keep terminally ill patients alive. Abortion opponents and death penalty opponents alike overwhelmingly believe that there are circumstances in which doctors and nurses should let a patient die.

However, abortion opponents stand out for their overwhelming rejection of both physician-assisted suicide and a moral right to end life under extreme circumstances. Two-thirds (66%) of

those who oppose abortion in all cases, or make exceptions only for rape, incest, or to save the woman's life disapprove of legalizing physician-assisted suicide. That compares with 23% of those who believe abortion should be generally available or available under stricter limits. The gap is between these groups is nearly as large in opinions about whether people who are suffering great pain with no hope of improvement have a moral right to end their life.

Attitudes toward the death penalty bear less relationship to views about end-of-life issues. For example, just over half (53%) of death penalty supporters approve of legalizing physician-assisted suicide, compared with 40% of death penalty opponents. Differences on other questions are of similar magnitude.

Death penalty opponents and abortion opponents share common ground – and differ with those on the opposite side of both issues – in their personal views of when to halt end-of-life medical treatment. Both groups are fairly evenly divided over whether all medical steps should be taken to save their lives, or whether treatment should be halted. By contrast, solid majorities of those who support the death penalty, and those who believe abortion should be generally available, say they would want medical treatment halted if they had a disease with great pain and no hope of improvement.

<b>A Consistent Ethic of Life?</b>				
	<i>Abortion</i>		<i>Death penalty</i>	
	<u>Fav*</u>	<u>Opp^</u>	<u>Fav</u>	<u>Opp</u>
<i>Doctors and nurses should...</i>	%	%	%	%
Always save a life	13	32	17	26
Sometimes let a patient die	82	60	78	68
It depends/DK (Vol.)	<u>5</u>	<u>8</u>	<u>5</u>	<u>6</u>
	100	100	100	100
<i>Laws making physician-assisted suicide legal...</i>				
Approve	69	25	53	40
Disapprove	23	66	40	53
It depends/DK (Vol.)	<u>8</u>	<u>9</u>	<u>7</u>	<u>7</u>
	100	100	100	100
<i>Moral right to end life if in pain and no hope of improvement?</i>				
Yes	79	41	64	55
No	16	52	30	39
DK (Vol.)	<u>5</u>	<u>7</u>	<u>6</u>	<u>6</u>
	100	100	100	100
<i>If you had disease with great pain and no hope of improvement...</i>				
Do everything to save life	25	43	29	45
Stop treatment	63	44	60	42
It depends (Vol.)	6	5	5	6
DK (Vol.)	<u>6</u>	<u>8</u>	<u>6</u>	<u>7</u>
	100	100	100	100

\*Abortion should be generally available or available with stricter limits /  
^Abortion should not be permitted or permitted only in cases of rape, incest, or to save mother's life

**Recent Experience with a Loved One’s Illness**

Over the past five years, more than four-in-ten (42%) Americans have had a relative or close friend suffer from a terminal illness or a coma. For a majority of these people – 23% of the general public – the issue of withholding life-sustaining treatment for their relative or loved one arose. Both of these findings are on par with the results from a 1991 Kaiser Foundation/Harvard School of Public Health/Boston Globe survey.

<b>Facing a Loved One’s Death</b>	
	<u>Total</u>
Recent experience with terminal illness of loved one	42%
Issue of stopping medical care came up	23
Helped in making life and death decisions	10

Overall, 10% of the public has actually helped in making decisions about how much medical treatment should be given to a terminally ill or comatose friend or relative. Women over age 50 are more likely to report having made these important medical decisions than are people in other age groups; 15% of all women in this age group have made such a medical decision recently. College graduates (14%) and those with higher incomes (15% for those with family income of more than \$75,000) are more likely than others to have made such medical decisions.

**End-of-Life Planning**

Older Americans are much more likely than younger people to have given considerable thought to their end-of-life treatment options. This is reflected as well in the age differences among those who have a living will. While over half of senior citizens (54%) say they have a living will – compared with just 25% in 1990 – far fewer people in other age groups have living wills.

There also are striking differences in the ways in which people who have recently experienced the terminal illness of a friend or relative – and those who have not – approach end-of-life issues. Generally, those who have faced such situations are much more likely to have thought about their own end of life treatment and planned accordingly.

And those who have taken on a more significant role on behalf of a gravely ill relative or friend – by

<b>Dealing With a Loved One’s Treatment – And Thinking About Your Own</b>			
	<i>Experience with a loved one’s illness</i>		
	<u>Helped</u>	<u>decide</u>	<u>No</u>
<i>% who have...</i>	<u>treatment</u>	<u>last 5 yrs.</u>	<u>exp.</u>
Given lot of thought to end-of-life treatment	64	45	28
Written down own treatment wishes	46	32	24
Done a living will	45	34	28
Talked w/ spouse about their treatment	85	76	65
Talked w/ parent about their treatment	77	61	48

helping decide on their medical treatment – are even more active in thinking about and planning for their own end-of-life treatment.

Fully 64% of those who have recently helped make decisions about the medical treatment of a terminally ill or comatose friend or relative say they have given a great deal of thought to their own preferences in such circumstances. That compares with 45% of those who have had a relative or close friend recently suffer from a terminal illness or coma, but did not participate in treatment decisions; and just 28% of those who have had no recent experience with the serious illness of a close friend or relative.

Similarly, nearly half of those who helped determine medical treatment of a gravely ill loved one (46%) have their own end-of-life wishes written down. That compares with about a third (32%) of those who have experienced the illness of a close friend or relative but did not take part in the decision making, and just 24% among those with no recent experience with a loved one facing death.

### ***Talking About Treatment***

Americans for the most part turn to family members when discussing their wishes for end-of-life medical treatment. Nearly four-in-ten (37%) say they have discussed these matters with their spouse, up from 30% in 1990. Among married people, 70% have talked with their spouse about their plans for medical treatment in such circumstances.

While fewer young people than older Americans have discussed their end of life treatment wishes with anyone, they are more likely than other age groups to talk with a parent – 30% have done so, the highest percentage in any age group. People ages 65 and older, by contrast, are much more likely than younger people to have discussed their end of life treatment plans with one of their children (40%).

Since 1990, there has been a sizable drop in the percentage of Americans who say, in an open-ended format, that they have discussed their wishes for end-of-life medical treatment with ‘no one.’ Just 19% say that currently, while another 10% say they have given no thought to their end-of-life treatment. That compares with 44% in 1990 who either had talked with no one, or had given no thought to their care.

<b>Most Confide in Family About End-of-Life Treatment</b>		
<i>Have discussed your treatment with...</i>	<u>1990</u>	<u>2005</u>
	%	%
Husband/wife	30	37
Child	13	17
Parent	13	14
Other relative	12	11
Family (general)	--	2
Friend	8	5
Doctor/nurse	3	2
Minister/priest	*	*
Other	2	4
No one	31	19
<i>No thought given</i>	13	10
DK/Refused	*	1

**Talking With Spouses and Parents**

Roughly equal numbers of married men (70%) and women (69%) say that they have had a conversation with their spouse about their wishes for end-of-life treatment. But women are much more likely than men to have had a conversation with their mother about *her* treatment.

Nearly two-thirds of women (65%) say they have had a conversation with their mother about her end-of-life treatment wishes. Only about half of men (48%) have talked with their mothers about such issues. Far fewer women have talked with their fathers about their end-of-life medical decisions. And men are no more likely to have discussed these issues with their fathers than with their mothers (45% father/48% mother).

**Views on Aging**

A plurality of Americans view the prospect of having more free time as what they look forward to most about getting old, while health concerns are seen as the biggest negative. Among the positives, about a third (35%) say that not having to work or having more free time is what they look forward to most, while 19% mention being able to spend time with their children, grandchildren and other family. Smaller percentages say having good health and being active (10%), travel (4%), and being able to experience changes in the world (2%) are what they most look forward to about old age.

The public expresses a broader array of worries about getting old. Health concerns – including worries about cancer and other diseases, mental health, and insurance worries – are mentioned most frequently (39%). Roughly one-in-five (19%) worry most about not having enough money in old age and 8% voice concern about losing their ability to care for themselves and being a burden on others. These worries have changed only modestly over the past 15 years.

<b>Good Things About Getting Old...</b>	
	%
Having more free time	35
Share lives of family/grandchildren	19
Good health/being active	10
Travel	4
Experience changes in world	2
Other	18
Nothing	9
Don't know	6
<b>And Some Worries</b>	
Health concerns (NET)	39
General health/cancer/disease	34
Mental health/Alzheimer's	2
Health insurance	3
Being poor	19
Being dependent on others	8
Dying	4
Being alone	3
Less able to do things	2
Other	12
Nothing	13
Don't know	1
* Figures add to more than 100% because respondents could give multiple responses.	

