



ATTITUDE AND AWARENESS TOWARDS VOLUNTARY EUTHANASIA AMONG MEDICAL OFFICERS IN COIMBATORE MEDICAL COLLEGE, TAMILNADU

Medicine

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ABSTRACT

BACKGROUND: Since the inception of living organisms in the earth, death is inevitable. Human beings always feared about death. Science always plays an important role in minimising the pain and fear of death. The medical science and the government, at various stages address the issue and try to bring a consensus about the painless death. In this study, we try to unravel the attitude and the awareness towards voluntary euthanasia among medical officers working in Coimbatore medical college and Hospital.

AIM: To assess the awareness of euthanasia among medical officers and to get a consensus in voluntary euthanasia at Institutional level.

METHODOLOGY: This is a cross sectional study conducted over a period of one month (JULY 2017) Involving medical officers working in Coimbatore Medical College and Hospital. Preformed questionnaires about euthanasia have been given to the Medical officers after getting consent to participate in the study. Filled up replies have been obtained and statistically analysed.

RESULTS: A total of 150 medical officers participated in the study. About 84.7% (127) of medical officers said euthanasia is not morally acceptable. About 68.7% (103) medical officers told euthanasia should not be legalised due to the fear of misuse. About 20% (30) medical officers said euthanasia is not acceptable because no one has the right to take one's life. About 31.3% (47) medical officers said their religious views prevent them from accepting euthanasia.

CONCLUSION: In our study we found out that the medical officers were aware of euthanasia and the study shows there is an overwhelming "NO" to voluntary euthanasia.

KEYWORDS

INTRODUCTION

Right to life is one of the basic and fundamental right without which all rights cannot be enjoyed. The question arises that if a person has a right to live, whether he has a right not to live i.e. whether he has a right to die?. Patients suffering from terminal illness are often faced with great deal of pain as the diseases worsens until it kills them and this may be so frightening for them that they would rather end their life than suffering it. So the question is whether people should be given assistance in killing themselves or they should be left to suffer the pain caused by terminal illness.

The word "euthanasia" is derived from Greek - "eu" meaning goodly or well and "thanatos" meaning, death. "euthanasia" = the good death. The topic of "Euthanasia" sparks debates worldwide. Euthanasia is the deliberated and intentional killing of a human being by direct action, such as lethal injection, or by withdrawing life support system in order to release that human being from painful life. The basic intention behind euthanasia is to ensure a less painful death to a person who is in any case going to die after a long period of suffering. Euthanasia, thus, is the most debated subjects in the world because some people are of the view that life is sacred and no one has got the right to end it whereas on the other hand some say that life belongs to oneself and so each person has got the right to decide what he wants to do with it even if it amounts to dying.

Some of the countries like Netherlands, Luxemburg, Belgium have legalised euthanasia.

In India, The Supreme Court gave a landmark verdict about recognising passive Euthanasia in Aruna Shanbaug case by which it had permitted withdrawal of life-sustaining treatment from patients not in a position to make an informed decision. Since then there has been a huge debate about the laws regulating euthanasia in India.

Euthanasia is a complex matter. There are many different types of Euthanasia. Euthanasia can be classified according to consent into three types.

1. Voluntary euthanasia - when the person who is killed has requested to be killed.
2. Non-voluntary euthanasia - It is done when the person is unable to communicate his wishes, being in coma.
3. Involuntary euthanasia - when the person who is killed made a wish to the contrary, in other words, when the person killed gives his consent not to die.

Euthanasia can also be divided into two types according to means of death.

1. Active Euthanasia - refers to intentional death by direct intervention. For example by giving lethal dose of drug or injection.

2. Passive Euthanasia - refers to death by not providing essential, necessary care or food or water. It implies to discontinuing, withdrawing or removing artificial life support system.

This present study aims at bringing out the attitudinal differences about Euthanasia among the Medical officers of Coimbatore Medical College. It is these groups which actually have the potential to resolve the clinical dilemma posed by the dying patients. Such a study would establish a benchmark for future studies in this important but hitherto unresearched area of medical practice and its ethical and legal implications.

AIMS AND OBJECTIVES

- To assess the attitude and awareness about Euthanasia among the Medical officers at Coimbatore Medical College.
- To know about the opinion regarding legalisation of Euthanasia.
- To associate the attitudes with the selected demographical variables.

MATERIALS AND METHODS

This is a cross sectional study conducted over a period of one month during July of 2017 among the Medical officers working in Coimbatore Medical College and Hospital.

SAMPLE SIZE

150

INCLUSION CRITERIA

All consenting Medical officers working in Coimbatore Medical College.

EXCLUSION CRITERIA

Undergraduate and Post graduate students

The survey was taken on the Medical officers working in Coimbatore Medical college and Hospital using a questionnaire containing prefixed questions along with some demographic details. The medical

officers were asked to fill the questionnaire after getting their consent to participate in the study. A compilation of all the data was made at the end of the study and the views and attitude of medical officers towards Euthanasia was assessed statistically.

