International Journal of Medicine and Medical Sciences Vol. 4(6) pp. 138-141, August 2012
Available online at http://www.academicjournals.org/IJMMS
DOI: 10.5897/IJMMS12.015
ISSN 2006-9723 ©2012 Academic Journals

Full Length Research paper

Physicians' attitude about euthanasia and assisted suicide

Karami Khodabakhsh, Cheraghi Maria* and Karami Nasibeh

Department of Public Health, Ahwaz Jundishapur University of Medical Sciences, Ahwaz, Iran.

Accepted 5 May, 2012

This study was aimed to assess the physicians' attitude on euthanasia and assisted suicide. This study was a cross-sectional study on 55 specialist doctors (Male and Female) about euthanasia and physician-assisted suicide (PAS) who worked in different hospital in Ahwaz city 2010. We explained the terms of euthanasia and PAS individually and required their attitudes and practices. All data were entered in SPSS (version 11) and analyzed by descriptive statistics. Fifty-four (54) out of them (98%) believed that euthanasia and PAS were a violation of human dignity, that they would not be willing to provide these acts. All the 55 specialists agreed that euthanasia and assisted suicide were never ethically justified and stated that they were influenced by religious believes. Only 4 of them (7%) supported withdrawing life-sustaining interventions in cases of persistent vegetative state and by wishes requested of the family. This study has shown that 98% of specialist doctors believed euthanasia and PAS should not be legalized in any cases or situations. All off them believed that euthanasia and assisted suicide are never ethically justified, and mentioned that they were influenced by religious lives.

Key words: Physicians, euthanasia, assisted suicide, Ahwaz.

INTRODUCTION

Euthanasia comes from the Greek words, 'Eu' meaning 'good' and 'Thanatos' meaning 'death' (Hunt, 1995; Sugerman, 2000). Euthanasia meant an "easy death" a sudden death, through accident or in a battle (Giles, 1983); the term of euthanasia was not directly related to health professionals. In 17th century, Francis Bacon extended his belief that science should help relieve man's estate by arguing that the physician's duty was not to only restore the health, but to mitigate pain and dolor; and not only when such mitigation may conduct to recovery, but when it may serve a fair and easy passage (Ezekie, 1994). Classically, euthanasia was defined as the hastening of death of a patient to prevent further sufferings. There are several terms used to describe different forms of euthanasia, namely voluntary (the patient has expressed a wish to die and someone performs the act of euthanasia to let him die), involuntary (the patient is competent to express to make a decision, but has not been consulted, and his life is ended by an act of euthanasia), non-voluntary euthanasia (means that the euthanasia is performed when a patient is not competent to make a decision), active (refers to euthanasia as a result of someone performing an act such as injection of a lethal drug) and passive euthanasia (means euthanasia resulting from the omission of an act) (Hunt, 1995; Backer et al., 1994). So, euthanasia is a direct intentional killing of a person as part of the medical care being offered (Karami, 2002). Debates about the ethics of euthanasia and physician-assisted suicide (PAS) (the physician will prescribe a lethal drug which is administrated by the patient himself) were from ancient Greece and Rome. After the development of either, physicians began advocating the use of anesthetics to intentionally end a patient's life (Ezekiel and Emanuel 1994; The Medical Council of Hong Kong, 2009). The Voluntary Euthanasia Society, also known as Exit, was founded in 1935 in the UK. It was the first publicly acknowledged euthanasia society in the world and was organized to campaign for the legalization of euthanasia (Hunt, 1995). During the past decade, the debate about legalizing euthanasia has grown in many developed countries (Peretti-Watel et al., 2003). Netherlands

*Corresponding author. E-mail: mariacheraghi@gmail.com.