Nearly a third of those ages 65 and older (31%) say 'nothing' when asked what worries them most about getting old. Only about one-in-ten or fewer in other age categories express no worries about getting old. Health concerns are mentioned most frequently by people ages 50-64. Compared

with other age groups, those ages 18-29 express a relatively high level of concern over dying. One-in-ten of those under 30 say that their biggest worry about getting old is dying; far fewer people in older age categories, especially those ages 65 and older (2%) express that concern.

***Making the Century Mark***

Roughly four-in-ten Americans (43%) say they would like to live to be 100 years old, while 47% say they would not like to live to be that old. These findings have not changed much since 1990, when 39% said they would like to live to be 100.

However, there has been an increase since 1990 in the percentages of African Americans, young people and women who say they would like to live to 100. Nearly two-thirds of blacks (65%) say they would like to live to see the century mark, up from 53% in 1990. That compares with just 39% of whites who want to live to 100.

More than half of those under age 30 (55%) say they would like to live to be 100, up from 44% in 1990. By comparison, just 36% of those ages 50 and older want to live that long. More women also express a desire to live to 100 than did so 15 years ago (39% vs. 31%); still, more men than women continue to say they want to live to 100. In addition, people who register the highest levels of personal happiness are more likely than those who are less happy with their lives to want to live to 100 (51% vs. 40%).

	May 1990	Nov 2005
<i>Would like to live to be 100 years old...</i>	%	%
Total	39	43
White	37	39
Black	53	65
Men	48	47
Women	31	39
18-29	44	55
30-49	44	43
50-64	30	35
65+	32	37

## ABOUT THIS SURVEY

Results for this survey are based on telephone interviews conducted under the direction of Princeton Survey Research Associates International among a nationwide sample of 1,500 adults, 18 years of age or older, from November 9 - 27, 2005. For results based on the total sample, one can say with 95% confidence that the error attributable to sampling and other random effects is plus or minus 3 percentage points. For results based on either Form 1 (N=748) or Form 2 (N=752), the sampling error is plus or minus 4 percentage points.

In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

### Survey Methodology in Detail

The sample for this survey is a random digit sample of telephone numbers selected from telephone exchanges in the continental United States. The random digit aspect of the sample is used to avoid "listing" bias and provides representation of both listed and unlisted numbers (including not-yet-listed). The design of the sample ensures this representation by random generation of the last two digits of telephone numbers selected on the basis of their area code, telephone exchange, and bank number.

The telephone exchanges were selected with probabilities proportional to their size. The first eight digits of the sampled telephone numbers (area code, telephone exchange, bank number) were selected to be proportionally stratified by county and by telephone exchange within county. That is, the number of telephone numbers randomly sampled from within a given county is proportional to that county's share of telephone numbers in the U.S. Only working banks of telephone numbers are selected. A working bank is defined as 100 contiguous telephone numbers containing one or more residential listings.

The sample was released for interviewing in replicates. Using replicates to control the release of sample to the field ensures that the complete call procedures are followed for the entire sample. The use of replicates also ensures that the regional distribution of numbers called is appropriate. Again, this works to increase the representativeness of the sample.

As many as 10 attempts were made to complete an interview at every sampled telephone number. The calls were staggered over times of day and days of the week to maximize the chances of making a contact with a potential respondent. All interview breakoffs and refusals were re-contacted at least once in order to attempt to convert them to completed interviews. In each contacted household, interviewers asked to speak with the "youngest male, 18 years of age or older, who is now at home." If there is no eligible man at home, interviewers asked to speak with "the youngest female, 18 years of age or older, who is now at home." This systematic respondent selection technique has been shown empirically to produce samples that closely mirror the population in terms of age and gender.

Non-response in telephone interview surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population, and these subgroups are likely to vary also on questions of substantive interest. In order to compensate for these known biases, the sample data are weighted in analysis.

The demographic weighting parameters are derived from a special analysis of the most recently available Census Bureau's Current Population Survey (March 2004). This analysis produced population parameters for the demographic characteristics of households with adults 18 or older, which are then compared with the sample characteristics to construct sample weights. The analysis only included households in the continental United States that contain a telephone.

The weights are derived using an iterative technique that simultaneously balances the distributions of all weighting parameters.

## ABOUT THE CENTER

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All of the Center's research and reports are collaborative products based on the input and analysis of the entire Center staff consisting of:

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**TREND: DOES A PERSON HAVE A MORAL RIGHT TO END LIFE?**

	<i>When person has disease that is incurable</i>			<i>When person is suffering great pain and has no hope for improvement</i>			<i>When person is extremely heavy burden to family</i>		
	<u>1990</u>	<u>2005</u>	<u>Change</u>	<u>1990</u>	<u>2005</u>	<u>Change</u>	<u>1990</u>	<u>2005</u>	<u>Change</u>
	%	%		%	%		%	%	
<b>Total</b>	49	53	+4	55	60	+5	29	29	0
<b>Sex</b>									
Male	52	57	+5	60	66	+6	32	34	+2
Female	45	50	+5	50	54	+4	27	25	-2
<b>Race</b>									
White	49	55	+6	55	62	+7	29	30	+1
Non-white	43	49	+6	51	52	+1	28	26	-2
Black	39	41	+2	46	43	-3	25	22	-3
Hispanic*	--	51	--	--	61	--	--	28	--
<b>Race and Sex</b>									
White Men	51	57	+6	59	67	+8	32	33	+1
White Women	48	52	+4	52	57	+5	27	27	0
<b>Age</b>									
Under 30	59	54	-5	67	62	-5	28	31	+3
30-49	52	55	+3	58	62	+4	32	28	-4
50-64	42	56	+14	47	62	+15	29	30	+1
65+	33	45	+12	39	50	+11	25	29	+4
<b>Sex and Age</b>									
Men under 50	58	56	-2	65	65	0	33	32	-1
Women under 50	51	54	+3	58	59	+1	29	27	-2
Men 50+	39	59	+20	49	67	+18	30	36	+6
Women 50+	38	46	+8	39	49	+10	25	23	-2
<b>Education</b>									
College Grad.	50	58	+8	55	63	+8	30	34	+4
Some College	54	55	+1	57	62	+5	31	30	-1
H.S. Grad or Less	46	50	+4	54	57	+3	28	26	-2
<b>Family Income**</b>									
Highest Quartile	59	64	+5	62	68	+6	35	36	+1
Upper-Mid Quartile	52	57	+5	59	66	+7	32	26	-6
Lower-Mid Quartile	50	49	-1	57	56	-1	29	33	-4
Lowest Quartile	43	46	+3	50	52	+2	24	31	+7

\* The designation Hispanic is unrelated to the white-black categorization.

\*\* For the purpose of comparison, income categories were roughly divided into quartiles. The exact income amount represented by each quartile varies slightly from 1990 to 2005.

Question: Do you think a person has a moral right to end his or her own life under any of the following circumstances:  
 When this person has a disease that is incurable?  
 When this person is suffering great pain and has no hope of improvement?  
 When this person is an extremely heavy burden on his or her family?

