

# CLINICAL REGISTERED NURSES ATTITUDE TOWARD EUTHANASIA: A CROSS SECTIONAL STUDY FROM IRAN

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**Abstract:** Background and aims: Attitude towards euthanasia may influence the behavior of health care professionals about this issue. In present study we examined Iranian clinical registered nurses attitude toward euthanasia. Data were collected with using the Euthanasia Attitude Scale (EAS).

**Material and methods:** This descriptive study was conducted in two teaching hospitals, Boali Sian and Velayat, in Qazvin, Iran in 2016. Using convenience sampling, all qualified registered nurses (n=302) working in different wards at the two teaching hospitals were invited to participate in the study. EAS examined participant in four domains: ethical consideration, practical consideration, treasuring life and naturalistic beliefs. All statistical analyses were performed using SPSS software (v17.0; PASW Statistics) and a variable was considered to be statistically significant if  $P < 0.05$ .

**Results:** Of the 302 nurses, 86.8% (n=262) were female and the rest were male. The mean age of nurses in present study was  $31.1 \pm 5.9$  years. The mean total score of nurses attitude were  $66.6 \pm 11.2$ . With regards to EAS domains, mean score of ethical consideration, practical consideration, treasuring life and naturalistic beliefs domains were  $35.1 \pm 7.5$ ,  $8.7 \pm 2.1$ ,  $15.3 \pm 2.5$  and  $6.3 \pm 1.9$  respectively.

**Conclusion:** Nurses have an important role in caring for terminally ill patients in different hospital wards. According to finding of present study most nurses have neutral attitude toward euthanasia. Further study in this regards recommended.

**Keywords:** ethical issue, nurses, euthanasia, developing country.

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## 1. INTRODUCTION

Nowadays, regards advanced in medicine and health has led to significant progress in prolonging life and more people needs to end of life care [1]. According to World Health Organization, 71.4 years was the average life expectancy at birth of the global population in 2015 [2]. Euthanasia is one of the important challenges in the field of end of life care [3]. "Euthanasia" derived from Greek words eu (good) and thanatos (death) - means literally a "good death" [4]. It is also defined as "mercy killing" of the deadly diseases, injuries, or incapacities and the ending of the life as painless as possible, among the patients who are suffering from a fatal illness and extreme pain [5, 6]. Euthanasia is generally

classified as either active or passive, and voluntary or involuntary. Active euthanasia is defined as taking specific steps to cause the patient's death using a lethal injection. Passive euthanasia is usually defined as withdrawing medical treatment with deliberate intension of causing patient's death. In voluntary euthanasia, the patient's request that action be taken to end their life but involuntary euthanasia is when a patient's life is ended without the patient's knowledge and consent [7, 8].

Attitude towards euthanasia may influence the behavior of health care professionals about this issue. In this regard, several studies conducted in different countries in the world. In one study in this regards in 2014, Rathor et al., examined the attitudes of 727 patients and 195 physicians toward euthanasia and related issues in a Malaysia. Results of Rathor et al., study showed that most physicians and patients did not support active euthanasia or physician-assisted suicide and were opposed to its legalization. Just 15% of physicians in Rathor et al., reported that they were asked by patients for assistance in dying. With regards to withdrawing or withholding life-sustaining treatment to a patient with no chances of survival, 29.2% of physicians and 61.5% of patients Rathor et al., study were in favor [9]. In another study with high sample size, Yun et al., examined the attitudes of cancer patients, family caregivers, oncologists and members of the general public toward critical interventions at the end of life of terminally ill patients in Korea [10]. A large majority of participants in Yun et al., study in each of the groups supported withdrawal of futile life-sustaining treatment and use of active pain control. A smaller majority of them supported withholding of life-sustaining treatment. About half of those in the patient and general population groups in Yun et al., study supported active euthanasia or physician-assisted suicide. In this regards about 40% of the family caregivers and less than 10% of the oncologists were agree [10]. In other study in this regards, Emanuel et al., examined attitudes and practices of 3299 oncologists who were members of the American Society of Clinical Oncology regarding euthanasia and physician-assisted suicide. Results of Emanuel et al., study showed that 22.5% of USA oncologist supported the use of physician-assisted suicide for a terminally ill patient with unremitting pain and 6.5% supported euthanasia. Results of Emanuel et al., study also showed that, 3.7% and 10.8% of surveyed oncologists had experience of performed euthanasia had physician-assisted suicide respectively [11].

Nurses have an important role in caring for terminally ill patients in different hospital wards. They are often confronted with euthanasia but little is known about their attitudes towards it especially in developing and with Muslim population. In present study we examined Iranian clinical registered nurses attitude toward euthanasia.

