Public Opinion and Support on Physician Assisted Suicide

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Abstract

I investigate the connection between public opinion and physician assisted suicide, using data in the SPSS data set from 2021. The strength of support a person feels towards PAS and what influenced that view is studied, religious affiliation, age, sex, education level, income, race, and region are considered in the study. The data set was collected through surveys that willing persons over the age of 18 completed. I analyze who is more willing to support PAS and why. I find that religion has a huge impact on public support for PAS, while other factors like education, sex, age and race had an effect but religion was a leading cause.

Background

The difference between PAS and Euthanasia

Using the webpage article, "Difference Between Euthanasia and Physician Assisted" by Admin, I was able to find the key difference between Physician assisted suicide and euthanasia. While the outcome of both may be the same - ending the life for the people who are terminally ill and do not want to remain hooked up to machines - the two have different meanings and are used in different matters. For Euthanasia, the doctor/physician is the one administering the lethal medication that would end the life of the person. For physician assisted suicide, the patient administers the dose themself. Another difference is that in physician assisted suicide, the patient decides whether and when to take this step and that vastly different than euthanasia - where it is the doctor who takes this decision. This is done because some country's that allow assisted dying to believe the patient is not able to be able to think about suicide or take his life in his own hands.

This article also notes that euthanasia can also mean the doctor administers the lethal dose of medication with to without the consent of the patient to end the life of the patient, while with PAS the patent must be willing. Therefore, euthanasia is not legal in any state in US, while physician assisted dying is legal in some states of US such as Oregon, Washington, and Montana.

To discover what factors, affect lay people's judgments of the acceptability of physician assisted suicide, I looked at the study "*When is physician assisted suicide or euthanasia acceptable?*" by - S Frileux. Most studies inter use euthanasia and PAS, this study mainly focuses on PAS. In the study participants rated the acceptability of either physician assisted suicide or euthanasia. Patient requests were the most potent determinant of acceptability. Euthanasia was generally less acceptable than physician assisted suicide, but this difference disappeared when requests were repetitive. As their own age increased, participants placed more weight on patient age as a criterion of acceptability. According to the journal, recent technological advances have transformed the act of dying by making it possible not only to alleviate pain but also to extend life. The resulting possibility of being maintained on life support for months, and in some cases for years, has engendered anxiety among elderly and non-elderly patients. The older a person is the more likely they are to support PAS and sometimes euthanasia, end of life questions have relevance to the seriously ill and the elderly. Nursing home residents and other elderly people have frequently been asked if, in their current states of health and under various conditions of poorer health, they would agree to various life sustaining treatments. The study by Cicirelli was used in the journal it was used to talk about a patient who was ‘‘seriously ill, kept alive by machines, tube feeding, no hope for recovery’’ and more than 60% endorsed the decision to ‘‘refuse treatment."

To look more into what support for euthanasia looks like, I found a study *"Public and physicians' support for euthanasia in people suffering from psychiatric disorders: a cross-sectional survey study*." This study explored support of the public and physicians for euthanasia and assisted suicide, the study was done on 2641 Dutch citizens. The results were similar to what can be found in a study focused on PAS: the higher the educational level, Dutch ethnicity, and higher urbanization level, the higher acceptability of EAS. Religious level also impacted support the same way it did PAS – the more someone was associated the lower acceptability. Being female, religious, medical specialist, or psychiatrist were associated with lower conceivability and that is very similar to what my results looked like in methods. Because of this research found I will sometimes use euthanasia and PAS interchangeably.

Physician Assisted Suicide

The support for physician assisted suicide is influenced by many different factors: religion, race, region, etc... The purpose of this study is to find these influences and see how and if they affect the public's opinion on PAS. I hypothesize that religion would have one of the biggest impacts, it could influence attitudes and the strength of affiliation could determine how willing a person is to support assisted suicide. A SPSS data set from 2021 is used to compare data on race, gender, education, class, religiose affiliation, and region. Works from journals such as, "*Journal for the Scientific Study of Religion*," "*Journal of Medical Ethics*," "*Social Science & Medicine*," "*International Journal of Comparative Sociology*" etc., were used to gain information on what influences public opinion on physician assisted suicide (PAS).

Religion

When considering positive religion attitudes on PAS, the strength of affiliation is important. Those who favor that God's word in matters of life and death are absolute or that He

has authority over life and death, are unlikely to favor physician assisted suicide. The authors of the article "*Journal for the Scientific Study of Religion*," compared conservative Protestants, moderate protestants, liberal protestants, and Catholics willingness to support PAS. Conservatives' protestants and Catholic's, when compared to moderate and liberal protestants, were more likely to see the bible as the word of God and to believe in gods authority. Conservative protestants, moderate protestants and Catholics are more opposed to PAS than those who are nonaffiliated. Rudnev and Savelkaeva (2018) from the "*International Journal of Comparative Sociology*," find a few different religions; Protestant, Roman Catholic, and Orthodox Christians. They found that people of these affiliations are less tolerant of the right to euthanasia than those who are non- affiliated. They also found that Muslim religion had significantly higher dislike toward the right to euthanasia. Strong religious affiliations have a strong negative impact on public opinion and support for euthanasia and physician assisted suicide.

Region

Oregon was the first US state to legalize assisted suicide, the study "Give Me Liberty and Death: Assisted Suicide in Oregon" done by Campbell, Courtney S. focuses on how the law is accepted and used. It explains that the lack of religious influence in Oregon is a reason assisted suicide was passed there before others. The citizens of Oregon were more focused on freedom to choose, than religion. "Right-to-Die Legislation Weighed in 25 States." By the *Christian Century* has very limited information, but it does list the 4 other states that have PAS - Montana, New Mexico, Vermont, and Washington.

