

Assisted Suicide at the Polls: Risks & Rewards Associated with Voting to
Legalize Assisted Suicide vs. Maintaining the Status Quo

By Jacqueline C. Harvey, Ph.D., Tarleton State University

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Abstract

Assisted suicide is a polarizing and contentious issue that polls indicate has historically divided citizens virtually in half, opposed and in favor (Dugan, 2015). But unlike other divisive issues that align right or left with Republicans or Democrats, views on assisted suicide often transcend political ideologies and partisanship and/or are absent platforms, leaving lawmakers and candidates not only with unsettling ambiguity on what position their constituents would favor and reconciling that with their own conscience, all while knowing that any position will alienate a significant number of voters. The result is overwhelming defeat of over 99 percent of over 175 proposals in 34 states and the District of Columbia since 1994, a stasis explained aptly by tenets of Baumgartner and Jones' punctuated equilibrium theory from 1993 (Patients Rights Council, 2015). Since for politicians, election is considered the single aim (Mayhew, 2004), election results in the wake of these victories can help to determine potential risks and rewards relative to a public position on assisted suicide, as well as the saliency of this issue. This study examines the 2014 Vermont election results, the only election yet to follow a successful bill -- actually the first bill to successfully legalize assisted suicide -- Act 39 from 2012. By comparing election outcomes to public positions on assisted suicide as well as subsequent votes to repeal, this research offers the first analysis of potential campaign risks and rewards associated with this polarizing issue. This analysis concluded that an assisted suicide position could be overwhelmingly ruled out as a factor in 95 percent of campaign outcomes, with over 77 percent of campaigns non-competitive and/or no change associated with the position (most often a re-elected incumbent) suggesting voter disinterest. However, in cases where position was assuredly a matter of public record (due to pro-assisted suicide lobby endorsement or prior vote in favor), there were no potential rewards but only potential risks for six pro-assisted suicide legislators unseated by anti-assisted suicide opponents. The anti-assisted suicide position showed no such risk, with no legislators unseated due to an anti-assisted suicide vote. Furthermore, it is unknown if anti-assisted suicide candidates who unseated pro-assisted suicide lawmakers or otherwise defeated pro-assisted suicide competition campaigned on their stance but if so, there was a statistically significant ($p=.000087$), strong ($v=1$) relationship on potential risks and rewards related to a candidate's position. If anti-assisted suicide candidates made their position known, there is evidence of potential reward in nine cases, and the pro-assisted suicide risk toll increases to seven. While too many confounding factors exist to suggest that either position played any role whatsoever in election outcomes, positive or negative, it can be certainly said that a pro-assisted suicide position was not rewarded with re-election, especially considering that the primary advocate credited for passing Act 39 was among the casualties. In conclusion, assisted suicide simply does not appear to be a profitable campaign issue in this case, when any credit claimed has, at best, no discernable impact on election outcomes and at worst, potential pitfalls for politicians.

Introduction

American sentiment on assisted suicide is divided virtually in half in spite of upward trends. (Dugan, 2015) While other issues are equally or more so divisive, e.g., abortion, positions on this issue for politicians and constituents alike cannot be reliably predicted based upon political ideology or partisanship. Democrats and Republicans alike find themselves split among their own party, with polls that have historically indicated voters almost equally likely to oppose legalization than support it regardless of affiliation. In 2014, 51 percent of Republican respondents were in favor and 58 percent of the Democrats polled. (Dugan, 2015) This leaves politicians with little assistance in determining how constituents would have them vote, with a vote in favor potentially alienating 42 to 49 percent of their constituents.

Party platforms offer little aid to lawmakers as well on this issue, as they are either silent or opposed in affront to polling. Republicans support assisted suicide by a small margin, yet the 2012 G.O.P. platform has a plank in opposition (Republican National Committee, 2012). Democrats support assisted suicide by a larger margin than they oppose it, but the 2012 Democratic platform is silent on this issue. While platforms can protect lawmakers on polarizing issues, assured that a vote along party lines will either please supporters who agree or be tolerated by those who disagree but have other priorities, the absence of a plank due to a lack of consensus or in spite of this lack of consensus makes this issue ambiguous and risky, especially for assisted suicide advocates. While Republicans can claim a party-line justification to oppose assisted suicide, to support it would be an affront to their party affiliation. Likewise, Democrat supporters risk fall-out from the substantial percentage of voters opposed to assisted suicide.

