

Original Article

A STUDY TO ASSESS THE LEVEL OF ATTITUDE TOWARDS EUTHANASIA AMONG HEALTH PERSONNEL

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Abstract :

Most people would probably want to live to a ripe old age, and then die painlessly in their sleep. Unfortunately, this is not the reality most people face. Some people will die after a long struggle with a painful disease. Euthanasia has become a complex global issue for the 21st century, with different cultures wrestling with variety of ethical, religious and legal factors involved in helping someone to die legally. The role of health personnel in euthanasia would ultimately cause more harm than good. Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Aim : it aims at contributing to the current literature in regard to euthanasia through shedding the light onto the attitude towards euthanasia among health personnel.

Material and Methods : An exploratory descriptive design was used to conduct this study non probability ampling technique was employed, the sample consisted of 70 Health Personnel including Doctor & Nurses who are working in Government and Private health institutions at Puducherry. After obtaining informed consent data was collected using with self structured questionnaire for demographic variables of the samples and the Euthanasia attitude scale (EAS) developed by Holloway, Hay slip, Murdock et al 1995, was utilized to measure the attitude of a person has towards end of life decisions.

Results : The study findings revealed that out of 70 health personnel 42 (60%) had Positive attitude and 28 (40%) had Negative attitude towards euthanasia.

Conclusion : Health personnel had positive attitude towards euthanasia in certain circumstances for terminally ill clients with unbearable pain

Keywords : Euthanasia, Involuntary, Mercy Killing, Attitudes, health Professionals

Introduction :

The preservation of human life is the ultimate value, the pillar of ethics and the foundation of all morality. This held true in most cultures and societies throughout history. Life is sacred, valuable to be cherished and perished¹Most people would probably want to live to a ripe old age, and

then die painlessly in their sleep. Unfortunately, this is not the reality most people face. Some people will die after a long struggle with a painful disease. Others will find that their body

deteriorates to such a degree, that they wish they were dead. A person might argue that all available medical technology ought to be brought to bear in the preservation of life, but the pain and financial burdens that family members, patients or society might have to endure could be so great that although the person might want to go on living, it would be in the best interest of the patient family or the society that the individual should choose to die.² The known purposes of the medical profession are to help people survive, live longer in spite of chronic illness and get rid of pain. Advancement in medical care and the application of its technology have always helped in attaining this goal. Unfortunately among all long lived individuals, some die peacefully and some with

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painful, tortuous deaths. When life is without quality, when pain and discomfort rob life of its significance, some persons cry out for release through death- a good death through euthanasia ^(2,3).

The word euthanasia is linked to the Greek words for good (eu), and death (thanatos). Euthanasia is therefore associated with the idea of wanting to die free from suffering, or to have a good death⁴. Euthanasia refers to the practice of intentionally ending a life to relieve pain and suffering. The term euthanasia was first used in medical context by Francis Bacon in the 17th century to refer to an easy, painless, happy death during which it was physicians' responsibility to alleviate the physical sufferings of the body⁵. But Euthanasia is controversial, because it puts the plight of suffering, dying individuals against religious beliefs, legal tradition, and, in the case of physician assisted death, medical ethics. The role of health personnel in euthanasia would ultimately be more harm than good also it heightens the significance of its ethical prohibition rather. Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks^(2,6). Instead of engaging in euthanasia, physicians and nurses must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

Need For The Study:

The controversy over euthanasia has sparked many views that it is the act of taking the life, for reasons of mercy of a person who is hopelessly ill, while other view it as morally outrageous. The attitude towards euthanasia is not a simple thing and there are many factors that influence it, these include, culture, religious beliefs, age and gender. Although euthanasia is illegal in many countries, it is legal in some countries such as the Netherlands, Belgium and the US state of Oregon. Some studies stated that such debate about legalizing euthanasia would cause a general

weakening of public and social morality. Some views state that doctors are willing to perform voluntary euthanasia if it becomes legal in the country. It is thought that the majority of medical practitioners are in favor to change the law and allow euthanasia in certain circumstances⁽⁷⁾

