What are High School Students Attitudes and Opinions Towards Physician Assisted Suicide?

Word Count: 4394

I. Introduction

When it comes to patient care, the importance of medical ethics is unparalleled. This includes, but is not limited to, making sure the rights and autonomy of the patient is met. However in light of this, the controversy and legality regarding the medical procedure of Physicians Assisted Suicide (PAS) has been debated for years. The most widely accepted definitions of PAS comes from Dr. Monika Ardelt, a professor of sociology at the University of Florida. She defines physicians assisted suicide as when the "physician provides the patient with the means to end his or her life, usually by prescribing or providing a lethal dose of medication that the patient independently ingests" (Ardelt 1). In 1992, Californians voted against proposition 161 by a slim margin of 54%-45% which would have legalized assisted suicide (Cohen). Fifteen years later, PAS is legal in 5 states, California being one of them, with each state requiring their own specific process to undergo PAS legally. However, the issue of PAS has yet to be entirely resolved as the general public is still at odds with their views towards it. American oncologist and bioethicist Ezekiel Emanuel has been studying medical ethics, specifically assisted suicide and euthanasia, for years. In that time, he found that when it comes to PAS, the fundamental arguments concerning patients' autonomy to have control over their own lives and be able to relieve unremitting pain and suffering has remained the same since the late 19th century (Emanuel 1). Emanuel calls for more thorough research on the subject which is what this study aims to address, as well as assess the opinions of high schoolers which have been left out and is important in understanding the future of PAS. Dr. Jonathan S. Cohen, along with other researchers, stated that one of the biggest issues with researching opinions towards PAS, is that

majority of surveys explore ethical issues associated with terminal care as opposed to focusing on assisted suicide and euthanasia. They contend that only some surveys have studied the underlying beliefs of expressed opinions or examine preferences for certain restrictions and safeguards (Cohen). Within differing opinions, it is crucial to consider the thoughts of everyone, especially those who are directly affected or involved in the process of PAS. That is why researchers have surveyed physicians, critical care nurses, oncologists, patients, and the general public in regards to legalizing PAS. However, the one group that has been left out of the discussion is high school students. Given high schoolers age and environment, understanding their opinion regarding issues that they will vote on in the future is valuable. Thus, this study aims to explore and interpret the question: What are high schoolers attitudes and opinions towards physicians assisted suicide?

II. Literature Review

In June 1997, the U.S Supreme Court ruled that there is no constitutional right nor constitutional prohibition regarding PAS and euthanasia, which left the decision of legality to be determined by individual states (Vacco v. Quill & Krischer Mciver). Within the decade, many states across the U.S have opposed its legalization. In 1991, voters in Washington defeated Initiative 119 by a margin of 54 to 46 percent, which would have legalised assisted suicide and euthanasia. In 1992, voters in California defeated Proposition 161, which would have allowed "aid in dying" by the same margin. However, in 1994, Oregon passed the legalization of PAS after it went through many court challenges in the coming years and took time before it was implemented (Annas). With this, the fight regarding PAS and euthanasia was far from over.

Seventy percent of Michigan voters rejected a referendum in 1998 that would legalize PAS and in 2000 Maine voters were also against legalizing PAS (Ayers). Regardless of all the individual opinions for or against PAS, it can be agreed that there is no general consensus within the United States on whether assisted suicide should be legal or not.

To begin with, the topic of physicians assisted suicide has been heavily researched by Ezekiel Emanuel. Emanuel agrees that there are a range of differing opinions concerning PAS and euthanasia, and that debate has instigated empirical research that reveal the various claims regarding the right to die. He delves into the attitudes of the American public, attitudes of physicians, physicians practices and experiences, non physician healthcare professionals' attitudes and practices, and patients attitudes and experiences (Emanuel 1). He found that when surveying the public's support for euthanasia, it can vary from about 34% to 65% (Emanuel, Blendon). Through his extensive research he classifies the public's views with the "Rule of Thirds" where about "one third of Americans support PAS regardless of the circumstances", one third support PAS in certain circumstances, and one third oppose PAS no matter the situation (Emanuel 1). Some of those circumstances include the patient not wanting to be a burden on their family or experiencing constant pain. Most surveys report that the largest support for euthanasia or PAS to be about 65% (Emanuel 2-3). Accordingly, one third of Americans disagree with euthanasia or PAS for terminally ill patients who are encountering incessant pain, regardless of adequate management (Emanuel 2-3).

In addition, Emanuel concludes that the rise in support for euthanasia and PAS occurred in the mid 1970s not 1990s, contrary to what the research of Jonathan S Cohen et al. and Jerald

G Bachman et al. suggests in their studies of opinions towards legalizing PAS (Cohen & Bachman). Citing an article that evaluates Dutch opinions on euthanasia from 1966 to 1991, Emanuel contends that the more recent public debates on assisted suicide have had little effect on public opinion (Van der Maas). Adding onto Emanuels claim that the public has not been swayed by current debate, he states that they are also unable to differentiate the difference between PAS and euthanasia (Emanuel 1). While this difference is important for physicians, medical ethicists, lawyers, patients, and those who are involved in the process, surveys show that Americans support euthanasia at the same rate as PAS (Emanuel 2). Additionally, since PAS and euthanasia are often held in the same regard, this study ended up only addressing PAS in an attempt to avoid confusing the respondents and focusing more on their attitudes towards PAS as opposed to comparing concepts they may not be entirely familiar with.

Emanuel also presents specific sociodemographic characteristics that frequently predict support of PAS and euthanasia (Emanuel 2). In his research, Catholics and those who report themselves to be more religious tend to oppose euthanasia or PAS (Emanuel 3). Similarly, "African Americans and older people were significantly more opposed to euthanasia or PAS" (Emanuel 3). Emanuel contends that some, not all, surveys indicate that women are significantly more against euthanasia or PAS (Emanuel 3). However, Emanuel found that patients with terminal illnesses like "cancer and chronic obstructive pulmonary disease" have perspectives that are almost indistinguishable from the public's (Emanuel 3). In addition to demographics, notable researchers Lydi-Anne Vézina-Im, Mireille Lavoie, Pawel Krol, and Marianne Olivier-D'Avignon conducted a systematic review of the motivations of physicians and nurses to

practice voluntary euthanasia by investigating findings from databases. They reviewed a total of 27 empirical quantitative studies out of the 1703 they found. Even though they identified things like "past behavior, health professionals' medical specialty or work setting, and the patient's life expectancy" as indicators of being favorable towards PAS and euthanasia, demographics played a substantial role in responses (Vezina-Im). The most frequently assessed variables are sociodemographic characteristics of health professionals, which was assessed 68 times for 12 variables in the research they identified (Vezina-Im). The most consistent and significant categories of factors pertaining to euthanasia and PAS are psychological variables, sociodemographic variables, and patient variables like their condition (Vezina-Im).