Unsurprisingly, lawmakers have most frequently opted not to vote at all and allow bills to die in committee. This makes assisted suicide also an issue where candidates are routinely not on record, leaving little to supply voters with a candidate's position on the issue -- a position voters either support themselves, have no interest in whatsoever or disagree but remain willing to vote for the candidate for other reasons. Out of over 175 introduced bills in 35 states and the District of Columbia, very few have made it to a single chamber, upper or lower for a roll call vote and only two have made it to a governor's desk: Vermont in 2013 and California in 2015. (Patients Rights Council, 2015)

While California lawmakers have not held an election yet in the wake of their 2015 vote, Vermont lawmakers faced re-election in 2014, a year following the passage of Act 39. (Condos, 2014) All but nine absent representatives were on record by virtue of their vote alone with 171 to potentially defend their position: 78 opposed and 93 in favor. (State of Vermont, 2013) Likewise, twenty-six incumbents did not seek re-election, leaving fourteen supporter seats and eleven opposition seats vacant, seats that supporters needed to keep to prevent repeal of the Act, and seats opponents needed to both keep (and gain) to overturn the Act. (Condos, 2014). Even without repeal, the bill would sunset if not affirmed prior to July 1, 2016. (Aschen, 2015)

The pro-assisted suicide political action committee called Patient Choices Vermont therefore endorsed candidates solely on this issue, but the opposing coalition exclusive to this issue -- True Dignity Vermont -- did not endorse

candidates but implied the opposing candidates endorsed by Patient Choices Vermont be avoided. (True Dignity Vermont, 2014) All but four of the nine absent voters accepted a pro-assisted suicide endorsement and as well as five candidates for vacant seats and one challenger to an anti-assisted suicide Senator. A total of 155 candidates for all 180 seats were explicitly on record on this issue with a substantiated and clear position. An additional 11 were determined, in the aftermath of a 2015 attempt to repeal, to be anti-assisted suicide, a position upon which they could have campaigned.

The salience of assisted suicide for voter choice could not be previously examined by election outcomes, since candidates have rarely been on record and furthermore, assisted suicide bills had likely lacked enough viability to factor into voter choice considering the wealth of other issues: assisted suicide bills lacked enough support to threaten opponents or energize advocates. Yet virtually overnight, assisted suicide became a campaign issue in Vermont. The question then becomes what effect, if any, these positions may have had on election outcomes.

Theory

Stasis on assisted suicide policy at the time of the 2013 passage of Act 39 in Vermont was the overwhelming rejection of attempts to legalize this practice, not just in Vermont, but nationwide. Vermont had just seen the demise of assisted suicide bills the previous 2011-2012 session, just like in 2009, 2007, 2005, 2003, 1999, 1997 and 1995. (Patients Rights Council, 2015) At the time, only four states had changed or suspended their laws: Oregon and Washington by ballot initiatives in 1994 and 2008 respectively and Montana by court challenge in 2009, followed by the now-reversed court challenge from New Mexico in 2012. Massachusetts voters rejected this issue via ballot measure in 2012. (Wangsness, 2012) Before Act 39 in 2013, not one bill in any state had seen a governor's desk for signature or veto. Considering that legislative change requires navigating bills through an institution and process regarded as change-averse, much of the defeat of assisted suicide bills could be dismissed as casualties of a system designed to maintain stasis.

However, the lack of incremental change and failure rate of assisted suicide bills can potentially be explained in their intrinsically non-partisan and polarizing nature. Tenets of Baumgartner & Jones' punctuated equilibrium theory (PET) explain why politicians avoid assisted suicide bills, which contributes to the bills' failures (1993). Hot-button issues like assisted suicide can create disproportionate attention that is unattractive to lawmakers in general, especially on such a contentious issue. This encourages lawmakers to neglect assisted suicide rather than champion it. While some could seek this attention, this would be more plausible when the attention-grabbing issue has reasonable hope of success. Bounded rationality would not lean a politician to prioritize a bill with little potential for success.

