Original Article

Perception of Euthanasia in Students of Public Medical University in Karachi

1. Ghazala Usman 2. Shaheen Agha 3. Syeda Akefah Hashmi

1. Asstt. Prof. of Community Medicine, SMC, DUHS, Karachi 2. Assoc. Prof. of Community Medicine, SMC, DUHS, Karachi 3. Medical Student, SMC, DUHS, Karachi

ABSTRACT

Introduction: Euthanasia is emerging as a grave issue in medical and biomedical fields. The fate of Euthanasia however, swings like a pendulum with terms like 'merciful intervention' at one pole to 'endangering human rights' on the other. The ongoing debate has lead to many surveys with significant results showing the upward increase in acceptance of either performing or securing intentional actions resulting in termination of life.

This study is carried out to know about the perception regarding Euthanasia.

Objectives: The aim is to perceive understanding towards Euthanasia in medical students and its usage in their future practices.

Study design: Qualitative descriptive study design.

Place and Duration of Study: This study was the Department of Community Medicine, SMC, Karachi from April 2011 to September 2011.

Materials and Methods: Sample size is 400 collected from Dow University of Health sciences, Karachi and sampling design is simple random. Evaluation tool is structured questionnaire based on 3 case studies with the consideration of ethical issues.

Results: In the data analysis 48.25% endorsed the act of euthanasia in certain cases while 40.25% strongly disagreed with it. Remaining 11.5% supported the cause only when the patient is willing. 13% individuals opted for actively easing the suffering of a patient in Case-1 while 11% agreed to prescribe a lethal drug/dosage in Case-3 of voluntary euthanasia. A staggering 40% ordered removal of life saving equipment in Case-2 of a vegetative patient as passive euthanasia. The leading cause for supporting euthanasia was increased availability of equipment and resources at a 48% while 62% of the discord was due to belief in life/death being a matter for the Lord only. When faced with a choice, 39% found ethnic discrimination more abusive of a doctor's oath than 23% of those who choose Euthanasia.

Conclusion: To conclude, significant numbers of medical students support Euthanasia especially passive euthanasia. Religious beliefs are of serious concerns while gender also plays a small part in the decision making.

Keywords: Euthanasia, Medical students, Perception, Case-study.

INTRODUCTION

Muslims are against euthanasia. They believe that all human life is sacred because it is given by Allah, and that Allah chooses how long each person will live. Human beings should not interfere in this. Life is sacred. Allah decides how long each of us will live "Do not take life, Which Allah made sacred, other than in the course of justice." Quran 17:33. Muslims belief of euthanasia is negative yet being medical professionals the emerging issues on the subject needs to be addressed so the young medical community is well equipped to deal with the upcoming challenges and innovation in managing situations demanding euthanasia in accordance to religion and biomedical ethics; and not be crippled by enabling factors of Liberalism. Managing death was never new to the field of medicine, in-fact many advocated the importance of being able to deal with it, to accept the whole process as something unequivocal end. The fate of Euthanasia however, swings like a pendulum with terms like 'merciful intervention' at one pole to 'endangering human rights' on the other. Euthanasia itself is derived from the Greek language, loosely translated to 'good death'. The first recorded usage of the term was by historian Suetonius in describing the death of Emperor Augustus as 'dying quickly and without suffering'. The House Of Lords Select Committee on Medical Ethics defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering."[1] Euthanasia is of three types, active euthanasia is when a doctor or medical attendant deliberately and without prior acknowledgement renders such actions to terminate a patient's life. Passive euthanasia refers to removal of life assisting mechanisms/drugs of a dependent patient with complete erudition of the terminality ensuing from the taken step. Voluntary euthanasia has the patient taking charge and requesting assistance from his/her attending physician of a lethal kind.[2] Although fraught with controversy, the act of euthanasia has not been entirely unsuccessful in being legalized. In April 2002, the Netherlands became the first country in the world to legalize euthanasia. If a physician followed the strict legal lines implicated with the said law, committing voluntary euthanasia or assisted suicide would not lead to any suit[3]. This was eventually followed by Belgium legalizing physician assisted suicide in September 2002; soon after which relative researches showed the type of Belgians opting for euthanasia were often terminal cancer patients burdened with excruciating pain. Incidents of non-terminal individuals adjudicating

for it were negligible[4,5]. Another notable ally in this field is the country of Switzerland, making assisted suicide a crime if, and only if, the motive wasn't untainted. A recent collaborator is the government of India after sanctioning the practice of passive euthanasia on March 2011 for terminal, vegetative patients[6].

