



APPROACHES OF THE NURSES TO EUTHANASIA AND SUICIDE: A CROSS-SECTIONAL STUDY FROM TURKEY

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Abstract

This investigation was performed in order to reveal the knowledge and attitudes of the Turkish nurses regarding euthanasia and suicide.

This cross-sectional study was performed in the provincial center of Sivas, Turkey, in 2010. A total of 641 nurses who are working in University Hospital, two public and one private hospitals, dialysis centers, family health centers and public health centers were included in the study. A questionnaire prepared by the investigators and including 25 questions was administered.

Of the nurses 96.1% stated that they knew what euthanasia was and 29.3% stated that euthanasia should be a human right, 83.2% that it was illegal in Turkey. While 17.3% of the participants accepted euthanasia as a suicide, 36.3% have separated suicide from euthanasia. The rate of those that stated they might want euthanasia for themselves was 26.7%, and those that stated that the patients had a right to ask for euthanasia was 58.2%. Of the nurses 85.6% have stated that if a patient demand help for euthanasia, they certainly would not help, and 35.1% stated that if necessary, the physician should be the one to assist.

Nurses have different opinions regarding euthanasia and suicide. Suicide and euthanasia is interpreted quite differently, according to religion, laws and individual differences. Most of the nurses see euthanasia and suicide as a sin and most of them state that they will not assist euthanasia.

Keywords. Euthanasia, Suicide, Nurse, Cross-sectional Study.

Introduction

Euthanasia is defined as intentionally ending a life within the specific conditions and form the person in question is, because they can not be healed by the medical practices available and can not be provided an adequate life quality (Akçil, 1998, 149), (Güven, 2000, 38), (Özler, 2001, 28), (Aypar, 1997, 5). This concept is usually misinterpreted as leave someone to die, dignified death, right to die, murder/ killing someone (Akçil, 1998, 149), (Sözen, 1994, 62).

The novel meaning of euthanasia within medical practice is: to medically enable the death of patients that can not be treated and/or provided with an adequate life quality, as long as it is requested by the patient (Akçil, 1998, 149), (Özkan, 1997, 41), (Oğuz, 1994, 56). The American Medical Association has defined euthanasia as: to enable a painless death, or quit treatment and not try to keep a patient alive, when it is requested by the patient whose pain can not be alleviated, or the mortal disease can not be cured by medical practice. According to the medical definition, it is medical introduction of a fatal agent with the purpose of terminating

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the intolerable and incurable agony in patients (Özler, 2001, 28), (Aypar, 1997, 5), (Işıkhani, 2002, 77), (Truog, 1993, 355) (Oral, 1995, 1).

If a doctor prescribes a fatal medicine, or provides it, or else observes the patient while taking it, this is accepted as assisted suicide. Voluntary euthanasia is the euthanasia performed with the free will of a conscious patient (Güven, 2000, 38). In voluntary euthanasia, the doctor applies the fatal practice directly. In situations in which a patient is unconscious due to coma, persistent vegetative state, or any psychologic or neurologic condition, and can not express his/her desire for euthanasia, and the euthanasia is performed following the decision of next to kins, this is called involuntary euthanasia (Güven, 2000, 38), (Watson, 2209, 338). Active euthanasia is procuring a medically assisted death by applying medical methods directly. The application by a Physician of a high dose medicine such as morphine, potassium chloride, etc, that will provide a painless death immediately is active euthanasia (Güven, 2000, 38), (Işıkhani, 2002, 77), (Watson, 2209, 338).

Countries that have not legalized euthanasia, accept this act as "intentional killing" and punish accordingly. In Argentina, euthanasia is accepted as murder and people who are found to be responsible of such an act are put to trial for intentional killing (Davis, 2003). Although there are some differences within states, in general, euthanasia is still accepted as intentional killing in most of the states of the United States of America (Özkan, 1997, 41). In England, although there is no consensus regarding euthanasia, there have been cases in which courts gave permission for euthanasia (Özler, 2001, 28), (Özkan, 1997, 41).