These tenets complement Mayhew's characterization of politician behavior toward the single aim of re-election to further explain why assisted suicide bills routinely fail (2004). Mayhew suggests that politicians wish to take positions, claim credit and rent-seek for constituents.

Assisted suicide would seem unlikely to deliver on any of those three aims. A legal right to suicide is not a rent in the traditional sense. Furthermore, due to the divisive nature of this issue, any position taken on assisted suicide can potentially alienate virtually as many voters as it could energize. This tendency to ignore these bills is the most common cause of their demise, but even those bills that face a vote have historically lacked bi-partisan support, making this a losing proposition as well. With this established history of assisted suicide bills failing at every attempt, a pro-assisted suicide position would offer little likelihood of credit to claim, as fellow lawmakers would not only be unlikely to risk taking a position at all, but also not be eager to devote resources to a losing cause.

In case of defeat, the most likely scenario, an anti-assisted suicide position for an incumbent would not be a matter of record or would be majority vote. For these lawmakers, little effort would be expended merely to oppose an assisted suicide bill, their vote would not change the status quo and their position would not be newsworthy to attract voter attention and likely deemed inconsequential for consideration among so many other issues voters contemplate, issues where their lawmaker's vote could have an impact (unlike with assisted suicide). Those in opposition are unlikely to have to take a position, but their position would be the majority stance in most cases, with supporters of assisted suicide lacking rationale to blame them for defeating a bill never expected to pass. A win for opponents is no change in the status quo to draw attention to supporters of assisted suicide that such a vote would alienate, and the issue itself would not seem viable enough to be a serious consideration when voting, given a wide array of viable issues to assess. In case of defeat, an anti-assisted suicide position seems neutral to risk or reward for re-election.

Defeat for those who champion assisted suicide would present potential risk. These lawmakers invite disproportionate attention to their own failure, unlikely to be rewarded by even those who support their position. They would devote their time and resources to this cause at the expense of causes that could be fruitful and offer credit to claim less controversial causes that could win support without the risk of losing support. While in the expected event of loss, opponents of assisted suicide could dismiss their lawmaker's pro-assisted position as non-threatening and not worthy of consideration when voting, taking this position is an opportunity cost foregone that leaves less to campaign upon for re-election, and a position to defend against competitors that is unpopular with a large share of voters. There is risk for a pro-assisted suicide position even when this position does not effect change, a risk not apparent for the anti-assisted suicide position. Furthermore, this is risk without expectation of reward come re-election time.

Even if lawmakers had reason to be optimistic of victory, that victory could have the pitfalls that make politicians reticent to position-take and therefore inhibit any value of credit-claiming. The credit-claimed for passing an assisted suicide bill could backfire considering close to half of voters oppose assisted suicide. For those voting in opposition, a vote that contributed to a bill's defeat would not change the status quo and offer little credit to claim. Plus, any attempts to claim credit for defeating the bill could likewise backfire with voters in favor of assisted suicide.

Hypotheses

In 2013, pro-assisted suicide lawmakers did have a victory with Act 39, making assisted suicide a campaign issue for incumbents, challengers and newcomers. In this case, there is potential for reward based on a candidate's position that appears absent in the case of defeat. However, this reward would not seem likely due to credit-claiming by pro-assisted lawmakers but rather position-taking by anti-assisted suicide challengers, and reward limited to the anti-assisted suicide position.

As in the case of defeat, a position against assisted suicide could be deemed inconsequential for supporters who got what they wanted in spite of their lawmaker's vote. Even loss for opponents would suggest little risk for those who vote to maintain the status quo. There would be no expectation of reward, but even this minority position would be risk neutral for anti-assisted suicide lawmakers. I expect the anti-assisted suicide position to remain risk-neutral, as offered in the first hypothesis:

H₁ Anti-assisted suicide candidates demonstrate no risk to election attributed to their anti-assisted suicide position.

