# Eight in Ten (80%) Canadians Support Advance Consent to Physician-Assisted Dying Most (85%) Canadians Support Landmark Supreme Court Decision Granting Canadians a Physician's Assistance to Die When Certain Criteria are Met

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# Eight in Ten (80%) Canadians Support Advance Consent to Physician-Assisted Dying Most (85%) Canadians Support Landmark Supreme Court Decision Granting Canadians a Physician's Assistance to Die When Certain Criteria are Met

**Toronto, ON –** Eight in ten (80%) Canadians support the concept of consenting in advance to physician-assisted dying even if the patient is no longer competent at the time the request is to be carried out (for example due to coma or late-stage dementia), provided the criteria set out by the Supreme Court (in a landmark decision which will soon grant Canadians the right to a physician's assistance to die) are met, according to a new Ipsos poll of over 2,500 Canadians conducted on behalf of Dying with Dignity Canada.

The Supreme Court of Canada recently ruled that competent Canadians will soon have the right to a physician's assistance to die. Adults with a grievous and irremediable medical condition (due to illness, injury or disability) that causes enduring suffering that is intolerable to the individual, and who clearly consent to the termination of their life, will soon have the right to a physician's assistance to die.

Thinking about the Supreme Court's ruling, most (85%) Canadians 'support' (51% strongly/34% somewhat) the ruling, while a minority (15%) 'opposes' (7% strongly/7% somewhat) the ruling.

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When implemented, the Supreme Court's decision will allow physician-assisted dying for patients who are competent at the time of the request and at the time the request is carried out. It does not address physician-assisted dying for patients who are competent at the time of the request, but not at the time the request is to be carried out (i.e. in a coma or late-stage dementia).

When given the choice between only two options which address the requirement for a patient to be competent at the time the request for physician-assisted death is carried out, nearly two in three (64%) Canadians prefer that "physician-assisted death should be available for patients who are competent at the time of the request, even if they are no longer competent at the time the request is carried out". Conversely, approximately one in three (36%) more closely believe that "physician-assisted death should only be available for patients who are competent at the time of the request and at the time the request is carried out".

When specific scenarios under which someone might seek to give advance consent for a physician assistance to die are presented to Canadians, support for advance consent remains strong:

Assuming the patient meets all the other criteria for an assisted death and has otherwise been approved, 82% 'support' (45% strongly/37% somewhat) physician assisted dying for patients who have a scheduled assisted death and who are competent at the time of the request but not competent at the time the assisted death is to be carried out. For example, a patient and her doctor agree on Friday to schedule an assisted death on the following Monday, but over the weekend the patient slips into a coma. Two in ten (18%) 'oppose' (7% strongly/11% somewhat). Support

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remains strong among every demographic group studied, including gender, age, region, political stripe, among healthcare providers, Catholics and Protestants, and among those who are permanently or severely physically disabled, have experienced or witnessed dementia, or have witnessed terrible suffering before the end of someone's life.

- Assuming the patient meets all the other criteria for a physician assisted death, eight
  in ten (80%) 'support' (44% strongly/37% somewhat) the right to physician-assisted
  dying for patients who are competent at the time of the request but not competent at
  the time the request is carried out, as long as the person has a diagnosis of a
  grievous and irremediable medical condition when the request is made? For
  example, if a patient has a diagnosis of dementia and requests to have assistance to die
  when they become bedridden and unable to bathe, shave and toilet themselves, but is
  no longer competent when these conditions arise. Two in ten (20%) 'oppose' (7%
  strongly/12% somewhat). Once again, very little fluctuation exists in the data based
  on region, age, or gender, and a majority of Canadians in every other demographic
  group studied supports this position.
- For patients who are competent at the time of the request even if they do not have a grievous and irremediable medical condition and who may wish to write advance instructions specifying that they are to receive an assisted death if they have a stroke and are unable to move or communicate, even if they have not been diagnosed as at risk of having a stroke when they write their advance instructions, 71% 'support' (33% strongly/37% somewhat) access to physician-assisted dying in this case, while three in ten (29%) 'oppose' (11% strongly/19% somewhat). A little more variation exists on this issue with only 50% of regular church goers supporting this position –

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which is the lowest statistically significant level of support measured. A majority of supporters of the major federal political parties, healthcare workers, Catholics and Protestants, those who are permanently or severely disabled, and those who have witnessed severe dementia or suffering support this position.

\*\* For full demographic analysis, please consult the data tables \*\*

These are some of the findings of an Ipsos Reid poll conducted between February 2 and 5, 2016, on behalf of Dying with Dignity Canada. For this survey, a sample of 2,530 Canadians from Ipsos' online panel was interviewed online. Weighting by region, age and gender was then employed to balance demographics to ensure that the sample's composition reflects that of the adult population according to Census data and to provide results intended to approximate the sample universe. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll is accurate to within +/-2.2 percentage points, 19 times out of 20, had all Canadian adults been polled. The credibility interval will be wider among subsets of the population. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error, and measurement error.

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