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Original Article

Attitudes of Clinicians Towards Euthanasia and Physician-Assisted Suicide in Terminally Ill Patients

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ABSTRACT

Objective: To determine attitudes of clinicians involved in care of terminally ill patients towards euthanasia and physician-assisted suicide (PAS).

Study Design: Descriptive cross-sectional study.

Place and Duration of Study: Military Hospital (MH), Combined Military Hospital (CMH) and Armed Forces medical institutes in Rawalpindi, Pakistan, from Jul 2019 to Jan 2020.

Methodology: Clinicians were asked to answer a self-administered questionnaire which was then collected and all data was analysed by Statistical Package for the Social Sciences (SPSS) version 21.00. Both descriptive statistics and inferential statistics were used for comparing respondents, according to age, gender, religion, marital status, speciality, qualification, job designation, hospital, clinical experience, and any clinical experience abroad, regarding their attitudes towards euthanasia.

Results: Out of 60 clinicians, 55(91.70%) had negative attitude while 5(8.30%) had positive attitude towards euthanasia and physician-assisted suicide, 53 clinicians (88.30%) were male and 7(11.70%) were female. All were Muslims and 48 doctors (80.00%) had clinical experience abroad while 56 clinicians (93.30%) were married and 4(6.70%) were unmarried. Most of the married doctors had negative attitude towards euthanasia as compared to unmarried ones. (94.60% vs. 50.00%)

Conclusion: Most of the clinicians involved in care of terminally ill patients had negative attitudes towards euthanasia and physician-assisted suicide.

Keywords: Assisted dying, end-of-life decisions, euthanasia, physician-assisted suicide, right to die, terminal care

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INTRODUCTION

Euthanasia and physician-assisted suicide are being extensively debated worldwide[1]. Most studies done in Pakistan have been conducted among general practitioners, who do not face such situations frequently,[2] compared to ICU (Intensive Care Unit) healthcare workers, who have the most in-depth contact with terminally ill patients [3]. One study showed that 86.00% respondents believed that the practice of euthanasia and physician-assisted suicide was not ethically justified[4]. A cross-sectional study of doctors in India found that euthanasia was justified according to 46.80% of respondents to curtail the suffering of the patients or to ameliorate the emotional and financial burden with 84.50% concerned that it may be misused if legalised[5]. Medical training and duration of medical practice affected attitudes towards euthanasia, where more experienced and qualified consultants had comparatively positive attitude, but for terminal versus non-terminal patients, doctors were opposed in both cases, with significantly less support for non-terminal patients[6]. A study from various European countries noted that frequency of death through these means was 1.80 to 2.90% in the Netherlands[7]. Provision of adequate palliative care decreased the requests from patients for euthanasia in a survey among US oncologists,[8] but another study highlighted the case of a cancer patient in severe pain, who was successfully treated for his pain with aggressive analgesia, which led to his death, causing a 'double effect'[9]. A study, which from the Netherlands, highlighted the importance of balance between a patient's autonomy and a physician's professional responsibility for providing terminal care[10]. Our study aimed to examine the views of clinicians working in ICUs, critical care units (CCUs), high-dependency units (HDUs), and oncology department of military institutes in Rawalpindi, Pakistan as these are the specialties where clinicians are concerned daily with terminally ill, critically ill or palliative care patients.

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METHODOLOGY

This was a descriptive cross-sectional study carried out in MH, CMH and Armed Forces medical

institutes in Rawalpindi, Pakistan, from July 2019 to January 2020. The study began after approval from hospital Ethics Review Committee (ERC) was issued via letter number, date of issuance. Sample size was calculated using OpenEpi online calculator, where confidence level (CL) was 95 %, anticipated population proportion (p) was 82 %[2], absolute precision required (d) was 10% and calculated sample size was 60 clinicians, which was attained using non-probability consecutive sampling.

Inclusion Criteria: Only those clinicians, both male and female, aged 30 years to 60 years, with experience of treating terminally ill patients for more than 5 years, involved in decisions about palliative care (consultant physicians, surgeons and postgraduate fellows) and presently working in medical and surgical ICUs, HDUs and oncology departments were included.

Exclusion Criteria: House officers, residents and doctors not involved in direct decisions about palliative care of terminally ill patients or specialists consulted for specific issues were excluded from this study as the decision to continue or stop palliative care did not rest with them.