However, risk could potentially increase for pro-assisted suicide lawmakers. More attention is drawn to their controversial stance, making these politicians a potential target. Supporters of assisted suicide may assume their cause to be settled and see lawmakers who voted in opposition as non-threatening or inconsequential, yet opponents could see a new cause to repeal the law. The only way a position on assisted suicide could be a risk factor for pro-assisted suicide lawmakers is if these incumbents were unseated by anti-assisted suicide challengers. I anticipate losses exclusively to pro-assisted suicide candidates as offered in the second hypothesis:

H₂ Pro-assisted suicide candidates demonstrate risk to election attributed to their pro-assisted suicide position.

This risk would present a potential for reward to challengers. When campaigning against an incumbent as a response to a pro-assisted suicide position, an anti-assisted suicide position reaps rewards assuming the risk expected in the second hypothesis is supported and is presented in hypothesis three:

H₃ Anti-assisted suicide candidates demonstrate potential rewards from election attributed to their anti-assisted suicide position.

While the risk and reward for open seats would appear neutral or with a slight advantage to pro-assisted suicide candidates (a position polling at two points higher in 2014 than the anti-assisted suicide position) salience and the perceived impact of the issue could differ for voters of different positions. Those with voters supporting pro-assisted suicide position may see the issue as settled, while anti-assisted suicide candidates rally for repeal. Combined with the risk to candidates assumed from their pro-assisted suicide position, there would be a reward factor limited to the anti-assisted suicide position. Furthermore, since there is no expected risk to anti-assisted suicide candidates assuming the first

hypothesis is supported, there are no rewards to reap for the pro-assisted suicide candidates. Hypothesis four explains that I anticipate no reward for the pro-assisted suicide position, as evidenced by these candidates failing to defeat an anti-assisted suicide candidate, incumbent or otherwise.

H₄ Pro-assisted suicide candidates demonstrate no potential rewards from election attributed to their pro-assisted suicide position.

Methods

Examining any change in the status quo of the 2014 candidates themselves, as elected (incumbents) or not elected (challengers or candidates for a vacant seat), this change can assess risk and reward.

For incumbents, elected lawmakers of either position, the status quo is holding office. Re-election is an expectation due to the incumbency advantage. This is why incumbents are the best indicator of risk due to either position. Since he/she had won the support of a majority of voters in previous elections, there is no need to win any additional supporters with this issue, especially since he/she is likely to lose the same number of supporters needed for re-election according to recent polls.

While for incumbents, their status quo is having the seat, something maintained by winning re-election as they won in the past, for challengers and candidates for open seats, their status quo is not having the seat. This is why challengers are the best indicator of reward. Perhaps an assisted suicide position could be a campaign brand for aspiring candidates with nothing to lose, but with around half of voters in disagreement with either position, there could be equal chance of losing votes as there would be gaining them. Since challengers are at a disadvantage when challenging an incumbent, their position cannot accurately assess risk. However, when competing against a candidate with a contrary position, risk and reward can be assessed based on which position was rewarded with election. This limitation is discussed following the results.

Examining any change in the status quo of the 2014 candidates themselves -- as elected (incumbents) or not elected (challengers or candidates for a vacant seat) -- this change can assess risk and reward. Incumbents who are unseated best assess risk more than reward (potentially losing their status quo due to their position, or at best, not rewarded enough by this position for re-election) and challengers best assess reward (since this position could potentially have helped them gain their seat, or at best, did not cost them enough to cost them election). For incumbents re-elected, no reward is assumed, but for those unseated, reward is assumed to be less than risk. And for candidates for vacant seats, no risk is assumed due to a defeat, but if elected, reward is assumed to be less than risk. This also compensates for the incumbent advantage and assumes no risk to challengers who fail to unseat the contrary position.