When comparing the attitudes towards euthanasia the region outside of the USA, the article, "*European public acceptance of euthanasia: socio-demographic and culture factors…*" is

helpful, it has attitudes from 33 different countries some of the most notable being Italy, Portugal, Poland, Ireland, Romania, Turkey, Malta, Netherlands, Denmark, France, Sweden, Belgium, Russia, Ukraine, Spain, and Slovakia. The countries with the lowest public acceptance for euthanasia are Italy, Portugal, Poland, Ireland, Romania, Turkey, and Malta. In the countries Netherlands, Denmark, France, Sweden, and Belgium euthanasia was more likely to be accepted by the public. In Russia a large chunk of the people who took the survey said they did not know how they felt about euthanasia and when answering the if euthanasia was justifiable of not, it was very split. This was a common theme in most if not all Soviet countries. This research concluded that there is not a common European attitude for euthanasia.

Race

The examination of racial differences in attitudes toward euthanasia concluded that people of white ethnicity were more likely to support physician assisted suicide than those of color. When considering race, spiritual level of belief was used as well. According to research by Jason Wasserman (2006) etc... African Americans have more negative attitudes toward euthanasia. They found that the attitudes toward euthanasia and spiritual meaning were significantly different for whites and African Americans. When looking at the authors own data African Americans were significantly less supportive of euthanasia, exhibiting a mean score of 22.71, while whites had a mean score of 24.82. This race also has a higher spiritual meaning score (Religious Well-being plus Existential Well-being), with a mean score of 96.38, with people of white ethnicity having a mean score of 94.99. According to Jason Wasserman ect…, the spiritual meaning is the dominant mediating variable, which explains the racial differences in attitude toward euthanasia. Which means that the reason African Americans are less likely to support physician assisted suicide is because they are more spiritual in attitude.

Trust

Trust has an impact on public support of PAS, how strong of an effect is the question. In the article "Trust increases euthanasia acceptance: a multilevel analysis using the European Values Study," by Vanessa Koneke the level of trust was shown to have a strong impact. Trust is an important factor in PAS because it can show the level of trust in an area and how that trust level impacts public opinions on topics other than PAS. The highest level of euthanasia acceptance can be seen in Denmark, Belgium, and other Scandinavian countries. Lower rates were seen in Eastern – Mediterranean and Balkan countries. In Kosovo only 11 per cent of all participants thought other people in general were trustworthy, which contrasted sharply with 76 per cent of the people in Denmark. When people have more favorable opinions on euthanasia, they also believe that most other people can be trusted, so trust is a pushing factor in whether the public opinion will be in favor of physician assisted suicide.

In the USA, the study "Public Trust in Government Administrators" by David J. Houston and Lauren Howard Harding, shows how trust in the United States of America is fairing. According to them, trust is declining – The Gallup poll had found that 81% of Americans are dissatisfied with the government and that's the highest level of dissatisfaction the poll has recorded. This dissatisfaction is also expressed in lower levels of confidence and trust in government institutions and officials. Houston and Howard research is agreeable to Konekes in that they say trust is a very important factor. Trust refers to a willingness to rely on others to act on our behalf based on the belief that they possess the capacity to make effective decisions and take our interests into account. Since trust is connect to how much support PAS or euthanasia has, support for it USA could be low due to the lack of trust.

Attitudes

When looking into support of PAS it's smart to consider the current opinions of the public, especially those in areas where its PAS is already legal. In the article "Individualism, Authoritarianism, and Attitudes Toward Assisted Death: Cross-Cultural, Cross-Regional, and Experimental Evidence" states important attitudes towards PAS are the physicians who would be doing it, and impact of education level. While religion was discussed already, its important when considering attitudes as well. It's noteworthy to say that traditional religiosity is still very impactful predictor, it has a greater impact on support to PAS. It remains the main reason people oppose the right to physician assisted suicide. When considering education according to the "*Social Science & Medicine*," journal the higher education level the more they would be to accept PAS than those with inadequate education. According to the article "Individualism, Authoritarianism, and Attitudes Toward Assisted Death: Cross-Cultural, Cross-Regional, and Experimental Evidence" up to 75% of the American public considering PAS acceptable and similar levels of support among the public are found in other Western countries. And national survey shows that a substantial number of physicians agree to the requests of their terminally ill patients to aid them in their deaths, even though in most states PAS is illegal. Meaning most physicians support PAS. This article also found that individualism and authoritarianism are associated with favorable PAS attitudes. The study "legalizing assisted suicide — views of physicians in Oregon" looks more closely at physicians and if they support PAS. It shows that in Oregon most do support it. With a 73 percent of respondents believing that terminally ill patients have a right to commit suicide. Sixty-six percent said that physician-assisted suicide would be ethical in some cases, and 60 percent said it should be legal in some cases. Only 33% said PAS would be immoral.

Hypotheses

Based on the research collected and data available I have generated to 5 different Hypotheses:

H1: The more important religion is to a person the less likely they are to support PAS.

I have come to this conclusion because of Rudnev and Savelkaeva study and research in their journal "public support for the right to euthanasia."

H2: When considering race, those that identify as Black will be less likely to support PAS.

I have come to this conclusion because of my belief that the more religious someone is the less likely they are to support PAS, people identifying as black will be less likely to support PAS. The support for this can be found in research by Jason Wasserman.

H3: The Higher the Education the more likely they are to support PAS.

The "*Social Science & Medicine*," journal states the higher education level the more they would be to accept PAS, and I believe that supports my hypothesis.