*Continued on next page...*

	<i>When person has disease that is incurable</i>			<i>When person is suffering great pain and has no hope for improvement</i>			<i>When person is extremely heavy burden to family</i>		
	<u>1990</u>	<u>2005</u>	<u>Change</u>	<u>1990</u>	<u>2005</u>	<u>Change</u>	<u>1990</u>	<u>2005</u>	<u>Change</u>
	%	%		%	%		%	%	
<b>Total</b>	49	53	+4	55	60	+5	29	29	0
<b>Region</b>									
Northeast	50	59	+9	59	65	+6	32	33	+1
Midwest	50	50	0	54	59	+5	29	28	-1
South	42	48	+6	47	54	+7	22	26	+4
West	53	60	+7	60	65	+5	35	32	-3
<b>Religious Affiliation</b>									
Total White Protestant	49	49	0	54	57	+3	28	28	0
- Evangelical	38	33	-5	42	42	0	20	18	-2
- Non-Evangelical	58	65	+7	65	73	+8	36	38	+2
White Catholic	45	54	+9	51	62	+11	28	30	+2
Seculars	65	78	+13	71	78	+7	40	37	-3
<b>Religious Attendance</b>									
Weekly or more	--	32	--	--	40	--	--	16	--
Monthly/few times a year	--	60	--	--	65	--	--	34	--
Seldom/never	--	70	--	--	76	--	--	38	--
<b>Religion's Importance</b>									
Very important	35	38	+3	41	44	+3	21	20	-1
Fairly important	65	66	+1	69	75	+6	37	40	+3
Not very important	73	81	+8	82	87	+5	46	44	-2
<b>Party and Ideology</b>									
Conservative Republican	--	40	--	--	41	--	--	22	--
Moderate/Liberal Rep.	--	54	--	--	63	--	--	19	--
Conservative/Mod. Dem.	--	52	--	--	62	--	--	30	--
Liberal Democrat	--	72	--	--	83	--	--	50	--
<b>Parent</b>									
Yes	--	52	--	--	57	--	--	24	--
No	--	54	--	--	61	--	--	32	--
<b>2004 Vote</b>									
Bush	--	44	--	--	50	--	--	21	--
Kerry	--	64	--	--	73	--	--	40	--
<b>Marital Status</b>									
Married	44	53	+9	50	57	+7	27	26	-1
Unmarried	54	53	-1	60	63	+3	32	33	+1
<b>Thought about own end-of-life preferences</b>									
A great deal	55	60	+5	61	63	+2	37	32	-5
Some	50	55	+5	58	61	+3	30	31	+1
Not very much/none	42	44	+2	46	55	+9	22	24	+2
<b>Experienced illness of loved one</b>									
Yes	--	57	--	--	63	--	--	31	--
- Treatment issue arose	--	58	--	--	65	--	--	34	--
- Helped make decision	--	61	--	--	67	--	--	31	--
No experience	--	51	--	--	58	--	--	28	--

## WHAT WOULD YOU TELL YOUR DOCTOR TO DO IF YOU...?

	<i>Had a disease with no hope of improvement, suffering a great deal of pain</i>			<i>Had a disease with no hope of improvement, and hard to function day-to-day</i>			<i>Had an illness that made you totally dependent on family member for care</i>		
	Save	Stop	It	Save	Stop	It	Save	Stop	It
	<u>life</u>	<u>treatment</u>	<u>depends/DK</u>	<u>life</u>	<u>treatment</u>	<u>DK</u>	<u>life</u>	<u>treatment</u>	<u>DK</u>
	%	%	%	%	%	%	%	%	%
<b>Total</b>	34	53	13=100	43	42	15=100	38	44	18=100
<b>Sex</b>									
Male	34	54	12	44	42	14	38	45	17
Female	34	53	13	43	43	14	38	43	19
<b>Race</b>									
White	30	57	13	41	45	14	35	47	18
Non-white	50	38	12	52	34	14	50	35	15
Black	59	27	14	58	27	15	55	31	14
Hispanic*	49	44	7	45	48	7	46	40	14
<b>Race and Sex</b>									
White Men	30	57	13	43	43	14	36	47	17
White Women	29	58	13	39	47	14	34	47	19
<b>Age</b>									
Under 30	51	39	10	60	32	8	53	35	12
30-49	34	53	13	45	42	13	40	43	17
50-64	22	67	11	32	52	16	27	50	23
65+	27	56	17	35	46	19	29	50	21
<b>Sex and Age</b>									
Men under 50	41	46	13	51	36	13	44	41	15
Women under 50	39	49	12	49	40	11	45	40	15
Men 50+	23	66	11	33	52	15	28	52	20
Women 50+	26	59	15	33	47	20	27	49	24
<b>Education</b>									
College Grad.	26	59	15	46	41	13	38	44	18
Some College	33	56	11	48	39	13	40	44	16
H.S. Grad or less	39	49	12	40	45	15	37	44	19
<b>Family Income</b>									
\$75,000+	26	63	11	44	43	13	36	47	17
\$50,000-\$74,999	28	59	13	42	46	12	38	46	16
\$30,000-\$49,999	32	54	14	47	40	13	38	44	18
\$20,000-\$29,999	38	50	12	42	47	11	38	44	18
<\$20,000	45	44	11	41	49	10	38	52	10

\* The designation of Hispanic is unrelated to the white-black categorization.

Question: If you had a disease with no hope of improvement and you were suffering a great deal of physical pain, would you tell your doctor to do EVERYTHING POSSIBLE to save your life, or to STOP TREATMENT so you could die?

How about if you had a disease with no hope of improvement that made it hard for you to function in your day-to-day activities?

How about if you had an illness that made you totally dependent on a family member or other person for all of your care?

*Continued on next page...*

	<i>Had a disease with no hope of improvement, suffering a great deal of pain</i>			<i>Had a disease with no hope of improvement, and hard to function day-to-day</i>			<i>Had an illness that made you totally dependent on family member for care</i>		
	It			It			It		
	Save <u>life</u>	Stop <u>treatment</u>	depends/ <u>DK</u>	Save <u>life</u>	Stop <u>treatment</u>	depends/ <u>DK</u>	Save <u>life</u>	Stop <u>treatment</u>	depends/ <u>DK</u>
	%	%	%	%	%	%	%	%	%
<b>Total</b>	34	53	13=100	43	42	15=100	38	44	18=100
<b>Region</b>									
Northeast	32	56	12	46	40	14	35	48	17
Midwest	32	54	14	41	42	17	37	43	20
South	38	50	12	44	43	13	42	41	17
West	30	56	14	43	45	12	36	47	17
<b>Religious Affiliation</b>									
Total White Protestant	30	57	13	41	45	14	36	46	18
- Evangelical	34	48	18	48	37	15	43	37	20
- Non-Evangelical	26	66	8	33	53	14	29	54	17
White Catholic	27	59	14	41	45	14	36	46	18
Seculars	32	57	11	43	46	11	34	51	15
<b>Religion's Importance</b>									
Very important	40	45	15	48	37	15	43	38	19
Fairly important	26	64	10	38	49	13	34	52	14
Not very important	26	65	9	37	49	14	30	53	17
<b>Party and Ideology</b>									
Conservative Republican	41	47	12	52	37	11	46	39	15
Moderate/Liberal Rep.	36	55	9	42	45	13	41	44	15
Independent	32	56	12	40	48	12	37	47	16
Conservative/Mod. Dem.	36	56	8	47	40	13	35	47	18
Liberal Democrat	24	64	12	36	49	15	31	51	18
<b>Parent</b>									
Yes	37	49	14	49	39	12	44	40	16
No	32	56	12	41	44	15	35	46	19
<b>2004 Vote</b>									
Bush	35	52	13	45	42	13	42	41	17
Kerry	26	62	12	40	45	15	33	48	19
<b>Marital Status</b>									
Married	31	56	13	43	42	15	37	44	19
Unmarried	37	51	12	44	43	13	39	45	16
<b>Thought about own end-of-life preferences</b>									
A great deal	25	65	10	38	51	11	34	50	16
Some	33	54	13	45	41	14	37	44	19
Not very much/none	46	39	15	48	36	16	46	38	16
<b>Experienced illness of loved one</b>									
Yes	27	59	14	41	44	15	36	46	18
- Treatment issue arose	26	63	11	41	46	13	32	51	17
- Helped make decision	28	63	9	44	45	11	28	55	17
No experience	39	49	12	45	41	14	40	43	17

**TREND: DO EVERYTHING TO SAVE LIFE, OR SOMETIMES LET PATIENT DIE?**

	-----May 1990-----			-----November 2005-----		
	Do everything to save life	Sometimes let a patient die	It depends / DK / Ref	Do everything to save life	Sometimes let a patient die	DK/ Ref
	%	%	%	%	%	%
<b>Total</b>	15	73	12=100	22	70	8=100
<b>Sex</b>						
Male	15	73	12	22	70	8
Female	14	75	11	22	71	7
<b>Race</b>						
White	12	78	10	18	75	7
Non-white	29	55	16	40	50	10
Black	34	52	14	51	40	9
Hispanic*	--	--	--	40	49	11
<b>Race and Sex</b>						
White Men	13	75	12	19	74	7
White Women	11	79	10	16	77	7
<b>Age</b>						
Under 30	20	69	11	35	61	4
30-49	13	78	9	19	73	8
50-64	12	75	13	16	78	6
65+	13	72	15	20	69	11
<b>Sex and Age</b>						
Men under 50	16	73	11	25	67	8
Women under 50	16	76	8	24	70	6
Men 50+	13	73	14	18	75	7
Women 50+	12	74	14	18	73	9
<b>Education</b>						
College Grad.	9	83	8	15	79	6
Some College	14	73	13	21	72	7
H.S. Grad or Less	17	71	12	27	64	9
<b>Family Income**</b>						
Highest Quartile	9	85	6	15	79	6
Upper-Mid Quartile	15	77	8	19	77	4
Lower-Mid Quartile	16	74	10	27	68	5
Lowest Quartile	16	64	20	29	64	7

\* The designation Hispanic is unrelated to the white-black categorization.