According to British Social Attitude Survey in 1996, euthanasia was preferred for incurable conditions by 86% of population, for dying patients by 80% of population, for patients in coma by 58% of population and for patients with danger of death and not much pain by 57% of population⁽⁸⁾. According to 2010 British Social Attitude Survey, 82% of the general public believed that doctor should be allowed to end the life of a patient with a painful incurable disease at the patient's request, which was supported by 71% of religious people and 92% of non-religious people⁽⁹⁾. Recent reports from Netherlands and Belgium provide that there is a growing number and percentage of people who are dying by euthanasia. The reports from Netherlands stated that there were 2331 cases of euthanasia in 2008 up from 2010 cases in 2007 and 1923 cases in 2006. This represented an increase of 10% each year. The Belgium study examined 6202 death certificates in Flanders region and found that 118 were euthanasia deaths. A study that was published in the New England Journal of medicine indicated that 7.1% of all deaths in Netherlands in 2005 were related to terminal sedation which is often done to cause the death of the person and not to relieve intractable pain^(7,10). In 1962, a high court in Nagoya, Japan, declared euthanasia legal under special circumstances and specified that it should be performed by a medical doctor. A 1990 survey of members of the Japan Medical Society revealed that 87 % of its members would honor a patient's desire "to die with dignity." However, any euthanasia performed without patient consent is against the law.

In India, Passive euthanasia is legal since 7th March 2011. The supreme court of India legalized passive euthanasia by means of the withdrawal of life support to patients in a permanent vegetative state. The decision was made as part of the verdict in a case involving Aruna Shanbaug, who has been in a vegetative state for 37yrs at King Edward

Memorial Hospital. The high court rejected active euthanasia by means of lethal injection. In the absence of a law regulating euthanasia in India, the court stated that its decision becomes the law of the land until the Indian Parliament enacts suitable law. Active euthanasia including the administration of lethal compounds for the purpose of ending life, is still illegal in India and in most countries⁽¹¹⁾ Nurses take up a central position in care of terminally ill patients, where being dealt with euthanasia request is an ever present possibility. Based on their professional expertise and unique relationship with patient, nurses are participating as full members of the interdisciplinary expert team are in a key position to provide valuable care to patients receiving euthanasia.⁽¹²⁾

Medical professional can make significant contribution to the quality of care by assisting and counseling patients and their families, in a professional manner, even in countries where euthanasia is not legal.

Review of literature

Gielen J, conducted a study on religion and nurses attitudes to euthanasia and physical assisted suicide, they searched pub med for articles published before August 2008 using combination of search terms, most Identified studies showed a clear relationship between two, difference in attitudes were found to be influenced by religious or ideological affiliation, observance of religious practices, religious doctrine and personal importance attributed to religion or world view, nevertheless, a coherent comparative interpretation of the results of the identified studies was difficult, we concluded that no study has so far exhaustively investigated the relationship between religion or world view and attitudes toward euthanasia or physically assisted suicide and that further research is required.⁽¹³⁾

Sneha Kamath et.al (2011) conducted a cross sectional study to assess the attitudes toward euthanasia among 213 doctors in a tertiary care hospital in South India. A self administered questionnaire was used, 69.3% respondents supported the concept of euthanasia and 66.2% were against to euthanasia. This study conclude that a majority

of the doctors supported euthanasia for the relief of unbearable pain and suffering⁽¹⁴⁾

Objectives:

1. To assess the attitudes towards Euthanasia among health personnel.
2. To associate the attitudes with the selected demographical variables.

An exploratory descriptive design was used to conduct this study non probability ampling technique was employed, the sample consisted of Health Personnel Doctor & Nurses who are working in Government and Private health institutions at Puducherry informed consent was obtained from the samples.