The trajectory of time and increase in turbulence of human life has slowly but gradually brought upon a change of view regarding euthanasia. Over decades, countenance has become in-vogue, with more and more individuals acknowledging and promoting the existence of euthanasia[7]. The ongoing debate has lead to many surveys with significant results showing the upward increase in acceptance of either performing or securing intentional actions resulting in termination of life. According to a compendium of physicians, many would consider accommodating a mortal patient commit suicide in certain situations[8]. Another research conducted among populace-dwelling adults had 19% Americans admitting that, if terminal and in pain, they would ask their attending physician to prescribe a lethal drug/dosage[9]. A majority of 80% British public surveyed supported the recent changes in law legalizing euthanasia[10]. While some of the inclination would be more appropriately due to fear of pain and accompanying depression[11], many abiders cite autonomy as a reason, stating human rights also encompasses the verdict of one's own death[12]. Others exemplify the added leverage of availability of resources and life-saving equipment with the advent of patient's license pertaining to death thus improving the chances of those who aren't yet to perish[11].

MATERIALS AND METHODS

Sample size is 400, out of which, 200 were collected from Sindh Medical College and 200 from Dow Medical College, Dow University of Health sciences, Karachi. In each institute, 100 were given each to fourth year medical students and final year medical students with gender distribution in each year being 50-50 for male-female. Sampling design is simple random.

Evaluation tool is structured questionnaire based on 3 case studies with the consideration of ethical issues. A questionnaire compromising of 11 questions and 3 case studies were distributed and collected, with informed consent. Initial questions were to quickly assess the level of knowledge before proceeding with the three cases, each case dealing with one specific type of euthanasia. Culmination was with queries regarding support or dissent along with reasons.

RESULTS

The compiled and tabulated purports of collected data are as follows:

Euthanasia- No Big Secret:

Initial 5 questions judged the level of awareness in medical students ranging from the exact meaning of the act of Euthanasia to understanding the different forms associated with it. Participants were also asked to identify from a list of countries those that had legalized the act.

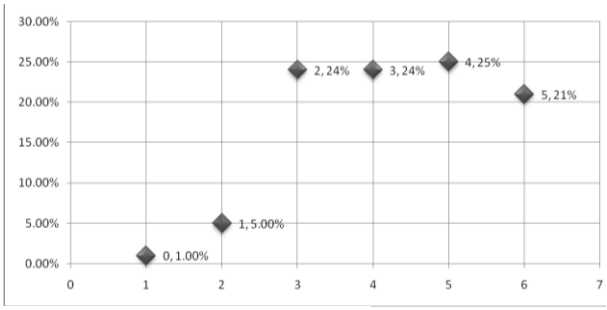


Figure No.1: Awareness Scoring

Out of a maximum 5, 71% correctly answered 3 questions or more while only 6% couldn't answer most of the questions. A total of 21% ticked all the correct answers.

Case Study 1: A total of 3 different scenarios were provided, each of which represented one of the 3 types of Euthanasia i.e. active, passive and voluntary. The candidates had four different options to choose from including counseling, giving false hope, the act itself and one other variable.

Active Euthanasia: A 65 year old woman has been diagnosed with end stage pancreatic cancer and given 2 months to live. Her pain from multiple skin secondaries and bone secondaries is getting harder to control, becoming excruciating.

A majority of 67% opted to counsel the patient as compared to only 13% who decided to administer a lethal drug/dosage. 10% decided to take an altogether different route and induce an expensive coma regime for the rest of her time while remaining 10% preferred to twist the truth.

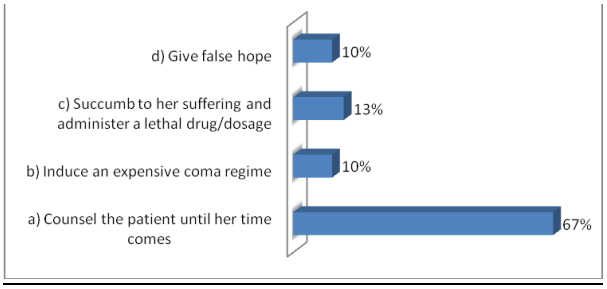


Figure No.2: Case No.1

Case Study 2: Passive Euthanasia

You were assigned a case of a 40 year old man who was in a car accident and has since then been on artificial life support. His ECGs are flat and there is no response to stimulus. The relatives are confused as the machinery is putting a financial as well as emotional toll on them.