The Dutch parliament has legalized active euthanasia in 2001, following a referendum, in which 80% of the people were in favour of euthanasia. It is legal in Belgium since 2002, and in Luxemburg since 2009 (Watson, 2209, 338), (Davis, 2003), (Buiting, 2009,12). New Jersey court has agreed to unplug a patient from life support unit, taking into account the next to kins' demand (Özler, 2001, 28). It has been found out that in America a doctor had assisted the death of an Alzheimer patient with a machine, he invented in 1990 and that he assisted the death of 92 patients within a period of 8 years until 1998 (Bölükbaş, 1998, 292). It was established that a doctor in the United States of America had assisted the death of 92 patients between the years 1990-1998 (Nayernouri, 2001, 55).

The worldwide discussion of euthanasia in the recent years has become popular with these kinds of incidents (Nayernouri, 2001, 55). This topic has not been discussed adequately in Turkey. The increase in diseases causing excruciating pain with no appropriate treatment, such as cancer and some progressive neurologic diseases, played an important role in the increasing discussion about euthanasia (Fang, 2008, 2730). The Human Rights Coordination Committee of the Ministry of Health has started a discussion with a regulatory outline. In the outline, permission was given for passive euthanasia quoting: "as long as the patient is conscious, he/she has the right to refuse treatment or stop the treatment". This outline is an important development regarding a person's right to defend their body integrity and right to die. All the same, this outline does not comprise much about active euthanasia (Yıldırım, 2006,1303).

Physicians and nurses who provide health care and have taken professional oaths, have been forced to deal with this issue from time to time during their education and professional lives (Bosshard, 2008, 35). Nurses, who provide the necessary help to healthy and sick people to fulfil any needs, are one of the most important members of the health team, and it is of utmost importance to know their opinions regarding euthanasia (Inghelbrecht, 2010, 905). The lexical meaning of euthanasia is the act or practice by "health personel" of ending the life of a person demanding to die, other than the natural death, in other words, by ending treatment, or by applying any fatal substance and/or method for the purpose" (Güven, 2000, 38), (Sözen, 1994, 62), (Işıkhani, 2002, 77).

The aim of the study was to reveal the opinions of nurses, regarding euthanasia, and establish their individual, legal and religious point of views, and analyse their perception about euthanasia compared to the concept of suicide, within the discussions regarding the concept of euthanasia, the act of ending a life or accelerating death.



Material and Methods

1. Study design

This cross-sectional study was set up in the provincial center of Sivas, a Middle Anatolian city, with a population of 300.000, and it comprised Cumhuriyet University Hospital, Sivas Numune Hospital, Sivas Government (SSK) Hospital, Sivas Private Anatolia Hospital, private dialysis centers, family health centers (ASM) and public health centers (TSM).

2. Participants

A total of 750 nurses working in these institutions were aimed to be included. Those that did not wish to participate (n=65), those who were not working or being assigned somewhere else during the study (n=44) were excluded and a total of 641 nurses have been included in the study.

3. Data collection

The data were gathered by a questionnaire prepared by the investigators. The questionnaire comprised 25 questions; 14 questions were about the demographic characteristics such as; age, gender, educational status, marital status, division they work, and working duration, and 11 questions were regarding euthanasia and suicide. A text was added to the questionnaire, explaining the aim of the study and that the information would be used only for scientific purpose. The questionnaire was applied to the nurses who accepted to participate, following the necessary explanations, by face to face method, and anonymously, at the hospital they worked, between September 1- November 31.

4. Data analysis

The data were evaluated on computer through SPSS 15.0 program. Chi-square test and Kappa analysis were used for the statistical analyses. P values less than 0.05 were accepted statistically significant.

5. Ethical considerations

Ethical approval was taken from the Ethical Committee of Erciyes University Medical Faculty. Administrative permission was taken from Sivas Governorship and Provincial Directorate of Health.

Results

The mean age of the study group was 29.2 ± 4.9 and 95.3% were women, 64.5% were of age 30 and below. Educational level of the nurses were undergraduate and graduate 69.3%'s, 38.% were single, 49.6% had no children. The mean working duration of the nurses was 87.7 ± 70.2 months (min:1, max:300 months) (Table 1).

