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

Maria Bulmer a,*, Jan R. Böhne b, Gary J. Lewis c,*

a Department of Psychology, University of York, Heslington, YO10 3WF, United Kingdom
b Hull York Medical School and Department of Health Sciences, University of York, Heslington, YO10 5DD, United Kingdom
c Department of Psychology, Royal Holloway, University of London, Egham, Surrey, TW20 0EX, United Kingdom

ARTICLE INFO

Article history:
Received 6 July 2016
Received in revised form 14 September 2016
Accepted 19 September 2016
Available online xxxx

Keywords:
Physician-assisted suicide
Religiosity
Personality
Political ideology
Authoritarianism

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 conservatism (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.

© 2016 Elsevier Ltd. All rights reserved.

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, Carpenter, & 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; Sarbye, Sarbye, & Sarbye, 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, & Claridge, 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.
Males more supportive of PAS than females

−

Honesty-humility (−)

Motivations towards religion (intrinsic/extrinsic/ extrinsic social), interest in religion, life satisfaction

Internal religious orientation (−)

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

Multivariate regression:

• 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
• 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, age, sex, education, region, political orientation, race, previous contact with terminal illness, support of palliative care

Religious denomination (Catholics least supportive), age (−)

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Description active voluntary PAS

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Variables: HEXACO Personality Inventory; Ashton & Lee, 2009), motivations towards religion (intrinsic/extrinsic/ extrinsic social), interest in religion, life satisfaction

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denomination, income, household income, marital status, satisfaction with health care system, autonomy

Religiosity accounts for effects of moderate Protestantism and Catholicism

Variables: Religious denomination, self-determination, religiosity, country, age, sex, marital status, education level, social class, agricultural class

Religious denomination (Catholics least supportive), age (−)

Variables: age, sex, ethnicity, marital status, religious denominatio
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات