

## **NURSING STUDENTS' APPROACHES TOWARD EUTHANASIA**

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### **ABSTRACT**

*Background:* In Turkey, which is a secular, democratic nation with a majority Muslim population, euthanasia is illegal and regarded as murder. Nurses and students can be faced with ethical dilemmas and a lack of a legal basis, with a conflict of religious beliefs and social and cultural values concerning euthanasia. The aim of this study was to investigate undergraduate nursing students' attitudes towards euthanasia. *Method:* The study, which had a descriptive design, was conducted with 600 students. The 1st, 2nd, 3rd, and 4th year nursing students at a school of nursing were contacted in May 2009, and 383 students (63.8% of the study population of a total of 600 students) gave informed consent. Two tools were used in accordance with questionnaire preparation rules. *Results:* The majority of students were female and single (96.9%), and their mean age was  $21.3 \pm 1.5$  years. A majority (78.9%) stated

they had received no training course/education on the concept of euthanasia. Nearly one-third (32.4%) of the students were against euthanasia; 14.3% of the students in the study agreed that if their relatives had an irreversible, lethal condition, passive euthanasia could be performed. In addition, 24.8% of the students agreed that if they themselves had an irreversible, lethal condition, passive euthanasia could be performed. Less than half (42.5%) of the students thought that discussions about euthanasia could be useful. There was a significant relation between the study year and being against euthanasia ( $p < 0.05$ ), the idea that euthanasia could be abused ( $p < 0.05$ ), and the idea that euthanasia was unethical ( $p < 0.05$ ). *Conclusion:* It was concluded that the lack of legal regulations, ethical considerations, religious beliefs, and work experience with dying patients affect nursing students' attitudes towards euthanasia.

## INTRODUCTION

Euthanasia means ending a patient's life according to certain principles and under certain circumstances, where medicine cannot cure or provide a life of acceptable quality. It is classified in two different ways based on physicians' actions and patients' consent. It can be active or passive according to the physician's actions, and it is important to separate DNR orders and physician-assisted suicide from this. The classification is made according to how euthanasia is administered: active euthanasia refers to receiving from a physician a lethal agent that leads to death; passive euthanasia means not doing anything to prolong a patient's life; and assisted suicide is a patient committing suicide with the help of a physician. Regarding patients' consent, it is necessary to emphasize voluntary, non-voluntary and involuntary types of euthanasia (Kumas, Oztune, & Alparslan, 2007; Oguz, 1996; Oz, 1998; Smith, 2005).

Debates over the definition and application of euthanasia are also ongoing (Akabayashi, 2002; Inceoglu, 1999; Smith, 2005; Tepehan, Ozkara, & Yavuz, 2009). In addition, in countries where euthanasia is legal, the term can be defined differently. For example, in the criminal code of Belgium euthanasia is defined as killing an individual upon his/her request (Ozkara, 2008).

Legal aspects of the concept of euthanasia also vary greatly from country to country. Some countries categorize euthanasia as a separate and independent crime. Voluntary euthanasia is categorized as a crime with extenuating circumstances. These countries are Germany, Italy, Switzerland, Poland, Denmark, Austria, Greece, Romania, Iceland, Uruguay, Norway, and Finland. In the Netherlands and Belgium, euthanasia has been legalized. Some countries with un-reformed laws on euthanasia regard it as "willful murder" and punish it accordingly. These countries are France, Argentina, the United States of America (except Oregon), and Turkey (Bernheim, 2001; Cohen, Marcoux, Bilsen, Deboosere, van der Wal, & Deliens, 2006, Kumas et al., 2007).

Turkey is a country covering an area of 814,578 square kilometers, connecting Europe, Asia, and the Middle East. Established in 1923, the Turkish Republic is a secular, democratic, and social country governed by the rule of law. Turkey is third in the European Region of the World Health Organization in terms of population density. It has the greatest population density in the Middle East and is 20th in the world in terms of population density. According to WHO data for 2009, Turkey's population was 74,877,000 with an annual increase rate of 1.4% (WHO, 2004, 2007). The majority of the Turkish population is Muslim (95%), but Jewish, Christian, and other groups are also represented (Aksoy, 2003).