H4: Age will have little effect on support for PAS.

I had originally connected age and education, but that is not a correct connection. Not everyone goes to get a higher education so age and degree would not have the same results. There for I don't believe age will have a impact on PAS support.

H5: When considering Region States with more religious influences - Texas and Alabama - are unlikely to Support PAS than states with less - Organ and Cali - and states with PAS already legal – Montana, New Mexico, Vermont, and Washington – are more likely to support PAS.

So, New England, Mountain and Pacific will have more Support than East South and West South.

METHODS AND ANALYSIS

I used the "General Social Survey (GSS) for this study. The GSS is a series of nationally representative cross-sectional interviews in the U.S that have occurred since 1972. It has been administered by National Opinion Research Center (NORC) at the University of Chicago and has been funded by the National Science foundation. The key aspects of the 2021 GSS Cross-section; a final sample size of 4,032 taken from adults 18 or older, it was administrated via web or over the phone in the English and/or Spanish language and it had a response rate of 17.4 percent. The variables data I used throughout this study are: Suicide1- 'suicide if incurable Disease,' suicide2 - 'suicide if Bankrupt,'suicide3 - 'suicide if dishonored family,' and suicide4 - 'suicide if tired of living.' Each of these four questions were coded– 1 you support it or 2 you don't. I renamed the new variable, 'assisted suicide index upward,' this index measures how likely a group is to support physician assessed suicide with five possible outcomes. Ban all- 1, ban most- 2, ban some- 3, support most- 4, and support all -5.

Table 1.1 Assisted Suicide Index

		Frequency	Valid Percent
Valid	Ban All	306	31.3
	Ban Most	455	46.6
	Ban Some	76	7.8

	Support Most	13	1.3
	Support All	127	13.0
	Total	977	100.0

I studied what influences opinions on assisted suicide, including age, religion, education, sex, and race and region. The image above allows me to see how much support PAS has and to be able to investigate it with other variables without having to use each suicide variables separately.

Hypothesis #1

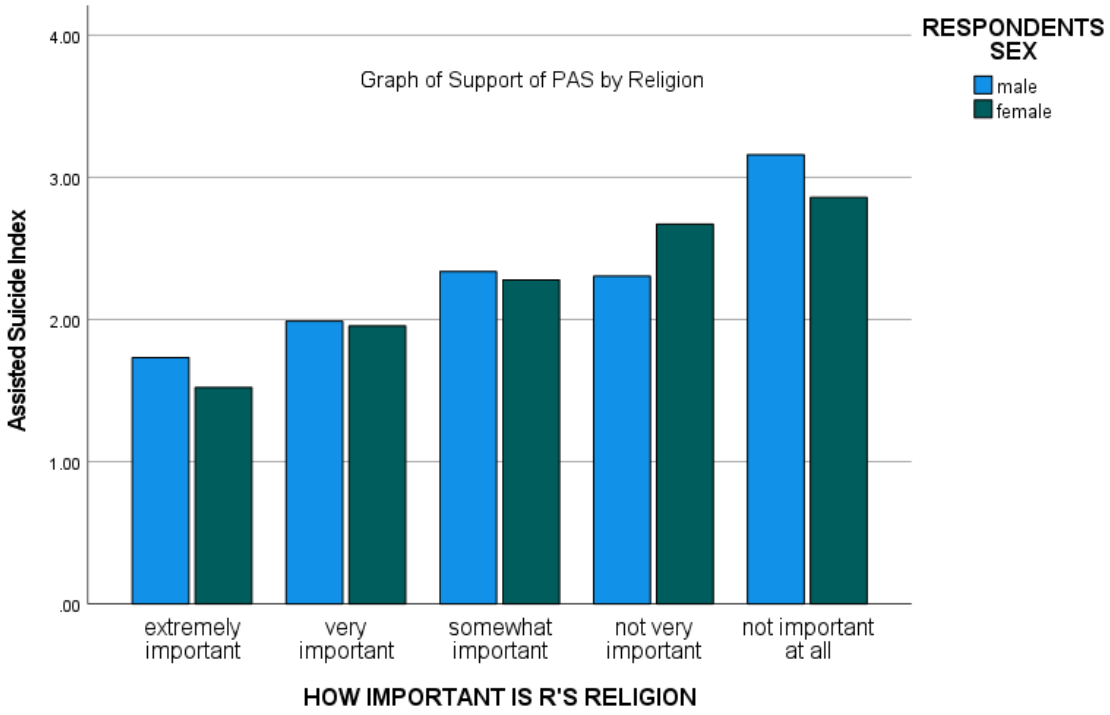
I hypothesize that religion will have the biggest impact on the public opinion on assisted suicide; I believe this because it was a common theme in the literature review, the authors of the article "*Journal for the Scientific Study of Religion*" by Amy M. Burdette, etc. Religion impacts public opinion on most issues. I believe that the more affiliated, the less likely someone is to support assisted suicide. For this test, I will use two crosstabulations, one with variable religimp – this variable asks the question "how important is religion?" - and assisted suicide index, the variable SEX (1.2). I will also be testing Phi and Somers'd.

