ATTITUDE OF MEDICAL STUDENTS AND PAKISTANI PHYSICIANS TOWARDS EUTHANASIA AND ASSISTED SUICIDE: A DESCRIPTIVE CROSS-SECTIONAL STUDY

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ABSTRACT

Objective: To Determine Attitude of Medical Students and Pakistani Physicians towards Euthanasia and Assisted Suicide.

Methods: It is a Descriptive Cross-sectional Study, carried out at King Edward Medical University, Lahore from 24th August to 24th September, 2020. After taking ethical Approval from Institutional Review Board a questionnaire recording the respondent's email address was distributed in King Edward Medical University and affiliated Mayo Hospital, Lahore and responses to questionnaire were recorded with informed consent.

Result: Male to Female ratio of respondents was 2:3 and almost 83.74% of the respondents believed that euthanasia may be against their religious commands and 49.4% of the respondents agreed that euthanasia with necessary safeguards and restrictions should be legalized.

The characteristics of respondents are given in the Table-1

Conclusion: Almost half of the health care workers and medical students in Pakistan support judicial practice of Euthanasia.

Key words: Euthanasia, Assisted suicide

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INTRODUCTION

Since its inception euthanasia has been a controversial topic. It is the practice of terminating the life of a person or animal with an incurable disease or intolerable suffering in a painless or minimally painful way, for the purpose of limiting suffering.

Over the past two decades moral and ethical issues surrounding euthanasia have been extensively discussed and have become legally complex and culturally sensitive issue of our time[1-2] Religion serves to be one of the most important factors correlated with negative attitude towards euthanasia.[3]

Although illegal in most countries, euthanasia and assisted suicide are legal in countries like Netherlands, New Zealand, Switzerland and in State of Oregon in USA. In the Netherlands, a considerable number of patients requests euthanasia every year and around 3000 are granted.[4] It has been recently legalized in New Zealand after a referendum.

Muslims have strict belief that only God should terminate lives but according to an Islamic verdict (fatwa) for a patient refusing treatment of unpredictable efficacy is not sin.[5] According to a survey 58% doctors in Saudi Arab agreed that patients in intensive care unit had the right to refuse treatment if it was

ineffectual.[6] Euthanasia and physician assisted suicide are increasingly being legalized with main objective to ease suffering when there is no reasonable alternative in the patient's situation and predominantly involves cancer patients.[7-8]

Concerns about difficulty in determining and executing guidelines regarding euthanasia accompany the global change in attitude towards it.[9] What lawyer Eugene Volokh argued in 1930s is still one of the main concerns that legalization of euthanasia may lead to untoward consequences leading to slippery slope phenomenon.[10] Patient himself might feel psychological pressure considering himself a burden and may consider euthanasia as an alternative to prolonged hospital stay. Keeping in view all the above factors, the main objective of this research was to determine attitude of medical students and Pakistani physicians towards euthanasia and assisted suicide.

METHODS

A descriptive study was conducted in King Edward Medical University Lahore and affiliated Mayo Hospital from August to October 2020. A questionnaire was circulated online and responses of 450 Medical Students and Health care workers (270 females and 180 males) were recorded after taking consent.

Data Analysis: Data was entered and analyzed through FormsApp.

RESULTS

The characteristics of the respondents are shown in Table 1.

Out of total 450 respondents 270(60%) were female and 180(40%) were male. Male to Female (MTF) ratio was 2:3. Age distribution of respondents was also studied 19.33%(87=n) were under 20 years age, 79.78%(359=n) were between 20 to 40 years of age and 0.89% (4=n) were between 40 to 60 years of age.

In order to check familiarity to the subject the respondents were asked if they know whether euthanasia is practiced in their country or not. To this 47.78% (n=215) respondent replied with "Not Sure", 42.22% (n=190) replied with "NO" and 10% (n=45) replied with "YES".

Almost 49.56%(n=223) supported legalization of Euthanasia, if necessary, safeguards and restrictions in its performance are ensured.

Response to other questions related to Euthanasia and risks related to its legalization are summarized in Table 2.

The respondents were also asked if they consider that ventilator should be removed if the use is apparently futile and the results are mentioned in the Graph 1.

Table 1: Characteristics of Respondents

Age	Below 20	86
	Between 20-40	359
	Above 40	4
Gender	Male	180
	Female	270
Total Number of Respondents	450	

DISCUSSION

Euthanasia is considered to be of two types: Passive Euthanasia and Active Euthanasia. Active euthanasia involves administration of a lethal drug whereas passive euthanasia involves omission of an act.[14] Active euthanasia was considered to be act of killing but, a famous philosopher, James Rachels, argued as both active and passive euthanasia leads to similar outcome i.e., patient's death, so in terms of the moral aspect both active and passive euthanasia are similar. [14-15]

The Northern Territory of Australia was the first place in the world to pass laws allowing a physician to end the life of a terminally ill patient.[11-13] Since then the public support for legalization of euthanasia and physician-assisted suicide has been increasing. In the USA, in 1950, only 34% of citizens agreed that physicians should be allowed to hasten the lives of patients with incurable diseases. By 1991, the figure increased to 63%.[19] But Religious grounds are the main reason for opposition to euthanasia legalization.

