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WMA European Region Meeting
On End-of-Life Questions
Vatican, 16-17 November 2017

Dealing with public and published opinions


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Outline



1. Why public and published opinion?
2. What are the public opinions?
3. Conclusions for the political debate


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Death



- Death does not only constitute a challenge for every individual person, but also a threat to society
- Public practices: death announcements, funerals, cemeteries, obituaries, art & culture about death...
- Modern taboo around death creates anxiety and impedes our coping with death
- Death as the "great equalizer" calls for considering each person's voice on the same level

➡ **Death calls for public discourse!**

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Ethics




- The essence of ethics is about the right way to live together as a community and society
- Core ethical concepts of respect, dignity and fairness require giving a voice to every person
- The historical origins of ethics in the European Antiquity were on the "agora" (Sokrates), in the synagogues and churches
- Today, ethics is both a scientific discipline (*academia*) and an everyday activity (*agora*)

➡ **Ethics calls for public discourse!**


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Biopolitics




- Bioethical issues are increasingly becoming political
- Political history is full of warning examples of moral authoritarianism
- Open, plural societies are based on the competition of value systems using debate and argument
- Discourse is no supreme epistemological way to truth, but the best political way to compensate for the lack of a supreme way to truth

➡ **Biopolitics calls for public discourse!**


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Forms of discourse



Involving every citizen, esp. those affected + Promoting a well-informed, balanced, rich discourse



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Biases in the discourse

- **Opinion leaders** often motivated by moral ideology (strong motivation, interest in a recognizable profile)
- Many **media formats** favor pure, provocative theses (disfavor argumentation & scientific evidence)
- Some tend to confound ethical argumentation with **personal storytelling**
- Opinions of ordinary people and those affected only taken into account as **selective case examples**
- Patient **advocacy groups** do not represent all patients
- Sound opinion **polls** and empirical **research** needed

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Opinion polls

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Opinion polls

- **Critique:** undefined, vague terms, emotionally charged language, sponsoring, selective reporting
- **Yet:** The lying polls are indeed a caricature and an easy way to disregard unwanted results
- **Professional** activity with decades of experience, staffed with social scientists, employing rigorous procedures
- **Results** are often highly consistent with each other and concordant with scientific attitude research

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Example Germany

PAS = physician-assisted suicide
AS = assisted suicide
aAID = „active aid in dying“ (termination of life on request)

Survey	Support Type	Approx. %
Emnid (EKD)	PAS	65
Infratest dimap (ARD Mollu)	AS+aAID	95
Emnid (N24)	AS	75
Emnid (EKD)	PAS	60
Infratest dimap (ARD HariboFair)	PAS	85
Altenbach	aAID	65
Forsa	aAID	70
Infratest dimap (Jauch)	PAS	85
TNS Infratest (DHS)	AS	55
PublicGallup	PAS	85

April 2015 ← Sep 2012

Protestant church or link to catholic church
State TV with a tendency to the political left

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Example Germany

- Higher **support rates** among:
 - Eastern Germans
 - Less religious ones
 - Citizens with a higher education
 - Younger/Middle-aged citizens

Known factors from the European Values Study
Cohen J et al. Eur J Public Health 2006
Cohen J et al. Soc Sci Med 2006

- 75% of **bereaved** relatives of cancer patients in favor of AS
Köhler N et al. Z Psychosom Med Psychother 2014
- Polls played a **marginal role** in the debate 2014-2015 (often just used as an introduction to talk shows etc.)
- Moral lobbyists usually **mocked** or **ignored** public opinion

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Attitude research

- Wording effects:**
context-rich, personal description → more permissive attitudes
theoretical, impersonal description → more restrictive attitudes
- Order effects** (e.g. contrast effect):

Uncontroversial question:
withholding treatment?

Assisted suicide
in patients with a
terminal disease?

Rather
YES

Highly controversial question:
euthanasia for health elderly?

Rather
NO
- Impact** moderate (intensifying, not inverting opinions)

Magelssen M et al. BMC Med Ethics 2015

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International research

Acceptance of euthanasia 1981-2008 (range 0-10)

western European countries

central and eastern European countries

Cohen J et al. Eur J Public Health 2012

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International research

- Trend of liberalization in laws and public opinion in Western Europe, opposite trend in Eastern Europe
- Best data for the UK: 75%-84% in favor of assisted dying (1983-2012)
- Most robust correlation: Higher approval rates of assisted dying AND affiliation to religious institutions
- Questionable correlation with higher education, younger age, male gender

Emanuel EJ et al. 2016, Attell BK 2017, Terkamo-Moisio A et al. 2017, Magelssen et al. 2016, Danyliv A et al. 2015, Cohen J et al. 2013 and 2014, Cox K et al. 2013

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Conclusions

- End-of-life ethical issues should be publicly debated
- Public discourse should satisfy quality criteria, but should also involve as many citizens as possible
- Opinion polls and attitude research are indispensable, but should be carefully done
- Majority of Western Europeans are increasingly in favor of assisted dying (↔ Eastern Europe)
- How should parliaments, churches and professions take into account this changing moral landscapes?**

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Thank you for your attention!

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