Each seat is examined as a unit of analysis, each having a candidate with a position on assisted suicide known during the campaign. A position is indicated as a potential campaign factor if known due to either: a.) the incumbents vote on the issue or, b.) an endorsement specific to the issue, as in the case of new candidates or those absent during voting. All with a voting record to extol (or at

the very least defend) were assigned that seat position, whether they accepted an endorsement or not. Endorsements are limited to the pro-position and clearly indicated this position was undertaken as a campaign issue, but was no assumption that new candidates, those challenging incumbents or seeking to fill a vacancy, held an anti-position simply by virtue of lacking an explicit single-issue endorsement. However, those successors without an endorsement of their anti position shortly went on record as such in 2015 during efforts to repeal or affirm the law and potential exists that they may have campaigned on their anti position. (Coding the actual seat position according to votes was critical to eliminate cases where a position on assisted suicide was not a contributing factor, namely when an incumbent was unseated by a successor who took the same position. The possibility that those who ultimately voted anti-assisted suicide campaigned on this position cannot be discounted, but without a specific and standardized indicator, this possibility is examined as a hypothetical apart from the actual data.

Seats are also coded to eliminate races where positions could not play a role in election outcomes, such as completely uncontested races, races with no incumbent advantage or those with historical precedent indicating a lack of competitiveness. Those races with 2012 victories within a five-point margin were deemed competitive and those within a five-to-ten point margin of victory in 2012 were coded as mildly competitive. Those without any opposition at all or no major party opposition were coded as non-competitive. (Ballotpedia, 2016)

Each seat was coded to reflect any outcome where position could be a factor and whether this factor was a risk or a reward. Candidates winning a competitive, vacant seat have their position coded as a reward factor. Candidates unseated by a competitor of the contrary position have their position coded as a risk factor and the competitor has their position coded as a reward factor. Like position is eliminated as a factor in cases where a successor shares the seat position, non-competitive races were considered a factor when they truly were competitive in that they unseated an incumbent. If the winning candidate is of a contrary position, this was coded as a reward factor.

Results

Of the 180 seats, position could be ascertained for 179. Only 139 seats were deemed competitive and four of the ten total candidates that were unseated were replaced by successors of the same position, which ruled out position as a factor in outcome. There was turnover among individual seats, although the sum is practically unchanged considering the 23 seats left vacant and replaced with either position. Examining the number of incumbents unseated by opposing candidates as well as the number of competitive races where position may have been a factor can suggest what risks and rewards position may have relative to outcome.

Hypotheses regarding risk -- H_1 and H_2 -- were examined by looking at the incumbents that were unseated to challengers of a contrary position. In these cases, position could have been a potential risk factor in the incumbents defeat. For all incumbents defeated by a challenger of the opposing position, the incumbents' position was a campaign issue, as all candidates were pro-assisted suicide and endorsed by the pro-assisted suicide lobby. No incumbent with an

anti-assisted suicide position were unseated by a challenger of the opposing position. Table 1 offers the risk and reward factor, seats lost by each position and demonstrates that H_1 and H_2 are both supported.

Table 1: Potential Risk and Reward by Position, Assuming No Anti-Assisted Suicide Campaigning

	Candidate Positions on Assisted Suicide	
	Pro-Assisted Suicide	Anti-Assisted Suicide
Risk Factor	6	0
Reward Factor	0	0

Table 1 offers only the risk associated with known campaigning by the pro-assisted suicide position, a position that did not win them re-election. It does not assume that the contrary anti-assisted position was gained by campaigning upon that position. What is known for certain are positions that were a matter of explicit public record: positions determined by a candidates vote or a pro-assisted suicide endorsement. These candidates accepted an endorsement upon their pro-assisted suicide position.

Six candidates were unseated and replaced by anti-assisted suicide successors, whereas zero candidates with an anti-assisted suicide position lost to pro-assisted suicide challengers. Six anti-assisted suicide candidates and three pro-assisted suicide candidates won vacant seats -- these races were either uncontested or non-competitive, ruling out the role of position on the election outcome. When assuming no campaigning on the part of anti-assisted suicide candidates, pro-assisted suicide and anti-assisted suicide candidates equally saw no measurable reward, but only pro-assisted suicide candidates had any evidence of potential risk.