Table 1.2 Crosstabulation of Support of Physican Assisted Suicide by Religion

SEX			HOW IMPORTANT IS RELIGION: very important	somewhat important	not too important	not at all important	Total
Male	Ban All	Count	70	20	8	7	105
		HOW IMPORTANT IS RELIGION	55.1%	22.5%	10.3%	6.4%	26.1%
	Ban Most	Count	42	54	52	56	204
		HOW IMPORTANT IS RELIGION	33.1%	60.7%	66.7%	51.4%	50.6%
	Ban Some	Count	5	8	9	11	33
		HOW IMPORTANT IS RELIGION	3.9%	9.0%	11.5%	10.1%	8.2%
	Support Most	Count	2	1	1	2	6
		HOW IMPORTANT IS RELIGION	1.6%	1.1%	1.3%	1.8%	1.5%
	Support All	Count	8	6	8	33	55
		HOW IMPORTANT IS RELIGION	6.3%	6.7%	10.3%	30.3%	13.6%
	Total	Count	127	89	78	109	403
		HOW IMPORTANT IS RELIGION	100.0%	100.0%	100.0%	100.0%	100%
Female	Ban All	Count	115	35	13	5	168
		HOW IMPORTANT IS RELIGION	63.9%	26.5%	16.5%	5.3%	34.6%
	Ban Most	Count	49	72	42	51	214
		HOW IMPORTANT IS RELIGION	27.2%	54.5%	53.2%	53.7%	44.0%
	Ban Some	Count	8	10	10	9	37
		HOW IMPORTANT IS RELIGION	4.4%	7.6%	12.7%	9.5%	7.6%
	Support Most	Count	1	1	1	3	6
		HOW IMPORTANT IS RELIGION	0.6%	0.8%	1.3%	3.2%	1.2%
	Support All	Count	7	14	13	27	61
		HOW IMPORTANT IS RELIGION	3.9%	10.6%	16.5%	28.4%	12.6%
	Total	Count	180	132	79	95	486
		HOW IMPORTANT IS RELIGION	100.0%	100.0%	100.0%	100.0%	100%
Total	Ban All	Count	185	55	21	12	273
		HOW IMPORTANT IS RELIGION	60.3%	24.9%	13.4%	5.9%	30.7%
	Ban Most	Count	91	126	94	107	418
		HOW IMPORTANT IS RELIGION	29.6%	57.0%	59.9%	52.5%	47.0%
	Ban Some	Count	13	18	19	20	70
		HOW IMPORTANT IS RELIGION	4.2%	8.1%	12.1%	9.8%	7.9%
	Support Most	Count	3	2	2	5	12
		HOW IMPORTANT IS RELIGION	1.0%	0.9%	1.3%	2.5%	1.3%
	Support All	Count	15	20	21	60	116
		HOW IMPORTANT IS RELIGION	4.9%	9.0%	13.4%	29.4%	13.0%
	Total	Count	307	221	157	204	889
		HOW IMPORTANT IS RELIGION	100.0%	100.0%	100.0%	100.0%	100%

*Significance***	*Chi square*		*Somers'd*	
Male:	*118.301*	*<.001***	*.371*	*<.001***
Female	*124.971*	*< .001***	*.377*	*<.001***

Looking at Chi Square and Somer'd, both male and female are significant, with significance being less than .05 (<.05)



This graph shows a steady incline in support for PAS as the importance of Religion goes down - While women have a very steady incline, for men there is more support when religion is "somewhat important" than "not very important" but there is a sharp incline in "not important at all."

Hypothesis #2

Table 1.3 looks at race – the question asked do you identify as white, black, or other. I believe that because of the evidence in the literature review - those who identify as black are

more spiritual and religious than those who identify as white – black identifying people are less likely to support PAS than White. For this test, I will run a crosstabulation, one with variable race and assisted suicide index, the variable SEX (1.2). I will also be testing Phi and Somers'd.

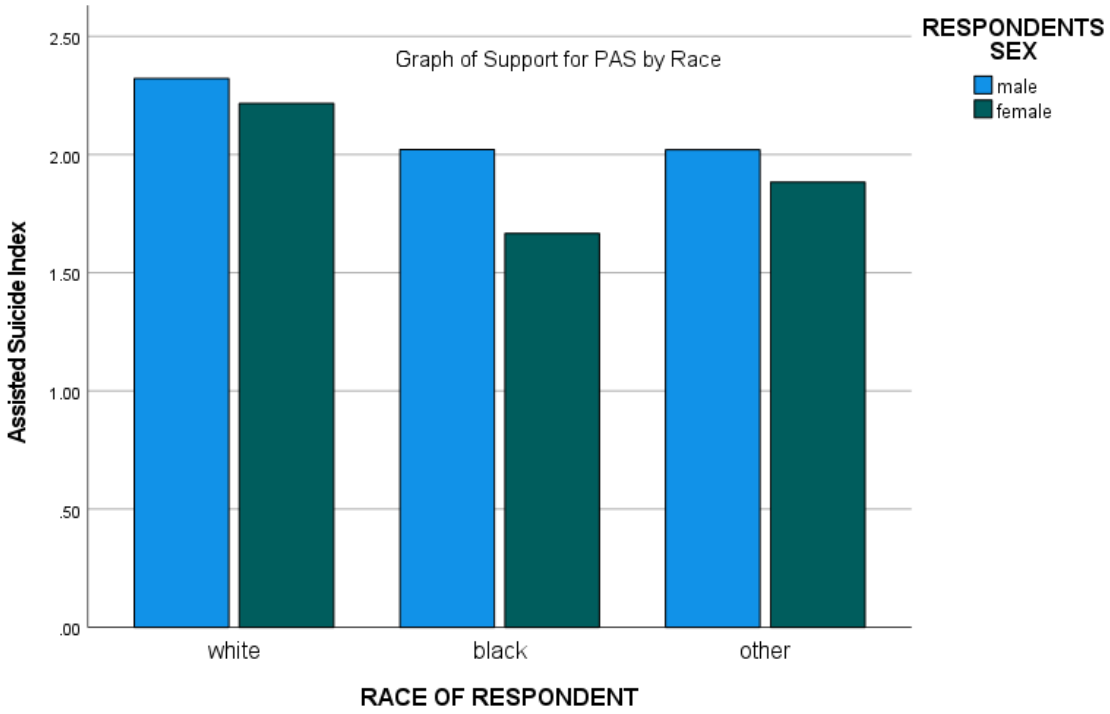
Table 1.3 Crosstabulation of Support oif Phisacan Assited Suicide by Race

