# Attitude Towards Euthanasia Among Health care Professionals of a Tertiary Care Hospital in Nepal: A Descriptive Cross-sectional Study

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## Abstract

**Introduction:** The deliberate termination of a life to end suffering is known as euthanasia. There have been discussions on legalizing euthanasia in Nepal among physicians and legislators, but nothing has come out of it yet. It is critical to consider the opinions of medical experts while making decisions on euthanasia. Therefore, the purpose of this study is to find the attitude towards euthanasia among health care professionals in Nepal.

**Methods:** A descriptive cross-sectional study was conducted among consultants, medical officers, post-graduate residents, and interns of a tertiary care hospital from November 2021 to May 2022 after getting approval from Institutional Review Committee. The responses were collected from convenience sampling was used and the findings were presented in descriptive manner using mean and percentages.

**Results:** Among 107 participants, 71% of them showed positive attitude towards euthanasia and only 22.4% reported that they will perform euthanasia on themselves if it is needed and approved at any point of time.

**Conclusions:** The majority of the healthcare professionals at a tertiary care hospital in Nepal revealed the wide range of opinions on euthanasia. This highlighted the need of ethical discussion and consideration to mold policies and practices in accordance with patient-centered care, cultural sensitivity, and the ethical obligations of healthcare professionals.



## INTRODUCTION

Euthanasia is the act of deliberately ending a person's life to relieve suffering. Active euthanasia is described as taking steps to directly cause a patient's death, whereas passive euthanasia is defined as allowing a patient to die by withholding treatment.[1,2]

The debate over euthanasia has given rise to a variety of opinions, some of which claim that it is morally repugnant to kill a person who is terminally ill in order to show mercy. Euthanasia attitudes are complicated and influenced by a variety of factors, such as culture, religious convictions, age, and gender.[3] In many European countries, euthanasia is legal.[2,3] In India, the Supreme Court ruled in 2018 that Article 21 of the Constitution ensures the right to a dignified death.

In context of Nepal, there have been debates among doctors and law makers about the legalization of euthanasia but nothing has yet materialized.[6] It is crucial to take into account the viewpoints of health care professionals regarding anesthesia. Hence this study aims to find the attitude towards euthanasia among physicians, post-graduate residents, medical officers and interns of tertiary care hospital in Nepal.

## METHODS

This descriptive cross-sectional study was conducted among consultants, medical officers, post-graduate

residents, and interns of Shree Birendra Hospital, a teaching hospital of Nepalese Army Institute of Health Sciences (NAIHS), from November 2021 to May 2022. Study was ethically approved from IRC-NAIHS dated October 2021 (Regd. no. : 463). The non-probability convenience sampling method was used because the study sample's workplace is the same hospital and they are all conveniently located. A self-administered questionnaire via Google form was used. Every participant freely filled out the survey, and their identities were kept anonymous. The questionnaire was divided into three parts: demographic information, open and closed ended questions, and statements for determining attitude towards euthanasia. A Likert five-point scales was used to describe attitude toward euthanasia. The scale ranged from strongly agree, agree, neutral, disagree and strongly disagree. Attitude was determined based on the argument that a score between 2.5 to 3.4 in Likert scale represents a neutral attitude, score less than 2.4 for negative attitude and score more than 3.4 to 5 as positive attitude.[7] The data were recorded in MS-Excel and descriptive statistical analysis was done using scores, frequencies, and percentages with confidence interval of 95%.

## RESULTS

Out of 107 doctors, 71% supported the concept of euthanasia and mentioned that they would request for euthanasia if they are terminally ill. Among them, only 22.4% will perform euthanasia on themselves if it is needed and approved at any point of time. According to the respondents, most suited person for making proxy decision regarding euthanasia are family members (59.2%), followed by treating doctors (27.7%), lawyer appointed by patient (6.6%), court of law (3.9%) and legal guardian (2.6%) (table 1).