legalized euthanasia was in April 1st, 2002 (Janssen, 2002). "Euthanasia" means "the administration of lethal drugs with the explicit intention of shortening the patient's life at the patient's explicit request", this is the definition that is used in the Belgian and Dutch euthanasia laws (De Beer et al., 2004). Some define the euthanasia as 'the good death', but this name has not increased the attitude towards the practice and in the most parts of the world, euthanasia is considered illegal (Chao et al., 2002). Euthanasia is a debatable issue and the practices of euthanasia and PAS remain controversial (Ezekiel and Emanuel, 1994). Physicians' attitudes toward the practices of euthanasia and PAS are very important. It is not just a medical ethical problem; it also has philosophical, legal, religious and political dimensions (Chao et al., 2002), and the opinions on euthanasia are related to cultural differences, so comparative studies are needed for this matter (Peretti-Watel et al., 2003). The aim of this study was to evaluate physicians' attitude about euthanasia and assisted suicide in Ahwaz city.

METHODS

It was a cross-sectional study on 55 specialist doctors (20 female and 35 male) about their attitude of euthanasia and PAS in Ahwaz, the capital city which is one of the oldest cities in the southwest in Iran, 2010. All subjects were as a faculty member, with a minimum 10 years experience as a specialist and they are working in 3 hospitals which were under government and role of Ahwaz Jundishapur University of Medical Sciences (AJUMS). Out of 55 specialist doctors, 21 of them were internists, 9 cardiologist, 7 anesthetists and 18 neurologist and neurosurgeon. These specialists were more concerned and engaged to terminally ill patients, brain death, persistent vegetative state and end-of-life situation. The researcher has explained the aimed of the study and described the terms of euthanasia and physician-assisted suicide. After that, they were individually asked the questions related to their attitudes and practices to euthanasia and PAS by researcher.

RESULTS

The researcher has asked the doctors "If a patient with unbearable suffering or incurable disease ask you to hasten his/her death, will you consider practicing euthanasia (by injection a lethal drug) or assisted suicide (by prescribe a lethal drug)? All of 55 specialists strongly mentioned that it would not be their will to perform the act. Second question was doctors' attitude about euthanasia and PAS in Iran should be legalized similar to that existing in some countries? 54 of subjects (98%) have believed that euthanasia and PAS should not be legalized in any cases or situations, and stated that they would not be willing to perform themselves even in cases of incurable and unbearable suffering. Only one internist believed that euthanasia should be legalized in some cases including incurable and unbearable diseases and some conditions like terminally ill patient and persistent vegetative state. He said he would be willing to perform euthanasia if it were legal but only in mentioned conditions. We asked the doctors what is their reasons for not performing euthanasia and assisted suicide. 54 (98%) of them believed that euthanasia and PAS is not ethically justified. 54 of the doctors were opposed to the practices and believed it to be a violation of human dignity and also, they believed sufficient safeguards were not possible for euthanasia practice. Those who disagreed with euthanasia and PAS mentioned that this motivation might lead to loss of patients' confidence in physician. 98% of specialist doctors in Ahwaz did not accept the commonly given justifications for euthanasia and PAS including unbearable suffering, unworthy dying, burdens from the relatives and being tired of life, were not right of the terminally ill patient to die with dignity. In question 6, we asked the most powerful reason of respondents who agreed that euthanasia and assisted suicide are never ethically justified, but they all stated that their views mostly were influenced by religious believes. We asked the physicians their opinion to this idea that "in case of terminally ill patient and persistent vegetative state, the physician should withdraw (removal or stopping life- sustaining interventions) or with hold (to refuse to give life- sustaining interventions) in the course of treatment, knowing the treatment might prolong the patient's life". 51 doctors (about 93%) of physicians stated that it is not ethically justified and they are never willing to perform themselves. Four of respondents (7%) support withdrawing life-sustaining interventions only in cases of persistent vegetative state and by wishes of the family. We required the physicians opinion related to this idea that "in cases of incurable, fatal and agonizing disease or condition, pain and wish of the victim for a deadly drug to end his life by physicians, this practice not only morally right, but an act of humanity". All of the respondents held that because of the cause of disease, patients may die naturally, so, patients' right to die does not mean the physicians' right to kill. In the last question, we asked the physicians if they are familiar with Hospice and Palliative care or pain management centers". They mentioned that there was no such center in Ahwaz and were not familiar with such practices and programs.