			RACE OF RESPONDENT			
sex			white	black	other	Total
Male	Ban All	Count	77	23	17	117
		Assisted Suicide Index	65.8%	19.7%	14.5%	100.0%
	Ban Most	Count	174	14	23	211
		Assisted Suicide Index	82.5%	6.6%	10.9%	100.0%
	Ban Some	Count	27	3	4	34
		Assisted Suicide Index	79.4%	8.8%	11.8%	100.0%
	Support Most	Count	5	0	1	6
		Assisted Suicide Index	83.3%	0.0%	16.7%	100.0%
	Support All	Count	49	7	4	60
		Assisted Suicide Index	81.7%	11.7%	6.7%	100.0%
	Total	Count	332	47	49	428
		Assisted Suicide Index	77.6%	11.0%	11.4%	100.0%
Female	Ban All	Count	128	35	15	178
		Assisted Suicide Index	71.9%	19.7%	8.4%	100.0%
	Ban Most	Count	193	18	23	234
		Assisted Suicide Index	82.5%	7.7%	9.8%	100.0%
	Ban Some	Count	30	8	2	40
		Assisted Suicide Index	75.0%	20.0%	5.0%	100.0%
	Support Most	Count	4	0	1	5
		Assisted Suicide Index	80.0%	0.0%	20.0%	100.0%
	Support All	Count	60	2	2	64
		Assisted Suicide Index	93.8%	3.1%	3.1%	100.0%
	Total	Count	415	63	43	521
		Assisted Suicide Index	79.7%	12.1%	8.3%	100.0%
Total	Ban All	Count	205	58	32	295
		Assisted Suicide Index	69.5%	19.7%	10.8%	100.0%
	Ban Most	Count	367	32	46	445
		Assisted Suicide Index	82.5%	7.2%	10.3%	100.0%
	Ban Some	Count	57	11	6	74
		Assisted Suicide Index	77.0%	14.9%	8.1%	100.0%
	Support Most	Count	9	0	2	11
		Assisted Suicide Index	81.8%	0.0%	18.2%	100.0%
	Support All	Count	109	9	6	124
		Assisted Suicide Index	87.9%	7.3%	4.8%	100.0%
	Total	Count	747	110	92	949
		Assisted Suicide Index	78.7%	11.6%	9.7%	100.0%

*Significance***	*Chi square*		*Somers'd*	
Male:	*17.757*	*.023**	*-.115*	*.008***

Female *26.491* *<.001** *-.121* *<.001***

After running this Crosstabulation, I find that both men and women have significant data: Chi square and Somers'd, with <.05 significance.



When looking at the graph, my hypothesis is correct – Those who identify as white are more likely to support PAS. Another important thing to notice when looking at the graph – there is a bigger gap between the sexes.

Hypothesis #3

I hypothesis that the more education a person has the more likely they are to support assisted suicide, because according to the "*Social Science & Medicine*," higher education level the more they would be to accept PAS than those with inadequate education. So, to collect this data I ran a crosstabulation of the constants Suicide Index and Sex, using the nominal variable degree.

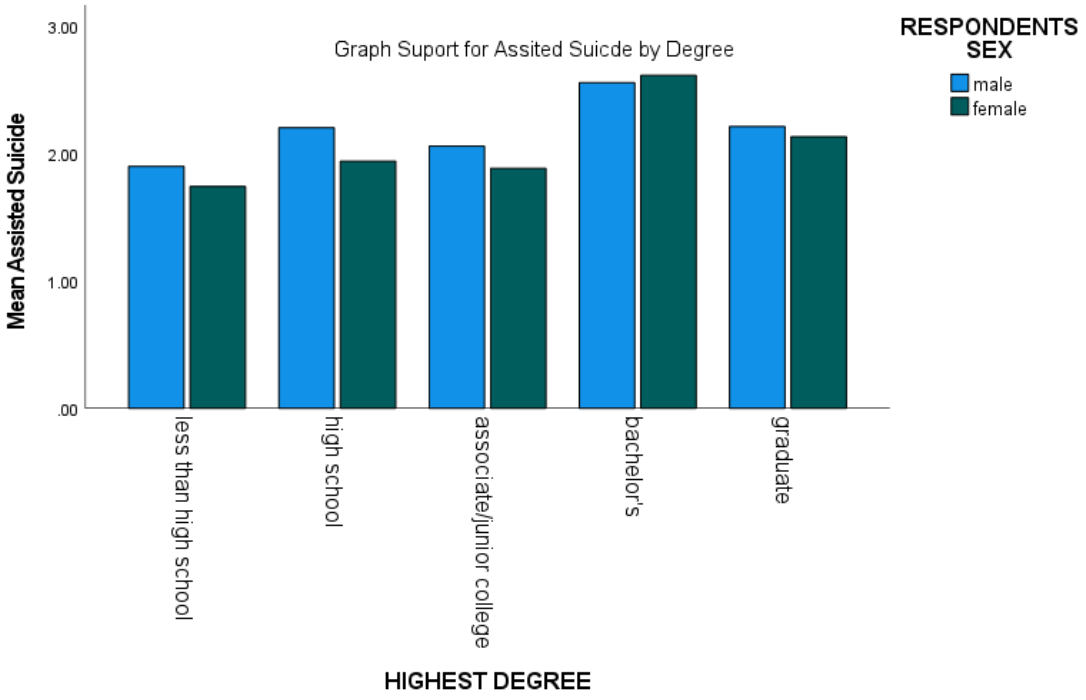
Table 1.4 Support for Assisted Suicide Crosstabulation by Degree

