

Attitudes towards euthanasia among health workers, students and family members of patients in hospice in north-eastern Poland

Mickiewicz I.¹, Krajewska-Kułak E.², Kułak W.³, Lewko J.²

¹ Independent Public Palliative Care, Suwałki, Poland

² Department of Integrated Medical Care, Medical University of Białystok, Poland

³ Department of Pediatric Rehabilitation, Medical University of Białystok, Poland

ABSTRACT

Purpose: To assess attitudes towards euthanasia among medical staff (hospice workers and nurses not working in hospice), nursing students and family members of patients in hospice.

Materials and methods: The study group included 565 persons: 175 nursing students, 183 professionally-active nurses not working in hospice, 103 hospice workers and 104 family members of patients in hospice. We used the original questionnaire survey.

Results: Nearly half of the nurses, 49.6% of the students, 71.8% of the hospice workers and 45.2% of the family members were opposed to active euthanasia, whereas, 24.6% of the nurses, 32.4% of the students, 19% of the family members and 9% of the hospice workers supported euthanasia. Nurses supported the following forms of euthanasia: stopping resuscitation (47.5%), discontinuing life-support equipment (24%), and lethal injection

(12%). In the student group, 43.6% supported stopping resuscitation, 34.4% supported the withdrawal of life-support equipment, and 12.6% supported lethal injection. Almost 46% of family members of patients in hospice accepted discontinuing life-support equipment and 21.2% supported stopping resuscitation. Nearly 37% of hospice workers accepted stopping resuscitation and 28.6% supported the withdrawal of life-support equipment. Most hospice workers were opposed to active euthanasia while most of the nursing students supported it.

Conclusion: The legalization of euthanasia was favored by most of the students; however, in contrast, it was rarely favored by the hospice workers.

Key words: euthanasia, hospice, medical staff

***Corresponding author:**

Department of Integrated Medical Care

Medical University of Białystok

7a M. Curie-Skłodowskiej str.

15-096 Białystok, Poland

Tel: +48 85 748 55 28

E-mail: elzbieta.krajewska@wp.pl (Elzbieta Krajewska-Kułak)

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INTRODUCTION

In many European countries, the last decade has been marked by an increasing debate about the acceptability and regulation of the euthanasia and other end-of-life decisions in medical practice [1, 2].

Cohen et al. [2] compared acceptance of euthanasia among the general public in 33 European countries. They used the European Values Study data of 1999-2000 with a total of 41125 respondents (63% response rate) in 33 European countries. Results showed that the acceptance of euthanasia tended to be high in some countries (e.g. the Netherlands, Denmark, France, Sweden), while a markedly low acceptance was found in others (e.g. Romania, Malta and Turkey). Euthanasia is accepted by the law and in certain terms in the Netherlands, Belgium and Luxemburg [3-5].

Euthanasia is viewed by some as the act of taking the life, for reasons of mercy, of a person who is hopelessly ill [6]. Euthanasia is generally classified as either active or passive. Passive euthanasia is usually defined as withdrawing medical treatment with the deliberate intention of causing the patient's death. The classic example of passive euthanasia is a "do not resuscitate order". Active euthanasia is taking specific steps to cause the patient's death, such as injecting the patient with poison. In practice, this is usually an overdose of pain-killers or sleeping pills [6]. The first two and central arguments for physician-assisted suicide and euthanasia relate to the principles of beneficence and patient autonomy. Beneficence is one of the major duties of a physician to reduce pain and suffering. Killing upon request seems to be nothing more than the last and logical consequence of the physician's duty to alleviate suffering and to fully respect the patient's autonomy and wish [2].

Studies in medical staff have shown a relatively high rate of acceptance of active euthanasia [7, 8, 9, 11].

Euthanasia is a neglected topic. It is rarely an issue of public debate. Euthanasia is prohibited in our country and is treated as crime.

The aim of this study was to assess the attitudes towards active euthanasia among medical staff (hospice workers, nurses not working in hospices), nursing students and family members of patients in hospice.

