



## ATTITUDE OF DOCTORS TOWARDS EUTHANASIA

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## ABSTRACT

**Background-** Those who are pro euthanasia believe that such act eliminates the patient's pain and suffering. Right to die allows the person to die with dignity. But euthanasia may involve taking a human's life. The present study evaluates the attitude of doctors involved in care of critically ill patients towards euthanasia. **Material & methods-** A survey on Euthanasia was conducted amongst 100 doctors involved in the treatment of critically ill patients of various ailments at ICARE institute of Medical Sciences & Research Centre & B.C.Roy Hospital, Haldia, West Bengal, India, to find out their attitude towards euthanasia. **Results-** In present study, majority i.e., 64 (64%) subjects were between 31-40 years, 24 (24%) subjects were between 41-50 years, 10 (10%) subjects were between 51-60 years while 2 (2%) subjects were more than 60 years. 56(28%) subjects were females while 44 (44%) subjects were males. 4 (4%) were Neurophysician, 5 (5%) were Neurosurgeon, 32 (32%) were Critical care consultant, 19 (19%) were Anesthetist, 34 (34%) were, 6 (6%) were Surgeon. 89 (89%) (81.2-94.4%, 95%CI) subjects were anti-euthanasia. In majority of circumstances, 89 (89%) subjects said they will not give euthanasia while 11 (11%) (5.6-18.8%, 95%CI) subjects said they will give euthanasia. **Conclusion-** Though the Supreme Court judgement has provided a major boost, it is a long way to go before it becomes a law. Also, its misuse remains a major issue.

**KEYWORDS :** Euthanasia, physician-assisted suicide, palliative care, die with dignity

## INTRODUCTION

The English philosopher, Sir Francis Bacon coined the term "euthanasia" in the 17<sup>th</sup> century. Euthanasia is the term derived from the Greek word eu, meaning "good." Thanatos meaning "death." The word signifies a "good" or "easy" death.<sup>1</sup>

Euthanasia is defined as a deliberate act by one person with the intention of ending life of another person. It is to relieve that person's suffering. Some had defined it as mercy killing. Euthanasia may be voluntary, non-voluntary or involuntary. When terminally ill patient consents to end his or her life, it is called voluntary euthanasia. Non voluntary euthanasia occurs when the suffering patients are minor, in a comatose stage or have mental problems. Involuntary euthanasia is when it is against the will of the patient.<sup>2</sup>

Euthanasia can be passive or active. Passive euthanasia means life-sustaining treatments are withheld. Active euthanasia is when a physician gives drugs that ends a patient's life.<sup>2</sup>

Euthanasia is defined as the administration of a lethal agent by a person to a patient. It is to relieve the patient's intolerable and incurable suffering.<sup>3</sup>

Physician-assisted suicide (PAS) involves a physician providing medications or advice to enable the patient to end his or her own life.<sup>4</sup>

Opposition to legalization of PAS and/or euthanasia is because the medical profession is guided by a desire to heal and extend life.<sup>4</sup>

Issues in the palliative care and quality of life in patients with terminal illness like advanced cancer and AIDS are important. Efforts are also focused on mental health related issues. The most compelling is the desire for death. It means physician-assisted suicide (PAS).<sup>4</sup>

Guidelines for PAS include-

- (1) a voluntarily request for assistance in dying by the patient,
- (2) evidence of a terminal illness
- (3) documentation by the primary physician of the reason for the request. It also includes efforts made to optimize the patient's care.<sup>4</sup>

Specifically, the issues to be taken care of are pain, depression, social support, and cognitive dysfunction.<sup>4</sup>

Legalization of PAS is still not in India.<sup>4</sup>

Psychiatric assessment is mandatory in some places before a patient is granted the permission to undergo PAS.<sup>5</sup>

Medical Council of India, ethics committee in February 2008 opined that practicing euthanasia shall constitute unethical conduct. However, on specific occasions, decision of withdrawing supporting devices to sustain cardio-pulmonary function even after brain death shall be taken only by a team of doctors. It should not be taken merely by the treating physician alone. Such team consists of the doctor in-charge of the patient, Chief Medical Officer or Medical Officer in-charge of the hospital, and a doctor nominated by the in-charge of the hospital or in accordance with the provisions of the Transplantation of Human Organ Act, 1994.<sup>6</sup>

On 7 March 2011, the Supreme Court, in a landmark judgment, allowed passive euthanasia. Refusing mercy killing of Aruna Shanbaug, lying in a vegetative state for 37 years, a two-judge bench said that passive euthanasia can be legalized through high-court. Parents, spouses, or close relatives of the patient can make such a plea to the high court. The chief justices of the high courts would constitute a committee of at least three renowned doctors to advise on the matter.<sup>7</sup>

