



Ipsos Marketing



# Survey among the Canadian population about end of life issues



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**Interrogated target**

- Canadians aged 18 and over, representative of the Canadian population

**Market**

- Canada

**Data gathering method**

- Omnibus web survey

**Sample size**

- 2,078 Canadian respondents, 1,010 of them from Quebec

**Data gathering dates**

- September 18<sup>th</sup> to the 20<sup>th</sup>, 2013

**Weighting**

According to gender, age, and province

**Significant differences between sample sub-groups**

In graphs and tables, the letters A, B, and C, etc. specify the sub-groups with overdeveloped results.

**Margin for error**

As the sample for this survey was constructed based on a panel, it cannot technically be considered probabilistic, and can therefore not be associated with a statistical margin of error. For reference purposes only, we should specify that, considering the size of the sample, if a margin for error were applied, it would have equalled 2%, 19 times out of 20.

**Ipsos team**

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# Salient facts

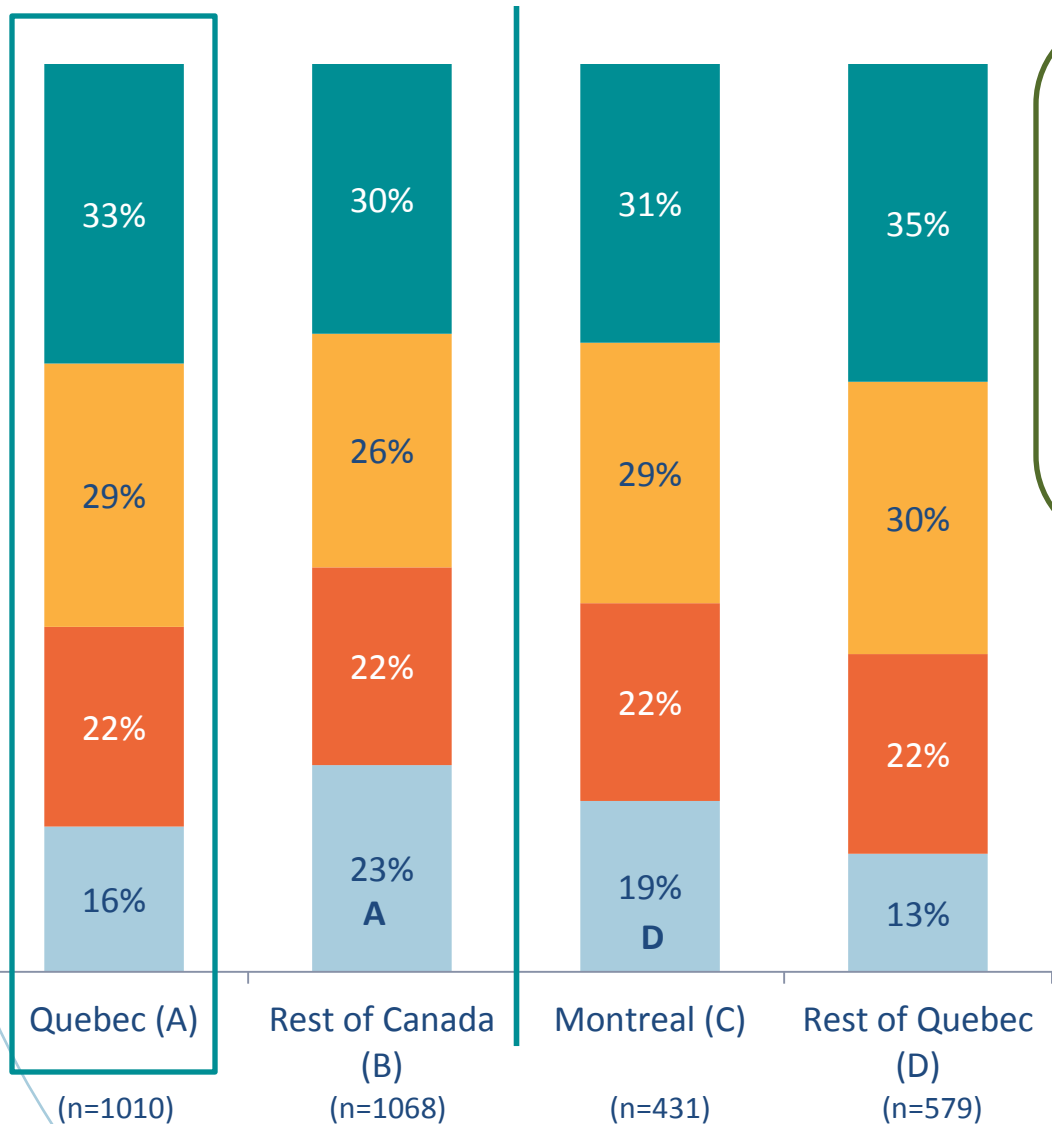
The terms currently being employed are likely to be misinterpreted, especially the expression “medical aid in dying”