Support for hypotheses regarding reward -- H_3 and H_4 -- were contingent upon hypotheses regarding risk H_1 and H_2 finding support, which they did. While there is not an artifact to explicitly show anti-assisted suicide endorsements and accurately assess potential reward the way it could be determined for pro-assisted suicide candidates by endorsement from Patient Choices Vermont, the number of new candidates voting against assisted suicide in 2015 -- who won against clear pro-assisted suicide challengers -- presents the hypothetical outcomes if candidates had been endorsed. These candidates were endorsed de facto by admonishment from the anti-assisted suicide advocacy group True Dignity Vermont to vote against the endorsed challenger, and also potentially as a factor among other considerations by a Vermont right-to-life organization. In absence of assured anti-assisted suicide endorsement, what is clear is that a pro-assisted suicide position did not itself win the incumbent their election bid when he/she had won elections prior to taking this position. This is a risk limited to the pro-assisted suicide position.

In order to assess any potential reward factor, campaigning had to be considered for anti-assisted suicide candidates. Hypotheses regarding reward, H_3 and H_4 , were supported as expected, and these results conversely affected the risk factor. With six anti-assisted suicide challengers unseating pro-assisted suicide incumbents and three anti-assisted suicide candidates winning in competitive races or against a pro-assisted suicide challenger, this provides evidence of a

reward factor exclusive to the anti-assisted suicide position. Furthermore, it increases the pro-assisted suicide risk by an additional seat: seven rather than six. Six anti-assisted suicide candidates and three pro-assisted suicide candidates won vacant seats; these races were either uncontested or non-competitive, ruling out the role of position on the election outcome. Due to the incumbent advantage and no risk to the status quo, a defeated pro-assisted suicide challenger to an anti-assisted suicide incumbent was not included in this total. Table 2 shows that both hypotheses regarding reward H₃ and H₄ were supported and affected risk factor as well.

Table 2: Potential Risk or Reward by Position, Assuming Anti-Assisted Suicide Campaigning

		Seat Position		Total
		Pro-Assisted Suicide	Anti-Assisted Suicide	
Potential Factor in Election Outcome	Risk Factor	7	0	7
	Reward Factor	0	9	9
Total		7	9	* <i>p</i> =.00087

The relationship was significant at the .05 level with a two-tailed Fisher’s Exact test to compensate for $n < 5$ in several categories. The relationship was strong determined by a Cramer’s $V=1$. Given the explicit endorsement of the pro-assisted suicide position yielding no victories over the opposition, the reward factor of 0 for the pro-assisted suicide position is well-established as is the risk factor of 0 for the anti-assisted suicide position.

In the absence of an explicit anti-assisted suicide endorsement, the reward factor found exclusive to the anti-assisted suicide position cannot be stated with the same confidence. Given the pro-assisted suicide risk factor can be established with such confidence that the anti-assisted suicide reward factor is theoretically predicated on this risk, although hypothetical, these results are still compelling.

Discussion and Implications

Reward can logically be ruled on by simply examining unseated incumbents, as they were assuredly not rewarded for their position by re-election. This applies equally to the three anti-assisted suicide incumbents replaced with other anti-assisted suicide successors, as well as the single unseated pro-assisted suicide incumbent to lose to a pro-assisted suicide successor, but a successor who did not have her pro-assisted suicide lobby endorsement. Considering that these incumbents had previously won elections, and many had won multiple elections, this suggests reward was not needed to maintain their status quo, and yet their positions did not offer such reward. Moreover, since among the casualties of re-election was the lawmaker heralded for her hard work and success to pass the first state assisted suicide law, claiming credit was not sufficient for re-election, and potentially harmful.

The case of Representative Linda Waite-Simpson, the author and most virulent proponent of the assisted suicide bill, is compelling evidence of an absence of reward. She was elected in 2008, re-elected in 2010 and 2012, and then defeated after authoring and navigating the assisted suicide bill into law. (Ballotpedia, 2016) Rather than congratulated, voters gave her seat to newcomer Representative Paul Dame who voted this year to repeal her work. (Condos,

2014) Passing landmark legislation for salient issues should be a campaign asset, but instead, was not capable of saving her job.

