

# **A Methodological Critique of the Dignity in Dying - Populus Poll of March 2015**

**Dr. Tarek Al Baghal**

**Alexandru Cernat**

University of Essex

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## Executive Summary

- This report provides an evaluation of the Dignity in Dying survey conducted by Populus on support for the bill on assisted dying going in front of Parliament
- The evaluation is based wholly upon examination of the methodology used to conduct the survey.
- The issue of assisted suicide is a complicated one, and writing any survey to capture opinion on topic would have issues it would need to address prior to fielding.
- The first issue noted with the Dignity in Dying survey is the methodology used: an online panel survey. These surveys can miss important members of the population and may be biased by low response rates.
- In particular, such a method focuses on the general population and not on specific groups which may be more impacted by the legislation such as the terminally ill or healthcare professionals. Previous research suggests that at least healthcare professionals support such legislation at a lower rate than the general population
- Another issue is that the survey begins without asking respondents of any prior knowledge or beliefs on the topic. Many people may have no attitudes or are undecided, but the survey does not allow full examination of this possibility.
- Respondents will also provide an answer even when they do not have opinion, but may be affected by contextual information, such as the survey design. One known effect is people selecting earlier presented options, and apparently the survey presents positive options first.
- The survey also does not ask about a number of aspects related to assisted suicide, while studies suggest that the complexity the issue cannot be captured by only a small set of questions.
- A number of other polls have also shown that changing wording can reduce support. This survey only used one wording, which may have affected respondents to answer in support
- Given the complexities of the topic and the differential impact on a variety of groups, surveys may benefit from additional methods to understand results, such as a variety of qualitative methods. Combining these methods have been recommended previously to government for understanding opinion toward assisted suicide, but are not used in the DiD survey.

- Importantly, given these complexities, relying on simple results to any single question to frame the argument, such as “82% support this change in law...” hides the uncertainty regarding such numbers and does not reflect the various dimensions of the topic.
- Several questions are quite complicated, and may be difficult for respondents, which may then lead to greater reliance on survey features or answering based on incomplete understanding.
- The response options for several questions are designed such that people are forced to choose an opinion, even if they do not have one, and may lead to more positive options being selected.
- Overall, we would caution MPs and the public assuming, simply based on the results of this poll, that 82% of the public are in favour of a change in the law. There a number of problems noted with this survey which should be taken into consideration when viewing the results.

## Introduction

Assisted suicide and euthanasia is a complex and sensitive issue. Attempts to legalise it have to take into account not only legal aspects but also range of other dimensions such as ethical or medical considerations. Furthermore, the decision regarding this and its repercussions is not only an individual affair as it also impacts family, friends, health services and the legal system. It is thus easy to see how trying to measure people's views on such a complex topic can be a daunting task. This report will comment on a survey conducted for the group Dignity in Dying by the firm Populus attempting to capture these views. Here we will be presenting possible limitations of the study and propose ways that would constitute better methods for future studies.

As this is a complex issue that spans some of the most important aspects of life, from ethics to family life, from the legal to the medical, it is easy to understand how difficult might be to measure people's attitudes towards such an issue. Just to name a few possible difficulties: who should we ask about the topic? Should we ask everyone, or only people with terminal disease, their families, and/or health workers? How do we give people that do not know about the topic information in such a way as to not bias their answer? How to measure the different aspects of the issue?

The study under consideration here was financed by Dignity in Dying (DiD) and was collected by Populus in the period 11-19 March 2015 using a non-probabilistic online panel. The sample size is of 5018 and it was weighted<sup>1</sup>. The survey included eight questions regarding the topic of assisted dying or suicide plus a number of social demographic questions. This will be referred as "the DiD survey" in the next sections. First we will discuss some general limitations of the survey that might affect the overall results. Then we will discuss in more depth some of the focal questions included in the survey and explore how these possible limitations affect these specific questions.

