

Attitudes of Students of Jahrom University of Medical Sciences toward Euthanasia

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ABSTRACT

Introduction: Increased incidence of incurable diseases and technological advancement in recent years have raised new concerns for treatment team members and forced them to deal with many ethical challenges including Euthanasia. The present study aimed to determine attitudes of students of Jahrom University of Medical Sciences toward Euthanasia.

Method: This was an analytic study. The participants were 188 paramedical and medical students studying in Jahrom University of Medical Sciences in 2018. The required data was collected using demographic questionnaire and the Euthanasia Attitude Scale (EAS). The collected data was analyzed using SPSS v.21.

Findings: Mean score of attitudes of students toward Euthanasia was 42.30 ± 13.68 ($20 < \text{range} < 100$). In total, 36.7% ($n=69$) were negative toward Euthanasia, 60.6% ($n=114$) were neutral and 2.6% ($n=5$) were positive. There was a statistically significant difference between attitudes toward Euthanasia in the two genders ($p=0.11$). There was also a significant difference between attitudes toward Euthanasia and relationship with religion ($p=0.008$).

Conclusion: Most of the participants were neutral toward Euthanasia. However, a significant percent of participants were negative toward Euthanasia and only a very small percent of participants were positive toward this issue. It is recommended to investigate effective factors in students' attitude toward Euthanasia in future.

Key words: Euthanasia, Medical sciences, Students

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INTRODUCTION

Enhanced quality of health care as well as medical and technological advancement in recent years have altered the concept of death [1] and increased survival of many patients [2]. However, consequent complications and disabilities resulting from incurable diseases have exacerbated suffering of patients who have no hope of recovery. These have also imposed high costs on their families and the health system [3]. The concern for ending life of the patients who have no hope of recovery has increased in recent years. This is noted as one of the ten major ethical challenges in the medicine [4]. Euthanasia or an easy way to end life is one of the most controversial issues in medical ethics [5,6]. Euthanasia refers to an

action that helps the patient to die quietly, peacefully and painlessly [7]. In another definition, Euthanasia refers to a deliberate and easy ending of life to escape from an incurable disease with too much pain and no hope of recovery [8,9]. Different results have been obtained in previous studies on Euthanasia targeting different members of the treatment team. Bulut studied attitudes of nursing students toward Euthanasia. The results indicated negative attitudes of most of the students (85.5%) [3]. Bakalls et al. also showed that most of Greek nursing students did not fully understand the concept of Euthanasia and believed that it was contrary to ethical principles [10]. Kamath et al. investigated attitudes of physicians toward Euthanasia in India. The results indicated positive and favorable attitude of physicians toward this issue. The most common reason for consenting to Euthanasia was ending pain and suffering of the patient with an incurable illness and the most common reason for dissenting from Euthanasia was undervaluing

the importance of life and misusing Euthanasia by the treatment group [11]. Several studies have also been conducted in Iran on this issue. Naseh et al. indicated negative attitude of medical students and practitioners toward Euthanasia [5]. Sarhadi et al. also showed that most of nurses (66%) were negative toward Euthanasia [12]. Asadi et al. also showed that most of nurses working in oncology and intensive care units were also negative attitude toward this issue and they remembered it as a moral challenge [13]. According to the above-mentioned materials, medical students as future physicians should undoubtedly make decisions on Euthanasia to an increasing extent that force them to deal with many ethical challenges. This shows the importance of discussing this issue from viewpoints of these students [14]. Considering different cultural views and beliefs about ethical issues in various societies [15], it is necessary to recognize attitudes of medical students about this issue in order to make plans for dealing with this ethical challenge. Therefore, the present study aimed to determine attitudes of students of Jahrom University of Medical Sciences toward Euthanasia.

