

Appendix. Survey Instrument

CAPITAL PUNISHMENT RESEARCH GROUP

We are interested in what you would allow your role to be in various aspects of state-mandated lethal injection for capital punishment of violent crimes. Your participation in this survey is voluntary; however, should you choose to participate, we ask that you complete all of the questions as fully and as completely as possible.

Please be assured that **your responses will remain absolutely confidential**, and you will not be identified on this survey instrument. Although not sufficient to reimburse you for your time, please accept the \$5.00 bill as a token of our appreciation.

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1. We will present you with a number of ways in which you could potentially be involved in state-mandated lethal injection. In each example, indicate whether **you** would perform that particular procedure if asked to do so by a state prison official. Please assume that you are still in your current job or practice, that you have the time available to perform the procedure in question, that the prisoner has been correctly convicted of a violent crime for which the death penalty will be administered, and that you will be compensated by the state for your time (**check one answer for each procedure**).

In this setting, you would be . . .

	definitely willing to perform	probably willing to perform	probably not willing to perform	definitely not willing to perform
A. Start intravenous lines as a port for the lethal injection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Monitor the subject's vital signs during the execution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Prescribe a tranquilizer the day before the execution to help the individual sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Select injection sites for the lethal injection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Administer lethal drugs as part of the execution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Examine and determine the point at which the individual died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Inspect or maintain lethal injection devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Supervise lethal injection personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Sign the death certificate after the lethal injection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Order drugs used in lethal injections for the prison to stock in its pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. We will ask you about your opinions regarding physician involvement in the process of lethal injection for capital punishment. Please indicate whether you agree or disagree with each statement (**check one answer for each statement**):

	strongly agree	agree	disagree	strongly disagree
A. Physicians should not develop a patient-physician relationship with a prisoner who is about to be executed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. A physician acts primarily as a member of society rather than as a medical professional when performing an execution of a prisoner via lethal injection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Some nurse practitioners or other ancillary personnel are as capable in performing the procedures of capital punishment as are qualified physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. One of the reasons physicians should be involved in capital punishment is their duty to society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lethal injection for capital punishment uses technology but does not involve medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Patients suffer less when physicians perform an execution via lethal injection than when any other group, such as nurse practitioners or prison personnel, performs them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. How do you personally feel about the death penalty for persons convicted of first degree murder?

- oppose it under all circumstances oppose/favor it depending on the circumstances favor it under all circumstances

4. What do you believe the death penalty does to the murder rate?

- significantly lowers it somewhat lowers it no effect somewhat raises it significantly raises it

5. When a patient has an illness that cannot be cured, do you think that physicians should be allowed by law to end the patient's life if the patient and his or her family request it?

- Yes No Unsure

6. Have you or someone you were close to ever been a victim of a violent crime?

- Yes No

We also need some information about yourself:

7. Age _____

8. Sex (**check one**): Male Female

9. Marital Status (**check one answer**):

- Married Divorced Single
 Widowed Other _____

10. Race (**check one answer**):

- African-American White Hispanic
 Asian Other _____

11. Religion (**check one answer**):

- Protestant Catholic Jewish
 Muslim Atheist Other

12. How religious (spiritual) do you feel you are (**check one answer**)?

- very religious (spiritual)
 somewhat religious (spiritual)
 very little religious (spiritual)
 not at all religious (spiritual)

13. Do you know of any published guidelines on the issue of physician involvement in capital punishment (**check one answer**)?

- Yes No

If yes, what are they?

14. Year graduated from medical school _____

15. How would you characterize the locale in which you practice (**check one answer**)?

- Urban Suburban Rural

16. How would you characterize your type of practice (**check all that apply**)?

- Private practice
 HMO practice
 Academic faculty
 VA
 Other _____

17. What percent of your professional time is spent seeing patients? _____%

18. What is your medical specialty/subspecialty?

19. What percent of your practice is devoted to primary care? _____%

20. In what state do you practice? _____

21. Are you currently a member of the American Medical Association (**check one**)?

- Yes No

22. Have you ever been a member of the American Medical Association (**check one**)?

- Yes No

THANK YOU FOR YOUR ASSISTANCE.