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<sup>1</sup> <http://www.populus.co.uk/Poll/Dignity-in-Dying/>

## **Issue 1: Online Survey Panel Methods.**

Any study that wants to gauge the public's opinion on a topic must decide what is the population of interest. There are then choices of which method can be used to select and survey members of this population. The choice should be made based on resources and the characteristic of the population of interest. The method chosen for the DiD survey was an online panel survey, using a panel of respondents previously recruited by the fielding agency, Populus. These types of surveys are fairly common and have the advantage that a large number of surveys can be conducted in a short time with a large number of people for relatively low cost. Using information previously collected among panel members, sub-groups of interest may be targeted more easily.

However, there are also a number of limitations with these online surveys that have potential implications for the DiD survey. One of these is that online panels are generally, and apparently this survey in particular, are not based on a probability sample of the general population; rather people who are interested in being part of the panel join by proactively signing up. People who sign up for the panel are then sent survey requests by the polling company. Who the invites are sent to may be selected at random, but the initial process of signing up to the panel is not. To create a more representative sample, statistical weights or quotas are used, but these methods hinge on the quality of the statistical model used for the weighting, which is often proprietary and not open to inspection.

The second issue, and maybe the more important one in this context, these general population online panel surveys may not adequately capture opinion of key groups. Generally, those that do not have access to the internet, do not have and/or cannot use a computer or those that are illiterate or have sight impairment are unlikely to ever be included in the survey. If members of these groups are most likely to be affected by such legislation, then the survey does not represent these key groups.

In particular, as noted in HM Government Code of Practice on Consultation:

"Consideration should also be given to asking questions about which groups or sectors would be affected by the policy in question, and about any groups or sectors

... that may be disproportionately affected by the proposals as presented in the consultation document."<sup>2</sup>

In this particular case, examples may include those terminally ill and healthcare professionals. It may be expected that the terminally ill are less likely to take part in any survey generally, for several reasons. Still, there may be some terminally ill people and healthcare professionals that took part in the DiD survey. However, the numbers are not likely to be large enough to represent the differential impact any such legislation would have on these groups. As noted in the 2004 House of Lords Assisted Dying for the Terminally Ill Bill - First Report:

"Doctors also appear to be notably less in favour of legalising euthanasia than the general public."

"Pharmacists' views appear (from one limited study) to be largely in line with doctors—less than half were in favour of legalising PAS [physician-assisted suicide]. The sample was split on whether they should/would willingly dispense drugs for suicide."<sup>3</sup>

Although attitudes may have changed since the commissioning of that study, the current survey does not allow comment on opinion of such target groups.

In combination with not covering important parts of the populations, the online panel method also suffers from a large problem with people invited to take the survey not responding, and such non-response is known to potentially bias these types of surveys. A task force was put together and report on online panels was written by the largest professional association of polling in the US, the American Association of Public Opinion Research (AAPOR). Speaking about non-response in online panel surveys, the report says:

"Further, the response rates for surveys from nonprobability panels have fallen markedly over the last several years to a point where in many cases they are 10 percent or less. This combination of major undercoverage and high nonresponse presumably results in substantial bias in surveys using nonprobability panels, bias that thus far is not well understood in the literature."<sup>4</sup>

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<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/100807/file47158.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100807/file47158.pdf)

<sup>3</sup> <http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/8617.htm> AAPOR

<sup>4</sup> Report on Online Panels (2010).

Although methods have improved since this report was initially published, issues of not covering important parts of the population and high nonresponse still remain, and is a potential issue in the DiD survey.

## **Issue 2: Non-Attitudes**

A related issue is who should have a say on such a topic. It has been known for a long period in the field of public opinion research that a substantial group of people might exist that have what is called non-attitudes.<sup>5</sup> It has been posited that this group of people answers questions on topics on which they have no formed opinions in ways which are not linked to the topic of interest, but rather a range of contextual information which may come to mind. If a large number of respondents express non-attitudes for a particular opinion question, then conclusions based on these questions may be invalid, as it includes answers that are at best random and at worst systematically incorrect. For example, some people will just choose the first answer category presented them in a web survey.<sup>6</sup>

This can be indeed the case on the issue of assisted dying/suicide as this is a very specific issue that only affects directly a small proportion of the entire population, and many people may not have thought of the issue at any time or in-depth prior to the survey. A standard method in polling is to first ask if a respondent has knowledge of an issue, then ask attitude questions.<sup>7</sup> The DiD survey did not ask for initial knowledge, so there is no way to distinguish between those that have a developed attitude on the issue from those that hear of it for the first time and are responding based on factors at that moment, which may include the survey design itself.

These respondents that do not have strong views on this topic may rely on the survey design itself as information on how to respond, a type of cognitive shortcut to answering questions well known in survey research as satisficing.<sup>8</sup> One of these mental shortcuts is called acquiescence and is the tendency of just answering positively to questions.<sup>9</sup> Another type of

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<sup>5</sup> Philip Converse, "The Nature of Belief Systems in Mass Publics," in *Ideology and Discontent*, ed. David Apter, 1st ed. (The Free Press of Glencoe, 1964).

<sup>6</sup> Mario Callegaro, Katja Lozar Manfreda, and Vasja Vehovar *Web Survey Methodology*. London: SAGE (2015).

<sup>7</sup> Jean Converse and Stanley Presser *Survey questions: Handcrafting the standardized questionnaire*. Newbury Park, CA: SAGE (1986).

<sup>8</sup> J. A. Krosnick, S. Narayan, and W. R. Smith, "Satisficing in Surveys: Initial Evidence," *New Directions for Evaluation* 1996, no. 70 (1996): 29-44.

<sup>9</sup> Jaak Billiet and McKee McClendon, "Modeling Acquiescence in Measurement Models for Two Balanced Sets of Items," *Structural Equation Modeling: A Multidisciplinary Journal* 7, no. 4 (October 2000): 608-28, doi:10.1207/S15328007SEM0704\_5.

mental short-cut when answering survey questions is primacy. This is the tendency of selecting the first option of the answer categories regardless of its substantial meaning. This effect is especially pronounced in surveys that use visual cues, such as web surveys like the DiD survey. These types of response strategies can have a negative impact on the validity (i.e., the degree to which the questions we use measure what we are interested in) of the survey. However, given that it is no indicator of knowledge in the DiD survey or a varied set of questions on the topic in different domains, it is not possible to identify if there are any respondents likely to be responding using such shortcuts.

### **Issue 3: Survey Content**

In addition to not asking about knowledge of the topic, the DiD survey was somewhat limited in the domains asked about. Other research suggests that in measuring attitudes towards assisted suicide, a number of domains should be explored for a complete understanding of public opinion. Possible dimensions that should be captured are: ego preoccupation (personal involvement with the topic), emotional commitment (or subjective certitude) and cognitive elaboration (how much people thought about the topic).<sup>10</sup> Failure to assess multiple aspects of the issues raises questions of content validity.<sup>11</sup>

This seems to be an issue with the Populus survey as the eight questions posed to the respondents tackle only a small facet of this complex issue: attitudes towards a law under debate and its impact on the view of politicians and doctors and about personal experiences related to assisted dying/suicide. We can think of other essential aspects for the decision process regarding assisted dying that are not covered. For example, respondents are not asked about different strategies or alternatives that could be used to support the people that seek assistance in dying/suicide. Similarly Rogers<sup>12</sup> mentions aspects such as locus of control, who decides on the suicide, and locus of action, who does the action, as dimensions that should be taken into account as well as different aspects of the patient such as age or the health status.

Indeed, the possibility of non-attitudes and the lack of elaboration of held attitudes have been highlighted previously in other studies on this specific issue. In particular how the question is

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<sup>10</sup> James R. Rogers, "Assessing Right to Die Attitudes: A Conceptually Guided Measurement Model," *Journal of Social Issues* 52, no. 2 (1996): 63-84.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

worded can have a large impact on results. For example, a study by Gallup<sup>13</sup> in the United States has shown that when asking about "end the patient's life by some painless means" 70% of people showed support, while an alternative formulation referring to "assist the patient to commit suicide" received 51% support - a 19% difference. Similarly, a Comres study from 2014<sup>14</sup> showed a similar question used in the DiD survey led to varying amounts of support depending on the additional considerations added to the question. For example, the base question suggests 73% of support for the bill, but drops to 47% when mentioning that people may feel pressured to end their life so as not to burden their loved ones. Support also was decreased by when the questions said that the majority of doctors oppose it.