When it came to variables associated with behavior and/or intention regarding health profession and the legal status of euthanasia, multiple sociodemographic characteristics were looked at. From most significant to least within the health profession it goes medical specialty, unit and work setting, religion, number of terminal patients, age, and gender (Vezina-Im). From most significant to least within the legal status of euthanasia it goes medical specialty, unit and work setting, religion, years of experience, gender, and age (Vezina-Im). This suggests that, depending on their medical field and work surroundings, health professionals will have positive attitudes towards PAS and euthanasia and be motivated to execute it (Vezina-Im). They predict that a possible justification for this observation is that in certain medical specialties and work settings, exposure to suffering, such as patients with advanced terminal diseases, can be more prevalent than in other areas and environments, and therefore impact health professionals' intention to perform euthanasia and PAS (Vezina-Im). In more than half the studies, religion, the

most frequently assessed variable, was not significantly related to euthanasia. This contradicts Emanuels review, among others, that identified religion as an important factor in physicians and nurses attitudes towards euthanasia (Emanuel 1). However, in their research, Vézina-Im, Lavoie, Krol, and Olivier-D'Avignon contend that this contradiction may be due methodological flaws in the survey process rather than there being an indication that religion has no effect on physicians and nurses attitudes (Gielen). Most studies utilize a straightforward checklist to discern religious affiliation, which Rosenfeld argues may be too uninvolved to entirely capture its effect on euthanasia (Rosenfeld). Moreover, three sources contended that male health professionals were more inclined to perform euthanasia than female health professionals. (Kinsella, Stevens, Inghelbrecht). "Nurses with more than 6 years of work experience were more willing to practice euthanasia to relieve the patient's pain and depression, while on the opposite, physicians with more than 6 years of experience were less willing to adopt this behavior" (Oz). According to Oz's study, more physicians between the ages of 20 and 30 years old were inclined to take part in legal euthanasia in comparison to physicians older than 31 years old (Oz). Conversely, the study of Smets et al. found that the older the physicians were, the greater likelihood they had to carry out euthanasia. All in all, Vézina-Im, Lavoie, Krol, and Olivier-D'Avignon concluded that when physicians and nurses are familiar with euthanasia they are more likely to implement it. They are also more likely to grant euthanasia "when the patient does not have depressive symptoms and has a short life expectancy."

As the research shows, not only is there disagreement concerning the legality and ethicality of PAS and euthanasia, but there also seems to be no consensus between physicians,

nurses, patients, and the general public. Within that, there is a gap in the current body of knowledge regarding the attitudes of high school students towards physicians assisted suicide and euthanasia. In order to further comprehend assisted suicide and what contributes to a person's opinion towards it, it's imperative to assess the thoughts of high schoolers as they are the future voters and decision makers on the subject

III. Methods

A. Population: GHC is a large, co-ed, public high school in a suburban setting that enrolls 9th through 12th grade students. GHC has a diverse population with over 4,750 students enrolled. The demographics of the student body, according to the GHC 2017-2018 School Profile, is 40% Hispanic, 25% White, 18% Asian, 9% Filipino, 4% African American, <1% American Indian or Alaska Native, <1% Pacific Islander, and 2% declined to state. Additionally, GHC is a Title I school with 53% of the student body being classified as socioeconomically disadvantaged. However, the school as a whole can be classified as middle income. With these statistics, GHC is shown to be a school that aligns with the general makeup of other high schools as well as the greater population of the United States.

B. Alignment: This study mainly aligned with the work of Jonathan S. Cohen, Stephan D. Fihn, Edward J. Boyko, Albert R. Jonsen, and Robert W. Wood based on their article titled "Attitudes towards Assisted Suicide and Euthanasia among Physicians in Washington State". Their questions were used in this study to assess

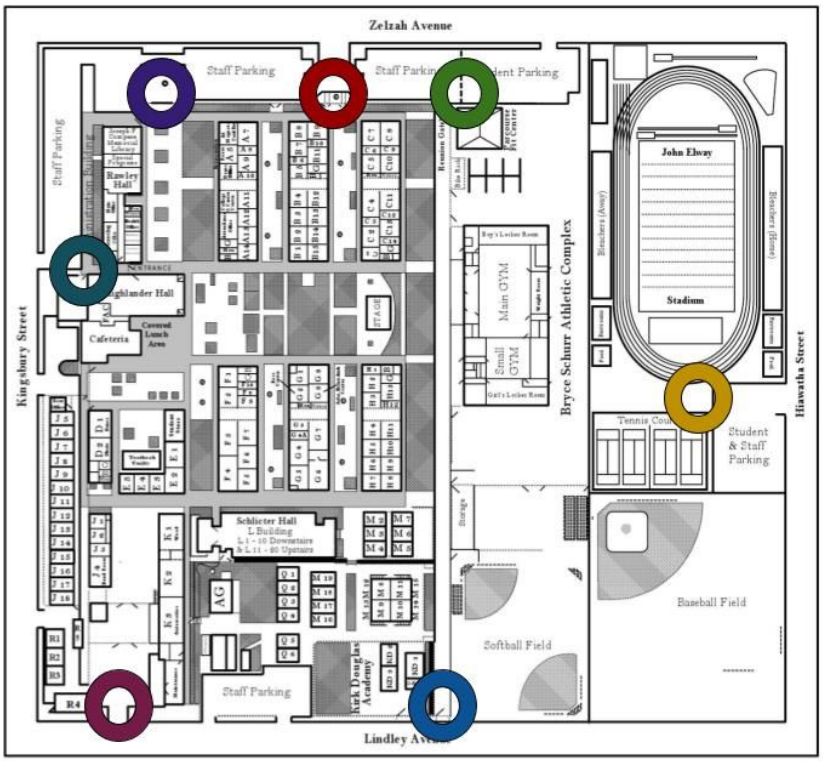
what safeguards high school students think should be implemented when undergoing PAS. The rest of the questionnaire was aligned with Pauline S. C. Kouwenhoven, Ghislaine J. M. W. van Thiel Julius, Natasja J. H. Raijmakers, Judith A. C. Rietjens, Agnes van der Heide, and Johannes J. M. van Delden from their article titled "Euthanasia or Physicians Assisted Suicide? A survey from the Netherlands". My study utilized their vignette style questions, which present a hypothetical medical scenario for the respondent to assess if they agree with PAS in that specific situation or not. The full questionnaire is shown in **Figure 2**.