\*\* For the purpose of comparison, income categories were roughly divided into quartiles. The exact income amount represented by each quartile varies slightly from 1990 to 2005.

Question: Which comes closer to your view? In all circumstances, doctors and nurses should do everything possible to save the life of a patient, OR sometimes there are circumstances where a patient should be allowed to die.

*Continued on next page...*

	-----May 1990-----			-----November 2005-----		
	Do everything to save life	Sometimes let a patient die	It depends / DK / Ref	Do everything to save life	Sometimes let a patient die	DK/ Ref
	%	%	%	%	%	%
<b>Total</b>	15	73	12=100	22	70	8=100
<b>Region</b>						
Northeast	14	74	12	20	70	10
Midwest	12	78	10	19	74	7
South	22	65	13	27	66	7
West	9	80	11	20	74	6
<b>Religious Affiliation</b>						
Total White Protestant	13	77	10	19	75	6
- Evangelical	19	71	10	26	66	8
- Non-Evangelical	8	82	10	12	84	4
White Catholic	11	77	12	14	80	6
Seculars	12	79	9	16	79	5
<b>Religious Attendance</b>						
Weekly or more	--	--	--	27	64	9
Monthly/few times a year	--	--	--	23	71	6
Seldom/never	--	--	--	16	78	6
<b>Religion's Importance</b>						
Very important	18	68	14	28	63	9
Fairly important	12	79	9	17	80	3
Not very important	8	86	6	11	83	6
<b>Party and Ideology</b>						
Conservative Republican	--	--	--	28	64	8
Moderate/Liberal Rep.	--	--	--	17	79	4
Conservative/Mod. Dem.	--	--	--	22	72	6
Liberal Democrat	--	--	--	9	85	6
<b>Parent</b>						
Yes	--	--	--	24	69	7
No	--	--	--	21	71	8
<b>2004 Vote</b>						
Bush	--	--	--	22	71	7
Kerry	--	--	--	15	81	4
<b>Marital Status</b>						
Married	12	76	12	18	74	8
Unmarried	18	71	11	26	67	7
<b>Thought about own end-of-life preferences</b>						
A great deal	9	85	6	16	79	5
Some	14	77	9	21	71	8
Not very much/none	20	63	17	31	60	9
<b>Experienced illness of loved one</b>						
Yes	--	--	--	18	76	6
- Treatment issue arose	--	--	--	14	82	4
- Helped make decision	--	--	--	12	84	4
No experience	--	--	--	25	67	8

## TREND: HAVE A LIVING WILL

	-----May 1990-----			-----November 2005-----			Change in Yes	(N)
	Yes %	No %	Never Heard of /DK/Ref %	Yes %	No %	Never Heard of /DK/Ref %		
<b>Total</b>	12	59	29=100	29	66	5=100	+17	(1500)
<b>Sex</b>								
Male	11	56	33=100	25	68	7=100	+14	(654)
Female	12	62	26=100	32	63	5=100	+20	(846)
<b>Race</b>								
White	12	62	26=100	31	65	4=100	+19	(1228)
Non-white	9	41	50=100	19	69	12=100	+10	(251)
Black	10	38	52=100	20	66	14=100	+10	(162)
Hispanic*	--	--	--	27	63	10=100	--	(80)
<b>Race and Sex</b>								
White Men	11	58	31=100	28	68	4=100	+17	(544)
White Women	14	65	21=100	35	62	3=100	+21	(684)
<b>Age</b>								
Under 30	3	53	44=100	12	76	12=100	+9	(221)
30-49	11	64	25=100	22	74	4=100	+11	(510)
50-64	17	60	23=100	37	62	1=100	+20	(408)
65+	19	54	27=100	54	41	5=100	+35	(337)
<b>Sex and Age</b>								
Men under 50	7	56	37=100	17	74	9=100	+10	(339)
Women under 50	9	64	27=100	20	76	4=100	+11	(392)
Men 50+	17	55	28=100	39	59	2=100	+22	(309)
Women 50+	18	59	23=100	49	48	4=100	+31	(436)
<b>Education</b>								
College Grad.	14	68	18=100	35	62	3=100	+21	(500)
Some College	10	64	26=100	27	69	4=100	+17	(370)
H.S. Grad or less	11	54	35=100	26	66	8=100	+15	(621)
<b>Family Income**</b>								
Highest Quartile	15	69	16=100	34	64	2=100	+19	(367)
Upper-Mid Quartile	9	62	29=100	27	69	4=100	+18	(399)
Lower-Mid Quartile	10	58	32=100	30	66	4=100	+20	(287)
Lowest Quartile	11	49	40=100	23	69	8=100	+12	(221)

\* The designation Hispanic is unrelated to the white-black categorization.

\*\* For the purpose of comparison, income categories were roughly divided into quartiles. The exact income amount represented by each quartile varies slightly from 1990 to 2005.

Question: Have you ever heard of a "living will"?  
 IF YES: Do you happen to have a "living will" for yourself?

*Continued on next page...*

	-----May 1990-----			-----November 2005-----			Change in Yes	(N)
	Yes %	No %	Never Heard of /DK/Ref %	Yes %	No %	Never Heard of /DK/Ref %		
<b>Total</b>	12	59	29=100	29	66	5=100	+17	(1500)
<b>Region</b>								
Northeast	9	55	36=100	30	66	4=100	+21	(275)
Midwest	10	67	23=100	26	70	4=100	+16	(347)
South	15	51	34=100	33	61	6=100	+18	(576)
West	13	63	24=100	24	68	8=100	+11	(302)
<b>Religious Affiliation</b>								
Total White Protestant	14	62	24=100	32	64	4=100	+18	(648)
- Evangelical	15	57	28=100	31	66	3=100	+16	(312)
- Non-Evangelical	13	66	21=100	34	63	3=100	+21	(336)
White Catholic	8	62	30=100	36	61	3=100	+28	(264)
Seculars	12	59	29=100	20	74	6=100	+8	(179)
<b>Religious Attendance</b>								
Weekly or more	--	--	--	34	61	5=100	--	(562)
Monthly/few times year	--	--	--	27	67	6=100	--	(479)
Seldom/never	--	--	--	24	72	4=100	--	(435)
<b>Religion's Importance</b>								
Very important	13	58	29=100	32	63	5=100	+19	(883)
Fairly important	10	63	27=100	26	70	4=100	+16	(340)
Not very important	11	55	34=100	24	72	4=100	+13	(246)
<b>Party and Ideology</b>								
Conservative Rep.	--	--	--	35	61	4=100	--	(278)
Moderate/Liberal Rep.	--	--	--	27	71	2=100	--	(134)
Cons./Mod. Dem.	--	--	--	28	67	5=100	--	(307)
Liberal Democrat	--	--	--	23	71	6=100	--	(172)
<b>Parent</b>								
Yes	--	--	--	25	72	3=100	--	(479)
No	--	--	--	31	63	6=100	--	(1019)
<b>2004 Vote</b>								
Bush	--	--	--	35	62	3=100	--	(534)
Kerry	--	--	--	30	66	4=100	--	(490)
<b>Marital Status</b>								
Married	12	62	26=100	32	65	3=100	+20	(808)
Unmarried	11	55	34=100	26	67	7=100	+15	(678)
<b>Thought about own end-of-life preferences</b>								
A great deal	22	57	21=100	49	49	2=100	+27	(581)
Some	8	62	30=100	20	77	3=100	+12	(527)
Not very much/none	7	58	35=100	15	74	11=100	+8	(377)
<b>Experienced illness of loved one</b>								
Yes	--	--	--	33	63	4=100	--	(641)
- Treatment issue arose	--	--	--	37	60	3=100	--	(358)
- Helped in decision	--	--	--	45	54	1=100	--	(174)
No experience	--	--	--	26	68	6=100	--	(853)

**PEW RESEARCH CENTER FOR THE PEOPLE & THE PRESS**  
**NOVEMBER 2005 THE RIGHT TO DIE, II**  
**FINAL TOPLINE**  
**November 9 - 27, 2005**  
**N=1,500**

**ROTATE Q.1 AND Q.2**

Q.1 Generally, how would you say things are these days in your life -- would you say that you are very happy, pretty happy, or not too happy?

		Late March <u>2003</u>	Feb <u>2003</u>	Sept <u>1996</u>	Sept <u>1992</u>	Late Jan <u>1991</u> <sup>1</sup>	<i>NORC</i> Feb <u>1990</u>
29	Very happy	29	29	34	17	12	33
56	Pretty happy	51	51	53	48	52	58
14	Not too happy	16	17	11	34	33	9
<u>1</u>	Don't know/Refused	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>3</u>	<u>1</u>
100		100	100	100	100	100	100

Q.2 All in all, are you satisfied or dissatisfied with the way things are going in this country today?

	<u>Sat- isfied</u>	<u>Dis- satisfied</u>	<u>No Opinion</u>
November, 2005	34	59	7=100
Early October, 2005	29	65	6=100
July, 2005	35	58	7=100
Late May, 2005	39	57	4=100
February, 2005	38	56	6=100
January, 2005	40	54	6=100
December, 2004	39	54	7=100
Mid-October, 2004	36	58	6=100
July, 2004	38	55	7=100
May, 2004	33	61	6=100
Late February, 2004	39	55	6=100
Early January, 2004	45	48	7=100
December, 2003	44	47	9=100
October, 2003	38	56	6=100
August, 2003	40	53	7=100
April, 2003 <sup>2</sup>	50	41	9=100
January, 2003	44	50	6=100
November, 2002	41	48	11=100
September, 2002 <sup>3</sup>	41	55	4=100
Late August, 2002	47	44	9=100
May, 2002	44	44	12=100

<sup>1</sup> For Late January 1991 and February 1990 the question was worded "Taken all together, how would you say things are these days..."

<sup>2</sup> Asked April 8, 2003 only; N=395.

<sup>3</sup> The September 2002 trend is from a Pew Global Attitudes Project survey, fielded August 19 to September 8, 2002 and released December 4, 2002.

**Q.2 CONTINUED...**

	<u>Sat- isfied</u>	<u>Dis- satisfied</u>	<u>No Opinion</u>
March, 2002	50	40	10=100
Late September, 2001	57	34	9=100
Early September, 2001	41	53	6=100
June, 2001	43	52	5=100
March, 2001	47	45	8=100
February, 2001	46	43	11=100
January, 2001	55	41	4=100
October, 2000 (RVs)	54	39	7=100
September, 2000	51	41	8=100
June, 2000	47	45	8=100
April, 2000	48	43	9=100
August, 1999	56	39	5=100
January, 1999	53	41	6=100
November, 1998	46	44	10=100
Early September, 1998	54	42	4=100
Late August, 1998	55	41	4=100
Early August, 1998	50	44	6=100
February, 1998	59	37	4=100
January, 1998	46	50	4=100
September, 1997	45	49	6=100
August, 1997	49	46	5=100
January, 1997	38	58	4=100
July, 1996	29	67	4=100
March, 1996	28	70	2=100
October, 1995	23	73	4=100
June, 1995	25	73	2=100
April, 1995	23	74	3=100
July, 1994	24	73	3=100
March, 1994	24	71	5=100
October, 1993	22	73	5=100
September, 1993	20	75	5=100
May, 1993	22	71	7=100
January, 1993	39	50	11=100
January, 1992	28	68	4=100
November, 1991	34	61	5=100
Late February, 1991 (Gallup)	66	31	3=100
August, 1990	47	48	5=100
May, 1990	41	54	5=100
January, 1989	45	50	5=100
September, 1988 (RVs)	50	45	5=100
May, 1988	41	54	5=100
January, 1988	39	55	6=100

Q.3 We're interested in what things people are talking about with family, friends and co-workers. As I read from a list, tell me if this is something that you've talked about recently, or not? (First,) how about...(INSERT ITEM; ROTATE)

	<u>Yes</u>	<u>No</u>	<u>Don't know/ Refused</u>
a. News about the current situation in Iraq	78	22	*=100
b. The high price of gasoline these days	91	9	*=100
c. How good a job President Bush is doing these days	69	30	1=100
d. The indictment of Vice President Cheney's chief of staff Lewis "Scooter" Libby	36	63	1=100
e. Recent movies now in the theaters	46	54	*=100
January, 1998 <i>Movies like Titanic and Amistad</i>	64	36	*=100
f. Hurricanes that struck the U.S. this year	89	11	*=100
January, 1998 <i>Unusual winter weather</i>	85	15	*=100
g. The outbreak of a flu spread by birds or chickens	54	46	*=100
January, 1998	56	44	*=100
h. President Bush's nominations for the Supreme Court	52	47	1=100

Q.4 Now I have some questions on the subject of aging. First, do you think you would like to live to be 100 years old, or not?

	<u>May 1990</u>
43 Yes	39
47 No	49
8 It depends (VOL.)	9
<u>2</u> Don't know/Refused (VOL.)	<u>3</u>
100	100

Q.5 When you think about getting old, what do you LOOK FORWARD TO the most? (**DO NOT READ, ACCEPT MULTIPLE RESPONSES**)

	<u>May 1990</u>
35 Not having to work, having free time, retirement	46
19 Ability to share lives of family, children, grandchildren, etc.	14
10 Having good health/being active	13
4 Travel	7
2 Being able to experience changes in the world	3
18 Other	15
9 Nothing	8
6 Don't know	7

Q.6 When you think about getting old, what WORRIES you the most? (**DO NOT READ, ACCEPT MULTIPLE RESPONSES**)

	<u>May 1990</u>
32 General health problems, unspecified	31
19 Being poor/income problems	23
8 Being unable to take care of self, being dependent	11
4 Dying	5
3 Health care/insurance costs	-
3 Being alone	3
2 Being unable to do things I enjoy (sports, sex, work)	3
1 My mind/senility/mental health	4
1 Getting some other disease	3
1 Getting Alzheimer's disease	1
1 Worries about children/grandchildren	-
1 Social security mentions	-
1 Getting cancer	1
12 Other	11
13 Nothing	11
1 Don't know	4

Q.7 Which comes closer to your view? In all circumstances, doctors and nurses should do everything possible to save the life of a patient. Or, sometimes there are circumstances where a patient should be allowed to die.

	<u>May 1990</u>
22 Always save a life	15
70 Sometimes let a patient die	73
<u>8</u> It depends ( <b>VOL-1990</b> )/DK ( <b>VOL</b> )	<u>12</u>
100	100

**ASK FORM 1 ONLY [N=748]:**

Q.8F1 In some states, it's legal to stop medical treatment that is keeping a terminally ill patient alive, or never start the treatment in the first place, if that's what the patient wants. Do you approve or disapprove of laws that let PATIENTS decide about being kept alive through medical treatment?

	<u>May 1990</u>
84 Approve	79
10 Disapprove	13
<u>6</u> It depends ( <b>VOL-1990</b> )/DK ( <b>VOL</b> )	<u>8</u>
100	100

**ASK FORM 2 ONLY [N=752]**

Q.9F2 In some states, it's legal for doctors to prescribe lethal doses of drugs that a terminally ill patient could use themselves to commit suicide. Do you approve or disapprove of laws that let doctors assist patients who want to end their lives this way?

46	Approve
45	Disapprove
<u>9</u>	Don't know/Refused (VOL.)
100	

**ASK ALL**

Q.10 How much ATTENTION do you think doctors and nurses pay to instructions from patients about whether or not they want treatment to keep them alive? Do you think doctors and nurses pay a lot of attention, some attention, or very little attention to patients' instructions?

		<u>May 1990</u>
30	A lot of attention	20
38	Some attention	37
17	Very little attention	26
2	No attention at all (VOL.)	2
<u>13</u>	Don't know	<u>15</u>
100		100

Q.11 When a severely handicapped child is born, do you think the parents have the right to REFUSE medical treatment that might save the infant's life, or do you think the infant, no matter how handicapped, should receive as MUCH treatment as possible?

		<u>May 1990</u>
28	Parents can refuse treatment	32
60	Should receive most treatment possible	52
<u>12</u>	It depends (VOL-1990)/DK (VOL)	<u>16</u>
100		100

Q.12 Do you think a person has a moral right to end his or her own life under any of the following circumstances? First, . . . (READ IN ORDER)

		Depends (VOL-1990)/ Don't		
		<u>Yes</u>	<u>No</u>	<u>Know (VOL)</u>
a.	when this person has a disease that is incurable?	53	39	8=100
	May, 1990	49	41	10=100
	April, 1975 <i>Gallup</i>	40	53	7=100
b.	when this person is suffering great pain and has no hope of improvement?	60	34	6=100
	May, 1990	55	34	11=100
	April, 1975 <i>Gallup</i>	41	51	8=100
c.	when this person is an extremely heavy burden on his or her family?	29	62	9=100
	May, 1990	29	57	14=100
	April, 1975 <i>Gallup</i>	20	72	8=100

**QUESTION 12 CONTINUED...**

	Depends ( <b>VOL-1990</b> )/ Don't		
	<u>Yes</u>	<u>No</u>	<u>Know (VOL)</u>
d. when this person is ready to die because living has become a burden? May, 1990	33 27	58 59	9=100 14=100

I have a few more questions on this subject, and some may be hard for you to think about. Because of the importance of these issues, we very much appreciate your honest answers. If there's any question that you really don't want to answer, please just tell me.