48% of the candidates opted to counsel the family while reporting the matter to concerned authorities while roughly the same amount at 40$ decided to remove the

life saving machinery and let the patient progress to certain death. 8% were over all unsure and decided to refer the case to a colleague while only 4% had to skim with the truth and give false hope.

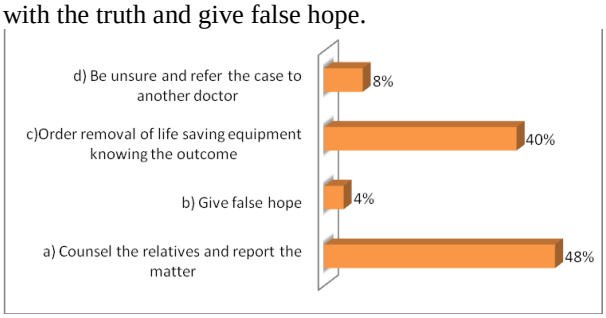


Figure No.3: Case No.2

Case Study 3: Voluntary Euthanasia

A former mentor of your approaches you with a unique wish. He was diagnosed with and is suffering from Motor Neuron Disease. His condition has deteriorated to such an extent that he finds it difficult to talk or walk, his swallowing has become impaired and there is difficult in breathing. He has come to you for help ending his misery.

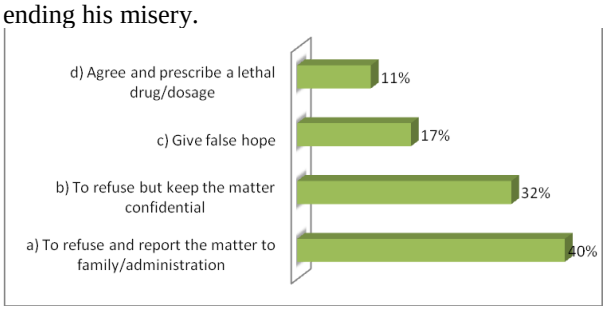


Figure No.4: Case No.3

Of those who refused, 40% decided to report the matter as well while 32% respected the mentor's privacy and kept the matter obscure after refusing. 17% surmised giving false hope as the best option while a close minority of 11% set forward to prescribe a lethal drug/dosage for the patient.

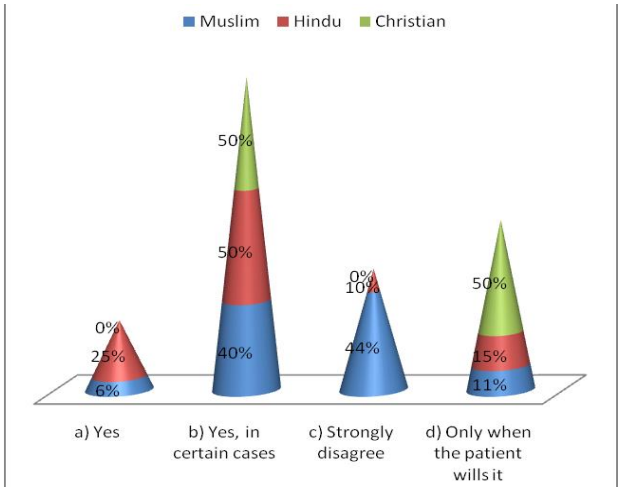


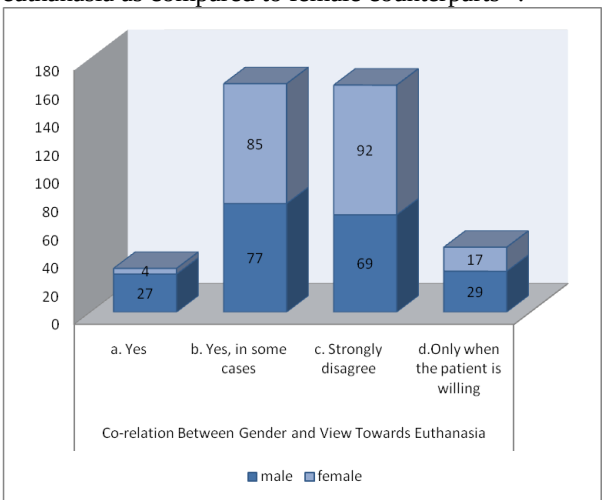
Figure No.5: Religious VS Euthanasia

Euthanasia for the Religious:

After calculating the percentages of religious sets questioned, it was concluded that Muslims in general strongly opposed euthanasia at 44% as compared to 10% Hindus. 25% Hindus simply answered 'Yes' to euthanasia in contrast to only 6% Muslims.