C. Survey Distribution: The survey was given to 65 Granada Hills Charter High School (GHC) students, and were distributed from different entrances of the school. (**Figure 1**) In order to obtain an accurate sample of the school, a stratified random sample was taken where each strata is a different entrance. There are 7 entrances: Flagpole (Zelzah), Zelzah Teacher Parking Lot, Service Road East (Boys PE Side), Hiawatha Lot (PE Field), Service Road West (Girls PE Side), J Gate, Kingsbury (Main Entrance). Over the course of a few weeks and with the help of a business statistics student, each entrance was waited at to ask every 3rd person for their email address to send the survey to. Since every GHC student has access to an email address and chromebook, a link to the survey was emailed and taken through Google Forms. The time frame for selecting students was done for the same duration every morning to get access to as many students as possible. This was from the time 0 period began, and continued to around 8:19, the time the

bell rang to go to first period. In order for the sample to accurately reflect the population, a different number of students were asked to match the total percentage of students who enter a certain gate. Overall, each of these numbers match the overall population proportion.

D. Instruments: After the emails of the respondents were obtained, the questionnaire was emailed using Google Forms to each person. Every Granada student has a chromebook and school email making it easy to distribute the survey and complete it. The assistance of a business statistics student was helpful in obtaining data. With more help, the population will be better represented due to being able to reach students at the gates with less variability and less lurking variables. Microsoft Excel was utilized to collect and analyze the final data.

Instruments



Color	Entry Point
	Flagpole (Zelzah)
	Zelzah Teacher Parking Lot
	Service Road East (Boy's PE Side)
	Kingsbury (Main Entrance)
	Hiawatha Lot (PE Field)
	J Gate
	Service Road West (Girl's PE Side)

Figure 1: Map of GHC school stratification

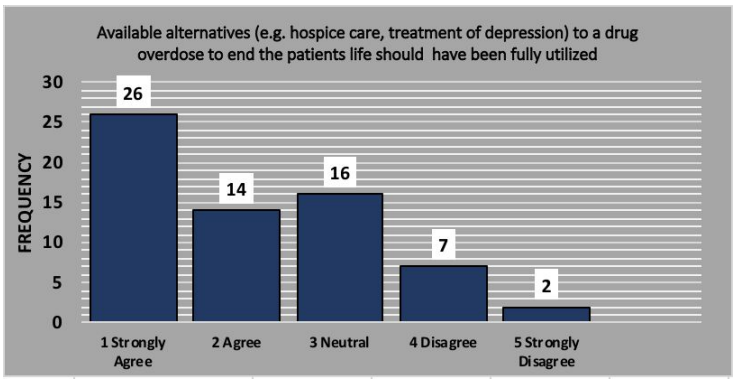
INSTRUMENTS	Column1	Column2
Questions	**Measurement Scale**	**Source**
Demographics	**Assorted**	
What gate did you come in today? (the day I spoke to you)	Flagpole, Teacher lot, Service Road East, Hiawatha, Service Road West, J Gate, Kingsbury	Self-defined
Grade level	Freshman, Sophomore, Junior, Senior	Self-defined
Gender	Male, Female, Prefer not to say	Self-defined
Religious Beliefs	Christian, Jewish, Muslim, Buddhist, Hindu, Atheist, Agnostic, Unaffiliated/Nothing in particular	Self-defined
How important is your religion to you? (skip if this does not apply to you)	Very imp, moderately imp, neutral, moderately unimp, very unimp	Self-defined
How would you classify your political beliefs?	Extremely lib, moderately lib, neutral, moderately cons, extremely cons	Self-defined
Statements about Legal Restrictions and Safeguards	**Likert Scale (1-5)**	
The patients request should be witnessed by an independent person (or people) who will not benefit from the patients death.	Strongly Agree (1), Agree (2), Neutral (3), Disagree (4), Strongly Disagree (5) (same for all statements)	Cohen et al.
The physician administering or prescribing a fatal overdose should have an established relationship with the patient.		
Available alternatives (e.g. hospice care, treatment of depression) to a drug overdose to end the patients life should have been fully utilized.		
Two physicians should be in accord with the decision.		
The patient should be mentally competent.		
There should be a specified waiting period between the time a patient requests a drug overdose to end his or her life and the time such a request is granted.		
The patients immediate family should be in accord with the decision.		
The patient should not be depressed.		
A hospital ethics committee should review and be in accord with the decision.		
A patient should request an overdose to end his or her life on two separate occasions before such request is granted.		
Hastening death should be restricted to the adult population.		
Vignettes of patients requesting Physicians Assisted Suicide: Different cases of suffering	**Likert Scale (1-5)**	
Mrs A (60 years old) …	Strongly Agree (1), Agree (2), Neutral (3), Disagree (4), Strongly Disagree (5) (same for all scenarios)	Kuowenhoven et al.
Mrs B (60 years old)…		
Mrs C is middle-aged…		
Mrs D is 65 years old…		
Mr E is 86 years old…		

Figure 2: Chart of questionnaire, measurement scale, and sources of questions

Vignettes of patients requesting physician-assisted suicide: different cases of suffering
Mrs A (60 years old) has breast cancer with metastases. Despite undergoing several treatments, her disease is no longer curable.She is in severe pain that cannot be sufficiently relieved. In addition, she dislikes the feeling of loss of control that she experiences.In her working days, she always felt in control. She indicates that she cannot take it anymore. She asks her general practitioner for physician-assisted suicide. The general practitioner decides to honour her request and performs physician-assisted suicide. Do you personally agree with performing physicians assisted suicide in this case?
Mrs B (60 years old) has breast cancer with metastases. Despite undergoing several treatments, her disease is no longer curable. She has no physical symptoms at the moment. She dislikes the feeling of loss of control that she experiences. In her working days, she always felt in control. She indicates that she cannot take it anymore. She repeatedly asks her general practitioner for physician-assisted suicide. The general practitioner decides to honour her request and performs physician-assisted suicide. Do you personally agree with performing physicians assisted suicide in this case?
Mrs C is middle-aged. She is physically well, but mentally ill. She has been suffering from severe depression for years, and her psychiatrist's treatment has not worked. She regularly tells her physicians that she wants to die. She already has had one unsuccessful suicide attempt. Mrs C visits her psychiatrist and repeatedly asks for physician-assisted suicide. The psychiatrist decides to honour her request and performs physician-assisted suicide. Do you personally agree with performing physicians assisted suicide in this case?
Mrs D is 65 years old. She suffers from early dementia and sometimes she is forgetful. She fears what is to come, the progressive loss of memory and the moment she will not recognize her surroundings anymore. Her own mother suffered from severe dementia,and she absolutely does not want to experience this process herself. Mrs D repeatedly asks her general practitioner for physician-assisted suicide. The general practitioner decides to honour her request and performs physician-assisted suicide. Do you personally agree with performing physicians assisted suicide in this case?
Mr E is 86 years old. He used to be a professor at the university. He enjoyed his life at that time. He neither married nor had children. Now he has grown old; many of his friends died. He often feels lonely. He is in good physical and mental condition. Though Mr E is aware that he could live for many years, he fears this. He would rather be dead and has told his general practitioner this several times.Mr E repeatedly asks his general practitioner for physician-assisted suicide. The general practitioner decides to honour his request and performs physician-assisted suicide. Do you personally agree with performing physicians assisted suicide in this case?
Source: "Euthanasia or Physicians Assisted Suicide? A survey from the Netherlands" Pauline S. C. Kouwenhoven et al.