It was established that nurses were working 44.9 ± 3.3 hours in average (min:25, max:50 hours) per week, 73.8% worked by shifts, 82.7% had 41 hours and above weekly working hours, 66.1% had chosen to be a nurse voluntarily, and 50.2% were working in the departments they wanted to (Table 2).

96.1% of the nurses stated that they knew what euthanasia was, 29.3% that euthanasia should be a human right, 86% that euthanasia was a sin, and 83.2% that euthanasia was not legal in Turkey. Of the study group 97.2% stated that suicide was a sin, 75.7% that suicide was not legal in Turkey, 17.3% that euthanasia was a sort of suicide, and 36.3% that euthanasia was different from suicide. (Table 3).

Of the nurses 26.7% stated that if they had an incurable disease or terrible pain they would prefer to die, 58.2% that any patient in those conditions had the right to demand death, 85.6% stated that they would not help anyone in that condition demanding for help, and 35.1% that if a patient should be helped in such a condition, the help should be from a doctor. On the other hand, 46.3% of the nurses thought that patients with hopeless disease should have the right to demand euthanasia, they would not prefer death if they were in the same conditions (Table 4).

There was a weak coherence between their opinion about the right to demand euthanasia for the nurses themselves and the patients (Kappa: 0.283, $p < 0.001$).



There was a weak coherence between the opinions of the nurses in the study group, in terms of the legal aspect of euthanasia and suicide in Turkey (Kappa: 0.215, $p < 0.05$). Similarly, there was a weak coherence between the opinions about euthanasia and suicide being a sin or not (Kappa: 0.267, $p < 0.05$).

There was no difference according to age, gender, working time, marital status and number of children in topics such as; whether or not euthanasia and suicide was a right, whether or not it was a sin, and whether or not they would demand euthanasia for themselves or for their patients ($p > 0.05$).

Discussion

In order for the nurses to be able to approach patients as individuals and also be able to protect their rights, first of all they should recognize their own feelings, thoughts and attitude regarding death and euthanasia and clarify their own opinions (Işıkhan, 2002, 77), (Öz, 1998, 2). In this study 96.1% of the nurses have stated that they knew what euthanasia was. In a study from Kumaş, the rate of those that stated their knowledge as sufficient was 46.8% (Kumaş, 2005, 42). As the sufficiency of their knowledge was evaluated depending on their own statement, we were not able to evaluate the sufficiency or else whether or not they really knew what euthanasia was. But, it is seen that, even those that stated that they did not know what euthanasia was, they commented upon the other related questions about euthanasia even though they knew nothing and were expected to answer as "I don't know".

Almost one third of the nurses expressed that they thought euthanasia was a right. Of those that expressed that it was not a right, 94.0% knew that euthanasia was not legal in Turkey, 90.5% believed it was a sin by religion, and 58.2% thought that patients with mortal diseases did have the right to demand for death. But, almost half of the group that thought of euthanasia as a human right, stated that they would not demand to die even if they had a mortal disease. This can be due to their love of life and not wishing to die whatever happens. 94.7% of those that stated they would want euthanasia if they had a mortal disease, stated that patients in the same condition could ask for euthanasia. The fact that, in a topic in which they are sure for themselves, they are not 100% sure for the patients can be due to the reservation about approving this hard decision for others. In the study by Kumaş the rate of those that thought of euthanasia as a right was 55.9% (Kumaş, 2005, 42). Also, in the same study, 33.9% of the nurses supported the legalization of euthanasia. According to Özkan, just as the right to live, the right to die should not depend on other peoples' permission or approval, and just as in environmental rights, or right for peace, it is a right that should be used within a person's independent will, and should be regarded as shaping one's own destiny (Özkan, 1997, 41). It has been approved by the World Medicine Assembly, that if it is beneficial for the patient, passive euthanasia can be allowed. This does not mean that a nurse or a doctor decides that it is beneficial for the patient and does the euthanasia (Işıkhan, 2002, 77), (Özaltay, 1996, 51). According to the Declaration of Human Rights, a patient has the right to die in a dignified way. But, in this same declaration, the right to stop or refuse treatment, and thus achieve euthanasia was not bestowed (Işıkhan, 2002, 77), (Hasta hakları yönetmeliği, 1998). Differing from all other human rights declarations and agreements, according to the 12 th item of the regulation in effect in our country: "other than for diagnostic, treatment, or protection purposes, anything that could cause death or risk of death, or damage the body integrity, or burden mental and physical capacity, can not be done or demanded", and according to the 13 th item: "the right to live is indispensable, no matter what the medical or non-medical conditions might be. Even if it is the person's own demand or a next of kin's no one can be deliberately killed", thus it is made clear that anything that is not done with a purpose of diagnosis, treatment or protection, and the result is death, is accepted as euthanasia and this is clearly forbidden (Hasta hakları yönetmeliği, 1998).