As in many countries, Turkish law is established on the principle of the sanctity of life and respect for it. Euthanasia is legally forbidden in Turkey, and is regarded as homicide. According to the Turkish Criminal Code of 2004, euthanasia is included under murder of a person and there are warnings against active euthanasia in article 81 of the Code and against passive euthanasia in article 84. Article 81 requires imprisonment for life for the intentional killing of a person. Article 83 deals with negligent behavior that intentionally kills a person. Articles 13 and 14 of the Medical Ethics Regulations forbid active and passive euthanasia and assisted suicide (Türk Ceza Kanuna [Turkish Penal Code], 2004; [www.tbmm.gov.tr/kanunlar/k5237.html](http://www.tbmm.gov.tr/kanunlar/k5237.html)). However, in rare cases, patients in the terminal phase and their families might put a request for passive euthanasia to health professionals.

Although the majority of our population is Muslim, the state is totally secular. Secularism in Turkey includes the administrative, legislative, and all other social systems. However, Islamic values may affect opinions about euthanasia. Islam greatly appreciates human life, as do other religions. Allah says in the Qur'an: "O ye who believe! Neither kill (nor destroy) yourselves: for verily Allah hath been to you Most Merciful!" (4:29); and further, "If a man kills a believer intentionally, his recompense is Hell, to abide therein (for ever): And the wrath and the curse of Allah are upon him, and a dreadful penalty is prepared for him" (4:93). To warn against suicide, the Prophet Mohammad said: "Whoever kills himself with an iron instrument will be carrying it forever in hell. Whoever takes poison and kills himself will forever keep sipping that poison in hell. Whoever jumps off a mountain and kills himself will forever keep falling down in the depths of hell." Islamic law forbids any person to wish for or to pray for death; to do so is regarded as a great sin (Kumas et al., 2007; Kuran'ı Kerim ve Türkçe Anlami, 1973).

In addition, attitudes and approaches towards euthanasia in our country are affected by ethical values, legal arrangements, social structure, and political thought (Karadeniz, Yanikkerem, Pirinçci, Erdem, Esen, & Kitapçioğlu, 2008; Kumas et al., 2007; Ozkara, 2008; Tepehan et al., 2009). Palliative care services that are at the expertise level and integrated into the health system cannot be provided in Turkey, nor is there any hospice care service in Turkey. The lack of a system for good end-of-life healthcare is causing increasingly serious problems for Turkey (Oguz, Miles, Buken, & Civaner, 2003). As yet, the right of dying patients to make advanced directives has not been established by law. The decision

of Do-Not-Resuscitate (DNR) is not legal in this country. As stated in a study by Aksoy et al. (2003), although taking the DNR decision is not legal, this does not necessarily mean that the practice is not performed: many doctors and nurses have reported that the DNR decision was taken voluntarily or involuntarily in anesthesia and in reanimation departments and intensive care clinics. Besides, the lack of a legal basis for DNR even when it is the patient's choice is a highly significant bioethical problem (Aksoy, 2003; Oguz, 1996). Turkey can have a better and more efficient healthcare system if it builds a better healthcare system for people who are nearing the end of their lives (Oguz et al., 2003).

Professional nurses and nursing students are the persons who take care of these patients. Nurses and students may be faced with ethical dilemmas and a lack of a legal basis and a conflict of social and cultural values concerning euthanasia that could impact on their professionalism and their personal moral beliefs. Therefore, patients' and nurses' approaches towards euthanasia are of great importance.

In health services provided to dying patients and their families, nurses undertake important tasks. However, nurses often experience emotions of fear, anger, desperation, guilt, and insufficiency while providing care to these patients and families. It is thought that this fact may have a negative effect on the care of these patients and families and practices concerning them. It is necessary to determine factors affecting the attitudes of nursing students relating to euthanasia, life, and death. It is of great importance to help students to acquire professional attitudes and behavior by increasing their awareness of their own emotions and thoughts in relation to the subject.

The aim of this study was to investigate undergraduate nursing students' attitudes towards euthanasia. The results obtained will contribute to data about health workers' attitudes towards euthanasia in Turkey as a secular Muslim country.