Participants' informed consent was taken after explaining the objectives and benefits of the study. Participants were asked to answer a self-administered questionnaire to assess attitudes towards euthanasia. The data was endorsed in the questionnaire, which was developed after conducting focus group of physicians, piloting it on 10 participants, reviewed from experts in the field of ethics, and reviewing literature reporting similar surveys. Attitude was measured through [17] questions, with total score of 26, where a score of more than 13 showed positive attitude towards euthanasia and PAS. Analysis for reliability and internal consistency was done by applying Cronbach's alpha. All collected data was analysed by IBM Statistical Package for Social Sciences Statistics version 21.00 where both descriptive statistics, to measure quantitative and qualitative variables, and inferential statistics, were used for comparing respondents, according to age, gender, religion, marital status, speciality, qualification, job designation, hospital, clinical experience, and any clinical experience abroad, regarding their attitudes towards euthanasia. Quantitative variable of attitude was measured as Mean±SD deviation while qualitative variables were measured as frequency and percentage.

RESULTS

Out of 60 doctors who participated in this study, 55(91.70%) had a negative attitude, while 5(8.30%) had positive attitude, towards euthanasia and PAS. Mean age of clinicians was 47.28 ± 6.389 years, with minimum age of 35 years and maximum age of 59 years. Among the participants, 53(88.30%) were male and 7(11.70%) were female while 56 (93.30%) were married and 4(6.70%) were unmarried. Mean score reported was -2.58 ± 9.327. Majority of doctors worked in Medicine and its allied specialties holding qualification of FCPS in Medicine and employed as classified medical specialist, while 24(40.00%) worked in MH, 24(40.00%) in CMH, Rawalpindi, while the rest worked in other Armed Forces institutes. Mean clinical experience was 23.70 ± 6.201 years, with 48(80.00%) reporting clinical experience abroad, however, none of these variables were statistically significant. Only marital status was noted to be statistically significant (p-value ≤ 0.05) with most of the married doctors having negative attitude towards euthanasia as compared to unmarried doctors (94.60% versus 50.00%), with p-value being 0.002. More females reported positive attitude towards euthanasia as compared to males (14.30% versus 7.50%). All respondents were Muslims and most (91.70%) had negative attitude towards euthanasia, regardless of their age in years.

Regarding methods for use in a terminally ill patient, most doctors (91.70%) said they will not use any method and only 4.00 % said they will withhold or withdraw treatment as shown in Figure-1.

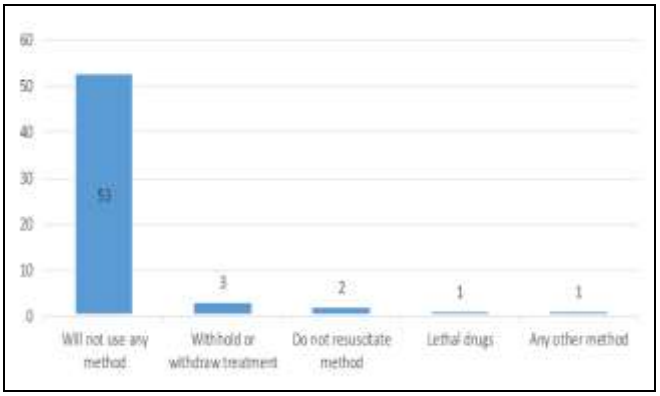

Figure 1: Euthanasia Methods in a Terminally Ill Patient (n=60)

Most doctors (76.00%) believed family members were most suited for making proxy decision regarding euthanasia as shown in Figure-2

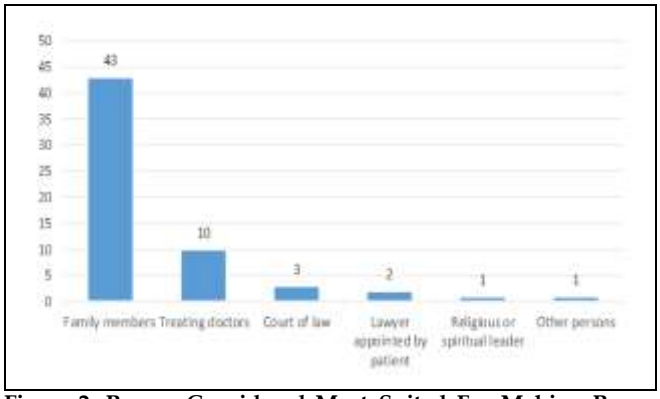

Figure-2: Person Considered Most Suited For Making Proxy Decision Regarding Euthanasia (n=60)

Opinion regarding safeguards to regulate the practice of euthanasia and physician-assisted suicide was divided as illustrated by Figure-3.