MATERIALS AND METHODS

This investigation was conducted in the period between January 2010 and November 2010. The postal questionnaire was sent only to family members of patients in hospice. For other groups of

tested persons, the questionnaire was given by authors of the present study. There were four groups of tested persons as follows: nursing students of the first year (Group I), the professionally active group of nurses not working in hospices (Group II), hospice workers (Group III), and family members of patients in hospice (Group IV). First-year nursing students of the Medical University participated in the study (Group I). Details are shown in Table 1.

The vast majority of the participants were Catholics (95%). Only 24 participants of the total sample were Orthodox Christians, and six were atheists. All participants were informed of the nature of the study and signed an informed consent. The questionnaire was developed at our center with the use of a focused group with expertise in palliative medicine. The questionnaire covered demographic data of the respondents: gender, age, education, place of residence, and work experience. The five questions covered attitudes towards euthanasia as follows:

1. Do you support active euthanasia?
2. Do you support the legalization of active euthanasia?
3. In what clinical conditions should active euthanasia be accepted?
4. What acceptable form of active euthanasia do you support?
5. Would you agree to the assistance of euthanasia? (This question was posed to Groups I, II and III.)

The differences among the groups were determined by Chi-square test. The significance level was set at $p < 0.05$. Statistical analysis was performed by SPSS ver. 11.0. The study was approved by the ethics committee of the Medical University (no R-I-002/62/2010) and informed consent have been obtained from subjects.

RESULTS

The response rate was 94.5% (104 returned questionnaires of 110) of family members of patients in hospice. The response rate was 100% in other groups. The total number of persons tested was 565. There were 175 nursing students: 161(92%) women and 14 (8%) men (Group I). The analysis according to sex was not made among the students, because almost all of the respondents were women. Nursing students' mean age was 20 ± 2.1 .

The professionally-active group of nurses not working in hospice included 183 persons tested: 172 (94%) women and 11 (6%) men (Group II). Nurses' mean age was 36.56 ± 13.14 .

The group of hospice workers included 103 persons tested: 90 (87%) women and 13 (13%) men (Group III). Of the responding hospice

workers, 54% had received a university education and 46% had received a high school education. Hospice workers' mean age was 39.36 ± 7.84 .

The group of family members of patients in hospice included 104 persons tested: 70 (67%) women and 34 (33%) men (Group IV). Almost 76% had a high school education and 24% had a university education. Families' mean age was 54.39 ± 10.87 .

Table 1 presents the attitudes of the test groups to active euthanasia. Nearly half (49.6%) of the students (Group I) were opposed to active euthanasia, while 24.7% supported it. Similarly, almost half (49.7%) of the nurses (Group II) were opposed to active euthanasia, but 24% did not have an opinion. Only 7.8% of hospice workers (Group III) supported active euthanasia, and 4.9% supported euthanasia under some conditions (Table 1).

Table 1. The attitudes towards euthanasia among the tested groups.

Respondents groups		Answers				
		a	b	c	d	e
		N (%)	N (%)	N (%)	N (%)	N (%)
GI	Nursing students	45 (24.7)	33 (18.6)	71 (49.6)	30 (17.1)	0 (0)
GII	Nurses not working in hospices	36 (19.7)	11 (6)	91 (49.7)	44 (24)	1 (0,5)
GIII	Hospice workers	8 (7.8)	5 (4.9)	74 (71.8)	16 (15.5)	1 (1)
GIV	Family members of patients in hospice	16 (15.4)	10 (9.6)	47 (45.2)	33 (31.7)	0 (0)
		P value, (ns) not significant				
GI-GII		ns	0,001	ns	ns	ns
GI-GIII		0.001	0.005	0.001	ns	ns
GI-IV		0.05	0.05	ns	0.005	
GII-GIII		0.01	ns	0.001	ns	ns
GII-GIV		ns	ns	ns	ns	ns
GIII-GIV		ns	ns	0.001	0.01	ns
		a. I support b. I support in the conditions c. I oppose d. I do not have an opinion e. others				

Chi-square test for differences among nursing students, nurses, hospice workers s and family members of patients in hospice

Of the responding family members of patients in hospice (Group IV), 45.2% were opposed to euthanasia, 31.7% did not have an opinion, and 15.4% supported it (Table 1).