There are three issues in legalizing PAS

- (1) such legalization would have a negative effect on the practice of palliative care and on the physician-patient

relationship;

(2) legalization of voluntary euthanasia will follow the legalization of PAS

(3) involuntary euthanasia inevitably follows the legalization of voluntary euthanasia. This has occurred in the Netherlands over the past 12 years.<sup>8</sup>

Physician assisted suicide is often misinterpreted as euthanasia. Debate continues among the medical practitioners, law makers and the public taking into consideration the cultural, social and religious ethos. International Human Rights Law can provide a consensual basis for this.<sup>9</sup>

Passive euthanasia is generally accepted worldwide though active involuntary euthanasia is illegal in almost all countries. Practicing active voluntary euthanasia is illegal & criminal homicide in most of the countries. It will cause punishment up to imprisonment for 14 years. Active involuntary euthanasia is legal in countries such as Netherlands, Belgium, and Luxembourg. Assisted suicide is legal in Switzerland and the United States of Oregon, Washington, and Montana.<sup>10</sup>

### AIMS & OBJECTIVES

- To evaluate the attitude of doctors treating terminally ill patients about euthanasia

### MATERIAL & METHOS

A cross-sectional survey on Euthanasia was conducted among 100 doctors involved in the treatment of critically ill patients across the country through google link from August to October 2021 at ICARE institute of Medical Sciences & Research Centre & B.C.Roy Hospital, Haldia, West Bengal, India to find out their attitude towards euthanasia.

### Inclusion criteria

Doctors involved in the treatment of critically ill patients  
Doctors willing to participate in the study

### Exclusion criteria

Doctors not involved in the treatment of critically ill patients  
Doctors not willing to participate in the study

### The Survey Questionnaire

The Survey Questionnaire was sent through google link to the Consultants of various specialties, including Surgery, Medicine, Anesthesia, Neurology, Cardiology, ICU.

**Table 1- The Survey Questionnaire**

Do you consider yourself to be pro or anti-euthanasia?
Are you aware of the Indian Laws on euthanasia?
Have you ever euthanized a patient?
Your patient has an incurable and painful illness like cancer and is bound to die. If he begs you to end his life, would you?
Your patient has an incurable illness and is too ill to make a decision e.g., in coma on life support, with no hope of regaining consciousness, the patient's relatives plead with you to remove life support. Would you?
With the same scenario, if the relatives are indifferent, would you try to convince them of the futility of prolonging the patient's life?
The patient is not in pain or in danger of death but becomes completely and permanently dependent on his relatives. If he begs you to end his life, would you?
Instead of doing it yourself, would you give instructions to the patient/relatives on how to assist in the death of the patient (information about lethal drugs, overdose sleeping pills, how to die painlessly, etc.?)

### Results

**Table 2- Age distribution of study subjects n= 100**

Age distribution in years	No. of subjects n= 100	Percentage
<30	Nil	0%
31-40	64	64%
41-50	24	24%
51-60	10	10%
>60	2	2%

In present study, 0 (0%) subjects were below 30 years, 64 (64%) subjects were between 31-40 years, 24 (24%) subjects were between 41-50 years, 10 (10%) subjects were between 51-60 years while 2 (2%) subjects were more than 60 years. (Table 2)

**Table3- Sex distribution n=100**

Sex distribution	No. of subjects n=100	Percentage
Male	56	56%
Female	44	44%

In present study, 56 (56%) subjects were male while 44 (44%) subjects were female. (Table 3)

**Table 4- Faculty of study subjects n= 100**

Faculty	No. of subjects n=100	Percentage
Neurophysician	4	4%
Neurosurgeon	5	5%
Critical care consultant	32	32%
Anesthetist	19	19%
Physician	34	34%
Surgeon	6	6%

In present study, 4 (4%) were Neurophysician, 5 (5%) were Neurosurgeon, 32 (32%) were Critical care consultant, 19 (19%) were Anesthetist, 34 (34%) were, 6 (6%) were Surgeon. (Table 4)

**Table 5- Attitude of faculty towards euthanasia n= 100**

Attitude of faculty	No. of subjects n= 100	Percentage (95%CI)
Pro-euthanasia	11	11% (5.6-18.8%)
Anti-euthanasia	89	89% (81.2-94.4%)

In present study, 11 (11%) (5.6-18.8%, 95%CI) subjects were pro euthanasia while 89 (89%) (81.2-94.4%, 95%CI) subjects were anti-euthanasia. (Table 5)