Figure 3: Chart of vignettes verbatim

IV. Findings


Available alternatives (e.g. hospice care, treatment of depression) to a drug overdose to end the patients life should have been fully utilized
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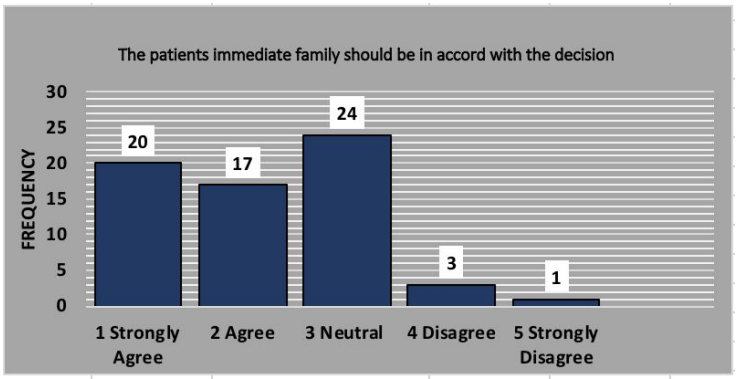
The patients immediate family should be in accord with the decision
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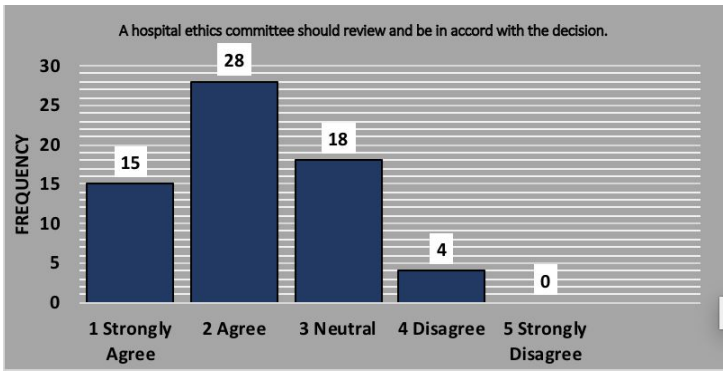
A hospital ethics committee should review and be in accord with the decision.
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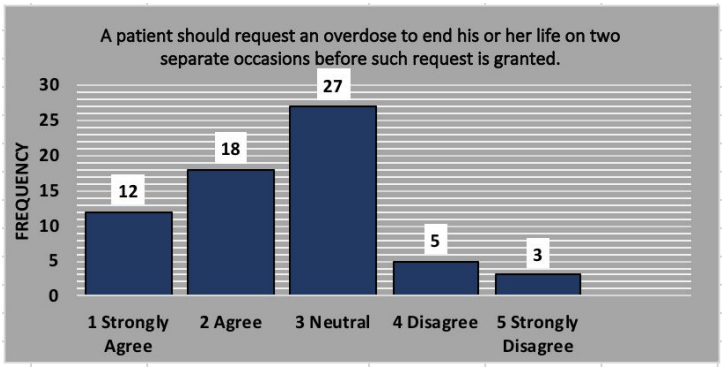
A patient should request an overdose to end his or her life on two separate occasions before such request is granted.
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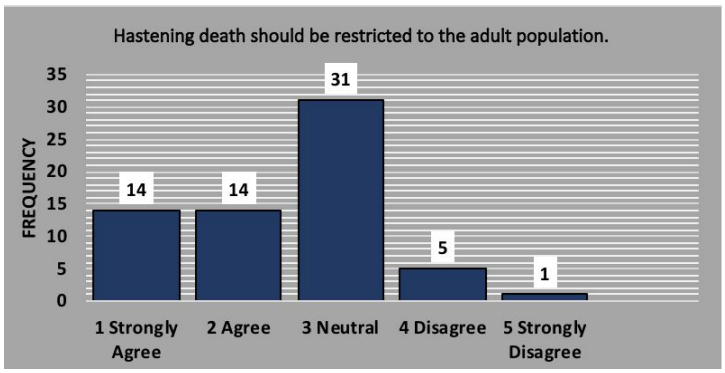