Nearly half of the test person groups (GI, GII, and GIV) and three-quarters (GIV) were opposed to active euthanasia. Significant differences in the attitudes towards euthanasia between the tested groups were found (table 1). The

most significant differences noted were between GI vs. GIII and GI vs. GIV.

Table 2 shows the attitudes of the test groups to the legalization of euthanasia. The legalization of euthanasia was favored by 32.4% of the students, 38.6% were against its legalization and 27.9% did not have an opinion on the matter (Group I). The legalization of euthanasia was accepted by 24.6% of the nurses, 42.1% opposed its legalization, and 31.1% did not have an opinion on

the matter (Group II). Only 9% of the hospice workers accepted the legalization of euthanasia, 74% of the hospice workers opposed its legalization, and 17% did not have an opinion on the matter (Group III). Nearly 1/5 of the family members of patients in hospice favored the legalization of euthanasia, 43% were against its legalization, and 38% did not have an opinion on the matter (Group IV). Significant differences in attitudes to the legalization of euthanasia among the tested groups were found (Table 2).

Table 3 presents the attitudes of the tested groups to euthanasia under clinical conditions. Of the responding students, 67% stated that life supported by equipment can justify euthanasia (Group I). Only 13.4% accepted euthanasia under the “others” clinical conditions as follows: severe

physical and mental suffering in terminally ill patients, severe suffering of patients whose life is supported by equipment, and congenital disease with severe disabilities.

Nearly half of the nurses (48.9%) accepted euthanasia when the patient’s life is supported by equipment (Group, II) and 26.1% supported euthanasia in the “others” clinical conditions.

Similarly, 55.7% of the hospice workers and 58.4% of the family members of patients in hospice accepted euthanasia when a patient’s life is supported by equipment (Group III, IV). Almost one-third of the hospice workers and 23.8% of the family members of patients in hospice accepted euthanasia in the “others” clinical conditions.

Table 2. The attitudes of the test groups to the legalization of euthanasia.

Respondents groups		Answers			
		A	b	c	d
		N (%)	N (%)	N (%)	N (%)
GI	Nursing students	57 (32.4)	68 (38.6)	49 (27.9)	2 (1.1)
GII	Nurses not working in hospices	45 (24.6)	77 (42.1)	57 (31.1)	4 (2.2)
GIII	Hospice workers	9 (9)	74 (74)	17 (17)	0 (0)
GIV	Family members of patients in hospice	19 (19)	43 (43)	38 (38)	0 (0)
		P value. (ns) not significant			
GI-GII		ns	ns	ns	ns
GI-GIII		0.001	0.001	0.05	ns
GI-IV		0.03	ns	ns	ns
GII-GIII		0.005	0.001	0.03	ns
GII-GIV		ns	ns	ns	ns
GIII-GIV		0.05	0.001	0.001	ns
Chi-square test for differences among nursing students, nurses, hospice workers s and family members of patients in hospice		a. I support. b. I support it under conditions . c. I oppose. d. I do not have an opinion, e. others			

Table 3. The attitudes of the test groups to euthanasia under the clinical conditions.

Respondents groups		Answers			
		a N (%)	b N (%)	c N (%)	d N (%)
GI	Nursing students	8 (4.6)	116 (67)	26 (15)	23 (13.4)
GII	Nurses not working in hospices	5(2.8)	88 (48.9)	40 (22.2)	47 (26.1)
GIII	Hospice workers	2(2.5)	44 (55.7)	7 (8.9)	26 (32.9)
GIV	Family members of patients in hospice	12 (11.9)	59 (58.4)	6 (5.9)	24(23.8)
		P value, (ns) not significant			
GI-GII		ns	0.001	ns	0.005
GI-GIII		ns	ns	ns	0.001
GI-IV		0.03	ns	0.03	0.03
GII-GIII		ns	ns	0.03	ns
GII-GIV		0.005	ns	0.001	ns
GIII-GIV		0.03	ns	ns	ns
Chi-square test for differences among nursing students, nurses, hospice workers s and family members of patients in hospice		a. chronic disease; b. life supported by equipment c. terminally ill patient d. others			

Table 4. The attitudes of the test groups of acceptable forms of euthanasia.