**Table 6- Opinion of faculties**

Opinion of faculties	Yes (95%CI)	No (95%CI)
Your patient has an incurable and painful illness like cancer and is bound to die. If he begs you to end his life, would you?	11 (11%) (5.6-18.8%)	89 (89%)
Your patient has an incurable illness and is too ill to make a decision e.g., in coma on life support, with no hope of regaining consciousness, the patient's relatives plead with you to remove life support. Would you?	11 (11%) (5.6-18.8%)	89 (89%)
The patient is not in pain or in danger of death but becomes completely and permanently dependent on his relatives. If he begs you to end his life, would you?	8 (8%) (3.5-15.2%)	92 (92%)
Instead of doing it yourself, would you give instructions to the patient/relatives on how to assist in the death of the patient (information about lethal drugs, overdose sleeping pills, how to die painlessly, etc.?)	11 (11%) (5.6-18.8%)	89 (89%)

In present study, in majority of circumstances, 89 (89%) subjects were of opinion that they will not give euthanasia while 11 (11%) (5.6-18.8%, 95%CI) subjects were of opinion that they will give euthanasia. (Table 6)-

## DISCUSSION

In present study, 64 (64%) subjects were between 31-40 years, 24 (24%) subjects were between 41-50 years. (Table 2)

Abohaimad et al found that out of 464 total number of physicians enrolled in their study, mean age was  $36.3 \pm 9.85$  years & 50.8% were below 30 years of age. 43.9% were in 31-39 years age group & 16.3% were > 40 years of age.<sup>11</sup>

In present study, 56 (28%) subjects were females while 44 (44%) subjects were males. (Table 3)

Abohaimad et al found that out of 464 total number of physicians enrolled in their study, 74.2% were male & 25.8% were females.<sup>11</sup>

In present study, 4 (4%) were Neurophysician, 5 (5%) were Neurosurgeon, 32 (32%) were Critical care consultant, 19 (19%) were Anesthetist, 34 (34%) were, 6 (6%) were Surgeon. (Table 4)

Abohaimad et al found that out of 464 total number of physicians enrolled in their study, 48.4% were in Medicine department, 28.3% were from Surgery department, 8.9% were in Oncology department while 14.5 were intensivists.<sup>11</sup>

In present study, 89 (89%) (81.2-94.4%, 95%CI) subjects were anti-euthanasia. (Table 5)

In a Survey of medical practitioners on right to die, 90% stated they were concerned. 78% said that patients should have the right to choose in case of terminal illness. 74% believed that artificial life supports should not be extended when death is imminent. Only 65% said that they would withdraw life supports.<sup>12</sup>

Cohen JS et al found that 48% of the respondents agreed that euthanasia is never ethically justified. 42 % disagreed. 54% thought euthanasia should be legal in some situations. 33% said that they would be willing to perform euthanasia. 39% of respondents agreed that physician-assisted suicide is never ethically justified. 50%.<sup>13</sup>

In present study, in majority of circumstances, 89 (89%) subjects were of opinion that they will not give euthanasia. (Table 6)

Bachman JG et al found that 40% preferred legalization, 37% preferred "no law", 17% favored prohibition, and 5% were uncertain. If physician-assisted suicide were legal, 35% of physicians said they might participate if requested. 22% would participate in either assisted suicide or voluntary euthanasia. 13% would participate only in assisted suicide.<sup>14</sup>

Ganzini L et al found that 56% said they would consider assisted suicide. 44 of the 56 agreed that if physician-assisted suicide were legal, they would request a lethal prescription from a physician.<sup>15</sup>

Stolz E et al found that, in U.S., less than 20% of physicians report having received requests for euthanasia or physician-assisted suicide, and 5% or less have complied. In Oregon and Washington state, less than 1% of licensed physicians write prescriptions for physician-assisted suicide per year. In the Netherlands and Belgium, half of physicians ever have received a request. 60% of Dutch physicians have ever granted such requests. 0.3-4.6% of all deaths are reported as euthanasia or physician-assisted suicide where they are

legal. Patients are older, white, and well-educated. Pain is not reported as the primary motivation. A large portion of patients receiving physician-assisted suicide in Oregon, Washington & Belgium reported in hospice or palliative care.<sup>16</sup>

## CONCLUSION

With medical science in progress, we can prolong life by artificial means. This may prolong terminal suffering and may be very costly proposition. Hence, end-of-life issues are becoming major ethical considerations. In India, the landmark Supreme Court judgment has provided a major boost to pro-euthanasia activists. Still, it is a long way to go before it becomes a law. Also, its misuse remains a major issue.

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