Hastening death should be restricted to the adult population.
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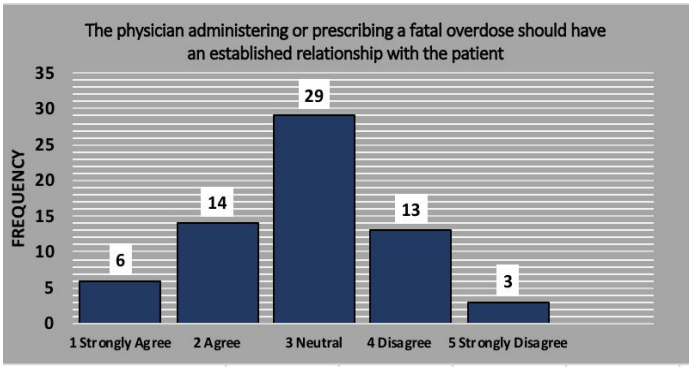
The physician administering or prescribing a fatal overdose should have an established relationship with the patient
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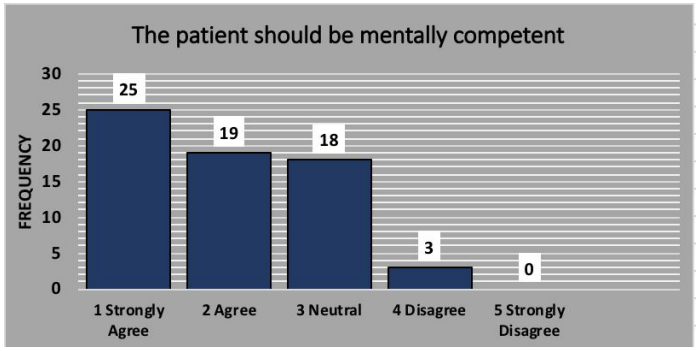
The patient should be mentally competent
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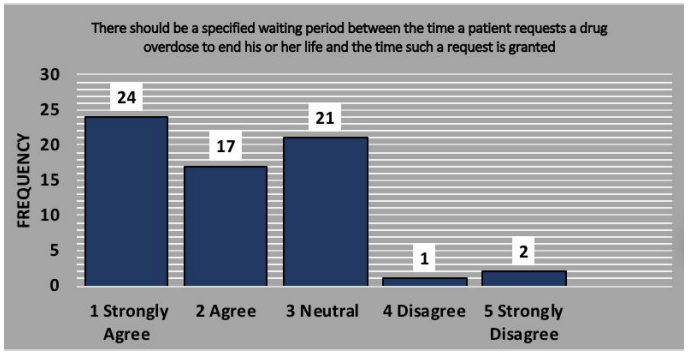
There should be a specified waiting period between the time a patient requests a drug overdose to end his or her life and the time such a request is granted
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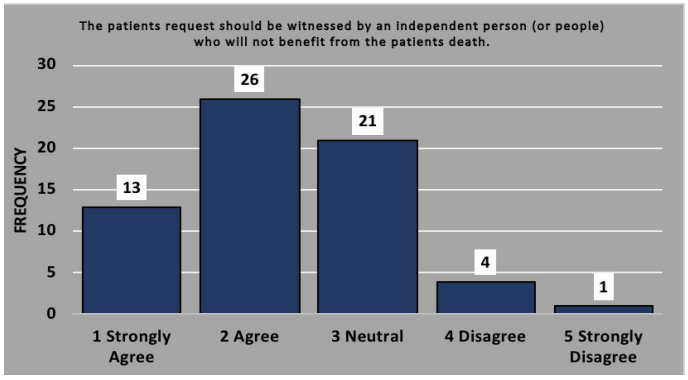
The patients request should be witnessed by an independent person (or people) who will not benefit from the patients death.