Tool and Techniques

Self-administered questionnaire was used which consisted of Section A and Section B. Demographic data like Name, Age, Sex, Religion, Educational qualification, Designation, Years of working experience, Place were included in Section A. In Section B to measure the attitude of a person has towards end of life decisions the Euthanasia attitude scale (EAS) was utilized which is developed by Holloway, Hay slip, Murdock et al 1995. It contains 30 statements, it frames in the pattern of likert scale, ranging between 1-4 with the statement of Strongly Agree, Agree, Disagree, Strongly Disagree. Scoring key: The total highest score is 120. The score was interpreted in the following way. 75-120 -Positive attitude towards euthanasia < 74 – Negative attitude towards euthanasia

Results and Findings

The sample size was selected as 100, among only 70 were responded. The structured Euthanasia Attitude Scale (EAS) with 4-points likert scale was used to assess the attitude towards euthanasia.

The responses were analyzed through descriptive statistics, (Frequency, Percentage, Mean, Median, standard deviation and Inferential statistics "t" value and chi-square) by using PASW (18.0 Version) statistical package.^(*)

Table (1) reveals the distribution of sample on demographic variables Among 70 samples, the age group of 25yrs – 35yrs are 45 (64.2%) who were the highest of the other age groups, 36yrs – 45yrs of 20 is 28.5%, 46yrs – 55yrs of 3 is 4.2% and >56yrs of 2 is 2.8%. Sex wise, the females were the highest samples and holds 57% (40) whereas the males were 42.8% (30). Among the samples 52(74.2%) were Hindus, 3(4.2%) of Muslims, 14(20%) of Christians and the other religion showed 1(1.4%). The Hindu religion holds the highest percentage. According to the 26(37.1%) were UG, 36(51.4%) were PG, 4(5.7%) were Doctorate and 4(5.7%) have did other courses. The PG possessed the highest percentage among other graduates. When bring out the occupation samples of 33 (47.1%) were physicians, 17(24.2%) were staff nurses, 12(17.1%) were students and 8(11.4%) were faculties from health teaching profession. The physicians were the highest samples among the group.

Table (2) denotes that among 70 samples 42(60%) have positive attitudes towards euthanasia whereas 28(40%) have the negative attitude.

Table (3) denotes that the comparing the mean score between the male and female. Based on the PASW (18.0) software, The obtained Mean value was 83.07 with SD of 13.036 for males and for females the obtained Mean value was 74.63 with SD of 10.8167 which had been inferred that the t-value = 2.958 and the corresponding p-value < 0.004, Therefore it was concluded that there was significant difference in the average attitude towards euthanasia between males and females. This inference shows that the attitude towards euthanasia was differing according the males and females thoughts, in the study.

In associating the attitude with the related demographic variables (age, sex, religion, designation). The association between attitudes towards euthanasia and different attributes such age, gender, religion, educational qualification, designation, working experience and working place respectively had been seen using PASW (18.0 Version) statistical package. It had been inferred that all the p-values were greater than 0.05. Hence we

concluded that there was no association between attitudes towards euthanasia and various attributes such as age, gender, religion and designation respectively and the euthanasia concept is strongly supported.

Tables

Table -1 Distribution of demographic variable (N=70)

Demographic variables	Frequency	Percentage
Age		
25 – 35	45	64.2%
36 – 45	20	28.5%
46 – 55	3	4.2%
Above 56	2	2.8%
Sex		
Male	30	42.8%
Female	40	57.1%
Religion		
Hindu	52	74.2%
Muslim	2	4.2%
Christian	14	20%
Others	1	1.4%
Qualification		
Undergraduate	26	37.1%
Postgraduate	36	51.4%
Doctorate	4	5.7%
Other specify	4	5.7%
Designation		
Physician	33	47.1%
Staff nurse	17	24.2%
Teaching profession	8	11.4%
Students	12	17.1%

(**)Table -2 Distributions Of Samples On Overall Level Of Attitude Towards Euthanasia N=70