DISCUSSION

The study show that Ahwaz physicians were opposed to the practice of euthanasia and physician-assisted suicide, even though in some cases some physicians agree with the practices, due to the following reasons including unbearable suffering, burdens from the relatives, being tired of life, unworthy dying, the patient has a right to die, the patient can die with dignity, incurable, fatal and agonizing disease or condition. They believed that medical interventions are aimed to improving both the quality and the length of life not interfering with dying, as it has been confirmed by the other studies (Ezekiel and Emanuel, 1994; Bandman and Bandman, 1990). They are also the strongest opponents of euthanasia and

assisted suicide for terminally ill patients. A study has shown that 54% of physicians thought euthanasia should be legal in some situations, but only 33% stated that they would be willing to perform euthanasia. 53% thought assisted suicide should be legal in some situations, but only 40% mentioned that they would be willing to assist a patient in committing suicide (Cohen, 1994). However, this study shows that 98% of respondents believed euthanasia and PAS should not be legalized in any cases or situations, and stated that they would not be willing to perform the act themselves. They believed that sufficient safeguards were not possible for euthanasia practice. This idea is confirmed by previous studies that show after a short duration of legalization, the jurists voted to amend the euthanasia and physician assisted suicide as a crime for doctors (Angell, 1999; Chin et al., 1999). This Slippery- Slope Fallacy phenomenon is the most important argument against legalization of euthanasia, where some uncontrollable set of events with unwanted consequences may follow (Bandman and Bandman, 1990; Annas, 1993). A study carried out by Bascom and Tolle (2002) showed that although about 10% of patients seriously consider PAS, only 1% of dying patients specifically request for it, and 1 out of the 10 actually receive and take a lethal prescription. Therefore, patients might also have changed their minds due to some other reasons including when their depression or problems are treated (Breitbart et al., 2000; Emanuel et al., 2000).

As the previous studies show that the physicians who had the most exposure to terminally ill patients were also the strongest opponents of euthanasia and assisted suicide (Bendiane et al., 2009), all the 55 specialist doctors including internists, cardiologist, anesthetists, neurologist and neurosurgeon who participated in this study were of euthanasia and assisted suicide. This study shows that all of the respondents disagreed with the practice of euthanasia, and PAS stated this because it might lead to loss of patients, and the medical profession. They believe that medical interventions were aimed to improve on both the quality and the length of life not interfering with dying, as the other studies (Ezekiel and Emanuel, 1994; Bandman and Bandman, 1990) also confirm this opinion. In the previous studies, Emanuel et al. (2000) had shown that some physician had reported performing euthanasia and assisted suicide during their career, but all of the physicians participated in this study indicated that they themselves had not performed the euthanasia or PAS and would not be willing to provide these practices. None of the respondents were familiar or trained in Hospice or palliative care. Improving professional knowledge of palliative care would improve the management of end-of-life situations, but it could also help to clarify the debate over euthanasia (Bandman and Bandman, 1990; Davis, 2000). The unbearable suffering may be due to inadequate palliative care support and/or inadequate pain relief. Hospice and palliative care is a constructive frame of mind to prevent the euthanasia and physician assisted suicide. Hospice care of the dying freedom from pain and to helping the patient achieve a "good" death and may also involve the family, community, and hospital staff in providing care at home and in the hospital if needed (Bandman and Bandman, 1990; Przygoda et al., 1998). The previous studies mentioned that over half of the doctors interviewed had withdrawn life sustaining treatments (Van et al., 1991), while only 7% of respondents participated in this study support withdrawing life-sustaining interventions in cases of persistent vegetative state and by wishes of the family. It seems that the ideology of physicians could affects their attitude and function, as the all respondents who participate in this study agreed that euthanasia and assisted suicide were never ethically justified and mentioned that it was influenced by religious beliefs. Therefore, this study confirms with other studies (Peretti-Watel, 2003; de Wachter, 1989; Karami, 1998) that euthanasia and PAS is not just a medical ethical problem; it also has cultural, philosophical, legal, religious and political dimensions.