## MATERIALS AND METHODS

### Sample and Settings

The study, which had a descriptive design, was conducted on 600 students: the 1st, 2nd, 3rd, and 4th year nursing students at a school of nursing were contacted between May 2, 2009 and May 26, 2009, and 383 students (63.8% of the study population of a total of 600 students) gave informed consent. The inclusion criterion was willingness to participate in the study.

### Tools

Two tools were used in accordance with questionnaire preparation rules. These tools were a Demographic Information Questionnaire and a Knowledge Questionnaire about attitudes toward passive euthanasia with a total of 35 questions (three questions about passive euthanasia). The tools were developed by researchers

based on related literature (Ozkara, Yemiscigil, & Dalgic, 2001, Senol, Ozguven, Dag, & Oguz, 1996; Turla, Ozkara, Ozkanli, & Alkan, 2007). The Demographic Information Questionnaire interrogated age, marital status, and study year. The Knowledge Questionnaire about euthanasia was evaluated for suitability by two senior clinical nurses and a nursing professor who was working in the faculty, and was read for intelligibility by an associate professor working in forensic medicine. Redundant items and unnecessary questions were then removed and some items/questions which were more appropriate were added. In this way, this questionnaire reached its final version.

### **Data Analysis**

Data analysis was performed using Statistical Package for Social Sciences (SPSS) 15.0 and presented as frequencies and percentages.

### **Ethics**

The study was performed in accordance with the ethical standards of the Helsinki Declaration and Good Clinical Practice guidelines. Ethical approval was obtained from the School of Nursing Ethics Committee regarding the suitability of the study, and permission was gained from the school of nursing concerned to carry out the research. Informed consent was obtained orally from all nursing students who participated in the study.

### **Results**

The mean age of the students was  $21.3 \pm 1.5$  years. Of the 383 students, 96.9% were female and single and 31.3% were first year students. The socio-demographic characteristics of the students are shown in Table 1. As for living arrangements, 38.6% of the students were staying in a state dormitory, 34.2% in a flat and 18.3% with their family; 92.4% of the students were from a nuclear family.

Of the 383 students, 88.8% reported that they had heard the term euthanasia before and 36.7% of them had heard it from the media, 27.6% at school and in courses, 20.5% from health professionals, and 15.2% from scientific articles (Table 2). Most of the students (78.9%) noted that they had not received any education/courses about euthanasia. The students who reported having received education about euthanasia (21.1%) had received it at school.

When the students' attitudes toward euthanasia were evaluated, 32.4% of the students were against euthanasia and 42.8% could not decide about it; 31% of the students agreed that euthanasia was committing suicide or murder, but 40.5% of the students disagreed with this view.

Of the students, 35.5% were against euthanasia due to their religious beliefs, but 33.4% were not against it ( $35.5 + 33.4 \neq 100\%$ ); 35.2% of the students stated that euthanasia was unethical, 37.3% were undecided, and 27.4% stated that it was

Table 1. Socio-demographic Characteristics of the Students ( $n = 383$ )

	%	<i>n</i>
Gender		
Female	96.9	371
Male	3.1	12
Student year		
First year	31.3	120
Second year	21.1	81
Third year	19.8	76
Fourth year	27.7	106
Accommodation		
State dormitory	38.6	148
Private dormitory	6.8	26
Flat	34.2	131
With family	18.3	70
Other	2.1	8
Family structure		
Nuclear family	92.4	354
Extended family	6.0	23
Other	1.6	6
Total	100	383

Table 2. Students' Knowledge about Euthanasia ( $n = 383$ )

	%	<i>n</i>
What is euthanasia? Have you heard it before?		
Yes	88.8	340
No	11.2	43
If your answer is yes, where did you hear it?		
The media	36.7	125
Health workers	20.5	70
Scientific articles	15.2	52
Other (at school)	27.6	94

ethical; 53% of the students agreed that euthanasia is likely to be abused, 33.9% were undecided about the likelihood of abuse of euthanasia, and 13.1% disagreed that euthanasia could be abused.