Likewise, look at the fate of former Senator French, endorsed by pro-assisted suicide groups as well. He too was unseated by a newcomer, Senator Brian Collamore, who also voted this year to repeal the law, as did Representative Job Tate that defeated former Representative Ann Gallivan. The same goes for former Representative Cindy Weed, who lost to anti-assisted suicide Representative Larry Fiske. Both the new legislators Representative Jannsen and Representative Beck voted to repeal. Also for repeal was Representative Fred Baser, who defeated pro-assisted suicide former Representative Michael Fisher. Former Representative Fisher had served 14 years in office, winning the 2000 election and re-election in 2002, 2004, 2006, 2008, 2010, and 2012. Anti-assisted suicide challengers won against pro-assisted suicide incumbents, but the same cannot be said of pro-assisted suicide candidates. Attempts to unseat anti-assisted suicide Senator McAllister by pro-assisted suicide Sara Kitel failed. Not one incumbent that voted against suicide lost their seat to a pro-assisted suicide opponent. (Condos, 2014)

The only incumbents who voted against assisted suicide and still lost re-election were replaced by candidates who also oppose suicide, which indicates position to be no factor. Former Representative Leigh Larocque lost in the primaries to the ultimate victor, Representative Marcia Martel who voted to repeal Act 39. The other two opponents of assisted suicide that re-election appear to be casualties of partisanship, were Democrats succeeded by equally anti-assisted suicide Republicans. Democrat Bob South was succeeded by one of two Republicans who voted against assisted suicide as was Democrat Mike McCarthy, succeeded by Republican Corey Parent. Most lawmakers who voted against suicide won their re-election campaigns and of the three who were defeated, none of them were succeeded by pro-assisted suicide challengers. (Ballotpedia, 2016)

Compare this with every other defeated lawmaker endorsed by the pro-assisted suicide lobby: all but one was defeated by an anti-assisted suicide challenger. The lone exception, former Representative Kristy Spengler, was overwhelmingly defeated by another pro-assisted suicide Democrat Maureen Dakin, meaning that the pro-assisted suicide lobby's endorsement appears to have no influence when factors like partisanship are held constant. Since incumbents had won their seat at least once, position endorsement was not necessary for election and for pro-assisted suicide incumbents, could have even contributed to their defeat in six cases. The endorsement of the suicide lobby has no discernable value and potential harm.

This is supported also by considering that the endorsement of the pro-assisted suicide lobby failed to change one vote in their favor, since even when their endorsed candidates won the seat of an outgoing incumbent, it was merely maintaining the status quo by replacing one pro-assisted suicide vote with another. Even when voters were given a choice to elect a candidate endorsed by the pro-assisted suicide to replace a retired pro-assisted suicide incumbent, voters still rejected Liz Subin and elected Representative Bob Bancroft who voted to repeal Act 39. (Condos, 2014)

Limitations

In the absence of an explicit anti-assisted suicide endorsement for candidates like the one which was available for pro-assisted suicide candidates, rewards could not be assessed with the same confidence as risk. However, to examine a candidate's position on assisted suicide as a campaign issue and assess it as a risk or reward relative to election outcomes has inherent challenges apart from data limitations.

Many other positions on social issues can affect voter behavior to varying degrees, and a candidate's position on this one issue cannot be assumed to be a deciding factor for voters. It is unclear how educated voters were on candidate positions and how important this position was relative to other issues. This was complicated by the fact that over 77 percent of races were non-competitive, many uncontested. In these races, no issue could be assessed as a factor in the outcome, as election was assured.

Furthermore, even in competitive races, once a candidate's position on assisted suicide was ruled out, this left a small sample size of only 5 percent of races. In addition to the limitation this imposes, it also suggests that this issue lacks saliency. For a position to play a salient role in election outcomes, there would be a statistically significant change in the number of seats swapping positions in response to this legislation -- voters replacing seated or departing candidates of one position with the position they favor. This can happen on an individual seat-by-seat level or as an aggregate, yet cursory reviews of re-election rates alone show few changes that can be attributed to a candidate's positions.