ACKNOWLEDGMENTS

The authors wish to thank all physicians who participated in this study and cooperate in a friendly manner.

REFERENCES

Angell M (1999). Caring for the dying-congressional mischief. N Engl. J. Med. 341:1923-1925.

Annas GJ (1993). Physician-assisted suicide--Michigan's temporary solution. N. Engl. J. Med. 328:1573-1576.

Bandman EL, Bandman B (1990). Nursing Ethics Through Life Span. 2nd edition. London : Appleton and Lange Publishing, 1990:247-249

Bascom PB, Tolle SW (2000). Responding to Requests for Physician-Assisted Suicide. JAMA. 2002, 288:91-98.

Backer AC, Hannon NR, Russell NA (1994). Ethical issues. In Death and Dying: Understanding and Care. New York: Delmar Publishers Inc., pp. 203-222.

Bendiane MK, Bouhnik AD, Galinier A, Favre R, Obadia Y, Peretti-Watel P (2009). French hospital nurses' opinion about euthanasia and physician-assisted suicide: a national phone survey J. Medical Ethics 35:238-244.

Breitbart W, Rosenfeld B, Pessin H (2000). Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer. J. Am. Med. Assoc. 284:2907–2911.

Chao DVK, Chan NY, Chan WY (2002). Euthanasia revisited. Family Practice 19(2):128-134.

Chin AE, Hedberg K, Higginson GK, Fleming DW (1999). Legalized physician-assisted suicide in Oregon—the first year's experience. N Engl. J. Med. 340:577-583.

Cohen JS, Fihn SD, Boyko EJ, Jonsen AR, Wood RW (1994). Attitudes toward Assisted Suicide and Euthanasia among Physicians in Washington State. N Engl. J. Med. 331(2):89-94.

Davis BD (2000). Caring for people in pain. London: Routledge Publisher, pp. 20-21.

De Beer T, Gastmans C, Dierckx de Casterlé B (2004). Involvement of nurses in euthanasia: a review of the literature. J. Med. Ethics 30:494-498.

de Wachter MAM (1989). Active euthanasia in the Netherlands. J. Am. Med. Assoc., 262:3316-3319.

Emanuel EJ, Fairclough D, Clarridge BC , Blum D, Bruera E, Penley WC, Schnipper LE, Mayer RJ (2000). Attitudes and Practices of U.S. Oncologists regarding Euthanasia and Physician-Assisted Suicide.

Ann. Int. Med. 133(7):527-532.
Ezekiel J Emanuel (1994). The History of Euthanasia Debates in the United States and Britain, Ann. Int. Med. 121(10):793-802.
Giles JE (1983). Medical Ethics. Rochester: Schenkman Books, INC., pp. 106-110.
Hunt T (1995). Ethical issues. In Penson J. Fisher R Palliative Care for People with Cancer. London: Arnold, pp. 11-22.
Janssen A (2002). The new regulation of voluntary euthanasia and medically assisted suicide in the netherland. Int. J. Law Policy Fam. 16(2):260-269.
Karami K (2002). Euthanasia the easy and good death? Iran, Tehran, Moaref Publisher, pp. 17-36.
Karami K (1998). Research Ethics, research on human. J. Med. Pur. 30:99-101.
Przygoda P, Saimovici J, Poll J, Figar S (1998). Physician assisted suicide, euthanasia, and withdrawal of treatment. BMJ, 316:371.
Peretti-Watel P, Bendiane MK, Pegliasco H, Lapiana J M, Favre R, Galinier A, Moatti J P (2003). Doctors' opinions on euthanasia, end of life care, and doctor-patient communication: telephone survey in France. BMJ, 327:595-596.
Sugerman J (2000). Ethics in primary care. Newyork: Mc Graw-Hill. The Medical Council of Hong Kong (2009). Code of Professional Conduct for the Guidance of Registered Medical Practitioners; care for the terminally ill patient.
Van der Maas PJ, van Delden JJM, Pijnenborg L, Looman CWN (1991). Euthanasia and other medical decisions concerning the end of life. Lancet 338:669-674.