**Table 1:** Attitude of euthanasia among medical professionals

| | Total score | Mean score | CI (95%) |
|---|---|---|---|
| Euthanasia is the act of deliberately ending a person's life to relieve suffering. | 431 | 4.02 | 3.81 - 4.22 |
| In treating terminally ill patient, the primary objective is comfort rather than prolongation of life. | 444 | 4.14 | 3.93 - 4.34 |
| It is appropriate to give pain medications to relieve suffering even if it hastens the patient's death. | 408 | 3.81 | 3.62 - 4.01 |
| Euthanasia in which person directly and deliberately causes the patient's death by being given an overdose of pain-killers or other drugs are known as active euthanasia. | 405 | 3.78 | 3.59 - 3.96 |
| Euthanasia in which death is brought about by an omission - i.e. when someone lets the person die by withdrawing or withholding treatment is known as passive euthanasia. | 401 | 3.74 | 3.55 - 3.92 |
| It is all right to discontinue artificial life support to a patient with no chance of survival. | 404 | 3.77 | 3.58 - 3.95 |
| Voluntary ending of life is a crime in Nepal. | 434 | 4.05 | 3.84 - 4.52 |
| Euthanasia should be legalized in Nepal under restricted conditions. | 449 | 4.19 | 3.98 - 4.39 |
| Legalizing euthanasia results in criminal abuse. | 318 | 2.97 | 2.82 - 3.11 |

Based on the experiences of medical professionals, patients or their family, only 13% of our respondents have been asked to hasten the death of terminally ill relatives whereas 87% have been never asked or requested to do so. Though few of them have received request but none of them have ever practiced euthanasia till date. However, 51.4% of the respondents have received Do Not Resuscitate (DNR) for critical patients from their family members. Legalizing euthanasia in Nepal is favored by 86.91% respondents.

Sociodemographic distribution of study participants are displayed in table 2. The mean age of the respondents was 34.14 $\pm$ 7.74 years and there was male preponderance in the study.

**Table 2:** Sociodemographic characteristics of respondents

| Characteristics of respondents | | Number | % |
|---|---|---|---|
| Gender | Male | 67 | 62.7 |
| | Female | 40 | 37.3 |
| Religion | Hindu | 80 | 74.7 |
| | Buddhist | 18 | 16.9 |
| | Christian | 8 | 7.5 |
| | Muslim | 1 | 0.9 |
| Designation | Consultant | 44 | 41.1 |
| | Interns | 33 | 30.8 |
| | Post-graduate resident | 22 | 20.6 |
| | Medical officer | 8 | 7.5 |

## DISCUSSION

In this discussion, we explored the key findings and implications of the survey conducted among these healthcare professionals in a tertiary care hospital in Nepal. Since euthanasia is illegal in Nepal, no medical professional should conduct it, according to the fourth version of the Code of Ethics and Professional Conduct published by the Nepal Medical Council in 2017.[6] This study showed positive attitude of 71% of the medical professionals on euthanasia. While some participants agreed that euthanasia should be legalized in Nepal, others expressed neutral views. This finding is similar to the study conducted in South India by Kamath S et al (69.3%) in 2011 but way more than findings of study conducted in Punjab, India on 2022 by Kaur KV et al (10.6%).[8,9] Two studies conducted in Nepal on perception of undergraduate medical students regarding euthanasia reported 55.9% favoring euthanasia by Nepal S et al 55.9% and 12% by Tharu RP et al 12%.[10,11] This divergence of opinions underscores the complexity of the issue and highlights the need for further exploration and deliberation. When considering the circumstances under which euthanasia should be allowed, the respondents showed a notable consensus. The majority agreed that euthanasia should only be considered in cases of unbearable pain and suffering. This finding suggests that healthcare professionals recognize the importance of patient-centered care and the alleviation of suffering as critical factors in determining the appropriateness of euthanasia.