RESULTS

A total of 150 medical officers participated in the study. Preformed questionnaire regarding voluntary euthanasia was given to the medical officers and the results were analysed. Among 150 medical officers, 83 (55.3%) were male and 67 (44.7%) were female. About 30 medical officers (20%) were of age group less than 35 years. About 104 medical officers (69.3%) were between 35 to 45 years of age. About 16 (10.7%) were above 45 years. So most of the medical officers who participated in the study were of middle age group. About 138 officers (92%) were married and 12 officers (8%) were unmarried. About 126 medical officers (84%) told euthanasia is not morally acceptable. Only 24 (16%) told euthanasia is morally acceptable. About 103 medical officers (73%) told euthanasia is not acceptable due to fear of misuse. And 30 officers (22%) were against euthanasia because no one has the right to take one's life.

About 45 medical officers (30%) told that they have received requests from patients or family members for euthanasia. The reasons cited by them for euthanasia were :- to decrease the suffering and pain (22.7%); fear of burden to others (6%). About 47 officers (31.3%) told their religious views prevent them from assisting euthanasia and 103 (68.7%) told their religious views did not affect them. About 57 medical officers (38%) told they would consider euthanasia if they themselves suffered terminal illness and 93 (62%) told they would not consider euthanasia if they had suffered terminal illness. When asked about which patients can undergo euthanasia; 41 medical officers (27.3%) suggested patients with terminal stages of cancer; about 56 (37.3%) suggested patients with head injuries with persistent vegetative state. About 72 officers (48%) told they were aware of the countries which have legalised euthanasia; 78 (52%) told they were unaware. When asked about the suitable place for the patients to be taken care of, if euthanasia is not performed; 52 officers (34.7%) suggested hospital; 72 officers (48%) suggested family; 16 officers (10.7%) suggested old age home.

When asked about who has the right to make the final decision about euthanasia ; 48 medical officers (32%) told patient has the right; 74 officers (49.3%) told patient's family has the right and 10 officers (6.7%) told the treating doctor has the right. When asked an hypothetical question about the life after death; about 39 officers (26%) told they believe in life after death; 111 medical officers (74%) told they don't believe in life after death.

DISCUSSION

Our study shows most of the medical officers are against euthanasia; about 84% of medical officers were against euthanasia. Reasons cited were the fear of misuse and the fact that no one has the right to take one's life. Some of the medical officers (30%) told they get requests for euthanasia every now and then; the reasons cited by the patient and the family were to decrease the suffering and pain; emotional and financial burden. The patients suggested for euthanasia were the patients with terminal stages of cancer and patients with head injuries in permanent vegetative state.

CONCLUSION

The medical officers were aware of euthanasia and the study shows there is an overwhelming "NO" to euthanasia. This study shows the attitude of a small sample of medical officers from an institution in Tamilnadu. To get a more reliable indication of the views of the medical professionals on this controversial issue, a larger study involving several centres across the country needs to be conducted. This study can be a model for the upcoming studies and research articles on euthanasia.

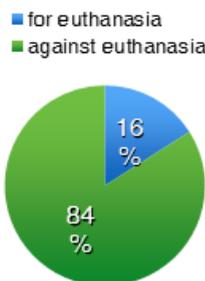


Figure 1 : medical officers for and against euthanasia :

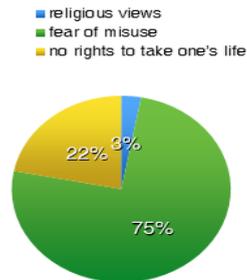


Figure 2: Reasons for not legalising euthanasia :

Table 1 : statistics (independent sample test of the variables)

| | | Levene's Test for Equality of Variances | | T-test for Equality of Means |
|---|-----------------------------|---|------|------------------------------|
| | | F | Sig. | t |
| Should it not be legalised | Equal variances assumed | 6.671 | .011 | -3.265 |
| | Equal variances not assumed | | | -4.629 |
| If yes means what reasons are cited by them? | Equal variances assumed | 7.108 | .009 | 3.432 |
| | Equal variances not assumed | | | 2.309 |
| Which patients can undergo euthanasia | Equal variances assumed | 16.501 | .000 | 4.212 |
| | Equal variances not assumed | | | 3.223 |
| If Euthanasia is not performed where do you think is a suitable palaxae for the patient to be taken care of | Equal variances assumed | 1.946 | .165 | -1.186 |
| | Equal variances not assumed | | | -1.139 |
| Whom do you think has the right to make the final decision about Euthanasia of the patient | Equal variances assumed | 15.689 | .000 | 2.449 |
| | Equal variances not assumed | | | 1.805 |

Table 2. demographic details

No. of Respondents Table

| | AgeG | |
|--------------|--------------------|---------|
| | No. of Respondents | Percent |
| Less than 35 | 30 | 20.0 |
| 35 - 45 | 104 | 69.3 |
| Above 45 | 16 | 10.7 |
| Total | 150 | 100.0 |

| | Marital | |
|-----------|--------------------|---------|
| | No. of Respondents | Percent |
| Married | 138 | 92.0 |
| Unmarried | 12 | 8.0 |
| Total | 150 | 100.0 |

| | Gender | |
|--------|--------------------|---------|
| | No. of Respondents | Percent |
| Male | 83 | 55.3 |
| Female | 67 | 44.7 |
| Total | 150 | 100.0 |

| | Religion | |
|-----------|--------------------|---------|
| | No. of Respondents | Percent |
| Hindu | 139 | 92.7 |
| Christian | 11 | 7.3 |

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