Pew Research, one of the world leaders in best practices of public opinion polling, found that:

"[I]n a 2005 Pew Research survey, 51% of respondents said they favored "making it legal for doctors to give terminally ill patients the means to end their lives," but only 44% said they favored "making it legal for doctors to assist terminally ill patients in committing suicide." Although both versions of the question are asking about the same thing, the reaction of respondents was different."<sup>15</sup>

Such effects on the response patterns have also been presented in the case of cancer patients who changed the degree of their support depending on the language used and specification (suffering, patient request or terminal ill).<sup>16</sup> If the attitudes toward the topic were stable, changes in the wording would not have been so greatly affected, as was found in many studies. The DiD survey only used one wording for its first and main question, so it is not possible to know the impact the wording had on outcomes.

#### **Issue 4: Additional Supplemental Methods**

As mentioned before, understanding the process of assisted suicide with its different dimensions, causes and effects is a daunting task. As such, we should use all the possible approaches we have at our disposal to comprehend the public's view on this topic. An important way to do this is a mixed-method approach that combines survey data with other

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<sup>13</sup> <http://www.gallup.com/poll/162815/support-euthanasia-hinges-described.aspx>

<sup>14</sup> [http://comres.co.uk/wp-content/themes/comres/poll/Care\\_Assisted\\_Suicide\\_Poll\\_July\\_2014\\_\(with\\_summary\\_table\).pdf](http://comres.co.uk/wp-content/themes/comres/poll/Care_Assisted_Suicide_Poll_July_2014_(with_summary_table).pdf)

<sup>15</sup> <http://www.pewresearch.org/methodology/u-s-survey-research/questionnaire-design/>

<sup>16</sup> Lynne Parkinson et al., "Cancer Patients' Attitudes towards Euthanasia and Physician-Assisted Suicide: The Influence of Question Wording and Patients' Own Definitions on Responses," *Journal of Bioethical Inquiry* 2, no. 2 (2005): 82-89.

techniques such as in-depth interviews, observations, and ethnography. Such additional methods would help validate the findings of the survey.

In addition to validating the survey data, a mixed-method approach would also help to address some of the issues noted above. First, regarding Issue 1, key groups which may be most impacted by this legislation but that are unlikely to be covered by a web survey could be studied in a deliberative and systematic way. Regarding Issue 2, this mixed-method approach would help us understand to what degree the general public has really considered the implications of assisted dying and to understand to what degree "non-attitudes" is an issue when researching this topic. Additionally, related to Issue 3, qualitative methods could broaden the research in terms of the public's understanding and opinion to the myriad domains of importance for the issue of assisted suicide and thus increase its content validity. This would also inform future survey attempts about the different dimensions of assisted dying that have to be considered when undertaking surveys on such topics. This varied form of research has been recommended to the government specifically to understand public opinion toward assisted suicide, as noted in the House of Lords Assisted Dying for the Terminally Ill Bill - First Report:

"[G]overnment is accustomed to exploring public opinion on difficult and complex topics through various forms of deliberative research .... Only research of this sort is capable of providing a satisfactory understanding of public attitudes to the legalisation of euthanasia/PAS and of quantifying it meaningfully."<sup>17</sup>

Lastly, while it is commendable that the survey has managed to receive media attention and increased awareness of this important topic, the focus on the survey might nevertheless undermine a more informed and in-depth discussion of assisted dying. Reducing this complex topic to easy catch phrases such as "82% support this change in law..." hides a great deal of uncertainty regarding that number and ignores all the complexity and the different dimensions of the topic. Qualitative research in this context would help reintroduce some of the complexity and nuances regarding assisted dying in the public debate.