MATERIALS AND METHODS

This was an analytic study. It was approved by the Ethics Committee of Jahrom University of Medical Sciences and Health Services (IR.JUMS.REC.1397.026). The statistical population consisted of all students of Jahrom University of Medical Sciences studying in paramedicine (nursing, anesthesia, operating room, health and laboratory science) and medicine (externship and internship). The stratified sampling method was used to select the participants. The participants were enrolled in the study with respect to the number of students in each field of study. Inclusion criteria were studying at Jahrom University of Medical Sciences, informed consent to participate in the study, at least two semesters of internship at the hospital. Exclusion criteria were unwillingness to cooperate in the study, incomplete completion of questionnaires, and a psychological disorder or taking medications for a mental illness. An

introduction letter was given to the author who met the research unit and gave them necessary explanations about objectives of the study and obtained their written consent. The questionnaires were distributed among the students. A two-part questionnaire was used for data collection. The first part included demographic information and the second part consisted of Euthanasia Attitude Scale. The scale was designed and primarily validated by Tordella and Newton in 1979 [16]. Persian version of the scale was prepared by Aghababaei. Reliability of the scale was confirmed using Cronbach's alpha ($\alpha=0.88$). Internal consistency of the scale was also confirmed (0.56) [6]. The scale was used in various studies [5-7]. This scale contained 20 items encompassing four subscales of ethical considerations (items 1-11), practical considerations (items 12-14), valuing life (items 15-18), and naturalistic beliefs (items 19 and 20). There is a clear definition of Euthanasia at beginning of the scale in order to present an overview of Euthanasia for the participants. Then, the participants completed the questionnaire. Their responses were scored based on a five-point Likert scale (completely disagreed=1, completely agreed=5). The higher the score, more positive the attitude will be towards Euthanasia [6]. Fully completed questionnaires were analysed using SPSS v. 21, descriptive and analytical tests (Mann-Whitney and Kruskal-Wallis). Significant levels for all tests were considered as $p<0.05$.

FINDINGS

In terms of demographic characteristics, most of the participants (54.3%) were from 21 to 25 years old, females (57.4%) and married (84%). Considering the field of study, 11.2% of students were studying medicine, 25% nursing, 16.5% laboratory science, 17.6% anesthesia, 10.1% health, and 19.7% operating room. Regarding the economic status, most of the participants (63.3%) were middle. Considering religious status, 96.8% of the students were Shia and 45.7% were moderately religious. These findings are presented in Table 1.

Table 1: Frequency distribution of demographic variables regarding research units

Characteristics	Classes	Number	Percent
Gender	Male	80	42.6
	Female	108	57.4
Age (in terms of years)	<20	76	40.4
	21 to 25	102	54.3
	25 to 30	10	5.3
Marital status	Single	158	84
	Married	30	16
Field of study	Medicine	21	11.2
	Nursing	47	25
	Laboratory science	31	16.5

	Anesthesia	33	17.6
	Health	19	10.1
	Operating room	37	19.7
Economic status	Low	24	12.8
	Middle	119	63.3
	High	45	23.9
Religion	Shia	182	96.8
	Sunni	6	3.2
Relationship with religion	Poor	23	12.2
	Moderate	86	45.7
	Great	79	42

The findings showed that overall mean score of attitude toward Euthanasia was 42.30 ± 13.68 . The highest score belonged to practical considerations with a mean score of 46.36 ± 19.87 and the lowest score belonged to valuing life with a mean score of 39.22 ± 16.99 . Contents of Table 2 show that the mean of all variables is significantly different ($p < 0.01$) from the tested value (mean

score=50). Since calculated t-values for variables of attitude toward Euthanasia and its dimensions are negative (less than observed mean score=50), mean score of students' attitudes toward Euthanasia and its dimensions was significantly lower than expected mean score.

Table 2: Mean and standard deviation of variables of attitude toward Euthanasia and its dimensions in students of Jahrom University of Medical Sciences

Variables	Mean	Standard deviation	Tested value=50		
			t-value	df	p-value
Attitude toward Euthanasia	42.3	13.68	-7.716	187	0.000
Ethical considerations	41.75	15.28	-7.394	187	0.000
Practical considerations	46.36	19.67	-2.533	187	0.012
Valuing life	39.22	16.92	08.725	187	0.000
Naturalistic beliefs	45.34	21.97	-2.904	187	0.004

For qualitative description of level of attitude toward Euthanasia and its dimensions, the range of values of these variables was divided into five equal categories namely very negative, negative, neutral, positive and very

positive. Accordingly, most of respondents (60.6%) were neutral toward Euthanasia, 36.7% were negative and very negative and only 2.6% were positive and very positive (Table 3).

