Original Article

Euthanasia Approaches of Healthcare Professionals

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Abstract

Objective: The aim of this study is to determine the attitudes and behaviors of healthcare professionals working in a public hospital towards euthanasia.

Material and Methods: The population of the study was composed of a total of 375 healthcare professionals (physician, nurse, midwife and health technicians) working in a public hospital located in a province center in the Eastern Anatolia Region. In the study, sample calculation was not used, the entire population was tried to be reached and the data were collected from 373 people who voluntarily participated in the study (Response rate: 99.5%). A questionnaire form was used in the descriptive cross-sectional study.

Results: 18.5% of the participants in the study are physicians, 67.3% are nurses and 9.1% are midwives. Only 50.9% of the participants agree to provide care to the terminal patient. 55.5% of the participants said they should have the right to euthanasia. The rate of those who say it is unnecessary to care for the terminal period patient is 7.0%. It has been found that the occupation of the participant and the place where he / she spent most of his / her life are independent of each other and are effective in confirming and confirming euthanasia.

Conclusion: It has been determined that the healthcare personnel do not have sufficient knowledge about euthanasia and the fact that they are a health technician and spent their life in the province are effective factors.

Keywords: Euthanasia; healthcare professionals; attitudes; behaviors

Introduction

Euthanasia is one of the most controversial issues in contemporary health care. The debate about euthanasia encompasses legal, ethical, human rights, health, religious, economic, spiritual, social, and cultural aspects across the world (Green et al., 2020). Healthcare professionals experience their involvement in this terminal care process as very intense.

Moral risks are concerned with the dilemmas of right and wrong behavior, while emotional risks pertain to the vulnerabilities of revealing one's true feelings when it comes to euthanasia. Current literature reveals that individual investigations are showing the wide-ranging views, different feelings, and levels of involvement of nurses when it comes to euthanasia. Some empirical studies have addressed nurses' experiences of and attitudes toward euthanasia revealing a lack of consensus among nurses on euthanasia in general, and the factors which may influence their participation in the euthanasia process in particular (Cayetano-Penman et al., 2020). In the qualitative study of Denier et al., nurses described their involvement as carrying a

twofold moral and emotional weight. They experienced a discrepancy because, on the one hand, they saw euthanasia as a peaceful and nice death, but on the other hand, they saw it as a planned and unnatural death (Denier et al., 2010).

As a word, “Terminal” means the end of a period. A patient in terminal stage refers to a patient who lives the last days of his/her life and is about to die. On the other hand, terminal disease refers to an untreatable or irreversible case who are expected to likely die in a short time (Sucakli, 2013).

Due to the pain and agony suffered during terminal period, there are many patients who prefer to die rather than living such a bad life. Patients who think death can seek help from the physician or nurse in order to end their lives easily. This request is called as "euthanasia" in medical science (Republic of Turkey, 2004).

When the word “euthanasia” is examined, it derives from the Greek words “eu” (nice, pleasant) and “Thanatos” (death) and means an easy, pleasant death (Terzioglu, 1994). The debates about euthanasia in the world go back to very old times. However, the 20th century was a period in which views on this subject scientifically nourished and updated. Although keeping people alive is the basic principle, the developments in the medical fields, changes in people’s perspective for the world, life philosophies and expectations have led to the questions of “under which conditions?” and “for what?” and have brought up the discussions on the legalization of euthanasia (Sulu, 2000).

A patient's rights continue even if he/she has entered the terminal period. In order to ensure dignity, cancer patients in the terminal period must be able to make their own decisions and have a say over their own deaths. First of all, a patient in the terminal period has rights such as waiting for the death comfortably and peacefully, refusing or discontinuing the treatment planned and being applied to him/her, and requesting verbal or written information about the benefits and risks of the medical procedures, possible outcomes in case of refusing the treatment, and the course and termination of the disease (Gurkan, 2011; Biton, 2016). In this regard, all healthcare professionals who provide treatment and care have to know, respect for, and apply patient rights.

The legalization of euthanasia has presented regulated nurses with a complex array of ethical and moral decisions as they relate to determining one’s level of involvement in this new care option. At one end of the spectrum is full conscientious objection, whereby nurses choose to be relieved of all care for reasons related to preserving moral integrity. At the other end of the spectrum is full involvement in the euthanasia process. In between are levels of involvement in care which may, or may not, be directly related to the actual provision of euthanasia (Pesut et al., 2020).

Euthanasia is banned in Turkey. Geographically located between Eastern Europe and Western Asia, Turkey has various characteristics. The majority of the population in Turkey is Muslim. And as a matter of religious belief, the end of life should only be by God. However, healthcare professionals providing care in the hospital often provide care to terminal patients and often have an ethical dilemma about relieving pain and suffering. Ethical dilemmas were also observed in this study. Although healthcare personnel may have dilemmas about euthanasia, they should be free from feelings about caring for a terminal patient.

Material and methods

This descriptive and cross-sectional study was conducted aiming to determine the attitudes and behaviors of healthcare professionals, working in a public hospital, toward euthanasia between June 2020 and August 2020.

Population and sample: The population of the study was composed of a total of 375 healthcare professionals (physician, nurse, midwife and health technicians) working in a public hospital located in a aiming province center in the Eastern Anatolia Region. In the study, sample calculation was not used, the entire population was tried to be reached and the data were collected from 373 people who voluntarily participated in the study (Response rate: 99.5%).

Tools of Data Collection: A “questionnaire” with 31 questions prepared by the researchers was used to collect the data, prepared upon literature review and consisting of 24

questions determining the views of healthcare professionals about euthanasia along with 7 personal information questions (Can et al., 2020; Beder et al., 2010; Erden, 2015; Hosseinzadeh & Rafiei, 2019; Freeman et al., 2020). The questions in this part are composed of "yes-no-undecided", multiple choice and open-ended questions. Quantitative research adheres to the rules of the positivist paradigm and focuses on using probabilistic sampling methods on large populations and samples. This research method is important to obtain controlled and objective information, and the collected data is expected to be valid and reliable (Garip, 2023). In this study, the observational model—one of the types of quantitative methods— and the cross-sectional method—one of the analytical approaches of this type were preferred. In observational studies, the researcher makes only observations without any intervention. In cross-sectional studies, the researcher analyses a certain point in time. These studies are particularly beneficial for analysing the point prevalence of a condition in a population (Aktürk et al., 2011)

Statisical analysis: For the tatistical analysis of the data the IBM Statistical Package for the Social Sciences-22 (SPSS-22) program was used and error controls and tables were made through the program. The descriptive data were expressed as number and percentages, chi square and logistic regression analysis tests were performed, and $p<0.05$ was accepted as statistical significance level.

Ethical Issues: Before the start of the research, written consent was obtained from the Bingol University's Scientific Research and Publication Ethics Committee (decision no: 2019/8, date: 12.02.2019). With the information text provided at the top of the research form according to the criteria of the Helsinki Declaration, the data were collected from "volunteer participants who reported not having any psychiatric illness diagnosed by a physician." All nurses gave their informed consent in line with the principle of volunteering

Results

In the study, the participants were grouped according to the age ranges. 58.2% of the participants were composed of those in the age range of 26-35. The rate of women was 64.6% and the rest ones were male. Table 1 shows sociodemographic characteristics.

Table 2 shows the approaches of the participants toward the individual in the terminal period. 50.9% of the participants stated that "I would like to provide care to the individuals in the terminal period". 19.6% of the participants stated that "Care and other interventions of the individual in the terminal period should be terminated".