The study of Kamath S et al included 40.4% consultants, 31.5% PG trainees and 28.2% interns whereas our study had 41.1% consultants, 20.6% PG residents, 30.8% interns and 7.5% medical officers.[8] Different doctors have different opinions on euthanasia. Some medical professionals argue for patient autonomy and the necessity to end extreme suffering in order to promote the legalization of euthanasia. They might support choices for comprehensive end-of-life care and the legalization of euthanasia in certain situations. Others may be opposed to euthanasia's legality because to ethical issues, religious objections, or worry about potential abuse. This study reported that the 13% of the respondents have been asked by patients or their family to hasten the death of terminally ill relatives which is lesser than the findings of Aksar AH et al (37%) in Kuwait.[12] When a patient or relatives ask for a terminally sick person's death to be hastened, it is a very delicate and complicated ethical and legal matter. Such petitions may be granted or denied based on the nation, cultural values, medical ethics, and legal frameworks in force. To comprehend the precise context of requests for hastening death in every individual nation, it is crucial to reference local laws, rules, and medical ethical guidelines. Involving medical experts, such as palliative care specialists, ethicists, and legal advisers, can also aid in navigating the difficult choices and assure the best treatment and respect for the autonomy of terminally ill patients. Our study showed 86.91% of doctors on favor of legalizing euthanasia which is similar to the study of Huseyin GC et al (88.1%) and Gempeler Rueda FE et al (70.9%).[13,14] Participants generally agreed on the importance of implementing adequate safeguards and regulations if euthanasia were to be legalized. This consensus emphasizes the need for comprehensive guidelines and strict protocols to ensure ethical practice and protect vulnerable individuals. It also reflects the ethical responsibility that healthcare professionals feel towards maintaining high standards of care and safeguarding patient welfare.

Our study showed that 51.40% of the healthcare professionals were given permission for Do Not Resuscitate for critical patients by the patient party which is similar to the findings of Evenblij et al (58.30%).[15] Regarding physician participation in euthanasia procedures, the majority of respondents believed that physicians should have the right to refuse participation. This finding highlights the importance of respecting healthcare providers' personal beliefs and autonomy while balancing them with patients' rights and needs. Moreover, the majority of participants agreed that terminally ill patients in pain should have the right to request euthanasia, suggesting recognition of patient autonomy in end-of-life decision-making. Interestingly, a significant proportion of respondents agreed that open discussions about euthanasia should be encouraged among healthcare professionals. This finding indicates recognition of the importance of ethical deliberation and dialogue to address the complexities

surrounding euthanasia. Encouraging open discussions can foster a better understanding of diverse perspectives, promote ethical awareness, and contribute to informed decision-making.

Regarding the religious belief of the participants, most of them follow Hinduism (74.7%), then Buddhism (16.9%) and Christianity (7.5%) which is in congruence to the findings of Kamath S et al (Hindu 79.3%, Christain 6.6%) and Nepal S et al (Hindu 75.2%, Buddhist 13.4%).[8,10] Doctors should make an effort to get to know their patients not just in terms of physical anomalies but also as individuals positioned in larger social, religious, and cultural settings. It is needed to comprehend the traits of medical practitioners, the dynamics of their interactions with patients, and how societal institutions, cultural norms, and religious beliefs affect these interactions. It is difficult to identify or change the structural injustices in medicine that jeopardize the interests of competent individuals when making end-of-life decisions until we have a thorough understanding of these issues.

The study focused on medical professionals from a particular tertiary care facility in Nepal, which might not properly reflect the opinions of other healthcare professionals in the country. Particularly when it came to a contentious subject like euthanasia, respondents might have felt under pressure to give socially acceptable responses. The validity of the results might be impacted by this bias, which might cause negative opinions against euthanasia to be underreported. Self-reported attitudes were used in the study, which might not necessarily reflect real behaviors or opinions. It depended on participants' capacity to recollect and accurately report their sentiments toward euthanasia. Participants could have overstated or understated their attitudes due to personal biases or misreading of questions. Their responses could have been influenced by recent events or past experiences.

This study has its own limitations being a single centric study with a relatively smaller sample size. Hence, generalisation of the results of this study may not be appropriate. It is recommended that future research and educational initiatives can further explore these attitudes, helping to guide healthcare policies and ensure compassionate and ethical care for patients nearing the end of life.

## CONCLUSIONS

The study conducted among physicians, post-graduate residents, medical officers and interns of a tertiary care hospital in Nepal highlighted the diverse attitudes towards euthanasia within the healthcare community. The findings underscore the need for continued dialogue and ethical deliberation to shape policies and practices in line with patient-centered care, cultural sensitivities, and the ethical responsibilities of healthcare professionals.

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**CONFLICT OF INTEREST:** None

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