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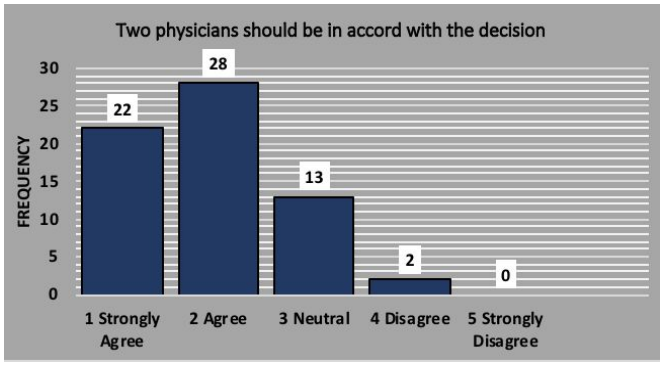
Two physicians should be in accord with the decision
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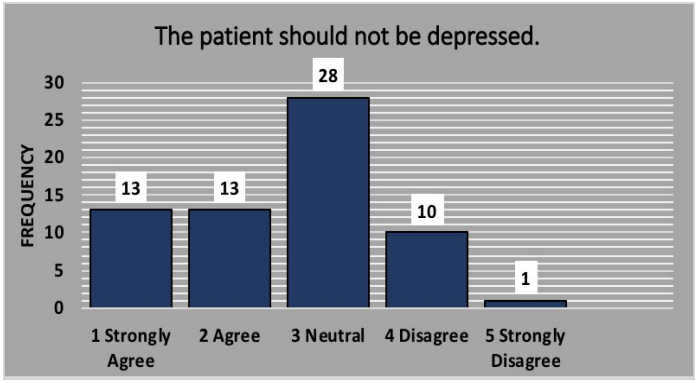
The patient should not be depressed.
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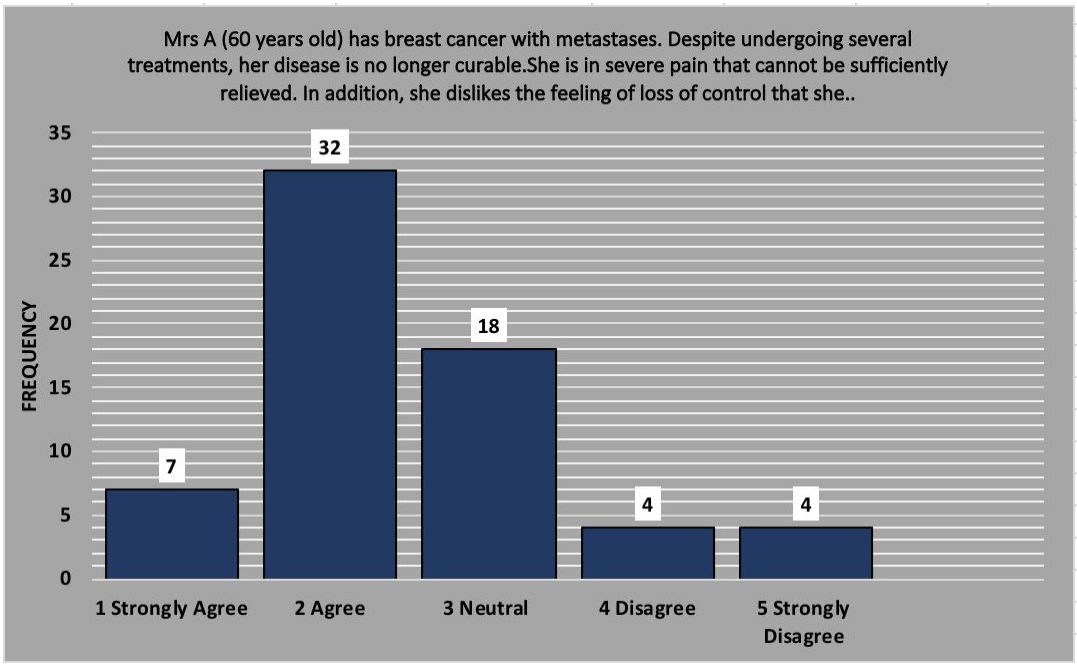
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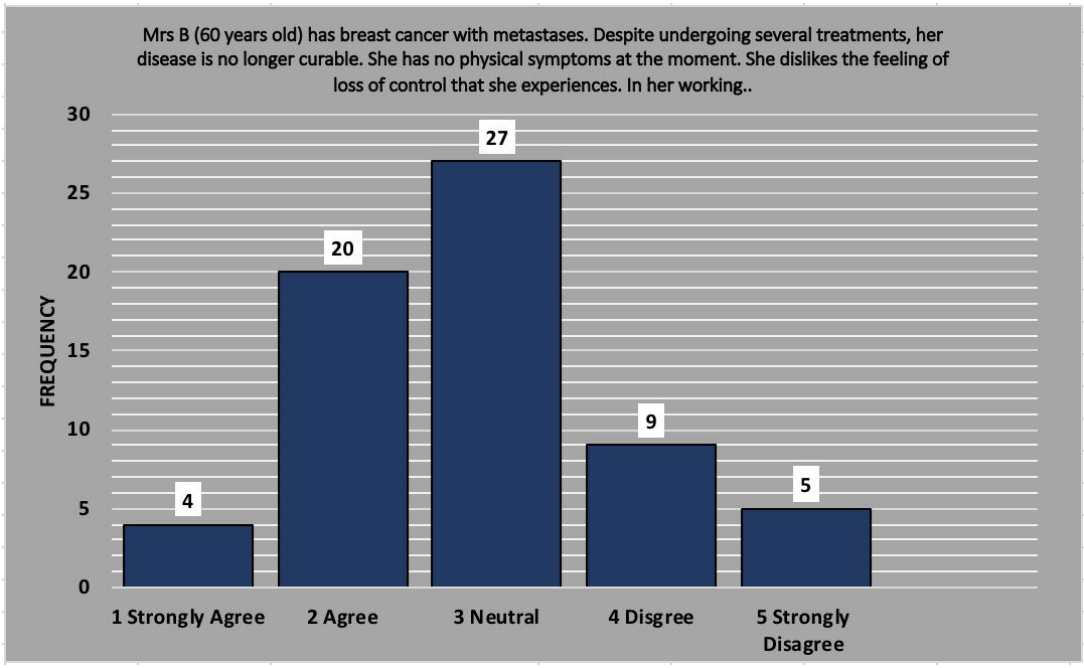
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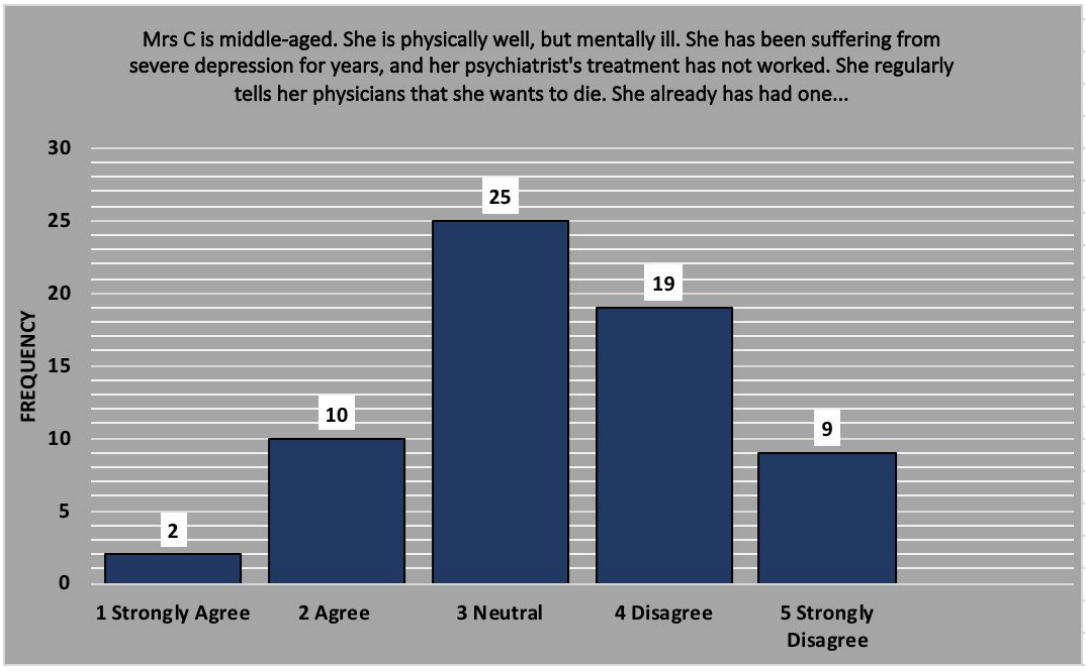
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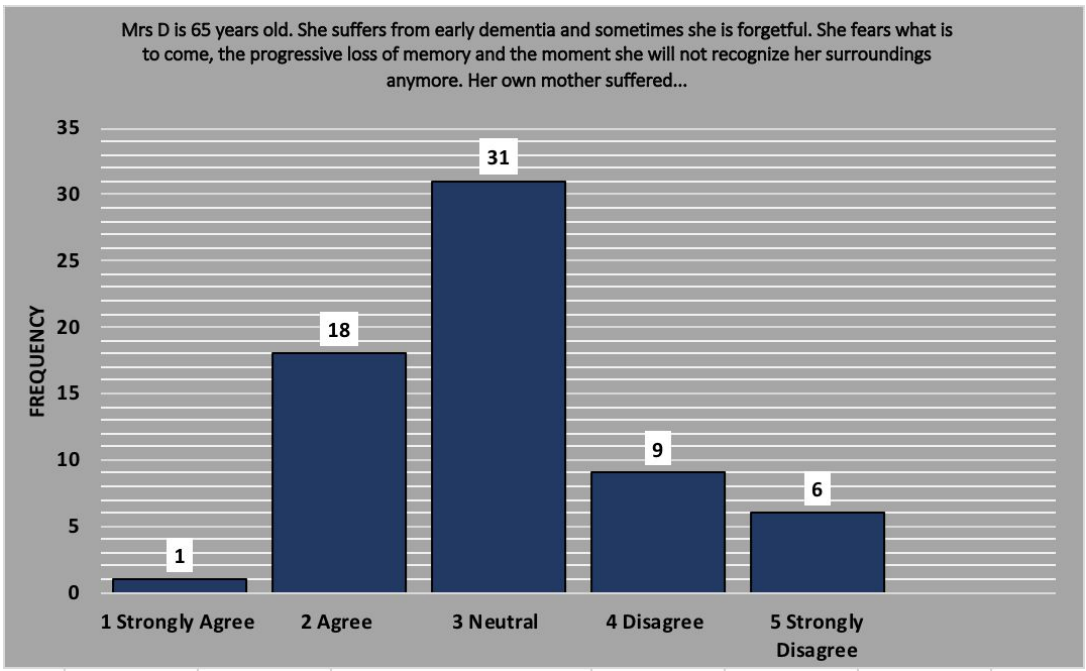
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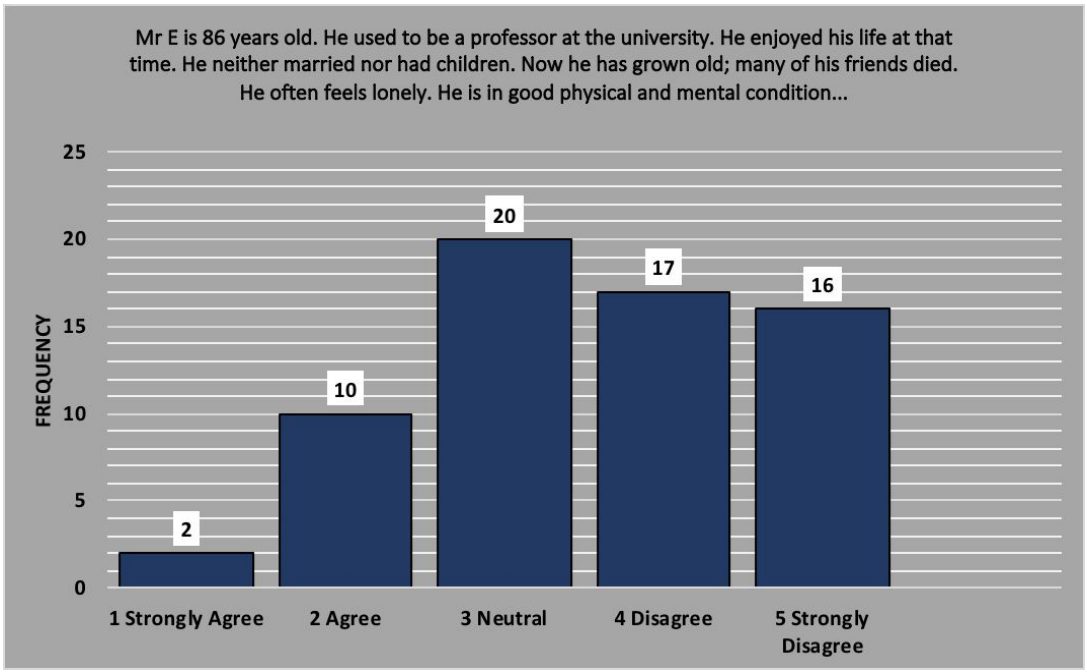
3 Neutral
4 Disagree
5 Strongly Disagree