Euthanasia According to Gender Views:

An equal number of male and female students were targeted to get an even distribution. As garnered by results, male showed a slight more inclination towards euthanasia as compared to female counterparts[14].



Out of the 48.25% students who answered either a) or b) hence supporting Euthanasia, 54% of them were male while 46% were female. From the 40.25% who vehemently went against Euthanasia, 43% were male while a significant majority of 57% was females. From the 11.5% who would opt for the act with the consent of the patient, a preponderance of them were male at 63% with females at only 37%.

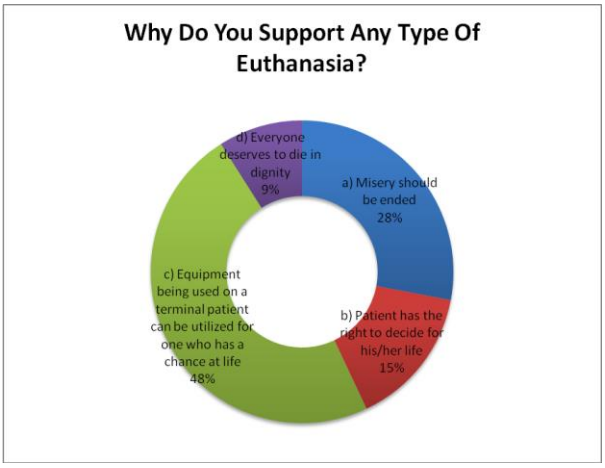


Figure No.7: Why do you support any type of Euthanasia?

Euthanasia- Not a Bad Choice:

From those who chose Euthanasia suitable to advocate, a majority of 48% postulated the availability of

equipment/medicines/finances to those patients who still had a fighting chance and the terminal not to become a burden hence suffer poor medical care[15]. 28% were of the view that misery should be ended and one must not suffer excessive pain[16].

15% were of the belief that human autonomy must be maintained consequently one should be able to decide for his/her death[17]. The remaining 9% were of the credence that every individual deserves to die in dignity and maintain their self-respect[18].

With regard to the type of method preferred half of the proponents casted their votes for Passive Euthanasia at 50% while 17% were inclined for voluntary euthanasia only. Active Euthanasia was supported by 11% while the remaining 12% agreed with all three types.

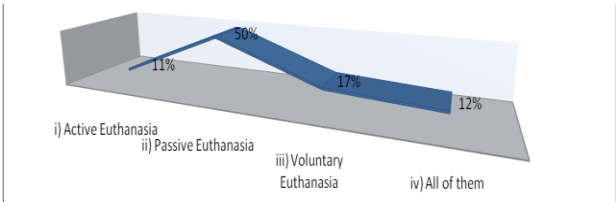


Figure No.8: Which Type of Euthanasia do you prefer?

Euthanasia- Still a Long Way to Go:

A significant majority of 62% showed their variance with Euthanasia was due to religious belief of life and death being a matter to be only handled by the Lord Himself[19]. The remaining were almost equally distributed amongst unreliability of patients in pain 10%[20] with advances in biotechnology to be used to extend life at 16% and finally, as a form of criminal killing at 12%.

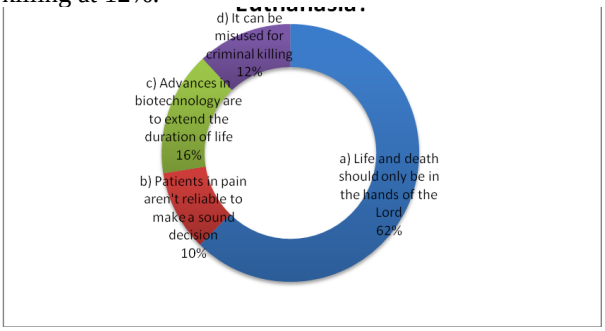


Figure No.9: Why are you against any form of Euthanasia?