Respondents groups		Answers			
		a N (%)	b N (%)	c N (%)	d N (%)
GI	Nursing students	69 (34.4)	85 (43.6)	22 (12.3)	17 (9.7)
GII	Nurses not working in hospices	89 (47.5)	44 (24)	22 (12)	32 (16.5)
GIII	Hospice workers	31 (36.8)	24 (28.6)	4 (4.8)	25 (29.8)
GIV	Family members of patients in hospice	22 (21.1)	48 (46.2)	10 (9.6)	24 (23.1)
		P value, (ns) not significant			
GI-GII		ns	0.001	ns	0.05
GI-GIII		ns	0.005	ns	0.001
GI-IV		0.005	ns	ns	0.005
GII-GIII		ns	ns	ns	0.03
GII-GIV		0.001	0.001	ns	ns
GIII-GIV		0.03	0.03	ns	ns
Chi-square test for differences among nursing students, nurses, hospice workers s and family members of patients in hospice		a. stopping resuscitation b. withdrawal of life-equipment c. lethal injection d. others			

Table 5. The attitudes of the test groups on consent for assisting in euthanasia.

Respondents groups		Answers					
		a	b	c	d	e	f
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
GI	Nursing students	9 (5.1)	33 (18.6)	28 (15.7)	81 (46.3)	24 (13.7)	1 (0.6)
GII	Nurses not working in hospices	2 (1.2)	21 (12.5)	41 (22.4)	80 (43.7)	34 (18.6)	3 (1.6)
GIII	Family members of patients in hospice	1 (1.6)	7 (7.8)	15 (14.6)	65 (63.1)	9 (10.7)	1 (2)
		P value, (ns) not significant					
GI-GII		ns	ns	ns	ns	ns	ns
GI-GIII		ns	0.01	ns	0.01	ns	ns
GII-GIII		ns	ns	ns	0.005	ns	ns
Chi-square test for differences among nursing students, nurses, hospice workers s and family members of patients in hospice		a. yes b. probably yes c. probably no d. definitively yes e. I do not have an opinion f. others					

Table 4 shows the attitudes of the test groups of the acceptable form of euthanasia. Of the responding students, 43.6% accepted withdrawal of life equipment and 34.4% stopping resuscitation (Table 4). Nearly half of the nurses (47.5%) supported stopping resuscitation. Similarly, 36.8% of the hospice workers accepted stopping resuscitation. In contrast, 46.2% of the family members of patients in hospice favored withdrawal of life-equipment. Significant differences among the test groups were found.

Of the responding students, 46.3% answered that they definitely would not participate in euthanasia and 18.6% answered "probably yes" (table 5). Almost half of the nurses (43.7%) refused to assist in euthanasia. More than half of the hospice workers (63.1%) also refused to assist in euthanasia. Families were not asked for participation in euthanasia, for obvious reasons. The most significant differences noted were between GI vs. GIII and GII vs. GIII. Details are shown in Table 5.

DISCUSSION

To the author's knowledge, this is the first study that compared attitudes towards the issue problem of euthanasia between medical staff (hospice workers, nurses and nursing students) and family members of patients in hospice care. Almost

half of the nursing students, nurses and family members of patients in hospice felt opposed to active euthanasia and its legalization. In contrast, nearly ¾ of hospice workers were against active euthanasia and its legalization.