Mr E is 86 years old. He used to be a professor at the university. He enjoyed his life at that time. He neither married nor had children. Now he has grown old; many of his friends died. He often feels lonely. He is in good physical and mental condition...
FREQUENCY
25
20
15
10
5
0
2
10
20
17
16
1 Strongly Agree
2 Agree
3 Neutral
4 Disagree
5 Strongly Disagree

FINDINGS	GHC Study Mean	MOE
Questions (Quantitative)		
Demographics		
What gate did you come in today? (the day I spoke to you)	N/A	
Grade level	N/A	
Gender	N/A	
Religious Beliefs	N/A	
How important is your religion to you? (skip if this does not apply to you)	N/A	
How would you classify your political beliefs?	N/A	
Statements about Legal Restrictions and Safeguards		
The patients request should be witnessed by an independent person (or people) who will not benefit from the patients death.	2.29	0.46
The physician administering or prescribing a fatal overdose should have an established relationship with the patient.	2.89	0.48
Available alternatives (e.g. hospice care, treatment of depression) to a drug overdose to end the patients life should have been fully utilized.	2.15	0.58
Two physicians should be in accord with the decision.	1.92	0.4
The patient should be mentally competent.	1.98	0.46
There should be a specified waiting period between the time a patient requests a drug overdose to end his or her life and the time such a request is granted.	2.08	0.5
The patients immediate family should be in accord with the decision.	2.2	0.48
The patient should not be depressed.	2.58	0.52
A hospital ethics committee should review and be in accord with the decision.	2.17	0.42
A patient should request an overdose to end his or her life on two separate occasions before such request is granted.	2.52	0.52
Hastening death should be restricted to the adult population.	2.46	0.48
Vignettes of patients requesting Physicians Assisted Suicide: Different cases of suffering		
Mrs A (60 years old) has breast cancer with metastases…	2.48	0.48
Mrs B (60 years old) has breast cancer with metastases…	2.86	0.5
Mrs C is middle-aged. She is physically well, but mentally ill…	3.35	0.5
Mrs D is 65 years old…	3.02	0.46
Mr E is 86 years old…	3.54	0.56

Figure 4: Means and Margin of Errors for quantitative questions

Questions (Categorical)	Measurement Scale	Count	Proportion
Demographics	**Assorted**		
What gate did you come in today? (the day I spoke to you)	Flagpole	15	23%
	Teacher lot	15	23%
	Service Road East	3	5%
	Hiawatha	6	9%
	Service Road West	9	14%
	J Gate	3	5%
	Kingsbury	14	22%
Grade level	Freshman	29	45%
	Sophomore	13	20%
	Junior	6	9%
	Senior	17	26%
Gender	Male	22	34%
	Female	40	62%
	Prefer not to say	3	5%
Religious Beliefs	Christian	39	60%
	Jewish	0	0%
	Muslim	4	6%
	Buddhist	3	5%
	Hindu	0	0%
	Atheist	1	2%
	Agnostic	2	3%
	Unaffiliated/Nothing in particular	16	25%
How would you classify your political beliefs?	Extremely liberal	4	6%
	Moderatley liberal	16	25%
	Neutral	37	57%
	Moderately conservative	8	12%
	Extremely conservative	0	0%

Figure 5: Counts and Proportions of categorical questions

V. Analysis of Findings

Once all the data was collected, statistical significance was determined through two ways. Since the Cohen study did not provide specific means to their questions that I could compare my findings to, data analysis had to be conducted differently. The first indicator for statistical significance was done by utilizing statements and claims in the body of research from the Cohen study and comparing my results with theirs. The second, and most frequent in this study is by comparing results against what could have been predicted randomly. Since the responses were assessed on a five point likert scale, if respondents answered randomly the frequency for each point would be 20%. Thus, when responses to questions were significantly greater than what could be predicted randomly, they were regarded as statistically significant.

Statements about Legal Restrictions and Safeguards

The Cohen study stated that they found, among the 432 physicians that stated they favor the legalization of PAS and euthanasia, the most strongly supported safeguard was: “The patient's request should be witnessed by an independent person who would not benefit from the patient's death (Cohen). In the GHC study, the most strongly supported safeguard was: “Two physicians should be in accord with the decision.”

These findings imply that high school students are more concerned with the legitimacy and certainty of the physician and place great emphasis on the importance of a second opinion. In the Cohen study, physicians identified an unbiased witness as being the most important safeguard to be taken which could suggest that they are concerned with liability, and perhaps are aware of the influence subjective peers can have on the patients decision. It can also be inferred

that in the GHC study, respondents placed a greater value on the opinion of physicians and their role within PAS as opposed in the Cohen study where their respondents were more concerned with patient autonomy.

The GHC study found that 44.6% of students responded neutral to the question "The physician administering or prescribing a fatal overdose should have an established relationship with the patient." The response to this question was vastly neutral and is more than double the expected random response, making it statistically significant.

This type of response could suggest the respondents are indifferent to whether a relationship should be established with the patient. The benefit of having one would be that the physician could care and empathize with the patient more, where as the benefits of not having one would be that the decision to enact PAS is strictly based on the condition of the patient and is as unbiased as possible. Thus, the neutrality in responses to this question could imply that the respondents are at cross roads when it comes to the need of the patient and their choice to end their life or whether an unbiased opinion is favorable in this case.