A total of 68.7% of the students believed that passive euthanasia was legal. Only 28.2% of the students answered the question "in which countries is euthanasia

legal?" Of the students who answered this question, 40.7% said the Netherlands, 11.1% the United States, 8.3% the Netherlands and Denmark, 8.3% Switzerland, and 3.7% Belgium.

Evaluation of the relations between the dependent and independent variables showed a significant relation between age and being against euthanasia ( $p < 0.05$ ). Age was also significantly related to the idea that euthanasia was unethical ( $p < 0.05$ ) and the idea that euthanasia could be abused ( $p < 0.05$ ). In addition, there was a significant relation between the study year and being against euthanasia ( $p < 0.05$ ), the idea that euthanasia could be abused ( $p < 0.05$ ) and the idea that euthanasia was unethical ( $p < 0.05$ ) (Table 3).

Only 14.3% of the students in the study agreed that if their relatives had an irreversible, lethal condition, passive euthanasia could be performed. Also, 24.8% of the students agreed that if they themselves had an irreversible, lethal condition, passive euthanasia could be performed; 35.5% of the students had a positive view of passive euthanasia if it was performed by a board of health workers specializing in the subject.

Of the participants, 42.5% of the students thought that discussion of euthanasia could be useful; 36.8% of the students were in favor of the idea that the conditions requiring the implementation of passive euthanasia should be determined and that appropriate regulations should be drafted at once, and that passive euthanasia should be legalized, but 27.1% were against it.

## DISCUSSION

Attitudes toward euthanasia are affected by many factors such as culture, laws, ethical principles, and religious beliefs (Akabayashi, 2002; Hagelin, Nilstun, Hau, & Carlsson, 2004; Inceoglu, 1999; Smith, 2005). In this study, 35.5% of the students were against euthanasia because of their religious beliefs. Most people in Turkey are Muslim, and according to Islam, one's life can only be ended by the Creator, not by any human being (Oguz, 1996). In a study carried out in Turkey,

Table 3. Comparisons of Students' Approaches toward Euthanasia with their Age and Study Year

	Age			Study Year		
	<i>n</i>	$\chi^2$	<i>p</i> *	<i>n</i>	$\chi^2$	<i>p</i> *
Euthanasia is unethical	135	48.446	0.01	135	25.877	0.01
Euthanasia can be abused	203	44.311	0.02	203	44.391	0.00
I am against euthanasia	124	48.859	0.00	124	36.739	0.00

\* $p < 0.05$ .

78.6% of nurses were against euthanasia for religious reasons (Tepehan et al., 2009). This suggests that religious beliefs can affect attitudes toward euthanasia.

In the present study, 32.4% of the students objected to euthanasia. Similarly, in a study in Turkey by Kumas et al. (2007), 38.2% of the students were against euthanasia. Although the Turkish criminal code does not describe euthanasia, it is considered as a crime according to items 81, 83, and 84. To our knowledge, there have not been any court decisions concerning euthanasia. Item 81 describes the crime of deliberate killing and requires that the perpetrator should be sentenced to life imprisonment. Item 83 describes deliberate killing as a result of neglect, which could be considered passive euthanasia, and requires a less severe punishment than life imprisonment (Karadeniz et al., 2008; Ozkara, 2008; Tepehan et al., 2009).

In this study, 35.2% of the students found euthanasia unethical, and 53% of the students thought that euthanasia could be abused. Most of the students (69%) did not know that passive euthanasia was illegal in Turkey. Passive euthanasia, especially, is a common practice among Turkish physicians, but it is rarely mentioned. It is hidden or rationalized by practitioners, so the procedure does not have any accepted rules or basis (Oguz, 1996). In addition, the decision of Do-Not-Resuscitate (DNR) is not legal in this country. As stated in a study by Aksoy (2003), although taking the DNR decision is not legal, this does not necessarily mean that the practice is not performed: many doctors and nurses have reported that the DNR decision is taken voluntarily or involuntarily in anesthesia and in reanimation departments and intensive care clinics (Aksoy 2003). Besides, the lack of a legal basis for DNR even when it is the patient's choice is a highly significant bioethical problem. (Aksoy 2003; Oguz, 1996; Ozcelik, Fadiloglu, Karabulut, & Uyar, 2010) The students' attitudes toward euthanasia can be attributed to the ethical problem concerning the issue. Therefore, it is not surprising that most students think in this way.

