

Appendix.

Time-trend of older peoples' general attitudes towards the acceptability of a pill that would enable them to end their own life.

The following key-question was used to measure respondents' *general* attitudes:

- (1) Should a suicide pill ('Drion pill' or a 'last wish pill') become available for older people when being tired of living in the absence of a severe disease?
[yes, no, no opinion]

Table 1. Time-trend of older peoples' general attitudes towards the acceptability of a pill that would enable them to end their own life.

*'Should a suicide pill ('Drion pill' or 'last wish pill') to end your own life become available for older people who are tired of living, without having a severe disease?'*¹

AGE-CATEGORY	2001-2003 N= 1284 %	2005-2006 ² N= 1303 %	2008-2009 ² N= 1245 %	Odds ratio ³
All respondents ≥ 64 years				
Yes	24	27	34	1.27 (1.20-1.35)
No opinion	25	29	28	
No	51	45	39	
64-74 year	N= 697	N= 740	N= 695	
Yes	24	28	37	1.31 (1.19-1.43)
No opinion	26	27	24	
No	51	45	40	
75-84 year	N= 434	N= 420	N= 416	
Yes	26	24	30	1.23 (1.09-1.39)
No opinion	24	32	33	
No	51	45	37	
≥ 85 year	N= 153	N= 143	N= 134	
Yes	26	31	28	1.12 (0.91-1.37)
No opinion	25	29	32	
No	49	40	40	

1. The question as presented to the respondents.

2. From 2005 on, the data of two different cohorts are combined.

3. Longitudinal ordinal logistic regression analysis; analysed separately for different age-groups for the three time periods. The increase in odds of answering 'yes' in each time-period with 2001-2003 as the reference period.

Older peoples' positive attitudes towards the acceptability of an end-of-life pill were fitted with longitudinal ordinal logistic regression analyses, using a robust method in the statistical package Stata.

TABLE 2. The association between older peoples' end-of-life attitudes with their health and attitudes towards other aspects of end-of-life care: 2008-2009.¹

	Imaginable to ever request euthanasia ²		Imaginable to ever want a pill to end their own life ²	
	YES	NO	YES	NO
	63%	37%	40%	60%
	N= 760³ %	N= 445³ %	N= 484³ %	N= 713³ %
Subjective health				
Exellent	12	9	12	10
Good	54	54	54	55
Fair	23	24	22	23
Sometimes good / bad	9	10	9	9
Poor	3	2	3	2
Loneliness				
No loneliness (< 1)	40	41	39	42
Loneliness (1-3)	39	36	39	36
Severe loneliness (≥ 4)	21	23	22	22
Mastery^{4,5,6}				
Low (≤ 16)	33	42	32	38
Moderate (17-19)	35	31	34	34
High (≥ 20)	32	27	34	28
Preferences for future life time^{4,5}				
As old as possible, irrespective of health problems	8	27	6	21
Shorter life, if without major health problems	92	73	94	79
Trust in physicians for good end-of-life care^{4,5}				
Very much	21	28	19	27
Quite strong	66	65	64	67
Not much	11	5	15	5
Not at all	1	0.2	1	0.1
No opinion	1	1	1	1

1. Selection of people ≥ 64 years old.

2. See also Table 3, for a full description of the questions as presented to the respondents.

3. 48 respondents did not answer the question about a hypothetical end-of-life pill; 40 respondents did not answer the question about euthanasia.

4. Chi-square test (p < 0.05): Imaginable to ever request euthanasia.

5. Chi-square test (p < 0.05): Imaginable to ever want a pill to end your own life.

6. Tertiles of the whole group of older people studied.