Q.13 If a patient with a terminal disease is unable to communicate and has not made his or her own wishes known in advance, should the closest family member be allowed to decide whether to continue medical treatment, or should a family member not be allowed to make this decision?

	<u>May 1990</u>
74 Allowed	71
15 Not allowed	16
5 It depends ( <b>VOL.</b> )	5
<u>6</u> Don't know	<u>8</u>
100	100

**ASK FORM 1 ONLY [N=748]:**

Q.14F1 We sometimes hear of cases where a person has killed a spouse because the husband or wife was suffering terrible pain from a terminal disease. Do you think the actions of these people are never justified, sometimes justified, or always justified?

	<u>May 1990</u>
29 Never justified	20
55 Sometimes justified	63
6 Always justified	7
<u>10</u> Don't know	<u>10</u>
100	100

**ASK FORM 2 ONLY [N=752]:**

Q.15F2 We sometimes hear of cases where a person has helped a spouse commit suicide because the husband or wife was suffering terrible pain from a terminal disease. Do you think the actions of these people are never justified, sometimes justified, or always justified?

25 Never justified
53 Sometimes justified
14 Always justified
<u>8</u> Don't know/Refused ( <b>VOL.</b> )
100

**ASK ALL:**

Q.16 Can you imagine you, YOURSELF, taking action like this if someone you loved was suffering terribly from an illness that was terminal?

		<u>May 1990</u>
33	Yes	28
58	No	59
<u>9</u>	It depends ( <b>VOL-1990</b> )/DK ( <b>VOL</b> )	<u>13</u>
100		100

Q.17 Now I'm going to describe a few medical situations that sometimes happen, and for each one, please tell me what you would want YOUR OWN DOCTOR to do, if you could make the choice. If you had a disease with no hope of improvement and you were suffering a great deal of physical pain, would you tell your doctor to do EVERYTHING POSSIBLE to save your life, or would you tell your doctor to STOP TREATMENT so you could die?

		<u>May 1990</u>
34	Do everything possible to save life	28
53	Stop treatment	59
6	It depends ( <b>VOL.</b> )	6
<u>7</u>	Don't know/Refused ( <b>VOL.</b> )	<u>7</u>
100		100

Q.18 How about if you had a disease with no hope of improvement that made it hard for you to function in your day-to-day activities? (**REPEAT IF NECESSARY:** Would you tell your doctor to do EVERYTHING POSSIBLE to save your life, or would you tell your doctor to STOP TREATMENT so you could die?)

		<u>May 1990<sup>4</sup></u>
43	Do everything possible to save life	40
42	Stop treatment	44
5	It depends ( <b>VOL.</b> )	8
<u>10</u>	Don't know/Refused ( <b>VOL.</b> )	<u>8</u>
100		100

Q.19 How about if you had an illness that made you totally dependent on a family member or other person for all of your care? (**REPEAT IF NECESSARY:** Would you tell your doctor to do EVERYTHING POSSIBLE to save your life, or would you tell your doctor to STOP TREATMENT so you could die?)

		<u>May 1990<sup>5</sup></u>
38	Do everything possible to save life	31
44	Stop treatment	51
7	It depends ( <b>VOL.</b> )	7
<u>11</u>	Don't know/Refused ( <b>VOL.</b> )	<u>11</u>
100		100

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<sup>4</sup> In May 1990 the following statement was EXCLUDED from the end of the question: "...so you could die?"

<sup>5</sup> In May 1990 the following statement was EXCLUDED from the end of the question: "...so you could die?"

Q.20 These next questions are about your parents. First, is your **(RANDOMLY ROTATE “mother/father”)** still living?

			<i>May 1990</i>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
61	47	Yes	63	49
39	51	No	37	51
*	2	Don't know/Refused (VOL.)	*	*
<u>100</u>	<u>100</u>		<u>100</u>	<u>100</u>

**ASK IF “NO/REFUSED” (2,9 IN Q.20):**

Q.21 Is your **(PARENT NOT ASKED ABOUT ABOVE)** still living?

**SUMMARY OF Q.20/Q.21**

66	Has at least one living parent
33	No living parent
<u>1</u>	Don't know/Refused (VOL.)
<u>100</u>	

**[NOTE: ONE PARENT SELECTED FROM Q.20/Q.21 FOR FOLLOWING]**

**ASK Q22-Q27 IF PARENT LIVING [N=887]:**

Q.22 What do you think your father/mother would want his/her doctor to do in these same situations? If he/she had a disease with no hope of improvement and was suffering a great deal of physical pain, do you think he/she would want HIS/HER OWN DOCTOR to do everything possible to save his/her life, or would he/she want the doctor to stop treatment so he/she could die?

			<i>May 1990</i>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
35	34	Do everything possible to save life	31	32
52	51	Stop treatment	54	50
1	2	It depends (VOL.)	2	2
<u>12</u>	<u>13</u>	Don't know/Refused (VOL.)	<u>13</u>	<u>16</u>
<u>100</u>	<u>100</u>		<u>100</u>	<u>100</u>

Q.23 How about if he/she had a disease with no hope of improvement that made it hard to function in day-to-day activities? **(REPEAT IF NECESSARY: Do you think he/she would want the doctor to do EVERYTHING POSSIBLE to save his/her life, or would he/she want the doctor to STOP TREATMENT so he/she could die?)**

			<i>May 1990<sup>6</sup></i>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
44	41	Do everything possible to save life	39	38
41	43	Stop treatment	43	42
3	2	It depends (VOL.)	2	2
<u>12</u>	<u>14</u>	Don't know/Refused (VOL.)	<u>16</u>	<u>18</u>
<u>100</u>	<u>100</u>		<u>100</u>	<u>100</u>

<sup>6</sup> In May 1990 the following statement was EXCLUDED from the end of the question: “...so he/she could die?”

Q.24 How about if he/she had an illness that made him/her totally dependent on a family member or other person for all of his/her care? (**REPEAT IF NECESSARY:** Do you think he/she would want the doctor to do EVERYTHING POSSIBLE to save his/her life, or would he/she want the doctor to STOP TREATMENT so he/she could die?)

			<i>May 1990</i> <sup>7</sup>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
47	41	Do everything possible to save life	33	32
37	45	Stop treatment	49	48
2	1	It depends ( <b>VOL.</b> )	2	2
<u>14</u>	<u>13</u>	Don't know/Refused ( <b>VOL.</b> )	<u>16</u>	<u>18</u>
100	100		100	100

Q.25 Have you ever had a conversation with your father/mother (**ASK ABOUT SAME PARENT AS Q. 24**) about his/her wishes for medical treatment in circumstances like those we've been talking about?

			<i>May 1990</i>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
57	48	Yes	43	28
43	51	No	56	72
*	<u>1</u>	Don't know/Refused ( <b>VOL.</b> )	<u>1</u>	*
100	100		100	100

Q.26 As far as you know, are his/her wishes regarding medical treatment written down somewhere?

			<i>May 1990</i>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
40	38	Yes	16	16
44	39	No	67	64
<u>16</u>	<u>23</u>	Don't know/Refused ( <b>VOL.</b> )	<u>17</u>	<u>20</u>
100	100		100	100

Q.27 How old is your father/mother (**ASK ABOUT SAME PARENT AS Q. 24**)? (**RECORD EXACT AGE**)

			<i>May 1990</i> <sup>8</sup>	
<u>Mother</u>	<u>Father</u>		<u>Mother</u>	<u>Father</u>
13	11	Less than 50 years old	19	15
27	25	50-59	28	31
22	28	60-69	28	32
20	19	70-79	15	16
15	13	80 or older	9	6
<u>3</u>	<u>4</u>	Don't know/refused	<u>1</u>	*
100	100		100	100

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<sup>7</sup> In May 1990 the following statement was EXCLUDED from the end of the question: "...so he/she could die?"

<sup>8</sup> In May 1990 ages were recorded in ranges instead of exact age using the question: "About what age is your father/mother?"

MARITAL Are you currently married, living with a partner, divorced, separated, widowed, or have you never been married? (IF R SAYS "SINGLE," PROBE TO DETERMINE WHICH CATEGORY IS APPROPRIATE)

51	Married
6	Living with a partner
10	Divorced
2	Separated
8	Widowed
22	Never been married
0	Single (VOL.)
<u>1</u>	Don't know/Refused (VOL.)
100	

**ASK MARRIED (1 IN MARITAL) [N=808]:**

Q.28 Have you ever had a conversation with your husband/wife about his/her wishes for medical treatment in circumstances like those we've been talking about?