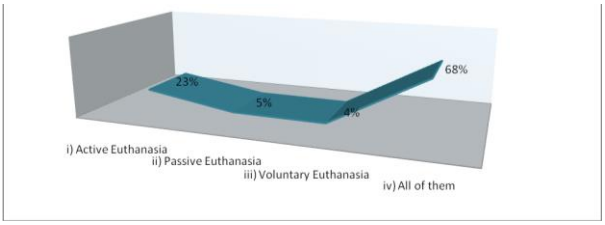


Figure No.10: Which type of Euthanasia are you most against?

When asked the least favorite form of Euthanasia, a large essence of 68% was conflicting with the idea of any type while 23% were contrary to Active Euthanasia. 5% were against Passive Euthanasia while 4% against Voluntary Euthanasia.

Euthanasia-Not That High A Price To Pay:

When the participants were asked to identify the one matter they considered most contradicting with the oaths and responsibility of a doctor, a majority of 39% affiliated with. Ethnic discrimination. Breaking confidentiality came at second with 26% respondents opting for it while Euthanasia was a close third at 23%. Giving false hope was deemed the lesser of these evils with 12%.

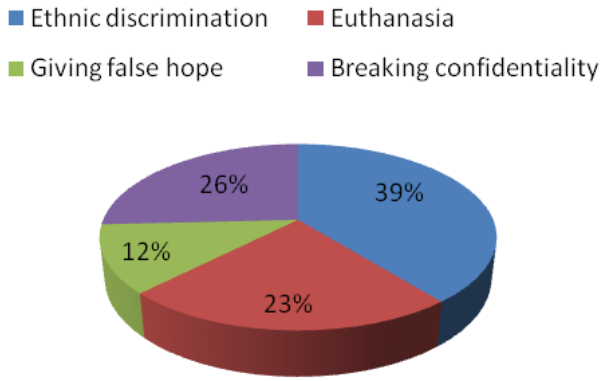


Figure No.11: What goes most against the oath of a Doctor?

DISCUSSION

Netherlands had already experienced open euthanasia practice for two decades before it was officialy legalized.[21] Netherlands was the first country in the world implement euthanasia act in 2001, but implementation of act has not increased the request of euthanasia.[22] According to the United Nations, Netherlands is violating Universal Declaration of Human Rights by adopting act of euthanasia and risking the rights of safety and integrity for every person's life. The UN has also expressed concern that "the system may fail to detect and to prevent situations in which people could be subjected to undue pressure to access or to provide euthanasia and could circumvent the safeguards that are in place."[24] Managing death with euthanasia cannot be generalized globally as other medical practices. Religion, customs and taboos have varied perspectives on end of life. In studies from Malaysia and Pakistan views the Muslim euthanasia is likely being governed by religious beliefs of the respondents. With the increasing numbers of needy patients for life support, legalization of euthanasia is likely to be raised in countries.[23]

A study in New Delhi shows that most of the physicians accept withholding or withdrawal of treatment. It has been noticed that the attitude towards death varies according to the country, culture and religion.[23] In this study Muslim in general, strongly opposed euthanasia at 44% as compared to 10% while Christians were open to idea of euthanasia. Whereas considering biomedical ethics, one fourth of the subjects thought euthanasia is outside the domain of ethics.

62% agreed to the fact of life and death being in the hands of God, "and no person can ever die except by Allah's leave and at an appointed time. Quran 3: 124.

In all the 3 case studies about 50% of students were of the perspective of counseling, family support and let nature take its course. Only 10% opted for voluntary euthanasia, 40% for passive euthanasia & 13% for active euthanasia in their respective case studies.

CONCLUSION

To conclude majority of the medical students are aware of the biomedical, ethical and religious implications of euthanasia however, more seemed inclined for passive euthanasia. Religion seemed to be a deciding factor with gender playing a comparatively smaller part in the disposition of individuals for Euthanasia.

The medical side of end-of-life adjudications and the impact on society still needs to be thoroughly addressed, with the understanding of such ultimate settlements along conventional branches of care and service.

Acknowledgement

We are thankful and acknowledge the efforts of Kamana chalise, Aesha Riffat Hashmi, Ashok Cotwani, Madiha Kiran, Anum Mehdi, Sumera Malik, Atif Rasool and Mari Ahmed(4th year students-Batch- 2011) Department of Community Medicine, Sindh Medical college, DUHS for data collection.