Of the participants 83.2% knew that euthanasia was not legal in Turkey. The rate of those that stated suicide was a crime was 75.7%. The difference can be due to the fact that euthanasia is a newer concept compared to suicide, and has not been discussed enough to be compared. There is no special item in the Turkish Criminal Law (TCL). According to the TCL



just like suicide euthanasia is seen as murder and according to TCL item 81; a person who kills intentionally is punished with life imprisonment (Işıkhan, 2002, 77).

When inquired from the religious point of view; 86.0% of the nurses thought that euthanasia was a sin, and 97.2% that suicide was a sin. It was established that one third of the group who accepted euthanasia as a sin, did not think of euthanasia and suicide as the same concept. Suicide may be perceived as a more religious concept, and euthanasia as a more legal concept. The Jew, Christian and Islam religions believe that human beings have a special place in creation, and therefore accept suicide as a sin (Güven, 2000, 38), (Özler, 2001, 28), (Özaltay, 1996, 51). Social groups, religious groups and beliefs provide a shelter for protection from aimlessness and normlessness (Idler, 1992,1053). Investigations have shown that, in a consistent way, as the level of religiousness increases, the rate of acceptance of suicide decreases. In a study, the suicide rates in Muslim societies were found to be much lower compared to the Hindu societies (Ineichen, 1998, 33).

Although some of the participants think of euthanasia as a sin, the fact that they think and express in a higher rate that suicide is a sin, may be due to not knowing explicitly what euthanasia is, or else, there is a more sensitive attitude towards suicide because it is more often pronounced in religious discourses.

There was a weak coherence between the opinions of the nurses in the study group regarding the legal and religious aspects of suicide. The reason for this can be that most of those who think that suicide is a sin according to religion also think that it is legal in Turkey. Of the study 36.3% group think that suicide and euthanasia are not the same. In suicide there is a voluntary action done by the person, whereas dying with the assistance of someone else or through their own effort, as in euthanasia is perceived as a different concept. Among those who accepted euthanasia as a sin, one third stated that they did not see euthanasia as suicide and did not think it was a sin.

While the rate of those that may demand euthanasia for them did not exceed one third (26.7%), 58.2% thought that the patients should have the right to demand death. In the study by Kumaş, when the intensive care unit nurses were asked if they would desire euthanasia, 24.8% answered; "yes, I would like to die" (Öz, 1998,2). This rate is similar to our study.

Issues such as who should decide in euthanasia, and if legalized who should be the one to execute, are some other aspects discussed. Health professionals should analyse and evaluate, within ethical principals, what is the best for the patient, and decide about the applications (Özaltay, 1996, 51). 85.6% of the study group have stated that they would not assist any patient who wants to die, and 34.6% stated that it would be more appropriate for a doctor to do this. In the study by Kumaş, while a similar question was answered as "doctor" by 27.0%, 63.4% stated that this should be fulfilled by a team established by laws, and no one answered that a nurse should be the one to execute. As is seen; due to the reality that a doctor is the person most knowledgeable regarding a patient's status and prognosis, the opinion that doctors should do the application is also common within nurses. But, on the other hand, it is also argued that this can affect the trust relationship between patients and doctors, and create a fear of being killed. For this reason, there are opinions that it would be more appropriate for an anesthesiologist or euthanasialogist to execute euthanasia (Işıkhan, 2002, 77), (Bölükbaş, 1998, 292).

Implications for practice and/or policy

The opinion of nurses is very important and should be considered in all legal regulations regarding euthanasia and also in topics that should have the consensus of the whole society.