- The expression “**medical aid in dying**” seems very **vague to the Quebec population**, and is subject to **diverse interpretations**.  
Indeed, **one third of Quebecers interpret it as as being a patient’s request for lethal injection by a medical professional**, while nearly 30% understand that it means relieving symptoms through palliative care. Finally, nearly 40% of those surveyed associate it with a discontinuation of intensive medical treatment, or with assisted suicide. This wide diversity of responses demonstrates the uncertainty that surrounds the term “**medical aid in dying**”.
- In comparison, the term “**euthanasia**” seems to be much clearer for Quebecers, even if nearly 40% of them ascribe an erroneous meaning to it. As such, 60% of individuals understand that it means **having a medical practitioner administer a lethal injection as per a patient’s request**.  
Overall, the level of understanding remains the same across all gender and age groups in Quebec, as well as for the rest of Canada.
- This therefore shows that use of the term **euthanasia still requires even more ample explanations for a large segment of the Quebec population** so as to be correctly understood, and that the **level of comprehension** of the more palatable expression “**medical aid in dying**” is **currently greatly insufficient** for Quebecers, leading to **numerous interpretation errors**.
- It is therefore **essential to clarify applicable terms** and **tangibly convey** the true definition of **euthanasia**, and **avoid using** even vaguer expressions such as “**medical aid in dying**”.



# Detailed results

# Understanding of the term “medical aid in dying”



■ The injection, by a doctor, of a substance that will cause the death of the patient, at that patient's request.

■ Relieving symptoms such as pain, without prolonging or shortening a patient's life, in order to provide maximum support and comfort to individuals in the end stages of a terminal illness during the final days, weeks, or months.

■ Discontinuing disproportionate treatment or artificially life-prolonging techniques (such as a respirator) upon the request of a patient suffering from an advanced-stage or terminal incurable disease.

■ Allowing individuals who so desire to self-administer substances prepared by a doctor with the express purpose of ending their own lives.

Base: all respondents

1. How do you personally define “MEDICAL AID IN DYING”?)

# Understanding of the term “medical aid in dying”

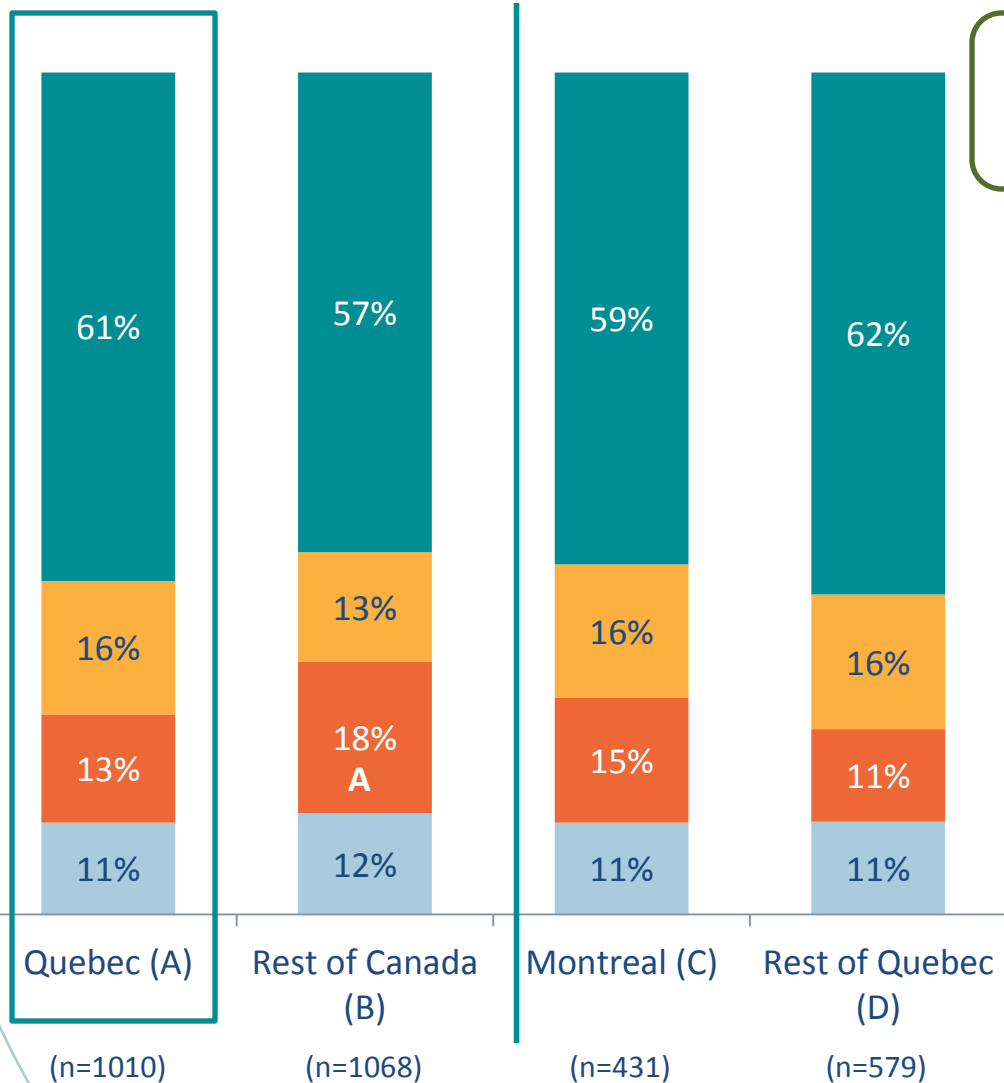
|   | Quebec          | Gender         |                | Age            |                |                 |
|---|-----------------|----------------|----------------|----------------|----------------|-----------------|
|   |                 | Men            | Women          | 18-34 yo       | 35-54 yo       | 55 ans and more |
| <i>Significant differences</i>  |                 | A              | B              | C              | D              | E               |
| <i>Base</i>   | <b>(n=1010)</b> | <b>(n=538)</b> | <b>(n=472)</b> | <b>(n=220)</b> | <b>(n=405)</b> | <b>(n=385)</b>  |
| The injection, by a doctor, of a substance that will cause the death of the patient, at that patient's request.   | <b>33%</b>      | 35%            | 31%            | 28%            | 33%            | 36%             |
| Relieving symptoms such as pain, without prolonging or shortening a patient's life, in order to provide maximum support and comfort to individuals in the end stages of a terminal illness during the final days, weeks, or months. | <b>29%</b>      | 28%            | 31%            | <b>36% DE</b>  | 27%            | 27%             |
| Discontinuing disproportionate treatment or artificially life-prolonging techniques (such as a respirator) upon the request of a patient suffering from an advanced-stage or terminal incurable disease.                            | <b>22%</b>      | 20%            | 25%            | 21%            | 20%            | 24%             |
| Allowing individuals who so desire to self-administer substances prepared by a doctor with the express purpose of ending their own lives.   | <b>16%</b>      | 17%            | 13%            | 14%            | <b>20% E</b>   | 13%             |