Seat positions remained statistically identical when comparing 2013 positions determined by the vote on Act 39 or pro-assisted suicide lobby endorsement to 2014 positions declared in the 2015 vote to retain or repeal Act 39. (Vermont Legislature, 2015) With one position still unknown in 2015, the pro-assisted suicide position faced a net loss of one seat and the anti-assisted suicide position had a net gain of one seat. Essentially, one vote moved to the opposing column. There appears to be no outcry to overthrow incumbents based on position, although incumbents are difficult to unseat overall. The constitution of the assembly relative to their position on this issue was practically identical as demonstrated in Table 3.

Table 3: Changes in Position Seat Totals Due to 2014 Elections

		Seat Position in 2013		Total
		Anti-Assisted Suicide	Pro-Assisted Suicide	
Seat Position in 2015	Anti-Assisted Suicide	72	11	83
	Pro-Assisted Suicide	10	86	96
Total		82	97	179

Likewise, partisanship is a considerable confounding variable and particularly cumbersome to control for, given that Vermont has lawmakers affiliated with multiple parties, including dual Republican/Democrat politicians. Every loss from the pro-assisted suicide position to the anti-assisted suicide position involved a change in party affiliation that mirrored trends where position was ruled out as a factor. Reward due to position is just as likely reward due to party

affiliation, since affiliation can change when position stays static according to case studies. Table 4 demonstrates results by political party and position.

Table 4: Party Affiliation and Election Results

Candidate Position and Re-Election Results		Party					Total	
		Multi-Party	Democrat	Republican	Independent	Progressive		Republican/Democrat
Anti-Assisted Suicide	Legislator Unseated		2 66.7 percent	1 33.3 percent	0 .0 percent		0 .0 percent	3 100.0 percent
	Legislator Wins Re-Election		24 35.8 percent	32 47.8 percent	1 1.5 percent		10 14.9 percent	67 100.0 percent
	Total		26 37.1 percent	33 47.1 percent	1 1.4 percent		10 14.3 percent	70 100.0 percent
Pro-Assisted Suicide	Legislator Unseated	1 14.3 percent	6 85.7 percent	0 .0 percent	0 .0 percent	0 .0 percent	0 .0 percent	7 100.0 percent
	Legislator Wins Re-Election	7 9.1 percent	65 84.4 percent	2 2.6 percent	1 1.3 percent	2 2.6 percent	0 .0 percent	77 100.0 percent
	Total	8 9.5 percent	71 84.5 percent	2 2.4 percent	1 1.2 percent	2 2.4 percent		84 100.0 percent

While Republican gains can factor assisted suicide opposition in as a consideration, it appears that voters prioritize partisanship or other issues related to party affiliation over concern for assisted suicide. Even these limitations that denigrate the significance of assisted suicide positions on election outcomes reinforce the findings that advocacy for this position does not profit politicians at the polls.

Conclusion

There are too many confounding variables that cannot be readily controlled for to suggest election outcomes to be dependent, even in small part, to positions on assisted suicide. Results are not intended to imply that positions are a determining factor in election outcomes -- that a position is more likely to win or lose an election and rather, it appears that this issue is not salient to voters when making their decision in the voting booth.

However, these results do suggest with confidence and support two key conclusions: 1. that a pro-assisted suicide endorsement had no discernable benefit for candidates and, 2. that credit-claiming from work to successfully pass an assisted suicide bill was not rewarded. This is evident from case studies on the casualties of the 2014 elections, among whom was the primary sponsor of Act 39. Examining all unseated incumbents, even those from whom position was ruled out as a factor, indicate the absence of reward from championing the pro-assisted suicide cause.

Logically, even if advocacy itself were risk-neutral due to voter apathy toward this issue, there is risk to be assumed when devoting effort to a cause that is clearly not profitable. For the time and effort devoted to promoting assisted suicide, even in the rare event of success, this victory is not rewarded as

victories championing less controversial causes could be. Assuming that incumbents gained office apart from the issue, this implies a risk they need not take. Moreover, the results imply no reward. Assisted suicide simply lacks any compelling evidence of benefit as a campaign issue.

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