SEX			R'S HIGHEST DEGREE					
			less than high school	high school	associate/junior college	bachelor's	graduate	Total
Male	Ban All	Count	7	55	13	21	22	118
		DEGREE	36.8%	30.1%	34.2%	19.3%	25.3%	27.1%
	Ban Most	Count	10	87	18	54	46	215
		DEGREE	52.6%	47.5%	47.4%	49.5%	52.9%	49.3%
	Ban Some	Count	0	14	3	10	8	35
		DEGREE	0.0%	7.7%	7.9%	9.2%	9.2%	8.0%
	Support Most	Count	1	4	0	1	1	7
		DEGREE	5.3%	2.2%	0.0%	0.9%	1.1%	1.6%
	Support All	Count	1	23	4	23	10	61
		DEGREE	5.3%	12.6%	10.5%	21.1%	11.5%	14.0%
	Total	Count	19	183	38	109	87	436
		DEGREE	100.0%	100.0%	100.0%	100.0%	100%	100.0%
Female	Ban All	Count	24	83	24	32	18	181
		DEGREE	63.2%	38.6%	41.4%	23.7%	22.8%	34.5%
	Ban Most	Count	8	96	25	56	50	235
		DEGREE	21.1%	44.7%	43.1%	41.5%	63.3%	44.8%
	Ban Some	Count	1	19	5	13	2	40
		DEGREE	2.6%	8.8%	8.6%	9.6%	2.5%	7.6%
	Support Most	Count	2	1	0	1	1	5
		DEGREE	5.3%	0.5%	0.0%	0.7%	1.3%	1.0%
	Support All	Count	3	16	4	33	8	64
		DEGREE	7.9%	7.4%	6.9%	24.4%	10.1%	12.2%
	Total	Count	38	215	58	135	79	525
		DEGREE	100.0%	100.0%	100.0%	100.0%	100%	100.0%
Total	Ban All	Count	31	138	37	53	40	299
		DEGREE	54.4%	34.7%	38.5%	21.7%	24.1%	31.1%
	Ban Most	Count	18	183	43	110	96	450
		DEGREE	31.6%	46.0%	44.8%	45.1%	57.8%	46.8%
	Ban Some	Count	1	33	8	23	10	75
		DEGREE	1.8%	8.3%	8.3%	9.4%	6.0%	7.8%
	Support Most	Count	3	5	0	2	2	12
		DEGREE	5.3%	1.3%	0.0%	0.8%	1.2%	1.2%
	Support All	Count	4	39	8	56	18	125
		DEGREE	7.0%	9.8%	8.3%	23.0%	10.8%	13.0%
	Total	Count	57	398	96	244	166	961
		DEGREE	100.0%	100.0%	100.0%	100.0%	100%	100.0%

1.4 Degree has during interview.

*Significance***	*Chi square*		*Somers'd*	
Male:	*15.804*	*.475*	*.069*	*.085*
Female	*66.375*	*<.001***	*.161*	*<.001***

In this crosstabulation (1.3), it seems most men support a ban on assisted suicide no matter the education level they have, save for those with bachelor's degree. Interesting enough there was slightly more support for a ban. Woman had a higher change of supporting a ban on assisted suicide then man, with a similar spike in support for a ban among those with a bachelor's degree. The graph below shows this. The data is significant, when considering men Chi- square and Somers'd they have no significance. Woman results are significant. W omen- <.001, Men- .085. Significance = <.05.



Hypotheses #4

My hypothesis is that age will have little effect on who supports assisted suicide, because age has little to do with degree. I will run a crosstabulations with Suicide Index and sex still constants and age newly introduced.

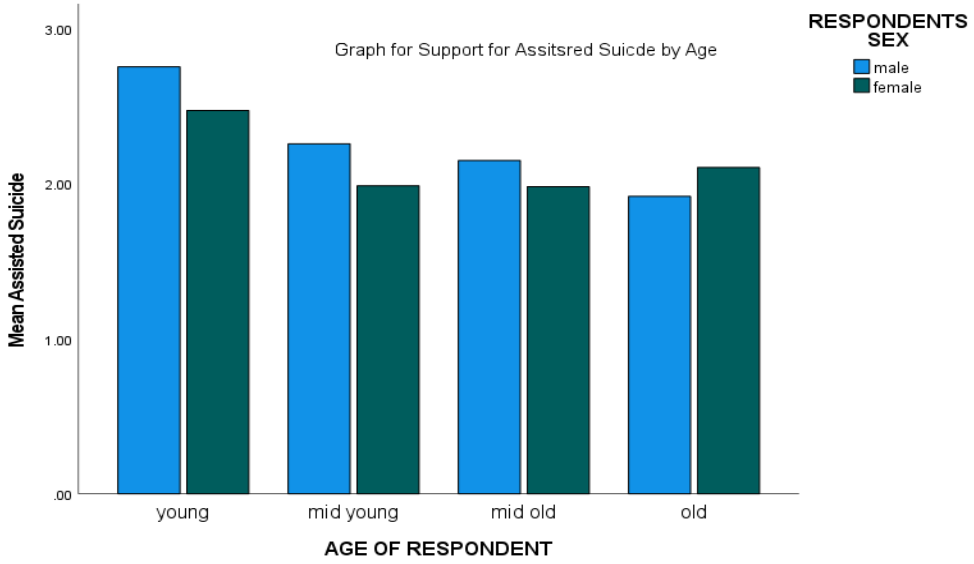
Table 1.5 Support of Assisted Suicide by Age