Base: all respondents

1. How do you personally define “MEDICAL AID IN DYING”?)



# Understanding of the term “euthanasia”



■ The injection, by a doctor, of a substance that will cause the death of the patient, at that patient's request.

■ Discontinuing disproportionate treatment or artificially life-prolonging techniques (such as a respirator) upon the request of a patient suffering from an advanced-stage or terminal incurable disease.

■ Allowing individuals who so desire to self-administer substances prepared by a doctor with the express purpose of ending their own lives.

■ Relieving symptoms such as pain, without prolonging or shortening a patient's life, in order to provide maximum support and comfort to individuals in the end stages of a terminal illness during the final days, weeks, or months.

Base: all respondents  
2. How do you personally define “EUTHANASIA”?

# Understanding of the term “euthanasia”

|   | Quebec          | Gender         |                | Age            |                |                 |
|---|-----------------|----------------|----------------|----------------|----------------|-----------------|
|   |                 | Men            | Women          | 18-34 yo       | 35-54 yo       | 55 ans and more |
| <i>Significant differences</i>  |                 | A              | B              | C              | D              | E               |
| <i>Base</i>   | <b>(n=1010)</b> | <i>(n=538)</i> | <i>(n=472)</i> | <i>(n=220)</i> | <i>(n=405)</i> | <i>(n=385)</i>  |
| The injection, by a doctor, of a substance that will cause the death of the patient, at that patient's request.   | <b>61%</b>      | 62%            | 59%            | 58%            | 58%            | 64%             |
| Discontinuing disproportionate treatment or artificially life-prolonging techniques (such as a respirator) upon the request of a patient suffering from an advanced-stage or terminal incurable disease.                            | <b>16%</b>      | 16%            | 16%            | 16%            | 17%            | 15%             |
| Allowing individuals who so desire to self-administer substances prepared by a doctor with the express purpose of ending their own lives.   | <b>13%</b>      | 14%            | 12%            | 11%            | 14%            | 13%             |
| Relieving symptoms such as pain, without prolonging or shortening a patient's life, in order to provide maximum support and comfort to individuals in the end stages of a terminal illness during the final days, weeks, or months. | <b>11%</b>      | 9%             | 13%            | <b>15% E</b>   | 10%            | 8%              |

Base: all respondents

2. How do you personally define “EUTHANASIA”?

# Appendices

## Data gathering

- This study was conducted among 2,078 Canadians aged 18 and over, representative of the Canadian population, by means of an online omnibus.
- Data gathering was carried out from September 18<sup>th</sup> to the 20<sup>th</sup>, 2013.

## Data treatment

- Data was treated using QUANTUM software, which provides the tables and statistical analyses required for the drafting of research reports.
- Results were weighted based on respondents' regions, ages and genders.