		<u>May 1990</u>
69	Yes	51
30	No	49
<u>1</u>	Don't know/Refused (VOL.)	<u>*</u>
100		100

Q.29 As far as you know, are his/her wishes written down somewhere?

		<u>May 1990</u>
27	Yes	11
70	No	87
<u>3</u>	Don't know/Refused (VOL.)	<u>2</u>
100		100

**ASK ALL:**

Q.30 Before today, how much had you thought about your own wishes for medical treatment if you were in the kind of circumstances like those we've been talking about? Had you given this a great deal of thought, some thought, not very much thought, or no thought at all?

		<u>May 1990</u>
35	A great deal of thought	28
36	Some thought	36
18	Not very much thought	22
10	No thought at all	13
<u>1</u>	Don't know/Refused (VOL.)	<u>1</u>
100		100

Q.31 Are your own wishes for medical treatment written down somewhere?

		<b>Based on Total<sup>9</sup></b>		<b>Based on those who have given thought to issues (Q30=1,2,3)</b>	
		<u>Nov 2005</u>	<u>May 1990</u>	<u>Nov 2005</u>	<u>May 1990</u>
27	Yes	27	12	29	13
72	No	63	75	70	87
-	<i>Given no thought (Q30=4)</i>	(10)	(13)	-	-
<u>1</u>	Don't know/Refused (VOL.)	*	*	<u>1</u>	*
100		100	100	100	100

Q.32 With whom, if anyone, have you discussed your wishes for your own medical treatment in these kinds of circumstances? (OPEN END; DO NOT READ. ACCEPT MULTIPLE RESPONSES. PROBE FOR SPECIFICITY IF R SAYS "FAMILY MEMBER." PROBE FOR "ANY OTHERS?")

		<b>Based on Total</b>		<b>Based on those who have given thought to issues (Q30=1,2,3)</b>	
		<u>Nov 2005</u>	<u>May 1990</u>	<u>Nov 2005</u>	<u>May 1990</u>
38	Husband/wife	37	30	42	35
17	Child	17	13	19	15
14	Parent	14	13	15	15
12	Other relative	11	12	13	13
5	Friend	5	8	5	9
2	Doctor or nurse	2	3	2	4
2	All family	2	-	2	-
1	Attorney/lawyer	1	-	2	-
*	Minister or priest	*	*	*	*
4	Other	4	2	4	3
27	No one	19	31	22	36
-	<i>Given no thought (Q30=4)</i>	(10)	(13)	-	-
1	Don't know/Refused (VOL.)	1	*	1	*

Q.33 Have you ever heard of a "living will"?

ASK IF 'YES' (1 IN Q.33):

Q.35 Do you happen to have a "living will" for yourself?

		<u>May 1990</u>
95	Yes, have heard of living will	71
29	Yes, have a living will	12
66	No, do not have one	59
*	Don't know/refused	*
5	No, have not heard of a living will	28
<u>0</u>	Don't know/Refused (VOL.)	<u>1</u>
100		100

## NO QUESTION 34

<sup>9</sup> In 1990, respondents who said they had given no thought at all to their own wishes for medical treatment were not asked whether their wishes were written down somewhere (Q.31) or with whom they had discussed their wishes (Q.32).

**ASK ALL:**

Q.36 Have you had any personal experience in the last five years with a relative or close friend suffering from a terminal illness or in a coma?

		<i>Kaiser/Harvard/ Boston Globe</i>
		<u>Oct 1991</u>
42	Yes	42
58	No	57
<u>*</u>	Don't know/Refused (VOL.)	<u>1</u>
100		100

**ASK IF YES (1 IN Q.36) [N=641]:**

Q.37 How recently did this happen? Within the past 12 months, within the past two years, or before that?

31	Within past 12 months
27	Within past 2 years
41	Before that
<u>1</u>	Don't know/Refused (VOL.)
100	

Q.38 Did the issue of withholding life-sustaining treatment come up, or not?

		<i>Kaiser/Harvard/ Boston Globe</i>
		<u>Oct 1991</u> <sup>10</sup>
<b>BASED ON TOTAL [N=1500]:</b>		
23	Yes, issue came up	21
18	No	20
1	Don't know/Refused (VOL.)	1
<u>58</u>	No personal experience with terminal illness	<u>58</u>
100		100

**ASK IF 'YES' (1 IN Q.38):**

Q.39 When this happened, did you help at all in making decisions about how much medical treatment should be given?

<b>BASED ON TOTAL [N=1500]:</b>	
10	Yes, helped to make medical treatment decisions
13	No, did not help
0	Don't know/Refused (VOL.)
<u>77</u>	No personal experience with this issue
100	

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<sup>10</sup> The question from the October 1991 survey from the Kaiser Foundation/Harvard School of Public Health/Boston Globe was worded: "Was the issue of whether or not it was appropriate to withhold life-sustaining treatment raised by the family or a doctor at any time?"

**ASK ALL:**

**ROTATE Q.40 AND Q.41**

Q.40 In March, Congress passed a bill that required the federal courts to hear the case of Terri Schiavo, the brain-damaged Florida woman who later died after her feeding tube was removed... Do you believe that Congress did the right thing in getting involved in the case, or do you think Congress should have stayed out of the case?

		<u>July 2005</u>
17	Believe that Congress did the right thing	20
72	Believe that Congress should have stayed out of the case	74
<u>11</u>	Don't know/Refused (VOL.)	<u>6</u>
100		100

Q.41 Which political party -- the REPUBLICAN Party or the DEMOCRATIC Party -- do you think could do a better job of dealing with issues related to end-of-life decisions?

22	Republican Party
34	Democratic Party
2	Both Equally (VOL.)
16	Neither (VOL.)
<u>26</u>	Don't know/Refused (VOL.)
100	

**ROTATE Q.42 AND Q.43**

Q.42 Which comes closer to your view? Abortion should be generally available to those who want it; Abortion should be available but under stricter limits than it is now; Abortion should be against the law except in cases of rape, incest and to save the woman's life; Abortion should not be permitted at all.

		<u>July 2005</u>	<u>June 1997</u>	<u>June 1996</u>	<u>CBS/NYT Feb 1996</u>
30	Generally available	35	30	32	36
19	Available, but under stricter limits	23	21	24	22
31	Against law except rape/incest/save life	31	36	33	34
16	Abortion should not be permitted at all	9	12	9	7
<u>4</u>	Don't know/Refused (VOL.)	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>
100		100	100	100	100

Q.43 Do you favor or oppose the death penalty for persons convicted of murder?

		<u>July<sup>11</sup> 2005</u>	Mid- <u>July 2003</u>	<u>March 2002</u>	<u>March 2001</u>	<u>Sept 1999</u>	<u>June 1996</u>
61	Favor	68	64	67	66	74	78
27	Oppose	24	30	26	27	22	18
<u>12</u>	Don't know/Refused (VOL.)	<u>8</u>	<u>6</u>	<u>7</u>	<u>7</u>	<u>4</u>	<u>4</u>
100		100	100	100	100	100	100

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<sup>11</sup> The trend from July 2005 and before was part of a series of items. The question was worded: "I'd like to get your views on some issues that are being discussed in this country today. All in all, do you strongly favor, favor, oppose, or strongly oppose the death penalty for persons convicted of murder?"

I just have a few more questions that will be used for statistical purposes.

**ASK FORM 1 ONLY [N=748]:**

**COMPUTER** Do you use a computer at your workplace, at school, at home or anywhere else on at least an occasional basis?