Table 3 shows participants' approaches to euthanasia. When it was asked whether or not religious belief has a preventive effect on euthanasia, 78% of the participants said yes, 9.4% said no, and the rest (12.6%) said they had no idea. 20.1% of the participants witnessed the patient's request for euthanasia in their professional life. To the question of who should make the euthanasia decision, 54.4% of the participants answered as the patient, 26.4% as his/her family/relatives, 23.3% as the ethics committee, 5.4% as the physician, and 0.6% as the nurse. 89.5% of the participants stated that they do not want to be the person who decides on euthanasia. 45.8% of the participants stated that they would not approve the euthanasia decision to be made for them, and 86.6% sated that they would not approve the euthanasia decision to be made for their relatives. Regarding the reason behind why they would approve the decision about them, they responded that living is good despite everything (18.7%), it is not suitable for my beliefs (45.8%) and there is always hope (35.5%). They explained the reasons for not approving euthanasia decision about their relatives as not taking such responsibility (21.1%), not appropriate for their beliefs (31.2%), that the decision should belong to the person him/herself (22.9%), that there is always hope (18.7%), that technology and medicine are advancing (4.9%) and others (1.2%). The rate of those who reported the feeling of abstaining from meeting the relatives of an individual for whom they decided to have euthanasia was 38.1%. 2.1% of the participants stated that they encountered death cases every day, 11.8% responded as more than once a week, 18.5% said once every 15-30 days, 23.9% said once every 2-3 months, and 43.7% said once or several times a year. As seen in Table 4, the

variables of participants' profession and the place where they live the longest were found to be effective in approving and not approving euthanasia, each independently of each other in terms of impact coefficients ($p < 0.05$). At the one-unit increase level, being a health technician was found to be 0.064 times effective in disapproving euthanasia and spending most of life in a province was found to be 8.172 times effective in approving euthanasia ($p < 0.05$).

Table 1. Some socio-demographic characteristics of the participants (n = 373)

Characteristics		Number	%
Age range	26-65 years	217	58.2
	36 years and over	84	22.5
	18-25 years	72	19.3
Gender	Female	241	64.6
	Male	132	35.4
Marital status	Married	205	55.0
	Single	168	45.0
Education Level	College/University	294	78.8
	Postgraduate and higher	48	12.9
	High school	31	8.3
Profession	Nurse	251	67.3
	Physician	69	18.5
	Midwife	34	9.1
	Health technician	19	5.1
Duration of working in the profession	5 years and less	144	38.6
	Between 6-10 years	127	34.0
	Between 11-20 years	78	20.9
	More than 20 years	24	6.4
Place where they live the longest	Province	291	78.0
	District	66	17.7
	Village	16	4.3

Table 2. Participants' approaches to the individual in the terminal period (n = 373)

Characteristics		Number	%
Do you want to provide care to the individuals in the terminal period?	Yes	190	50.9
	No	183	49.1
Do individuals in terminal period have rights?	Yes	370	99.2
	No	3	0.8

Is psychological care of the individual in the terminal period as important as his/her physical care?	Yes	361	96.8
	No	12	3.2
Should the care and other interventions of the individual in the terminal period be terminated?	No	300	80.4
	Yes	73	19.6
Should the practices, that cause pain and suffering, be continued in the patients in the terminal period?	Yes	309	82.8
	No	64	17.2
What do they feel about the individual in the terminal period during care?	Care must be given	315	84.5
	No idea	32	8.6
	Care is unnecessary	26	7.0

Table 3. Participants' knowledge about and approaches to euthanasia (n = 373)

Characteristics		**n**	**%**
Is euthanasia applied in Turkey?	Yes	34	9.1
	No	339	90.9
Is there legislative regulation on euthanasia in Turkey?	Yes	144	38.6
	No	229	61.4
Should individuals have the right to euthanasia?	Yes	207	55.5
	No	166	44.5
Which is the appropriate form of euthanasia?	Termination of treatment	72	19.3
	Medication to accelerate death	123	33.0
	No idea	178	47.7
Would you like to decide on euthanasia?	Yes	39	10.5
	No	334	89.5
Would you approve the euthanasia decision for yourself?	I would approve	105	28.2
	I wouldn't approve	268	45.8
Would you approve the euthanasia decision for your loved one?	I would approve	50	13.4
	I wouldn't approve	323	86.6
Approval status for euthanasia	Yes	116	31.1
	No	257	68.9