REFERENCES

1. Harris, NM (Oct 2001) " The Euthanasia debate". J.P Army MedCorps pg.217(3) 367-70
2. BBC.co.uk/ethics/euthanasia/overview/activepassive_1.shtml
3. Van der Heide A, Delians L, Faisst K, Nilstun T, Paci E, et al, on behalf of the Eureld consortium. End-of-life decision-making in six European countries: descriptive studies. Lancet 2003; 362;345-50
4. Smets T, Bilsen J, Rurup ML, Deliens L. "Legalizing euthanasia in Belgium: characteristic of all report euthanasia cases". MedCare 2010; 48(2):187-92
5. Deliens L, Van der Wal G. The euthanasia law in Belgium and the Netherlands. Lancet 2003, 362:1239-40
6. India joins select nations in legalizing "passive euthanasia". The Hindu. 7 March 2011. Retrieved 8 March 2011.
7. DeCesare MA. Public attitudes toward euthanasia and suicide for terminally ill persons: 1977 and 1996. Soc Biol. 2000;47(3–4):264–276.
8. Cohen JS, Fihn SD, Boyko EJ, Jonsen AR, Wood RW. Attitudes toward assisted suicide and euthanasia among physicians in Washington State. N Engl J Med 1994;331(2):89–94.
9. Blendon RJ, Szalay US, Knox RA. Should physicians aid their patients in dying? The public perspective. JAMA. 1992;267(19):2658–2662
10. Donnison D, Bryson C. Matters of life and death: Attitudes to euthanasia. In: Jowell R, Curtis J, Park A, Brook L, Thomson K, editors. British Society Attitudes: the 13th Report. Dartmouth Publishing, Aldershot: 1996.
11. Blank K, Robison J, Prigerson H, Schwartz HI. Instability of attitudes about euthanasia and physician assisted suicide in depressed older hospitalized patients. Gen Hosp Psychiatry. 2001;23(6):326–332
12. Farsides CC. Autonomy and its implications for palliative care: a northern European perspective. Palliat Med 1998;12(3):147–151.
13. Weyers H. Explaining the emergence of euthanasia law in The Netherlands: how the sociology of law can help the sociology of bioethics. Social Health Illn 2006;28(6):802–816.
14. Abbas SQ, Abbas Z, Macaden S. Attitudes towards euthanasia and physician-assisted suicide among Pakistani and Indian doctors: A survey. Indian J Palliat Care 2008;14:71-4.
15. Emanuel EJ, Fairclough DL, Slutsman J, Emanuel LL. Understanding economic and other burdens of terminal illness: the experience of patients and their caregivers. Ann Intern Med 2000;132(6):451–459
16. Ganzini L, Goy ER, Dobscha SK. Why Oregon patients request assisted death: family members' views. J Gen Intern Med 2008;23(2):154–157
17. Ten Have HA. Euthanasia: moral paradoxes. Palliat Med 2001;15(6):505–511.
18. Rietjens JA, van der Heide A, Onwuteaka-Philipsen BD, van der Maas PJ, van der Wal G. Preferences of the Dutch general public for a good death and associations with attitudes towards end-of-life decision-making. Palliat Med 2006;20(7): 685–692
19. Wilson KG, Scott JF, Graham ID, et al. Attitudes of terminally ill patients toward euthanasia and physician-assisted suicide. Arch Intern Med 2000; 160(16):2454–2460
20. Jansen-van der Weide MC, Onwuteaka-Philipsen BD, van der Wal G. Granted, undecided, withdrawn, and refused requests for euthanasia and physician-assisted suicide. Arch Intern Med 2005;165:1698-704.
21. Smets T, Bilsen J, Cohen J, Rurup ML, Mortier F, Deliens L. Reporting of euthanasia in medical practice in Flanders, Belgium: Cross sectional analysis of reported and unreported cases. BMJ 2010; 341:5174.
22. Alphen JEV, Donker GA, Marquet RL. Request for Euthanasia in general practice before and after implementation of the Dutch Euthanasia Act. Br J Gen Pract 2010; 60(573): 263-267.
23. Kamath S, Bhate P, Mathew G, Sashidharan S, Daniel AB. Attitudes towards Euthanasia among Doctors in a Tertiary care Hospital in South India: A Cross Sectional Study. Indian J Palliat Care 2011; 17(3); 197-201.
24. Pereira J. legalizing Euthanasia or assisted suicide; the illusion of safeguards and controls. Curr Oncol 2011;18(2): 38-45.

Address for Corresponding Author:
Dr. Ghazala Usman
Cell No. 0300-2198314