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<sup>17</sup> <http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/8617.htm>

## Specific Question Analysis

In what follows we will examine the wording of some of the questions taken directly from the DiD survey used to measure attitudes towards the new law and the assisted suicide in the survey as examples of possible methodological issues.

*Q.1 Currently it is illegal for a doctor to help someone with a terminal illness to end their life, even if the person considers their suffering unbearable and they are of sound mind. A proposed new law would allow terminally ill adults the option of assisted dying. This would mean being provided with life-ending medication, to take themselves, if two doctors thought they met all of the safeguards. They would need to be of sound mind, be terminally ill and have 6 months or less to live, and a High Court judge would have to be satisfied that they had made a voluntary, clear and settled decision to end their life, with time to consider all other options. Whether or not you would want the choice for yourself, do you support or oppose this proposal for assisted dying becoming law?*

*Strongly support (4)*

*Somewhat support (3)*

*Somewhat oppose (2)*

*Strongly oppose (1)*

The first question of the survey is important in the context of this topic as it will give cognitive cues to the respondents that do not have a clear opinion or information regarding assisted dying/suicide. This is called framing in the field of public opinion research and can have important effects on subsequent attitude measures<sup>18</sup>. Thus, words such as "suffering unbearable" may have not only an impact on the views of those without firm beliefs not only for this question but also in answering other questions in the survey.

Further, this question does not have what would be considered a category; respondents are forced to select whether they support or oppose the measure. This is a particular issue where respondents may not have strong attitudes to a question, which has already been noted may be an issue in this context. The following comes from one of the leading texts on questionnaire design:

"The addition of the middle category does not usually change the ratio of support to opposition, and the inclusion of the middle category will give as much information about the ratio of general favorableness to unfavorableness as will a question that omits the middle category. The size of the response to the middle category can give

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<sup>18</sup> Donald P. Haider-Markel, Mark R. Joslyn, and Mohammad Tarek Al-Baghal, "Can We Frame the Terrorist Threat? Issue Frames, the Perception of Threat, and Opinions on Counterterrorism Policies," *Terrorism and Political Violence* 18, no. 4 (2006): 545-59.

extra information about the intensity of attitudes—information that might be absent in a forced-choice situation. In general, we feel that middle-of-the-road or indifferent respondents should not be forced to express opinions."<sup>19</sup>

Again, the addition of this middle option may have allowed undecided respondents a choice rather than being forced in one direction or another. By its nature, this question assumes everyone either supports or opposes the bill.

An additional problem is the complexity of this question, which likely adds a high level of cognitive burden on respondents. First is simply the length of the question. Longer questions with more clauses are shown to be more difficult for people to answer.<sup>20</sup> Second, it uses words where the meaning may not be obvious to everyone, e.g. "safeguard" or "clear and settled decision". While the goal was to mirror the bill being introduced into Parliament, it is questionable that people hold their everyday belief using the same language as government bills.

The use of leading words, such as "suffering unbearably", the cognitive burden and the lack of a middle category combine with other design features of the survey to increase the tendency of selecting the first categories. These two response strategies, as noted, are acquiescence, which is the tendency of selecting the positive answers, and primacy, which is the tendency of selecting the first category of a list when they are presented visually. In the case of this question these different effects converge leading to a possible increased probability of selecting the first category, which here represents support for the law, regardless of people's view on the topic.

*Q.2 If your MP was to vote in support of a change in the law to allow assisted dying for terminally ill and mentally competent adults, would you feel more positive or more negative towards them, or would it make no difference to you?*

*Much more positive (+2)*

*A bit more positive (+1)*

*Would make no difference (0)*

*A bit more negative (-1) Much*

*more negative (-2)*

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<sup>19</sup> Norman M. Bradburn, Seymour Sudman and Brian Wansink. *Asking questions: The definitive guide to questionnaire design*. San Francisco: Jossey-Bass. (2004).