The attitudes and behavior of health professionals and students toward euthanasia are closely affected by their experience of working with dying patients and their families. Nursing students often experience fear, anger, desperation, guilt, and insufficiency while giving care to dying patients and their families (Koc & Saglam, 2008). Responses and emotions of students vary especially according to their class years at school. Whereas the 1st year students experienced these emotions more intensively, students in their 2nd, 3rd, and 4th years providing care to the dying patients and their families in clinical environments experienced this anxiety less. It is considered that this is because these students meet dying patients and their families frequently and in different clinical environments, where they gain experience of providing care to them (Koc et al., 2008). There are different studies stating that the education provided by nursing schools is not sufficient to decrease anxiety and fear in students working with dying patients (Cooper & Barnett, 2005). The fact that the great majority of students in our study have not received any education or training relating to euthanasia indicates a lack of training on this issue.



There was a significant relation between the study year and being against euthanasia and the idea that euthanasia could be abused and the idea that euthanasia was unethical. Gielen (2009) found a statistically significant relationship between euthanasia clusters (staunch advocates of euthanasia, moderate advocates of euthanasia, and moderate opponents of euthanasia) and years of experience in palliative care, and influence of experience in palliative care on anxiety when a patient dies (Gielen, 2009).

It is significant that most of the students (88.8%) had heard the term euthanasia before. However, most of the students (78.9%) reported that they had not received education and courses about euthanasia although the topic was covered in the curriculum. This suggests that the students needed more information about the issue, which is consistent with the results of relevant studies on nurses and health workers in Turkey (Kumas et al., 2007; Ozkara et al., 2004a; Tepehan et al., 2009; Turla et al., 2007). In one study, health workers' attitudes towards euthanasia changed to a great extent due to education programs (Ozkara et al., 2004a). This shows that euthanasia should be covered sufficiently in health education and dealt with at congresses and symposiums. In the present study, 42.5% of the students also thought that it would be useful to conduct discussions about euthanasia in Turkey. This topic should be handled with all of its aspects in all scientific platforms in this country.

In this study, 14.3% of the students agreed that if their relatives had an irreversible, lethal condition, passive euthanasia could be performed. In addition, 24.8% of the students agreed that if they themselves had an irreversible, lethal condition, passive euthanasia could be performed. Of the participants, 35.5% had a positive view of passive euthanasia if it was performed by a board of health workers specializing in the subject. It was thought that students' attitudes are affected by the idea that a committee including scientists could make appropriate decisions about passive euthanasia. There is no data issued by authorities about the frequency of euthanasia, which is still illegal, or about the rate of demand for euthanasia. In a large scale study on physicians in Turkey, 19% of the physicians reported that they had been asked to perform passive euthanasia (Ozkara, 2004b). In other studies from Turkey, 37.3% of physicians working in intensive care units, 33.7% of oncologists, 22.7% of respiratory physicians, 10% of legal professionals, and 7.9% of health professionals reported that they had been asked for passive euthanasia (Senih, Ozkara, & Corapcioglu, 2005; Tepehan et al., 2009; Turla et al., 2007; Yanliz, Ozkara, Komurcuoglu, Tekgul, & Ozden, 2007).

In addition, 36.8% of the students wanted the conditions requiring passive euthanasia to be determined at once, which reveals the need for regulations on passive euthanasia. Likewise, in other studies in Turkey, 50% of physicians, 52% of legal professionals, and 52.4% of paramedical students recommended that passive euthanasia should be legalized (Ozkara, Civaner, et al., 2004; Ozkara, Hanci, et al., 2004), which also underscores the necessity to make appropriate regulations for passive euthanasia in Turkey.

## CONCLUSIONS

It was concluded that lack of legal regulations, as well as ethical concerns, religious beliefs, and working experience with dying patients affect nursing students' attitudes toward euthanasia. It was thought that it would be useful to continue discussions of this issue for a longer time in the education curriculum of different disciplines and on different scientific platforms in Turkey, as in the rest of the world.

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