Table 4. Factors affecting participants' approval for euthanasia (n = 373)

Variable		β	p	OR	95 %CI
Age range	18-25 years			1.00	
	26-65 years	0.154	0.657	1.166	0.591-2.301
	36 years and older	0.321	0.520	1.379	0.518-3.668
Gender	Female			1.00	
	Male	0.285	0.289	1.329	0.785-2.250
Marital status	Married			1.00	
	Single	-0.380	0.164	0.684	0.401-1.167
Education level	College/university			1.00	
	Postgraduate and higher	0.163	0.657	1.177	0.573-2.420
	education	0.204	0.637	1.226	0.526-2.859
	High school				
Occupation	Physician			1.00	
	Nurse	-0.425	0.178	0.654	0.353-1.213
	Midwife	-0.565	0.283	0.568	0.203-1.594
	Health technician	-2.744	**0.011**	0.064	0.008-0.530
Duration of working in the profession	5 years and less			1.00	
	Between 6-10 years	-0.231	0.455	0.794	0.433-1.456
	Between 11-20 years	-0.088	0.835	0.916	0.401-2.094
	More than 20 years	-0.465	0.495	0.628	0.166-2.385
Place where they live the longest	Village			1.00	
	District	1.752	0.106	5.765	0.691-48.093
	Province	2.101	**0.046**	8.172	1.041-64.131

Discussion

While passive euthanasia methods are mostly used in the world, active euthanasia or physician-assisted suicide is allowed in some European countries, especially in the Netherlands and Switzerland. In Turkey, there is no directive regulated by laws on this subject. Fundamental changes are essential for the acceptance of non-debatable issues such as euthanasia by the society and the law. However, the fact that the issue is not addressed at the legal level does not mean that no euthanasia is practiced in Turkey. Physicians may interrupt the treatment in cases such as coma and persistent vegetative state, where the patient is not likely to recover, albeit mostly on their own initiative (Kose et al., 2019).

Due to the limited number of studies in this field in Turkey, precise information could not be reached yet (Ozhan, 2019). In the light of this information, the aim of this study is to determine the attitudes and behaviors of healthcare professionals working in a state hospital towards euthanasia and to fill the gap in the literature on this subject.

Patients who are in the terminal period and are exposed to endless pain experience many physical and psychological difficulties. In addition to struggling with physical pain in the environment, the patients may have the worry about being a burden on their relatives, may face the fear that their life is going to end before they have a chance to fulfill their dreams, and they may have to cope with many other worries (Aslanli, 2020). It was found that 50.9% of the participants said that "I would like to provide care to the individuals in the terminal period". 19.6% of the participants said that " Care and other interventions of the individual in the terminal period should be terminated". In the literature review, according to the study by Ay, it was found that for the question about the patient group found to be suitable for euthanasia, 36% responded as “I do not think any patient is appropriate”, 34% responded as patients in the terminal period, and 8% stated that it can be applied to the patient groups with brain death (Ay, 2013). In the study by Beder, 51.2% of the nurses and 41.9% of the physicians said that they thought that euthanasia can be applied to “patients in the terminal period” (Beder et al., 2010). It was found that these studies had similar results.

When the participants’ approaches to euthanasia were examined, 78% of the participants said “yes”, 9.4% said “no” and the rest (12.6%) said that they had no idea to the question “does religious beliefs constitute a preventive effect on euthanasia?”. In Erden's study, it was determined that the rate of healthcare professionals who opposed euthanasia due to religious belief barriers was 73.2% (Erden, 2015). Similarly, in a study conducted by Hosseinzadeh and Rafiei on university students receiving nursing education, they revealed that the religious element was an important factor for accepting or rejecting euthanasia (Rafiei, 2019). However, it is difficult to suggest that religious beliefs are a determining factor for euthanasia in all studies. In fact, in the study by Freeman, it was revealed that nurses who tend to practice euthanasia in palliative care were not affected by any sociodemographic variable, especially religious beliefs (Freeman et al., 2020).