<sup>20</sup> Ting Yan and Roger Tourangeau "Fast Times and Easy Questions: The Effects of Age, Experience and Question Complexity on Web Survey Response Times." *Applied Cognitive Psychology*. 22, (2008): 51-68.

The second question also provides the positive response answer categories first. Interestingly, this question uses a middle category, making it unclear as to why this was not a consistent design choice. Further, it is not clear if the +2 to -2 numbers were included in the presentation to respondents in addition to the answer categories. If these were, it produces another potential issue in that research shows people are more likely to avoid negative labelled response options and select positively labelled categories.<sup>21</sup> Such effects, along with other possible effects such as primacy, suggest a possibility of an artificial increase in the "positive" views of MP's voting for a law change.

*Q.5 Regardless of your own personal opinion on whether or not assisted dying for terminally ill & mentally competent adults should or should not be legal, please indicate which of the following statements is closest to your own view, even if neither statement sums up exactly what you think.*

*Statement A:- The House of Commons should allocate time after the general election for a full and comprehensive debate on the issue of assisted dying so MPs can properly address the question of whether or not the law should be changed*

*Statement B:- The House of Commons has other issues to debate and should not allocate time after the general election for a full and comprehensive debate on the issue of assisted dying*

Question 5 of the survey again forces respondents to pick a side, as in Question 1, even if these respondents may not have an attitude. Additionally it is quite long with many clauses, suggesting extra cognitive burden on the respondents. The first statement is the one that supports the law, which means that it may receive extra cognitive effort compared to statement B, especially as the burden increases as one has to read more, leading to a possible increase in propensity to support it. Most importantly, it is not clear what this question is trying to measure, as it actually is capturing multiple domains simultaneously. For example, imagine a person who wants a highly-active Parliament having open debate on a number of issues. This person might select Statement A, but not support the particular bill whatsoever. As another example, someone very unhappy with the current constitution of the House of Commons may let this unhappiness reflect in their answer. It is not clear that the results of this question are pertinent of support the bill or not.

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<sup>21</sup> Norbert Schwarz et al. "Rating Scales: Numeric Values May Change the Meaning of Scale Labels" *Public Opinion Quarterly*, 55, (1991): 570-582

## Conclusions

Assisted suicide/dying is an extremely complicated topic and as the attempt of measuring people's attitudes can be fraught with issues. The DiD survey examined here attempted to measure these attitudes with a focus on the new law that is currently under discussion in Parliament.

While the endeavour of measuring the attitudes of the public on this topic is commendable we have also highlighted some of the issues that can hamper such an attempt. Some of the potential problems presented above bring caution to some of the numbers reported by the survey. First is the use of the online panel survey method to capture opinion. This method not only excludes potentially excludes important parts of the population for the question at hand, but also may introduce bias through high level of non-response. Related to this, the ability for the survey to represent the population on this topic hinges on the quality of the weighting and quota system used, and it is unclear how the weights used were calculated.

Secondly, we are not sure to what degree the attitudes presented here are fully thought out views and to what proportion are "non-attitudes". Questions were not asked to ascertain prior knowledge of belief, for example. A number of other studies on this specific topic have shown that differing wording may have led to different results. Thirdly, the eight questions asked in the survey regarding assisted dying/suicide cover only a small part of the aspects that should be taken into consideration by the public in their evaluation of assisted dying. The nature of some of the questions, through their design and complexity, can provide cues that might influence the answers of some of the respondents.

Finally, given these issues and the complexity of the topic, additional methods would be informative to understanding public opinion. Qualitative methods could study more in-depth key groups, could understand the level of knowledge of the issues and the dynamics of their opinions, and could explore the myriad domains involved with the issue. These could shed light on any survey results, but are included as part of the current study.

Overall, this report has highlighted a number of potential issues with the survey conducted measuring people's attitudes toward the bill on assisted dying. While these problems may have negative impact on the data, it does not mean that the data are invalid. However, it does suggest that the data needs to be viewed with these possible issues in mind, perhaps using additional sources in understanding public desires and in decision-making.