## 2. METHODS

This descriptive study was conducted in two teaching hospitals, Boali Sian and Velayat, in Qazvin, Iran in 2016. Using convenience sampling, all qualified registered nurses (n=302) working in different wards at the two teaching hospitals were invited to participate in the study. Consent was implicit by respondent's decision to return the completed questionnaire. Participants were assured that all data would remain anonymous, kept confidential and be stored safely. Each patient was given an identification code and no names or any other personal information was recorded. Ethical approval was obtained from Qazvin University of Medical Sciences prior to the collection of any data. Questionnaire packages containing a demographic variables questionnaire, and the Euthanasia Attitude Scale (EAS), were distributed to participants. Participants answered the questionnaire and EAS individually during hours of work. At the end of the shift work, the researcher collected the questionnaires. The EAS was originally developed by Tordella and Neutens [12]. Rogers et al (1996) modified and edited the EAS items for assessing social values and ethical judgment of euthanasia. In 2005, Chong and Fok categorised the 21 items of EAS in four domains: ethical consideration, practical consideration, treasuring life and naturalistic beliefs [13]. The scoring method used in this study was the same as the original design, meaning items ranged from 1 to 5, with 5 indicating strong support for euthanasia, 3 indicating neutral, and 1 indicating strong opposition to euthanasia [14]. Descriptive statistics, Pearson correlation coefficient and independent sample T-test were used for data analysis. All statistical analyses were performed using SPSS software (v17.0; PASW Statistics) and a variable was considered to be statistically significant if  $P < 0.05$ .

## 3. RESULTS

Of the 302 nurses, 86.8% (n=262) were female and the rest were male. The mean age of nurses in present study was  $31.1 \pm 5.9$  years. Some 70.2% of nurses were married and the rest were single. All nurses who participated in the study were Muslim (97.4% Shia and the rest were Sunni). Of 302 nurses, 61.3% considered themselves as very religious, 34.8%

reported to have a moderate level of religious beliefs and the rest reported poor level of religious beliefs. The mean total score of nurses attitude were 66.6± 11.2 (range between 28 to 150). With regards to EAS domains, mean score of ethical consideration, practical consideration, treasuring life and naturalistic beliefs domains were 35.1±7.5, 8.7± 2.1, 15.3± 2.5 and 6.3±1.9 respectively (table 1).

**Table 1: Nurses response to euthanasia questionnaire items in all domains**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<b>Ethical Consideration</b>					
1 - A person with a terminal illness has the right to decide to die	63 (20.9%)	74 (24.5%)	56 (18.5%)	53 (17.5%)	56 (18.5%)
2 - Inducing death for merciful reason is wrong	92 (30.5%)	72 (23.8%)	82 (27.2%)	34 (11.3%)	22 (7.3%)
3 - Euthanasia should be accepted in today's society	54 (17.9%)	94 (31.1%)	68 (22.5%)	36 (11.9%)	50 (16.6%)
4 - There are never cases when euthanasia is appropriate	56 (18.5%)	40 (13.2%)	76 (25.2%)	90 (29.8%)	40 (13.2%)
5 - Euthanasia is helpful at the right time and place (under the right circumstances)	70 (23.2%)	81 (26.8%)	70 (23.2%)	40 (13.2%)	41 (13.6%)
6 - Euthanasia is a human act	35 (11.6%)	55 (18.2%)	103(34.1%)	47 (15.6%)	62 (20.5%)
7 - Euthanasia should be against the law	39 (12.9%)	38 (12.6%)	100(33.5%)	71 (23.5%)	54 (17.9%)
8 - Euthanasia should be used when the person has a terminal illness	53 (17.5%)	80 (26.5%)	73 (24.2%)	45 (14.9%)	51 (16.9%)
9 - The taking of human life is wrong no matter what the circumstances	87 (28.8%)	63 (20.9%)	83 (27.5%)	43 (14.2%)	26 (8.6%)
10 - Euthanasia is acceptable in cases when all hope of recovery is gone	59 (19.5%)	97 (32.1%)	67 (22.2%)	36 (11.9%)	43 (14.2%)
11 - Euthanasia gives a person a chance to die with dignity	40 (13.2%)	75 (24.8%)	88 (29.1%)	50 (16.6%)	49 (16.2%)
<b>Practical Consideration</b>					
1 - Euthanasia is acceptable if the person is old	33 (10.9%)	36 (11.9%)	70 (23.2%)	85 (28.1%)	78 (25.8%)
2 - If a terminally ill or injured person is increasing concerned about the burden that his/her deterioration of health has placed on his/her family, I will support his/her request for euthanasia	20 (6.6%)	57 (18.9%)	98 (32.5%)	65 (21.5%)	62 (20.5%)
3 - Euthanasia will lead to abuses	78 (25.8%)	76 (25.2%)	97 (32.1%)	33 (10.9%)	18 (6.0%)
<b>Treasuring Life</b>					
1 - There are very few cases when euthanasia is acceptable	40 (13.6%)	90 (30.5%)	79 (26.8%)	39 (13.2%)	47 (15.9%)
2 - Euthanasia should be practiced only to eliminate physical pain and not emotional pain	36 (11.9%)	53 (17.5%)	103(34.1%)	58 (19.2%)	52 (17.2%)
3 - One's job is to sustain and preserve life, not to end it	107 (35.4%)	69 (22.8%)	93 (30.8%)	23 (7.6%)	10 (3.3%)
4 - One of the key professional ethics of physicians is to prolong lives, not to end lives	98 (32.5%)	78 (25.8%)	86 (28.5%)	30 (9.9%)	10 (3.3%)
<b>Naturalistic Belief</b>					
1 - A person should not be kept alive by machine	41 (13.6%)	55 (18.2%)	68 (22.5%)	72 (23.8%)	66 (21.9%)
2 - Natural death is a cure for suffering	80 (26.5%)	82 (27.2%)	82 (27.2%)	30 (9.9%)	28 (9.3%)