The GHC study found that 67.1% of students responded strongly agree or agree to "A hospital ethics committee should review and be in accord with the decision." The response to this question was overwhelmingly positive, making it statistically significant and indicates that the respondents are concerned with professional perspectives towards PAS.

The response suggests the respondents are extremely cautious when it comes to performing PAS, perhaps due to the seriousness of the situation and the possibilities of error. The positive response to this question however, implies that the respondents would like to see a

professional, outside opinion when it comes to performing PAS for any patient. This could be because of the possibility of personal bias between a patient and physician that could cloud their judgement, as well as making sure all avenues of care have been exhausted. The response could also additionally show a small lack of consideration for the patient's' wishes and the effects a process like this would have on them.

The GHC study found that 66.1% of students responded strongly agree and agree to "The patient should be mentally competent." The response to this question was largely positive and is statistically significant considering a random response would be around 40%. This response implies that high school students are concerned with the mental fitness of a patient requesting PAS. This could suggest that if a patient is mentally ill, high school students would be less likely to grant PAS. This variable is seen to be particularly important as it goes in conjunction with the context of the vignettes, which include various levels of mental wellness for each patient.

Vignettes of patients requesting physician-assisted suicide: different cases of suffering

The GHC study found that in response to question 21 concerning Mrs. D, 47.7% of respondents answered neutral to "Do you personally agree with performing physicians assisted suicide in this case?" The Kouwenhoven study in which these questions were aligned with, identified three different classifications that their vignettes could fall under. For this question in particular, it can be classified as 'physical versus psychosocial suffering'. The respondents in the Kouwenhoven study found that the more unbearable the suffering was, the more likely their population of physicians were to grant assisted suicide and euthanasia requests. Similarly, high school students followed the same train of thought when it came to scenarios involving suffering.

In this vignette, where Mrs. D is not experiencing pain to the extent other patients were in the aforementioned vignettes, students were more reluctant to agree with PAS. The neutrality of student responses to this vignette could speak to their awareness of different degrees of suffering and pain that can dictate the plausibility of PAS.

Additionally out of all five vignettes, GHC respondents agreed and strongly agreed the most to question 18 concerning Mrs. A. Mrs. A has a an incurable illness and is in severe pain which falls in line with 'physical versus psychosocial suffering'. It also aligns with an older study done by Ezekiel Emanuel titled " Euthanasia and physician assisted suicide: attitudes and experiences of oncology patients, oncologists, and the public" where he also had similar classifications. For instance, Emanuel utilized subcategories like 'unremitting pain', 'burden on family', 'functional debility', and 'views life as meaningless' as indicators towards what his population was in the most agreeance towards when it came to granting PAS. Similarly, Mrs. A falls within one of the more severe categories like unremitting pain. In both the work of Kouwenhoven and Emanuel, their populations found that instances of terminal illness and unremitting pain were most acceptable for PAS. The GHC study aligns with the findings of both researchers in this case.

Out of all vignettes, the respondents disagreed most with question 22 regarding Mr. E who was older than the other patients (86 years old) but remains in good mental and physical fitness and simply feels "lonely". Though the response to this vignette was not statistically significant, in comparison to the other vignettes it was the one that respondents felt most negatively towards. The opposition towards this vignette can be attributed to a few different

variables that differentiate Mr. E from the other patients. The first, and most important, of which is the amount of pain the patient is experiencing. As previously mentioned, the degree of suffering is a general indicator for a respondents support for PAS. Since Mr. E does not feel any physical or mental pain, it is expected that the students are more opposed to granting PAS. Also, Mr. E's request is based simply on him feeling lonely as opposed to what the respondents may consider more legitimate reasons like pain, suffering, and an unimaginable recovery for the patient.

VI. Limitations

This study has a few limitations. Considering the large GHC population, there was a potentially low response rate to the survey. Other researchers did also have low response rates when it came to surveying the general public, however they conceded that their findings still aligned with the work of others. I also sent out follow up emails to students to encourage them to take the survey.

Though each survey was sent to specific students based on their entry point at school, it was still voluntary. This could indicate that people who felt strongly about the subject matter were more likely to respond, however the amount of neutral responses to questions suggests otherwise and is not a significant issue.

Additionally, it is very possible that the respondents to the survey already had their own preconceived assumptions about PAS. It's very possible for them to have been previously misinformed about anything regarding PAS which could have presented itself in the results of the survey. In an attempt to deter the possible misinterpretation of questions or concepts by

students when they took my survey, I included a brief description of the intent of the survey as well as Dr. Ardelts definition of PAS for reference to ensure all students were on the same page.

VII. Future Research

After taking into consideration this study's findings and limitations, the need for future research is undoubtedly necessary. While my study did narrowly scrape the surface in terms of identifying what scenarios, restrictions, and safeguards my sample of high school students supported and disfavored, there should be more research done on other aspects of PAS. For instance, more research should be done on what high schoolers think about the legality of PAS. The purpose of my research was to simply gauge how high school students felt about PAS and in what circumstances it should be granted, not necessarily if they thought it should be legal since it already is in California.

This research could also be further developed by undergoing the same methodology but addressing a larger sample size. Though a sample size of 65 is valid, replicating the survey process would be valuable in confirming or refuting my findings. A study should also be done that maintains the statements and scenarios aspect of my research, but alters the population setting. My population consisted of a diverse and suburban school which mimics the larger population of California. However, it would be valuable to assess if the opinions of high school students in other states also resemble that of their greater respective population. This could possibly lead to conclusions about the similarities and differences between high school students and the older "voting eligible" population and whether their opinions towards certain topics are

aligned or not. Lastly, analyzing euthanasia in respect to high school students would be another valid avenue of research following PAS.

VIII. Conclusion

Overall, the results indicate that physician assisted suicide is important to consider when it comes to terminal illness and patients in severe pain. In regard to safeguards and restrictions, high school students, for the most part, favored extreme caution in order to determine the viability of PAS. They recognized the extreme importance of PAS and preferred to take precautions as opposed to allowing the patient to make all the decisions. They also responded positively towards implementing intermediaries that could re-confirm the patients request and the doctors approval with things like a hospital ethics board or second doctors opinion.

In conclusion, my research aimed to broaden the depth of knowledge concerning physician assisted suicide by addressing high schoolers. By assessing safeguards and restrictions, vignettes, and demographic characteristics this study intends to provide a thorough and comprehensive analysis of what high schoolers think of physician assisted suicide. Despite the limitations, the results show that high school students are moderately in favor of PAS during certain circumstances. This information is increasingly important in evaluating the future of legislation regarding the right to die in the United States. At the moment, PAS is legal in a few states, however this research, along with the additional studies necessary, is significant in being able to understanding high school students attitudes and opinions towards PAS.

Word Count: 4394

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