Table 3: Qualitative description of level of attitude of students of Jahrom University of Medical sciences toward Euthanasia

Variables	Categories	Number	Percent
Level of attitude toward Euthanasia (total)	Very negative	15	8
	Negative	54	28.7
	Neutral	114	60.6
	Positive	4	2.1
	Very positive	1	0.5

Mann-Whitney and Kruskal-Wallis tests were used to test the difference between level of students' attitudes toward Euthanasia and demographic variable. The results showed that women were significantly more positive

toward Euthanasia than men ($p < 0.05$). There was also a significant and positive relationship between relationship with religion and attitude toward Euthanasia ($p < 0.05$). However, there were no significant difference

between attitude toward Euthanasia and other demographic variables ($p>0.05$) (Table 4).

Table 4: Mean score of attitude toward Euthanasia in terms of demographic variables in students of Jahrom University of medical sciences

Demographic variables	Statistic	p-value
Gender	-2.540	0.011
Age	1.252	0.535
Marital status	-1.108	0.268
Field of study	8.321	0.080
Economic status	1.347	0.510
Religion	-0.363	0.717

DISCUSSION

Attitude toward Euthanasia was studied in students of Jahrom University Medical Sciences. Most of participants in this study (60.6%) were neutral toward Euthanasia. However, Leppert *et al.* determined attitude of Polish physicians toward Euthanasia with regard to cancer patients. They showed that 90% of physicians disagreed with Euthanasia [14]. McCormack *et al.* also showed negative attitude of most of English physicians toward Euthanasia [17]. The results of another study in Italy showed that a small percentage of physicians (33%) agreed with Euthanasia [18]. Few studies were conducted on attitudes of students of medical sciences toward Euthanasia in Iran. Sarhadi *et al.*, Asadi *et al.*, Taghaddosinejad *et al.*, Vakili *et al.* and Tavooosiyani *et al.* studied attitudes of physicians and nurses toward Euthanasia. The results of these studies showed that most of them were negative toward Euthanasia [12,13,19-21]. The results of studies on attitudes toward Euthanasia in Iran and foreign countries showed that the results of this study differ from the results of previous studies. In this study, most of students were neutral toward Euthanasia. This difference may be due to lack of clinical experience on patient care and lack of knowledge on Euthanasia rules among the students. Attitude of medical students toward Euthanasia was also investigated with regard to demographic variables. The result showed that attitude toward Euthanasia was significantly different in the two genders. There was also a significant difference between attitude toward Euthanasia and relationship with religion. No significant difference was found between attitude toward Euthanasia and other demographic variables. The results of this study are inconsistent with the results of studies by Gielen *et al.* [15], Vakili *et al.* [20] and Ay *et al.* [22], who found out a significant relationship between gender and tendency to Euthanasia. However, Aghababei *et al.* [23] and Naseh *et al.* [5] found no significant relationship between gender and attitude toward Euthanasia, which is in agreement with the results of this study. This might be due to different statistical population in these studies. The findings of the present study also indicated a significant and positive difference between relationship with religion and attitude toward Euthanasia. On the contrary, Naseh *et al.* showed a significant and negative

correlation between relationship with religion and attitude toward Euthanasia [7]. Sprung *et al.* also found out that religion has a positive influence on attitudes toward end-of-life decision making in 11 European countries [24].

CONCLUSION

The results of this study showed that a high percentage of students were neutral toward Euthanasia. Attitude toward Euthanasia was generally investigated in this study and various types of Euthanasia were not studied in details. Therefore, it is suggested that various types of Euthanasia be studied in future. The role of effective factors in consenting or dissenting from Euthanasia was not also investigated in this study. Therefore, it is suggested that the role of effective factors in attitudes toward Euthanasia be studied in future.

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ETHICAL CONSIDERATIONS

Ethical issues were completely observed by the authors.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

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