**ASK ALL:**

**INTERNET** Do you ever go online to access the Internet or World Wide Web or to send and receive email?

**Based on Total Respondents:**

	<i>Computer User</i>			<i>Goes Online</i>		
	<u>Yes</u>	<u>No</u>	<u>DK/Ref</u>	<u>Yes</u>	<u>No</u>	<u>DK/Ref</u>
Late November, 2005	77	23	*=100	72	28	*=100
September, 2005	77	22	1=100	72	27	1=100
June, 2005	77	23	*=100	69	31	*=100
Late May, 2005	76	24	*=100	70	29	1=100
Mid-March, 2005	78	22	*=100	72	28	0=100
December, 2004	80	20	*=100	72	28	*=100
Mid-October, 2004	79	21	*=100	72	28	*=100
Early September, 2004	78	22	*=100	72	28	*=100
August, 2004	75	25	*=100	68	32	0=100
April, 2004	73	27	0=100	66	34	*=100
March, 2004 <sup>12</sup>	75	25	*=100	68	32	*=100
August, 2003	77	23	*=100	67	33	*=100
Mid-July, 2003	75	25	*=100	65	35	*=100
June, 2003	75	25	0=100	67	33	0=100
January, 2003	76	24	0=100	67	33	*=100
December, 2002	76	24	*=100	67	33	*=100
Early October, 2002	75	25	*=100	63	37	*=100
August, 2002	78	22	*=100	69	31	*=100
June, 2002	74	26	*=100	66	34	*=100
May, 2002	75	25	*=100	66	34	*=100
April, 2002	71	29	*=100	62	38	0=100
February, 2002	71	29	*=100	62	38	0=100
January, 2002	73	27	0=100	62	38	0=100
Mid-November, 2001	73	27	0=100	62	38	0=100
Mid-September, 2001	72	28	*=100	62	38	*=100
June, 2001	72	28	*=100	62	38	0=100
May, 2001	75	25	*=100	64	36	0=100
April, 2001	72	28	*=100	62	38	0=100
February, 2001	72	28	0=100	60	40	*=100
January, 2001	71	29	*=100	61	39	0=100
July, 2000	68	31	1=100	55	45	*=100
June, 2000	68	31	1=100	56	44	*=100
April, 2000	68	32	*=100	54	46	*=100
March, 2000 <sup>13</sup>	72	28	0=100	61	39	0=100
February, 2000	67	33	*=100	52	48	0=100
January, 2000	68	32	*=100	52	48	*=100

<sup>12</sup> Beginning in 2004, the online use question is asked of all respondents (in previous years it was asked only of those who identified themselves as computer users). This modification was made to adjust to changes in technology and means of access to the Internet, and increases the percent who are classified as Internet users by 1-2 percentage points.

<sup>13</sup> In March 2000, "or anywhere else" was added to the question wording.

**COMPUTER CONTINUED...**

**Based on Total Respondents:**

	<i>Computer User</i>			<i>Goes Online</i>		
	<u>Yes</u>	<u>No</u>	<u>DK/Ref</u>	<u>Yes</u>	<u>No</u>	<u>DK/Ref</u>
December, 1999	67	33	*=100	53	47	0=100
October, 1999	67	33	*=100	50	50	0=100
Late September, 1999	68	32	*=100	52	48	*=100
September, 1999	70	30	*=100	53	47	0=100
August, 1999	67	33	*=100	52	48	0=100
July, 1999	68	32	*=100	49	51	0=100
June, 1999	64	35	1=100	50	50	*=100
May, 1999	66	33	1=100	48	52	0=100
April, 1999	71	29	*=100	51	49	*=100
March, 1999	68	32	*=100	49	51	*=100
February, 1999	68	32	*=100	49	51	*=100
January, 1999	69	31	*=100	47	53	*=100
Early December, 1998	64	36	*=100	42	58	0=100
November, 1998	--	--	--	37	63	*=100
Early September, 1998	64	36	*=100	42	58	*=100
Late August, 1998	66	34	0=100	43	57	*=100
Early August, 1998	66	34	*=100	41	59	*=100
April, 1998	61	39	*=100	36	64	0=100
January, 1998	65	35	*=100	37	63	0=100
November, 1997	66	34	*=100	36	63	1=100
June, 1997	60	40	0=100	29	71	0=100
Early September, 1996	56	44	*=100	22	78	0=100
July, 1996	56	44	*=100	23	77	0=100
April, 1996	58	42	*=100	21	79	*=100
March, 1996	61	39	*=100	22	78	0=100
February, 1996	60	40	0=100	21	79	*=100
January, 1996	59	41	0=100	21	79	0=100
June, 1995 <sup>14</sup>	--	--	--	14	86	*=100

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<sup>14</sup> The 1995 figure combines responses from two separate questions: (1) Do you or anyone in your household ever use a modem to connect to any computer bulletin boards, information services such as CompuServe or Prodigy, or other computers at other locations? (IF YES, PROBE: Is that you, someone else or both?) (2) Do you, yourself, ever use a computer at (work) (school) (work or school) to connect with computer bulletin boards, information services such as America Online or Prodigy, or other computers over the Internet?

**IF R ATTENDS RELIGIOUS SERVICES AT LEAST ONCE OR TWICE A MONTH  
(ATTEND=1,2,3) ASK [N=770]:**

Q.44 Does the clergy at your place of worship ever speak out on the issue of **(READ AND RANDOMIZE)**

	<u>Yes</u>	<u>No</u>	<u>DK</u>
a. Abortion	52	45	3=100
October, 2003	63	35	2=100
June, 1996	60	39	1=100
b. The situation in Iraq	50	47	3=100
October, 2003	53	45	2=100
March, 2003 <sup>15</sup>	57	41	2=100
c. The death penalty	27	69	4=100
October, 2003	28	69	3=100
June, 1996	27	70	3=100
d. Assisted suicide or end-of-life decisions	33	64	3=100
June, 1996 <sup>16</sup>	29	66	5=100

**ASK ALL:**

PARTY In politics TODAY, do you consider yourself a Republican, Democrat, or Independent?

<i>Trend</i>	<u>Republican</u>	<u>Democrat</u>	<u>Independent</u>	(VOL)	(VOL)	Don't know
				No Preference	Other Party	
Late November, 2005	27	34	29	5	1	4=100
Early November, 2005	28	34	31	5	*	2=100
Late October, 2005	29	33	31	5	*	2=100
Early October, 2005	26	34	34	4	*	2=100
September 8-11, 2005	31	32	33	3	*	1=100
September 6-7, 2005	27	33	33	4	*	3=100
July, 2005	31	34	29	4	*	2=100
June, 2005	30	32	32	4	*	2=100
Mid-May, 2005	30	34	29	4	*	3=100
Late March, 2005	29	32	36	2	*	1=100
Mid-March, 2005	30	34	29	4	*	3=100
February, 2005	31	32	30	4	1	2=100
January, 2005	32	33	30	4	*	1=100
December, 2004	31	34	30	3	*	2=100

<sup>15</sup> In March 2003 the question was not asked as part of a list and was worded: "Has the clergy at your place of worship spoken recently about the issue of war with Iraq, or not?"

<sup>16</sup> In June 1996, the item was worded "right to die laws."

**PARTY CONTINUED...**

	<u>Republican</u>	<u>Democrat</u>	<u>Independent</u>	<u>No Preference</u>	(VOL) Other Party	(VOL) Don't know
<i>Yearly Totals</i>						
2004	30	33	30	4	*	3=100
2003	30	31	31	5	*	3=100
2002	30	31	30	5	1	3=100
2001	29	34	29	5	*	3=100
<i>2001 Post-Sept 11</i>	<i>31</i>	<i>32</i>	<i>28</i>	<i>5</i>	<i>1</i>	<i>3=100</i>
<i>2001 Pre-Sept 11</i>	<i>28</i>	<i>35</i>	<i>30</i>	<i>5</i>	<i>*</i>	<i>2=100</i>
2000	28	33	29	6	*	4=100
1999	27	33	34	4	*	2=100
1998	28	33	32	5	*	2=100
1997	28	33	32	4	1	2=100
				No Preference/		
	<u>Republican</u>	<u>Democrat</u>	<u>Independent</u>	<u>Other/DK</u>		
1996	29	33	33	5=100		
1995	32	30	34	4=100		
1994	30	32	34	4=100		
1993	27	34	34	5=100		
1992	28	33	35	4=100		
1991	31	32	33	4=100		
1990	31	33	30	6=100		
			Independent/			
	<u>Rep</u>	<u>Dem</u>	<u>No Pref/Oth/DK</u>			
1989	33	33	34=100			
1987	26	35	39=100			

**IF ANSWERED 3, 4, 5 OR 9 IN PARTY, ASK:**

PARTYLN As of today do you lean more to the Republican Party or more to the Democratic Party?

	<u>Republican</u>	<u>Democrat</u>	<u>Refused to lean</u>
Late November, 2005	9	13	17=39%
Early November, 2005	11	14	13=38%
Late October, 2005	11	15	12=38%
Early October, 2005	11	18	11=40%
September 8-11, 2005	10	18	9=37%
September 6-7, 2005	10	15	15=40%
July, 2005	9	15	11=35%
June, 2005	10	16	12=38%
Mid-May, 2005	9	13	14=36%
Late March, 2005	13	17	9=39%
December, 2004	14	12	9=35%
August, 2003	12	16	14=42%
August, 2002	12	13	13=38%
September, 2000	11	13	15=39%
Late September, 1999	14	15	16=45%
August, 1999	15	15	12=42%