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Predicting moral sentiment towards physician-assisted suicide: The role of religion, conservatism, authoritarianism, and Big Five personality

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ABSTRACT

The issue of physician-assisted suicide is a highly contentious social issue and thus there is importance in understanding the factors that predict attitudes in this domain. In the current study we sought to examine individual differences in moral sentiment towards physician-assisted suicide with a particular focus on religion/religiosity, political ideology, authoritarianism, and Big Five personality traits, all of which were identified in an extensive review of previous studies as potentially relevant predictors. Based on $N = 1598$ respondents from the Baylor Religion Survey (US) our results indicated an independent role for each of the predictors: being a Protestant or a Catholic (vs. no religion), higher levels of religiosity, higher levels of conservativism (vs. liberalism), and higher levels of authoritarianism uniquely predicted lower levels of support for physician-assisted suicide. Moreover, higher levels of extraversion independently predicted greater support for physician-assisted suicide. These results confirm a set of previously described predictors in an independent data set and extend prior research by showing that they independently predict moral sentiment towards physician-assisted suicide when modelled jointly. In summary, moral sentiment towards physician-assisted suicide reflects individual differences in a broad range of social and psychological factors.

1. Introduction

The issue of physician-assisted suicide is one of the most contentious contemporary social debates with considerable variation in public opinion on this matter (Cohen, Van Landeghem, Carpentier, & Deliens, 2014; Emanuel, 2002). Examining the demographic, social, and psychological factors that predict such attitudes is thus of importance in order to better understand the etiology of views on this important social issue. Previous research has highlighted that education, religious denomination and religiosity, and political attitudes, among other factors, are predictive of attitudes towards physician-assisted suicide and euthanasia in general (e.g. Baume, O'Malley, & Bauman, 1995; Burdette, Hill, & Moulton, 2005; Sørbye, Sørbye, & Sørbye, 1995; Verbakel & Jaspers, 2010). However, this work has often been restricted to modest sample sizes (i.e. $n < 200$; Anderson & Caddell, 1993; Ho & Penney, 1992; Kemmelmeier, Wieczorkowska, Erb, & Burnstein, 2002). Moreover, little work to date has comprehensively examined whether these established predictors reflect independent effects, a question of some interest given the close links between constructs such as religiosity, political conservatism, and authoritarianism (Ludeke, Johnson, & Bouchard, 2013; Saucier, 2000).

To address these issues, we used a survey sample of adults from the United States to answer the following questions: 1) are religiosity, political conservatism, and authoritarianism independently associated with moral sentiment towards physician-assisted suicide?; 2) do the Big Five personality traits provide incremental prediction for moral sentiment towards physician-assisted suicide? Next we provide a brief overview of work in the field to date.

1.1. Predicting sentiment towards physician-assisted suicide: A brief overview

Although our focus in the current study specifically centers on moral sentiment towards physician-assisted suicide, many studies have used the terms active euthanasia (i.e. acting intentionally to end a person's life: Ho, 1998) and physician-assisted suicide/euthanasia (i.e. providing a patient with the knowledge or means necessary to end life: Canadian Medical Association, 2007) interchangeably (Emanuel, Daniels, Fairclough, & Clarridge, 1996; Kemmelmeier et al., 2002) and participants tend not to distinguish between these types (Ho, 1998). As such, our review of previous research includes findings concerning both forms.

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Table 1
Overview of previous work assessing multiple psychosocial predictors of attitudes towards euthanasia.