The mean score of EAS in female and male nurses were 63.1±11.1 and 66.2±11.2 respectively. According to results of independent t test this difference between groups was not statistically significant (p=0.831). The mean score of EAS in married and single nurses were 63.1±11.6 and 65.1±11.1 respectively. Although mean score of single nurses were higher, however results of independent t test not showed statically significant difference between groups (p=0.353). The mean

score of EAS in Shia and Sunni nurses were  $63.6 \pm 11.1$  and  $63.3 \pm 14.3$  respectively. According to results of independent t test this difference between groups was not statistically significant ( $p=0.212$ ). With regards to nurses' years of experiences, nurses with lower than one year's experiences obtained higher and nurses with 1 to 5 years experiences obtained lower attitude score. Difference in mean score of attitude to euthanasia was statistically significant between nurses with different years of experience.

#### 4. DISCUSSION

Euthanasia is one of the important challenges in the field of end of life care [3]. Study about Iranian nurses regards euthanasia is limited to few study. In present study we examined Iranian Muslim nurses attitude towards euthanasia. According to finding of present study the mean score of attitude in present study were 66.6 that indicating neutral attitude to euthanasia.

Previous studies in Muslim countries showed similar findings to the results of the present study. In one study in this regards in 2015, Naseh et al., examined attitudes of 190 Muslim nurses' towards euthanasia. They used EAS to assess the nurses' attitude towards euthanasia. Similar to finding of present study, results of Neseh et al., study revealed that most nurses in their studies have neutral attitude towards euthanasia [3]. In another study in this regards, Rahimi et al., examined the attitude of Iranian Shiite nurses about different aspects of euthanasia in East Azerbaijan, Iran. They used a different questionnaire for measuring nurse's attitude. They questionnaire have 31 items that examined the attitude of nurses in 5 domains, including general attitude (3 items), legal and religious issues (5 items), end of life care (8 items), euthanasia decision making (8 items), and attitude toward different types of euthanasia (7 items). Nurses in Rahimi et al., rejected all types of euthanasia. They also reported that have not any tendency for participate in euthanasia procedure even this procedure was accepted by religious leaders and legal authorities. Rahimi et al., concluded that without religious or legal issues, Iranian nurses have negative attitudes toward different aspects of euthanasia [15]. In another study in Iran, Asadi et al., examined the attitudes of nurses who work in the intensive care units and oncology wards towards euthanasia. Similar to present study, Asadi et al., used EAS. The mean score of the nurses' attitudes towards euthanasia in Asadi et al., were 58.51 that is similar to finding of present study. The majority of nurses of nurses in Asadi et al., were opposed to euthanasia. Among demographics characteristics, age and years of nurses experiences affect nurses attitude in Asadi et al., study [16]. In one study in Sudan, Ahmed et al., examined Sudanese physicians' attitude toward euthanasia and assisted suicide while 98% of 248 physicians participated in their study, were Muslim. Similar to findings of the present study, most participants in Ahmed et al., study (85%), reported disagreement over euthanasia and assisted suicide [17]. In other study in 2012, Mickiewicz et al., examined nurses (with and without experience in hospice ward), nursing students and family members of patients' attitudes towards euthanasia. They reported that the majority of their respondents were not interested in participating in the process of euthanasia. They also reported that legalization of euthanasia is rarely favored by the hospice workers [18].

#### 5. CONCLUSION

Iran is a country governed by Islamic rules, and according to these rules, euthanasia is strongly abhorred and outlawed [3]. Nurses have an important role in caring for end-stage patients. In present study we examined Iranian nurses' attitudes toward euthanasia. According to finding of present study most nurses have neutral attitude toward euthanasia. Further study in this regards recommended especially in Muslims countries with different culture and religious belief.

#### 6. LIMITATION

As present study was based on a convenient sample and the participation was voluntary, there might have been a selection bias which might affect the possibility to generalize the results to all nurses.

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