Graph 1:

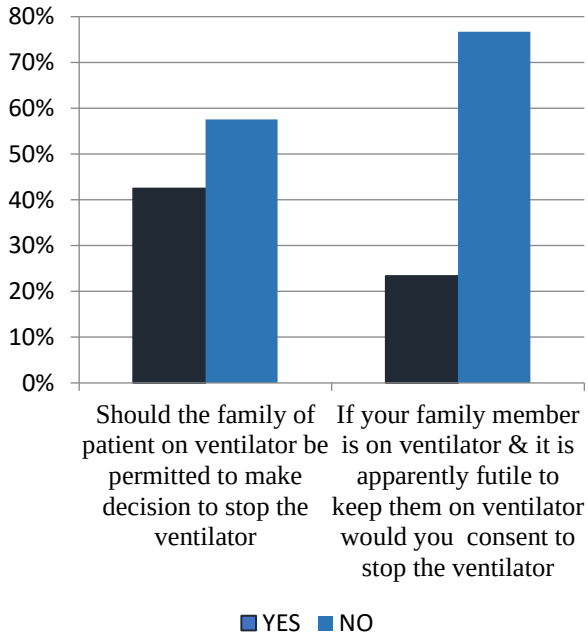

Table 2:

Sr. No.	Questions	Response			Total
		Yes	No	Not Sure	
1	Are Euthanasia and assisted suicide same?	42.67%	57.33%	none	450
2	Is suicide prohibited in your religion?	95.56% N=430	1.11% N=5	3.34% N=15	450
3	Do u think Euthanasia may be against your religious commands?	83.74% N=376	16.44% N=74	None	450
4	Would legalizing Euthanasia be helpful in directing doctor's energy towards patients who can be cured instead of those suffering from incurable diseases?	55.11% N=248	44.99% N=202	None	450
5	Do you think as a result of legalizing euthanasia patients may experience psychological pressure to consent to voluntary euthanasia rather than be a financial burden?	84% N=378	16% N=72	None	450
6	Isn't opposition to euthanasia just an attempt to impose religious beliefs on others?	37.33% N=168	62.81% N=282	None	450
7	Could euthanasia be used as a means of health care cost containment?	48% N=216	52% N=234	None	450

As not only in Islam but Catholic and Lutheran Churches opposes all forms of Euthanasia.[16]
Similarly, according to statistics of our research almost half i.e., 49.4% of the health care workers in Pakistan support legalization of Euthanasia, to be practiced in terminally ill patients. In 2006 similar research work was conducted at Shifa Medical College and the results indicated that only 7% of doctors supported euthanasia legalization.

Almost 84% (n=378) of the respondents in our survey revealed that they think legalization of Euthanasia may act as a pressure on patients to opt for euthanasia than to be a financial burden on family. 83.74% (n= 376) of respondents believe that euthanasia may be against their religious commands and majority 57.56%(n=259) supported not to remove patient from ventilator even if it is apparently futile.

A reason for supporting euthanasia can be that it can relieve unbearable suffering of patient. It can also help in reallocation of limited resources. Van der Maas et

al. in 1990, demonstrated that patients made the request for euthanasia due to the following reasons: loss of dignity mentioned in 57%, pain in 46%, unworthy dying in 46%, being dependent on others in 33% and being tired of life in 23% of the cases.[4]

But with that there is fear that legalization of Euthanasia may lead to the 'slippery slope' phenomenon. Initially, performed only for terminally ill patients, gradually practice of euthanasia widened to include the chronically ill. There is constant fear that it may be extended further to involve those with AIDS, or those in a persistent vegetative state, the elderly, etc.[20] Some incidences demonstrated the shift of euthanasia practice from physically ill patient to mentally ill. Some incidence like Prins and Kadijk cases (administration of legal injections to disabled babies) showed that it may even be widened to included involuntary patients. Moreover, in the Netherlands in 1999 there was a case of euthanasia for a patient of dementia.[18] It is feared that if the trend continues, it will further involve those who are mentally retarded, socially unproductive, and even racially unwanted.

It is also worrisome fact that legalizing euthanasia would undermine patients trust in doctors i.e., if a physician could both save and end a life, it would create ambiguity in the duty of the physician it would in turn erode the medical profession.[20]
In order to avoid further increase in practice of euthanasia it is necessary to explore the mental and psychological states of the patient, mainly looking for depressive features, to see whether major depression is the reason behind request to die. For relief and control of distressing symptoms attempts should be made to make all the possible legal options available to the patient. Research on the improvement of relief of pain and other distressing sufferings should be encouraged and promoted so that the patients will be able to benefit.

CONCLUSION

The medical community in Pakistan is in need of awareness regarding euthanasia and its various types. About half of the physicians are in favor of the legalization of euthanasia under restricted conditions. Therefore, it is high time for the Ministry of Health and the medical community in Pakistan to address this issue and provide guidelines for physicians dealing with situations where the patient or his/her family requests euthanasia, but the physician does not have a protocol to follow.

ETHICAL APPROVAL

The study was approved by the Ethical Review Board of King Edward Medical University, Lahore via Reference No. 358/RC/KEMC Dated: April 17, 2021.

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