SEX				AGE OF RESPONDENT (Binned) young (19-37)	mid young (38-54)	mid old (55-67)	old (68-88)	Total
Male		Ban All	Count	21	22	25	42	110
			AGE	19.3%	23.4%	28.4%	35.0%	26.8%
		Ban Most	Count	45	51	45	63	204
			AGE	41.3%	54.3%	51.1%	52.5%	49.6%
		Ban Some	Count	13	8	7	6	34
			AGE	11.9%	8.5%	8.0%	5.0%	8.3%
		Support Most	Count	0	1	2	1	4
			AGE	0.0%	1.1%	2.3%	0.8%	1.0%
		Support All	Count	30	12	9	8	59
			AGE	27.5%	12.8%	10.2%	6.7%	14.4%
	Total		Count	109	94	88	120	411
			AGE	100.0%	100.0%	100.0%	100.0%	100.0%
Female		Ban All	Count	31	44	56	36	167
			AGE	26.5%	32.6%	39.2%	37.1%	33.9%
		Ban Most	Count	47	73	62	40	222
			AGE	40.2%	54.1%	43.4%	41.2%	45.1%
		Ban Some	Count	14	6	10	8	38
			AGE	12.0%	4.4%	7.0%	8.2%	7.7%
		Support Most	Count	3	0	2	1	6
			AGE	2.6%	0.0%	1.4%	1.0%	1.2%
		Support All	Count	22	12	13	12	59
			AGE	18.8%	8.9%	9.1%	12.4%	12.0%
	Total		Count	117	135	143	97	492
			AGE	100.0%	100.0%	100.0%	100.0%	100.0%
Total		Ban All	Count	52	66	81	78	277
			AGE	23.0%	28.8%	35.1%	35.9%	30.7%
		Ban Most	Count	92	124	107	103	426
			AGE	40.7%	54.1%	46.3%	47.5%	47.2%
		Ban Some	Count	27	14	17	14	72
			AGE	11.9%	6.1%	7.4%	6.5%	8.0%
		Support Most	Count	3	1	4	2	10
			AGE	1.3%	0.4%	1.7%	0.9%	1.1%
		Support All	Count	52	24	22	20	118
			AGE	23.0%	10.5%	9.5%	9.2%	13.1%
	Total		Count	226	229	231	217	903
			AGE	100.0%	100.0%	100.0%	100.0%	100.0%

1.8 age crosstabulation

*Significance***	*Chi square*		*Somers'd*	
Male:	*33.275*	*<.001***	*-.196*	*<.001***
Female	*21.683*	*.041**	*-.093*	*.021**

The data for men is very significant, with high significance in both Chi and Somers'd, female data is significant but not as much as it is for men when considering age. Men - <.001, Women- .021, significance = <.05.



The graph (1.7) shows that when age is considered people of most ages support some kind of ban on assisted suicide. It does appear to have somewhat of an incline, with younger ages more likely to support Assisted suicide. Females again are more likely to want an assisted suicide to ban with them having a slight spike in the age rang 36-46.

Hypotheses #5

Lastly, I would like to run a crosstabulation for region, to see if the data supports my hypothesis that When considering Region States with more religiose influences East South and West South - Texas and Alabama - are unlikely to Support PAS than states with less, New England, Mountain and Pacific - Organ and Cali and states with PAS already legal: Montana, New Mexico, Vermont, and Washington – are more likely to support PAS. For this the same constants are there, Suicide index and sex with the new variable – region.

Table 1.5 Crosstabluation of Support for Phisacan Assited Suicide by REGION

		REGION OF INTERVIEW									
sex		new england	middle atlantic	east north central	west north central	south atlantic	east south atlantic	west south central	mountain	pacific	Total
Male	Ban All	7	9	22	9	25	9	14	10	13	118
		5.9%	7.6%	18.6%	7.6%	21.2%	7.6%	11.9%	8%	11.0%	10...
	Ban Most	9	37	39	11	34	11	21	18	35	215
		4.2%	17.2%	18.1%	5.1%	15.8%	5.1%	9.8%	8%	16.3%	10...
	Ban Some	2	1	8	5	6	1	5	2	5	35
		5.7%	2.9%	22.9%	14.3%	17.1%	2.9%	14.3%	6%	14.3%	10...
	Support Most	0	2	2	0	1	0	2	0	0	7
		0.0%	28.6%	28.6%	0.0%	14.3%	0.0%	28.6%	0%	0.0%	10...
	Support All	2	2	9	3	21	2	6	5	11	61
		3.3%	3.3%	14.8%	4.9%	34.4%	3.3%	9.8%	8%	18.0%	10...
	Total	20	51	80	28	87	23	48	35	64	436
		4.6%	11.7%	18.3%	6.4%	20.0%	5.3%	11.0%	8%	14.7%	10...
Female	Ban All	1	16	31	13	40	26	25	9	21	182
		0.5%	8.8%	17.0%	7.1%	22.0%	14%	13.7%	5%	11.5%	10...
	Ban Most	10	21	43	21	47	18	19	18	38	235
		4.3%	8.9%	18.3%	8.9%	20.0%	7.7%	8.1%	8%	16.2%	10...
	Ban Some	2	5	6	5	6	1	0	7	8	40
		5.0%	12.5%	15.0%	12.5%	15.0%	2.5%	0.0%	18%	20.0%	10...
	Support Most	0	2	0	0	1	1	0	0	2	6
		0.0%	33.3%	0.0%	0.0%	16.7%	17%	0.0%	0%	33.3%	10...
	Support All	4	5	9	6	14	1	7	8	10	64
		6.3%	7.8%	14.1%	9.4%	21.9%	1.6%	10.9%	12%	15.6%	10...
	Total	17	49	89	45	108	47	51	42	79	527
		3.2%	9.3%	16.9%	8.5%	20.5%	8.9%	9.7%	8%	15.0%	10...
Total	Ban All	8	25	53	22	65	35	39	19	34	300
		2.7%	8.3%	17.7%	7.3%	21.7%	12%	13.0%	6%	11.3%	10...
	Ban Most	19	58	82	32	81	29	40	36	73	450
		4.2%	12.9%	18.2%	7.1%	18.0%	6.4%	8.9%	8%	16.2%	10...
	Ban Some	4	6	14	10	12	2	5	9	13	75
		5.3%	8.0%	18.7%	13.3%	16.0%	2.7%	6.7%	12%	17.3%	10...
	Support Most	0	4	2	0	2	1	2	0	2	13
		0.0%	30.8%	15.4%	0.0%	15.4%	7.7%	15.4%	0%	15.4%	10...
	Support All	6	7	18	9	35	3	13	13	21	125
		4.8%	5.6%	14.4%	7.2%	28.0%	2.4%	10.4%	10%	16.8%	10...
	Total	37	100	169	73	195	70	99	77	143	963
		3.8%	10.4%	17.5%	7.6%	20.2%	7.3%	10.3%	8%	14.8%	10...

Key*

New England = Main, Vermont, New Hampshire, Massachusetts, Connecticut

Middle Atlantic = New York, New Jersey

East North Central = Pennsylvania, Wisconsin, Illinois, Indiana, Michigan, Ohio

West North Central = Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas

South Atlantic = Delaware, Maryland, West Virginia, Virginia, North Caro, South Caro, Georgia, Florida, District of Colombia

East South = Kentucky, Tennessee, Alabama, Mississippi

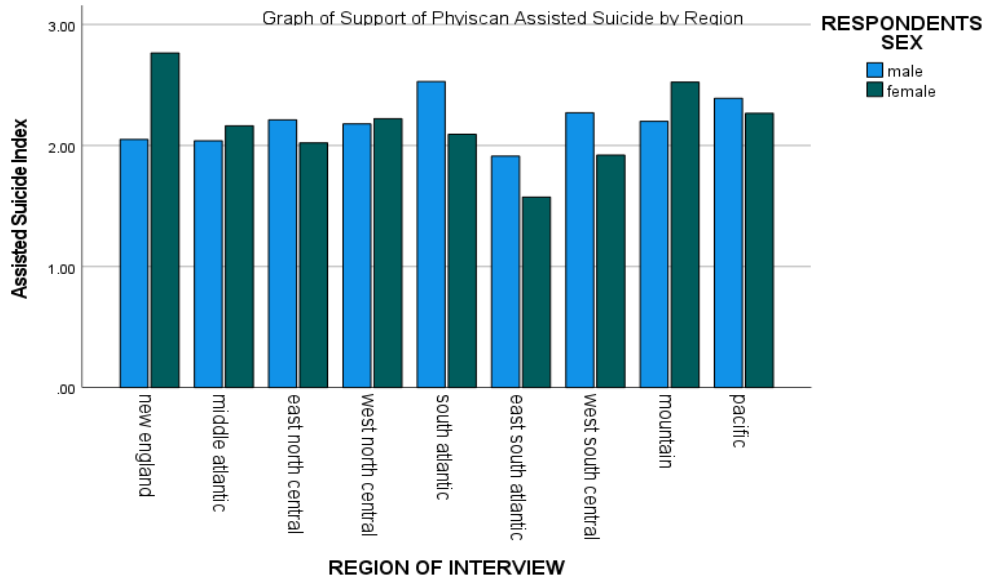
West South Central = Arkansas, Oklahoma, Louisiana, Texas

Mountains = Montana, Idaho, Wyomia, Nevada, Utah, Colorado, Arizona, New Mexico

Pacific = Washington, Oregon, Cali, Alaska, Hawaii

*Significance***	*Chi square*		*Somers'd*	
Male:	*39.904*	*.159*	*.034*	*.339*
Female	*49.174*	*.027**	*-.009*	*.797*

When considering if the data is significant and significance being less than .05, there is little to none. The data is very irregular and while there is a slight significance in Chi square for women (.027) the rest of the data is not.



When looking at the graph, though irregular, my hypothesis is correct. The pacific and Mountain region has more support for PAS than west south and east south. New England region is a very different – while females in this region are very likely to support PAS, men are not.

Analysis

This data shows that when considering age my hypothesis is wrong – age does have an impact on public opinions on physician assisted suicide. Each crosstabulation I ran had a common theme - men are more likely to support assisted suicide (AS) then woman. Women have constant data showing how they do not support assisted suicide, and usually want a complete ban. Degree had no impact on public opinions and support for PAS, proving that hypothesis of mine - that it would have a significant impact - wrong. My biggest Hypotheses, religion, does have the supporting data I had expected it to have, while when considering religion and its importance to people. The more important religion is the more support PAS will have. My data for region was insignificant, but still shed a spark of truth concerning my hypothesis – Areas with passed laws for PAS or less religious relations were more supportive of PAS than areas like Texas and Alabama. My hypothesis that white identifying people would be more supportive than black was correct, and the data from race was very interesting - there was a bigger divide between the sexes than white.

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