



Attitude Towards Euthanasia Among Professionals and Special Concern Groups

KEYWORDS

V.LAZAR

Asst. Professor, Dept. of Psychology,
Y.V.U, KADAPA

K. LALITHA

Academic Consultant, Dept. of
Psychology, Y.V.U, KADAPA

B.RAVINDRA

Asst. Professor, Dept. of Psychology,
Y.V.U, KADAPA

ABSTRACT Health is a major concern for all. When individual suffers from severe illness or disease, it affects quality of life of an individual. When one suffers from chronic diseases like Cancer, HIV, Dementia etc., and with severe disability, the desire to die leads to the concept of Euthanasia which is known as Mercy killing. In the present study an attitudes towards euthanasia was collected from professionals like Doctors (N=30) Lawyers (N=30) and Nurse(N=30) and special concern groups like Aged (N=90); HIV Patients(N=60) and Terminally ill(N=100) by using an adapted version of Euthanasia Attitude Scale(EAS) by Holloway et. al.,(1995). The data was collected by using purposive sampling technique and by prior consent of the subject. Result shows that there are significant differences in attitude towards euthanasia by professionals and special concern groups.

INTRODUCTION:

At some point in our life all of us depart from this world, but do we have to suffer until that day come? Unfortunately a vast majority of our society believes that it's wrong to consider euthanasia as an option. Euthanasia should be considered a pro-choice decision as long as physicians have guidelines that they must follow. It may not be right for everyone, based on their religious beliefs, cultural background or their upbringing.

The word euthanasia originated from Greek - Eu means "good" and Thanasia means "death". The term euthanasia usually implies, nevertheless the person who wishes to end their lives due to great agony must initiate the act. Euthanasia means gentle and easy death especially in case of incurable and painful disease. The act of killing a person painlessly for reasons of mercy. However, many people define euthanasia to include both voluntary and involuntary termination of life.

Types of Euthanasia:

Voluntary Euthanasia: a quick and peaceful death brought about at the express wish of that person. Involuntary Euthanasia: the term considered to be murder, or the fact the patients is unable to give a written or verbal consent (Encarta). Passive voluntary Euthanasia: the death of the patient by withdrawing all means medical support which allows the body naturally die on its own. It may sometimes be confused with voluntary euthanasia for the reason that it is usually expressed some type of living will. Active Euthanasia: also know as physician assisted suicide involves painlessly putting individuals to death by administration of medication designed to bring about quick and peaceful death at the request of a patient.

Research on the concept of euthanasia indicates that the studies are taking place in different directions - 1) the role of physicians and nurses are playing during euthanasia programs (Bregje et al., 2000; Helga & Peter, 1993). Inghelbrecht, et al., 2008); 2) role of religious practices in accepting the euthanasia; 3) the attitude towards euthanasia by professionals and public (Carmel, 1998; O'Neill et al., 2003); and 4) the nature of illness and patient opinion with regard to euthanasia (Jaklin & Olver, 2008).

In one direction, religious beliefs play a major role in supporting the concept of euthanasia. Among 63 Oncology Professionals, protests tend to support euthanasia more than Catholics (Grassi et al., 1999; James & Caddell, 1993). Even in young adults in the 17-18 yrs. of age group suffering

from chronic disease or handicap, 43% supported enforced treatment if it is inevitable (Brook, 1999). Research on the concept of Euthanasia and particularly the role played by physician and nurse is a controversial one. American Public opinion toward physician's role in performing euthanasia and found that in active euthanasia preferring to have the physician (Caddell & Rae, 1995). The ethical guidelines of the Norwegian Medical Association strongly condemn physician participation in euthanasia and assisted suicide (Reidun et al., 1997).

Several factors including improvements in medical technology, population ageing and changing perceptions about quality of life serve to make a re-examination of attitudes to this issue appropriate at this time. The type of euthanasia to be selected again depends on health conditions also. The Ohio study reveals that more active assistance is favoured over less active assistance and the voluntary euthanasia for victims of Alzheimer's disease (Macdonald, 1998) sometimes passive euthanasia was acceptable was acceptable in cases of severe dementia (Ryynanem et al., 2002). It is a fact that nurses have an important role in caring for terminally ill patients. They are also often involved in euthanasia. In a Belgium study (Inghelbrecht, 2009) revealed that ninety two percent accepted euthanasia for terminally ill patients with extreme uncontrollable pain or other distress (Inghelbrecht, 2009) and religious nurses were less accepting of euthanasia than non-religious nurses. Generally, Health Professional state that Euthanasia has the meaning of the direct administration of a lethal agent to the patient by another party with a merciful intent after patients' request. Physician assisted suicide refers to the patient intentionally and willfully ending his or her own life with the assistance of a physician. Particularly in the cases of heart and respiratory arrest there would not be an effort to revive a terminally ill cancer patient, which leads to request for euthanasia (Parpa, 2010).

