American Views on Assisted Suicide

Representative Survey of 1,000 Americans
Methodology

LifeWay Research conducted the study Sept. 27 – Oct. 1, 2016. The survey was conducted using the web-enabled KnowledgePanel®, a probability-based panel designed to be representative of the U.S. population. Initially, participants are chosen scientifically by a random selection of telephone numbers and residential addresses. Persons in selected households are then invited by telephone or by mail to participate in the web-enabled KnowledgePanel®. For those who agree to participate, but do not already have Internet access, GfK provides at no cost a laptop and ISP connection.

Sample stratification and weights were used for gender, age, race/ethnicity, region, metro/non-metro, education, and income to reflect the most recent US Census data. The completed sample is 1,000 surveys. The sample provides 95 percent confidence that the sampling error does not exceed plus or minus 3.1 percent. Margins of error are higher in sub-groups.
Survey Responses
67% agree that it is morally acceptable for a person to ask for a physician’s aid in taking his or her own life.

QB05_1: “When a person is facing a painful terminal disease, it is morally acceptable to ask for a physician’s aid in taking his or her life.”
7 out of 10 agree that physicians should be allowed to assist terminally ill patients in ending their life.

QB05_2: “Physicians should be allowed to assist terminally ill patients in ending their life.”
Significant Differences

Gender
Region
Age
Ethnicity
Education Level
Religious Preference
Denomination
Evangelical Beliefs
Religious Service Attendance
**Significant Statistical Differences**

Comparisons were made to determine if there are any significant statistical differences among gender, region, age, ethnicity, and education.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Region</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Northeast</td>
<td>18-24</td>
<td>White, Non-Hispanic</td>
<td>High School graduate or less</td>
</tr>
<tr>
<td>Female</td>
<td>Midwest</td>
<td>25-34</td>
<td>Black, Non-Hispanic</td>
<td>Some college</td>
</tr>
<tr>
<td></td>
<td>South</td>
<td>35-44</td>
<td>Hispanic</td>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td></td>
<td>West</td>
<td>45-54</td>
<td>Other Ethnicities</td>
<td>Graduate Degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>55-64</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>65+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Region is defined by US Census locations
Significant Statistical Differences

Comparisons were made to determine if there are any significant statistical differences among religious preference, denomination, Evangelical Beliefs, and religious service attendance.

<table>
<thead>
<tr>
<th>Religious Preference</th>
<th>Denomination</th>
<th>Evangelical Beliefs</th>
<th>Religious Service Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian*</td>
<td>Catholic</td>
<td>Yes</td>
<td>Attending at least once a month</td>
</tr>
<tr>
<td>Other Religions</td>
<td>Protestant Christian</td>
<td>No</td>
<td>Attending less than once a month</td>
</tr>
<tr>
<td>No religion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*includes Catholic, Protestant, Nondenominational, and Orthodox
Evangelical Beliefs

- Evangelical Beliefs are defined using the NAE LifeWay Research Evangelical Beliefs Research Definition based on respondent beliefs.

- Respondents are asked their level of agreement with four separate statements using a four-point, forced choice scale (strongly agree, somewhat agree, somewhat disagree, strongly disagree). Those who strongly agree with all four statements are categorized as having Evangelical Beliefs.
  - The Bible is the highest authority for what I believe.
  - It is very important for me personally to encourage non-Christians to trust Jesus Christ as their Savior.
  - Jesus Christ’s death on the cross is the only sacrifice that could remove the penalty of my sin.
  - Only those who trust in Jesus Christ alone as their Savior receive God’s free gift of eternal salvation.
“When a person is facing a painful terminal disease, it is morally acceptable to ask for a physician’s aid in taking his or her life.”

• Those age 18-24 (77%) are more likely to Agree than those 35-44 (63%) and 55-64 (64%)
• White, Non-Hispanics (71%) and Hispanics (69%) are more likely to Agree than Black, Non-Hispanics (47%)
• Those with some college (71%) or a graduate degree (73%) are more likely to Agree than those who are high school graduates or less (61%)
• Nonreligious (84%) are more likely to Agree than Christians (59%) and Other Religions (70%)
• Catholics (70%) are more likely to Agree than Protestant Christians (53%)
• Those with Evangelical Beliefs are less likely to Agree than those without Evangelical Beliefs (38% v. 73%)
• Those who attend a religious service once a month or more are less likely to Agree than those who attend less than once a month (49% v. 76%)
“Physicians should be allowed to assist terminally ill patients in ending their life.”

- Those in the Northeast (73%) are more likely to Agree than those in the South (64%)
- Those age 45-54 (75%) are more likely to Agree than those 55-64 (65%)
- White, Non-Hispanics (73%) and Hispanics (67%) are more likely to Agree than Black, Non-Hispanics (53%)
- Those with a graduate degree (77%) are more likely to Agree than those who are high school graduates or less (64%)
- Nonreligious (88%) are more likely to Agree than Christians (60%) and Other Religions (77%)
- Catholics (70%) are more likely to Agree than Protestant Christians (53%)
- Those with Evangelical Beliefs are less likely to Agree than those without Evangelical Beliefs (42% v. 74%)
- Those who attend a religious service once a month or more are less likely to Agree than those who attend less than once a month (52% v. 78%)
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