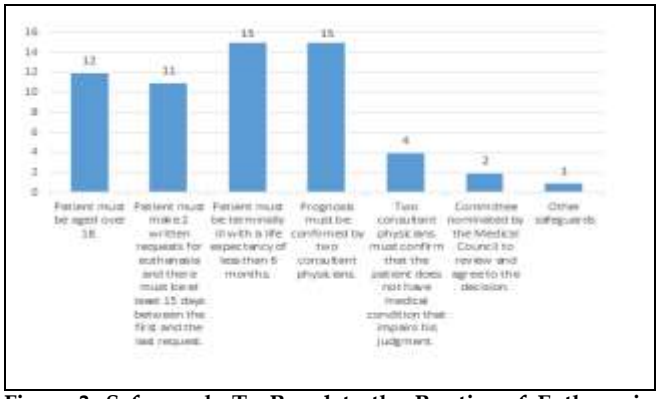

Figure-3: Safeguards To Regulate the Practice of Euthanasia and Physician-Assisted Suicide (n=60)

Doctors' opinion was also divided regarding factors that make a terminally ill patient desire to end his life as seen in Figure-4

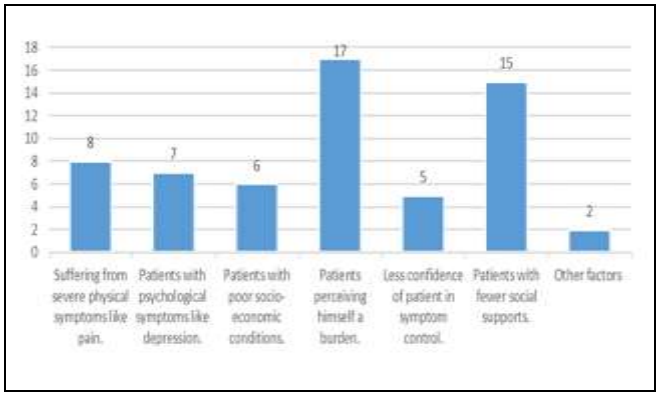

Figure-4: Contributing Factors For Terminally Ill Patient Desire to End Life (n=60)

DISCUSSION

In our study, significant correlation was established between only marital status and negative attitudes towards euthanasia and PAS, with *p*-value 0.02. One author highlighted the importance of religious beliefs in end-of-life care in the major religions like our study where all the participants were Muslims and majority of whom were opposed to euthanasia[11]. Another study highlighted the importance of examining the beliefs of healthcare professionals in the practice of euthanasia and provision of end-of-life care[12] as strong religious beliefs in nurses had strong correlation with disapproval of euthanasia[13] with various organizations having clarified the definitions and terms related to euthanasia to emphasize the importance of palliative care as opposed to recourse to euthanasia and PAS[14] but most countries have still not been able to formulate a coherent policy on these issues despite extensive debate [15]. Organ donation for various diseases can be done in countries where voluntary euthanasia is legalised with debatable ethical allowance16, but assisted dying can disrupt the trust between patient and physician in which patient believes that the doctor is not doing enough [17]. In the US, it has been emphasised that professional organisations, regulatory agencies, courts and journalists are important in preventing the misuse of these practices[18]. In short, the views of all stakeholders must be similarly documented in Pakistan to formulate a policy regarding terminal care, euthanasia and PAS.

LIMITATIONS OF STUDY

This study's small sample size (n=60) limits statistical power and generalizability to broader clinician populations in Pakistan or diverse healthcare settings. The self-administered questionnaire may have introduced social desirability bias, particularly on a sensitive topic like euthanasia in a predominantly Muslim cohort (100.00%), potentially inflating negative attitudes. Lack of detail on response rate, non-responder characteristics, and validated psychometric properties of the questionnaire further constrains interpretation, while inability to establish causality due to the cross-sectional design precludes assessing how attitudes evolve with experience or training. Multicentre studies with larger, more diverse samples are needed.

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Authors' Contribution

Following authors have made substantial contributions to the manuscript as under:

KMD & SA: Data acquisition, data analysis, critical review, approval of the final version to be published.

MH: Study design, data interpretation, drafting the manuscript, critical review, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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