As there is a paucity of studies on the above, the present study was planned with the following objectives:

- To assess an attitudes toward euthanasia among professionals like the doctors, the nurses and the lawyers.
- To assess an attitudes toward euthanasia among the Special concern groups like the aged and the terminally ill and the HIV patients.

Methodology:

Sample: The sample of the present study consists two groups like professional and special concern groups. The Professional group includes Doctors (N=30); Nurses (N=30)

and Lawyers (N=30) and Special concern group includes the aged (above 75 years) (N=90); the terminally ill (N=100) and the HIV patients (N=100) from Rayalaseema region of Andhra Pradesh.

Method: The data was collected by using purposive sampling technique. The subjects were personally contacted and by taking prior consent of the subject. The selected tool was administered to collect data on an attitude towards Euthanasia.

Materials: To assess attitudes towards euthanasia an adapted version of Holloway et al.,(1995) was used. It covers five factors like General orientation towards euthanasia, Right to die issues, Role of life sustaining technology, Professional's role, and Ethics and values. The EAS is a 30-item Likert-scale questionnaire, which measures attitudes towards euthanasia. The scale uses both positively (16 items) and negatively (14 items) worded statements to control the effect of acquiescence. The scale also has four response categories, namely "definitely agree", "agree", "disagree" and "definitely disagree". The EAS questions deal with a variety of issues surrounding both active and passive euthanasia, such as the status of brain dead persons, life extending technology, ethics and legal issues.

Results and Discussion:

The responses of the subjects were analyzed and presented as follows:- Attitudes towards euthanasia by Professional subjects were reported in Table 1. From the Table-1, it is clear that the means as reported by the Doctors (M=63.16), the Nurses (M=65.06) and the Lawyers (M=66.1) indicate that the lawyers reported more positive attitude towards Euthanasia compared to the Doctors and the Nurses. The t-values indicate that the attitude score between the Doctors and the Lawyers is significant (t=2.70) compared to other sub-groups (1.25 and 0.70 respectively).

Table. 1: Means, SDs and t-values of attitudes towards euthanasia as reported by professionals

Sl. No.	Sub Groups	N	Mean	SD	t- values
a.	Doctors	30	63.16	4.46	1.25@ (a-b)
b.	Nurses	30	65.06	7.12	0.70@ (b-c)
c.	Lawyers	30	66.1	3.96	2.70** (a-c)
@ Not significant; ** Significant at 0.01 level					

Table. 2 shows the Means, S.Ds and t-values as reported by Special concern groups. The mean scores are as follows- the HIV patients (M=53.36); the Aged (M=63.38) and the Terminally ill (M=53.91) respectively. The means show that the aged subjects reported more positive attitudes compared to HIV patients and terminally ill. It may be due to the perception of aged towards death i.e. as they are psychologically ready to accept the death which is inevitable one. There is significant difference between the aged and the terminally ill related to the attitude towards euthanasia and the HIV patients and the terminally ill subjects.

Table. 2: Means, SD's and t-values of attitudes towards euthanasia as reported by Special concern groups.

Sl.No.	Sub Groups	N	Mean	SD	t-values
a.	HIV patients	60	64.77	5.59	1.37@ (a-b)
b.	Aged (<75 yrs.)	90	63.38	7.80	9.44** (b-c)
c.	Terminally ill	100	53.91	9.90	7.39** (c-a)
@ Not significant; ** Significant at 0.01 level					

Conclusions:

- Attitudes towards euthanasia scores indicate that among the professional groups, the Lawyers and the Nurses have significantly have positive attitude towards euthanasia than Doctors.
- Attitudes towards euthanasia scores among the special concern group, the HIV patients and the Aged reported positive attitude toward euthanasia than the terminally ill.

Implications:

Practice of euthanasia i.e. mercy killing is a controversial issue particularly country like india where majority of the people despite religious practices believe that the KARMA theory, plays a major role. It may appear to be a positive step to save the terminally ill from their unbearable pain and unfruitful expenditure on medical support by resorting to mercy killing either active or passive. However, the terminally ill at the present scenario do not show significant favorable attitudes towards euthanasia. It indicates their desire to live long life.