Authors	Sample	Measures	Core Findings
Aghababaei and Wasserman (2013)	Participants: 284 Demographics: 40% male, 60% female (age M = 20.8. SD = 2.9). All participants Muslim. Country: Iran	Definition of PAS/euthanasia: Attitude Towards Euthanasia Scale (ATE), includes active/passive, voluntary/involuntary PAS Variables: HEXACO Personality Inventory; Ashton & Lee, 2009), motivations towards religion (intrinsic/extrinsic/ extrinsic social), interest in religion, life satisfaction	• Males more supportive of PAS than females • Life satisfaction (−), interest in religion (−), intrinsic and extrinsic motivations for religion (−), honesty-humility (−), conscientiousness (−) correlated with acceptance of euthanasia Regression: • Intrinsic (−) and extrinsic motivations for religion (−), interest in religion (−) significant predictors when personality, life satisfaction, age, and gender controlled for
Aghababaei, Hatami, and Rostami (2011)	Participants: 233 Demographics: 49.3% male, 50.2% female (age M = 23.18) Country: Iran	Definition of PAS/euthanasia: Active and passive euthanasia examined separately using Euthanasia Attitude Scale (Tordella & Neutens, 1979) Variables: Big Five personality traits, motivations towards religion (intrinsic/ external social/ external individual), trolley dilemma	Regression: • Internal religious orientation (−) associated with attitudes towards active euthanasia • Internal (−) and external religious orientation (−) predict combined euthanasia attitudes • Individual external religious orientation (−) predicted attitudes towards passive euthanasia
Aghababaei et al. (2014)	Participants: 165 Demographics: 64.8% male, 35.2% female (age M = 23.3, SD = 3.4). All participants Muslim. Country: Iran	Definition of PAS/euthanasia: Euthanasia Attitude Scale (Tordella & Neutens, 1979), omitting "I have faith in the medical system to implement euthanasia properly" Variables: HEXACO Personality Inventory (examining honesty-humility, emotionality, extraversion, agreeableness, conscientiousness, openness; Ashton & Lee, 2009), curiosity/exploration, religiosity	• Openness (+), agreeableness (−), honesty-humility (−), extraversion (−) correlated with positive attitudes towards euthanasia Stepwise regression: • Honesty-humility, extraversion, agreeableness no longer significant when controlling for the above, religiosity, and openness • Openness (+) predictor of attitudes towards euthanasia
Anderson and Caddell (1993)	Participants: 63 health care (oncology) professionals including nurses (63.5%), pharmacists (20.6%), social service workers (9.5%), and others (6.3%) Demographics: 12.7% male, 87.3% female (age M = 38.43, SD = 9.26); Protestants (65%), Catholics (22.2%), and others (12.7%) Country: Midwest, USA	Definition of PAS/euthanasia: "Active euthanasia", demonstrated through vignettes given to participants Variables: Religious denomination, religiosity, previous experience in withholding treatment, years in medical profession, age, gender, marital status	• Catholics less accepting of PAS than Protestants Multivariate regression: • Religiosity (−) predicts attitudes towards PAS • Religious denomination not significantly related to attitudes on PAS
Baume et al. (1995)	Participants: 1238 doctors Demographics: Catholics (19.4%), Anglicans (18.6%), non-theists (29.2%) and others; gender/age not reported Country: New South Wales, Australia	Definition of PAS/euthanasia: "Active voluntary euthanasia" and "Physician-assisted suicide" Variables: Religious denomination	• Non-theists more accepting of PAS than theists • Protestants more accepting of PAS than Catholics Logistic regression: • Catholics, Protestants less accepting of PAS than non-theists
Burdette et al. (2005)	Participants: 1111 Demographics: 57% female, 43% male (age M = 45); mainly white (80%); average of 13 years in education; 27% conservative religious groups, 17% no religion Country: USA	Definition of PAS/euthanasia: "Physician-assisted suicide" Variables: Religious denomination, religiosity, age, sex, education, region, political orientation, race, previous contact with terminal illness, support of palliative care	Regression: • With all variables controlled for, race (non-whites less supportive than whites; mediated through church attendance), political conservatism (−), denomination (Conservative Protestants less supportive than non-religious), and religiosity (−) predict PAS attitudes • Religiosity accounts for effects of moderate Protestantism and Catholicism
Cohen et al. (2006)	Participants: 41,125 Demographics: 47.5% female, 52.5% male; ages range from 18 to 29 (23.6%), 30–39 (19.8%), 40–49 (18.9%), 50–59 (14.7%), 60–69 (12.9%), and 70+ (9.5%) Country: 33 European countries	Definition of PAS/euthanasia: "Euthanasia (terminating the life of the incurably sick)" Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class	• Acceptance of PAS varied between countries • Men more accepting than women • Education (+), age (−) correlated with acceptance of PAS • Effect of religious denomination different in different countries Multivariate analysis: • Religiosity partially explained effect of age, country, education, class
Danyliv and O'Neill (2015)	Participants: 8099, consisting of 6 different groups measured in 1983, 1984, 1989, 1994, 2005, and 2012, respectively Demographics: Across all years: no religion (36.6%), Catholic (10%), Church of England (34.1%), other (19.3%); age/gender not reported Country: Britain	Definition of PAS/euthanasia: "Suppose a person has a painful incurable disease. Do you think that doctors should be allowed by law to end the patient's life, if the patient requests it?" (Considered active voluntary) Variables: Religious denomination, religiosity, age, sex, household income, marital status, satisfaction with health care system, autonomy	Multivariate logistic regression • Increase in support for PAS over time • Religiosity strongest predictor across all years, negatively predicts support of PAS • Catholics less supportive of PAS than the non-religious
Emanuel et al. (1996)	Participants: 703 Demographics: 355 oncologists (age M = 48.3; 87% male; mainly white (87.8%); 29.5% Protestant, 22.1% Catholic, 33.7% Jewish), 155 oncology	Definition of PAS/euthanasia: Description active voluntary PAS Variables: age, sex, ethnicity, marital status, religious denomination,	Multivariate Logistic Regression: • Religious denomination (Catholics least supportive), age (−) predicted PAS attitude

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