Score	Attitude	Frequency	Percentage
75 – 120	Positive attitude	42	60%
< 75	Negative attitude	28	40%

(***)Table -3 comparison of attitude with gender N=70

Gender	N	Mean	Std. Deviation	t -test	df	Sig. (2-tailed)
Male	30	83.07	13.036	2.958	68	.004
Female	40	74.63	10.817			

Discussion :

The study was to assess the attitude towards euthanasia among the health personnel. SnehaKamath et.al. (2012) studied to assess the attitudes of doctors toward euthanasia and possible factors responsible for these attitudes. They concluded that a majority of the doctors supported euthanasia for the relief of unbearable pain and

suffering. The study findings revealed that out of 70 health personnel 42 (60%) had Positive attitude and 28 (40%) had Negative attitude towards euthanasia. Mr.Naser Agababaei.et.al., (2011) studied on Euthanasia Attitude Scale (EAS) from 197 students in June 2011. They concluded that analyzing the attitude towards euthanasia scale results in lower levels of opposition against euthanasia.

The attitudes of Health Personnel towards euthanasia the highest and the lowest score level out of 120 denoted that the highest score was 110 /120, it showed the strong positive attitude towards euthanasia and the lowest score was 48/120, it revealed that the strong opposition towards euthanasia concept. From the EAS, the 30 items of statements were categorized into 4 divisions that of the concept of supporting euthanasia, the concept of opposing euthanasia, the individual decision on euthanasia and the methods supporting / opposing euthanasia concept. SnehaKamath et.al. (2012) studied to assess the attitudes of doctors toward euthanasia and possible factors responsible for these attitudes. They concluded that a majority of the doctors supported euthanasia for the relief of unbearable pain and suffering. Based on the items of statements from the Euthanasia Attitude Scale (EAS), score of 67.2%(average score of 32.3 out of 48) supports euthanasia whereas score of 63.2% (average score of 40.5 out of 64) oppose the euthanasia concept and 70% (average score of 5.6 out of 8) supports the individual decision towards euthanasia. Based on the methods from EAS, 66.2% (score of 5.3 out of 8) supports the euthanasia concept whereas 63% (score of 5 out of 8) oppose the euthanasia concept. When compare with the assumptions made at the beginning of the research only some health personnel have got the positive attitudes towards euthanasia for a terminally ill client with unbearable pain, but as per the survey 60% of health personnel have positive attitude towards euthanasia, where as 40% have negative attitude. The age group of 35-45yrs (45) and >56 years (2) have positive attitudes towards euthanasia and holds 80.2% and 82% respectively. Based

on the gender wise 83.1% of Male supported strongly the euthanasia concept whereas the 74.6% of female leastly supported the euthanasia concept. Based on the religion 84.3% of Muslim and 89% of other religion strongly supported the euthanasia concept. Finally, based on the designation wise the staff nurses and students strongly supported the euthanasia concept and holder 81.2% and 80.5% respectively. Thus we conclude that most of the Health Personnel have got positive attitude towards euthanasia. When compared with the attitude with age p-value is 0.434, there was no association core between the different age groups and the attitude towards euthanasia. The same findings had come out in religion and designation, holded the p-value of 0.954, 0.280 respectively, these values were more than 0.05, so it was found that there was no association between attitudes towards euthanasia and various attributes such as age, gender, religion and designation respectively and the euthanasia concept is strongly supported.

Recommendations:

- A comparative study can be conducted among the health personnel.
- Similar type of studies may be conducted in paramedical health personnel.
- A study can be conducted to assess knowledge among the nursing students.

Limitations:

- The sample size was selected as 100, but only 70 were responded.
- Most of the health personnel were busy with their schedule.

Conclusion :

Health personnel had positive attitude towards euthanasia in certain circumstances for terminally ill clients with unbearable pain. So in India passive euthanasia may be implemented according to the Institutional Policy, since it is legalized from 7th March, at all health institutions at certain circumstances.

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