REFERENCE

• Brook, Uzi. (1999). The attitude of young adults with chronic disease or handicaps towards enforced treatment and euthanasia. *Patient Education and Counseling*, 38(1), 43-48. | | • Bregje D Onwuteaka-Philipsen., Gerrit van der Wal., Piet J Kostense., & Paul J van der Maas. (2000). Consultation with another physician on euthanasia and assisted suicide in the Netherlands. *Social Science & Medicine*, 51(3), 429-438 | | • Caddell, David P., & Rae R.(1995). Newton, Euthanasia: American attitudes toward the physician's role. *Social Science & Medicine*, 40(12), 1671- | 1681. | | • Carmel, Sara. (1998). Medical students' attitudes regarding the use of life-sustaining treatments for themselves and for elderly persons. *Social Science & Medicine*, 46(4-5), 467-474. | | | | • Grassi, Luigi., Magnani, Katia., & Ercolani, Mauro. (1999). Attitudes toward Euthanasia and Physician-Assisted Suicide Among Italian Primary Care Physicians. *Journal of Pain and Symptom Management*, 17(3), 188-196. | | • Helga Kuhse, & Peter Singer. (1993). Voluntary euthanasia and the nurse: an Australian survey. *International Journal of Nursing Studies*, 30(4), 311-322. | | • Inghelbrecht, Els., Bilsen, Johan., Mortier, Freddy., & Deliens, Luc. (2008). Factors related to the involvement of nurses in medical end-of-life decisions in Belgium: A death certificate study. *International Journal of Nursing Studies*, 45(7), 1022-1031. | | • Inghelbrecht, Els., Bilsen, Johan, Mortier., & Freddy, Deliens, Luc. (2009). Attitudes of nurses towards euthanasia and towards their role in euthanasia: A nationwide study in Flanders, Belgium. *International Journal of Nursing Studies*.46 (9), 1209-1218. | | • Jaklin A. Elliott, & Ian N. Olver . (2008). Dying cancer patients talk about euthanasia. *Social Science & Medicine*, 67(4), 647-656. | | • James G. Anderson., & David P. Caddell. (1993). Attitudes of medical professionals toward euthanasia. *Social Science & amp; Medicine*, 37(1), July 105-114. | | • Maaikje A Hermsen, & Henk A.M.J ten Have.(2002). Euthanasia in Palliative Care Journals, *Journal of Pain and Symptom Management*, Volume 23, Issue 6, June 2002, Pages 517-525, ISSN 0885-3924, 10.1016/S0885-3924(02)00401-3. | | • Macdonald, W.L..(1998). Situational factors and attitudes toward voluntary euthanasia. *Social Science & amp; Medicine*, 46(1), 73-81. | | • O'Neill, C. D. Feenan, C. Hughes, D.A. & McAlistar.(2003). Physician and family assisted suicide: results from a study of public attitudes in Britain. *Social Science & amp; Medicine*, 57(4), 721-731. | | | | • Parpa, Efi., Mystakidou, Kyriaki., Tsilika, Eleni., Sakkas, Pavlos., Patraki, Elisabeth., Pisteovou-Gombaki, Kyriaki., Govina, Ourania., Panagiotou, Irene., Galanos, Antonis., & Gouliamos, Athanasios. (2010). Attitudes of health care professionals, relatives of advanced cancer patients and public towards euthanasia and physician assisted suicide. *Health Policy*, 97(2-3), 160-165. | | • Reidun Førde., Olaf Gjerløw Aasland., & Erik Falkum. (1997). The ethics of euthanasia-Attitudes and practice among Norwegian physicians. *Social Science & amp; Medicine*, 45(6), 887-892. | | • Ryyänen, O-P., Myllykangas, M., Viren, M., & Heino, H. (2002). Attitudes towards euthanasia among physicians, nurses and the general public in Finland. *Public Health*, 116(6), 322-331. | | • Smets, Tinne., Cohen, Joachim., Bilsen, Johan., Wesemael, Yanna Van., Mette L. Rurup., & Luc Deliens. (2011). Attitudes and Experiences of Belgian Physicians Regarding Euthanasia Practice and the Euthanasia Law. *Journal of Pain and Symptom Management*, 41(3), 580-593. | | • Teisseyre, Nathalie., Mullet, Etienne., & Sorum, Paul Clay. (2005). Under what conditions is euthanasia acceptable to lay people and health professionals?. *Social Science & amp; Medicine*, 60(2), 357-368. | | | | | |