Conclusion

Nurses have different opinions regarding euthanasia and suicide. Suicide and euthanasia is interpreted quite differently, according to religion, laws and individual differences. Most of the nurses see euthanasia and suicide as a sin and most of them state that they will not assist euthanasia.



Nurses may come across with a demand for euthanasia at some point in their professional lives. In order to develop a healthy policy regarding euthanasia, acceptable by the whole society after a thorough discussion, there is a need for large scaled studies that can establish the opinions and attitude, and clarify the behaviours regarding euthanasia.

Study Limitations

The knowledge of the participants about euthanasia was evaluated based on their statements (I know-I don't know), whether their knowledge was truly genuine, has not been tested.

Author contributions

EB, MS, OG were responsible for the study concept and design. MS performed the data collection. EB & OG performed the data analysis. EB, MS, OG were responsible for the drafting of the manuscript. EB made revised the paper regarding its intellectual content.

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TABLES

Table 1. The demographic and professional characteristics of the nurses in the study group

Demographic characteristics	Number	%
Gender		
Female	611	95.3
Male	30	4.7
Age groups (years)		
30 and below	419	65.4
30 +	222	34.6
Educational status		
High school	47	7.3
Associate degree	150	23.4
Undergraduate and graduate	444	69.3
Marital status		
Single	245	38.2
Married	396	61.8
Number of children		
No children	318	49.6
With children	323	50.4
Work place		
Primary healthcare centers	37	5.8
Governmental hospitals	300	46.8
University hospital	248	38.7
Private hospitals and dialysis centers	56	8.7
Work status		
Civil servant	353	55.1
Contracted employee	288	44.9
Total period in profession (months)		
0-12	44	6.9
13-60	285	44.5
61-120	128	20.0
121 and above	184	28.7
Working period at the present hospital (months)		
0-12	149	23.2
13-60	280	43.7
61-120	135	21.1
121 and above	77	12.0
TOTAL	641	100.0

Table 2. Working conditions of the nurses in the study group (n:641)

Working conditions	Number	%
Working hours		
Daytime	168	26.2
Shifts	473	73.8
Average working time per week (hours)		
Until 40	111	17.3
41 and above	530	82.7
Willingness in choosing the job		
Yes	424	66.1
No	217	33.9
Preference of division		
Own choice	322	50.2
Assigned	319	49.8
TOTAL	641	100.0



Table 3. The answers to the questions about euthanasia and suicide

Euthanasia and suicide questions	Number	%
Do you know what euthanasia is?		
Yes, I do	25	3.9
No, I don't	616	96.1
Do you think euthanasia is a right?		
Yes euthanasia is a right	188	29.3
No euthanasia is not a right	199	31.0
Don't know	254	39.6
What is the legal aspect of euthanasia?		
It's legal, it's a right	23	3.6
It is Not legal it's a crime	533	83.2
Don't know	85	13.3
What is the religious aspect of euthanasia?		
It's a right	5	0.8
It's a sin	551	86.0
Don't know	85	13.3
Is euthanasia suicide?		
Yes	111	17.3
No	233	36.3
Don't know	297	46.3
Is suicide legal?		
Yes, it's a right	9	1.4
No, It's illegal it's a crime	485	75.7
Don't know	147	22.9
Religious aspect of suicide?		
It's a right	5	0.8
It's a sin	623	97.2
Don't know	13	2.0
TOTAL	641	100.0

Table 4. The answers to the attitude questions regarding euthanasia and suicide

Attitude questions regarding euthanasia and suicide	Number	%
Would you want to die if you had an incurable disease?		
Yes I would	171	26.7
No I would not	188	29.3
Undecided	282	44.0
If your patient has a fatal disease, how would you react if the patient wants to die?		
It's a right	373	58.2
The patient can not ask for it	40	6.2
Undecisive	228	35.6
If a patient in this situation demands help from you to die, what would you do?		
Yes I can help	7	1.1
No I certainly would not help	549	85.6
Undecisive	85	13.3
If a patient in this situation wants help to die, who do you think should do it?		
Him/herself	75	11.7
Someone from the family	12	1.9
Physician	225	35.1
Nurse	4	0.6
No one	87	13.6
Undecisive	238	37.1
TOTAL	641	100.0