20.1% of the participants witnessed the euthanasia request of their patients in their professional life. This rate was found as 25.8% in the study conducted by Cinar et al., in Denizli; 34.9% in the study conducted by Tepehan, in Istanbul, and 18% in the study conducted by Kranidiotis et al., in Greece (Cinar et al., 2012; Tepehan,2006; Kranidiotis et al., 2015). 89.5% of the healthcare professionals participating in the present study stated that they did not want to be the person giving decision for euthanasia. In the study by Il and Isikhan, 90.4% of the healthcare professionals stated that they did not want to be the person who practice euthanasia (Il & Isikhan, 2004). In the study by Sozen et al., 72% of the participants argued that they had rights over their own lives (Sozen et al., 1994). In the study by Ozkara et al., 64.7% of the participants stated that people have the right to decide one their own lives (Ozkara et al., 2001). In their study, Gunduz et al., determined that 65.8% of the participants stated to have the right to freely decide on their own lives (Gunduz et al., 1996).

To the question “who should make the euthanasia decision?”, 54.4% of the

participants responded as "the patient", 26.4% as "the patient's family/relatives", 23.3% as "ethics committee", 5.4% as "physician", and 0.6% as "nurse". In the study conducted by Tepehan in 2006 in Istanbul, 62.4% of the nurses working in the intensive care unit stated that this decision should be given by the physician and first-degree relatives of the patient (Tepehan,2006). It was found that 45.8% of the participants stated that they would not approve the euthanasia decision for them and 86.6% of them stated that they would not approve the euthanasia decision given for their relatives. It was found in the study by Sozen et al., that 63% of the participants reported their opinions that the decision should be given by families for those who were unable to make their own decision (Sozen et al., 1994). In the study conducted on nurses and physicians, euthanasia would be requested by 31.5% of nurses for themselves, by 13.0% of the nurses for their relatives, by 43.5% of the physicians for themselves and 25.0% of the physicians for their relatives (Beder et al., 2010). In the study by Karaarslan et al., 25.0% of the nurses working in Dicle and Gaziantep University Medical Faculty Hospitals stated that they would want euthanasia for their first-degree relatives and 28.9% were indecisive (Karaarslan et al., 2014). According to these results, high indecision rate may suggest that intensive care nurses had an ethical dilemma regarding euthanasia.

Finally, in the present study, it was found that variables of the participants' profession and the place where they live the longest were effective in approving or disapproving the euthanasia each independently of each other. In one-unit increase level, being a health technician was found to be 0.064 times effective in disapproving euthanasia and spending most of life in a province was found to be 8.172 times effective in approving euthanasia.

Conclusion: In the study conducted to determine the attitude and behavior of healthcare professionals working in a public hospital located in the Eastern Anatolia Region toward euthanasia, it was determined that most of the healthcare professionals would not want euthanasia for themselves and their relatives, and it was also observed that they did not want to take part in the team practicing euthanasia. In addition, it was observed that the religious beliefs of healthcare professionals affected their thoughts about euthanasia. In line with the obtained results, subjects related to death, care of the patients in the terminal period and euthanasia should be included in curricula during the education in order for healthcare professionals to act professionally against the euthanasia demand that may be encountered at any time during their professional life.

Instead of generalizing the euthanasia issue, which is an important medical ethical problem that has not been agreed on both in Turkey and around the world and has always been a subject of discussion, it can be recommended to establish an ethics committee consisting of experts from all fields (medicine, law, religion, sociology, philosophy, psychology, human rights, etc.) who can decide and/or provide recommendations on whether or not euthanasia can be applied in some individual diseases and in some cases.

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