Compared to the results described by [12] Spanish hospital personnel (doctors and nurses), students and retired people showed a wider acceptance of euthanasia. With respect to acceptance of the practice of legislation for active euthanasia, 63% were in agreement. Similarly, Finnish nurses (40%) and the Finnish general public (50%) agreed that euthanasia would be acceptable in some situations [13]. A differentiated analysis according to sex was not made among the nurses, because almost all respondents were women. In our study, we also did not analyse our results by sex, because almost all nursing students, nurses and the hospice workers were women.

In most European countries, attitudes regarding the acceptability of euthanasia have changed in the population since World War II. A recent Austrian study analysed trends in attitudes towards active euthanasia in medical students. The acceptance of active euthanasia increased from 16.3% to 29.1%, and to 49.5% in the periods from 2001 to 2003/2004 to 2008/2009 [14].

A Greek study from 2010 revealed that a great number of the respondents (47% physicians, 45.2% nurses, 49.1% relatives, and 52.8% lay people) approved of the legalization of a terminally ill cancer patient's hastened death [15].

Our findings are comparable with a Yugoslavian study [16] from 1988. More than half of the individuals – oncologists, family doctors, medical students and lawyers – were opposed to active euthanasia and its legalization.

Age was recognized as an important variable in support for euthanasia. Among Finnish nurses, the younger ones (under 50 years) supported euthanasia more frequently than the older ones (50 y or more) [13]. Similarly, in our survey, most of the nurses were under 50 years old, but they were more frequently against euthanasia than Finnish nurses.

Mierzecki et al. [17] compared the attitude to euthanasia in groups of first-year medical students from Medical University in Szczecin (Poland), Ernst-Moritz-Arndt University Greifswald (Germany) and Lund University (Sweden). Results showed that 82% of questioned German students, 61% of Swedish students, and 48% Polish students supported euthanasia. Among Poles, 92.5% of students were Catholics; among Germans and Swedes, 28% and 40% of the students were Protestants, respectively. The authors concluded that the acceptance of euthanasia may be connected with religious belief, as an element of cultural difference among the three countries.

The percentage of nurses and medical staff who approve of euthanasia is increasing and ranges from 35% to 88% in different countries. In a Yugoslavian study [16], the legalization of euthanasia was favored by 43% of family doctors, 30% of medical students and 23% of oncologists, respectively. Almost half of Greek nurses supported the legalization of euthanasia [15]. In a British survey from 2003, 2/3 of 2709 nurses believed that euthanasia should be legalized [4]. In the present study, nearly one-third of the nurses supported the legalization of euthanasia.

A German study [9] conducted among oncologists, family doctors, medical students and lawyers in the area of euthanasia showed that more than half of the individuals were against euthanasia.

Religion was recognized as an important variable in support for euthanasia. For Christians, the decision regarding the moment of death belongs exclusively to God: since life is seen as a gift from God, and the moment of death is known only to him, euthanasia is considered as murder. In our study, almost all respondents were religious, but we found differences among the groups regarding their attitudes to the legalization of euthanasia.

A phone survey conducted among a random national sample of 1502 French hospital nurses revealed that 48% of the nurses supported the legalization of euthanasia [7]. Religiosity, training in palliative care or pain management and feeling competent in end-of-life care were negatively correlated with support for the legalization of euthanasia.

In the Finnish study [13], nearly half of the nurses agreed that euthanasia would be acceptable in some situations. Passive euthanasia was most often considered acceptable in cases of severe dementia. Active euthanasia was most often accepted in the case of an incurable cancer. In our survey, respondents more often supported euthanasia in terminally ill patients.

In a Yugoslavian study [16], respondents identified incurable disease, unbearable pain, and children born with severe anomalies as the clinical conditions in which euthanasia would be acceptable.

The present study had some limitations. Our questionnaire was not validated. Respondents were not asked to consider ethical issues. We did not evaluate the education level.

CONCLUSIONS

Most hospice workers were opposed to active euthanasia, while most of the nursing students supported it. The legalization of euthanasia was favored by most of the students; however, in contrast, it was rarely favored by the hospice workers. The majority of respondents did not want to participate in the process of euthanasia.

Conflicts of interest

We declare that we have no conflicts of interest.

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