

Original Research Article

# Perceptions of patients' towards euthanasia – A medico-legal perspective

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	International Archives of Integrated Medicine, Vol. 3, Issue 5, May, 2016.	
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	Available online at <a href="http://iaimjournal.com/">http://iaimjournal.com/</a>	
	ISSN: 2394-0026 (P)	ISSN: 2394-0034 (O)
	Received on: 10-04-2016	Accepted on: 30-04-2016
	Source of support: Nil	Conflict of interest: None declared.
<b>How to cite this article:</b> Parmar P, Rathod S, Parikh A. Perceptions of patients' towards euthanasia – A medico-legal perspective. IAIM, 2016; 3(5): 20-23.		

## Abstract

**Background:** Euthanasia is a matter of debate since its origin and till now. Few countries have proper legislation for the same while in India, the matter is always remain unnoticed. Present study was aimed to analyze perceptions of patients towards euthanasia.

**Materials and methods:** A cross sectional study was conducted among 107 patients after obtaining their informed written consent for participation in the survey regarding euthanasia and its medico-legal perspectives. All patients were subjected to pre-tested and validated questionnaire (Likert type scale) related to euthanasia after obtaining their socio-demographic details.

**Results:** Out of 107 responses, only 100 responses were considered for analysis and rest of 7 were discarded. Out of 100 patients, maximum (33%) were in between 31 to 40 years of age, 66% were male, 82% were Hindu, and 71% were married. 51% were agreed that person should be kept alive as long as possible regardless of his age, disease, disabilities and personal preferences. 40% believed that supporting death with dignity means supporting active and passive euthanasia. 61% suggested that freedom of choice also applicable to freedom of choice to live or die. 55% disagreed that some patients should be allowed to die instead of making heroic efforts to prolong their lives. 73% believed that demanding or helping in euthanasia is crime. 52% were unsure regarding legalization of euthanasia. 78% believed that legalization of euthanasia may create moral and ethical problems.

**Conclusion:** Perceptions of patients were varied but conclusion can be drawn that many of them believed that legalization of euthanasia may create moral and ethical problems.

## Key words

Euthanasia, Perceptions, Patients.

## Introduction

Euthanasia or mercy killing is not a new terminology and it is matter of debate since many years. Advances in medical knowledge and technology in Western countries opened a new door of competency as well as created moral and ethical dilemmas. There is a lot of divergence of opinion as to when intervention or treatment should be continued [1], without any moral and ethical damage to our conscience and when treatment should be withdraw [2]. There is no consensus on the question of whether the deliberate termination of life should continue to be illegal in all situations [3, 4]. Patients' and relatives' awareness regarding terminal situation of disease and their opinion for continuation of treatment is the prime importance. Present study was aimed to analyze the perceptions of patients towards euthanasia.

## Materials and methods

A cross sectional study was conducted among 107 patients who came to Gayatri Hospital, Gandhinagar after obtaining their informed written consent for participation in the survey regarding euthanasia and its medico-legal perspectives. All patients were subjected to pre-tested and validated [5-9] questionnaire (Likert type scale) related to euthanasia after obtaining their socio-demographic details. Total 10 questions were framed with responses varies from strongly disagree, disagree, not sure, agree and strongly agree. Responses were entered into MS Excel sheet and analyzed via SPSS software.

## Results

Out of 107 responses, only 100 responses were considered for analysis and rest of 7 were discarded as they were incomplete or multiple answers. Out of 100 patients, maximum (33%) were in between 31 to 40 years of age, and least (12%) were of  $\leq 20$  years of age. Total 66% were male and 34% were female participants.

According to religion, 82% were Hindu, 11% were Muslim and 7% were Christian. Total 71% were married and rest 29% were unmarried. (Table – 1)

**Table – 1:** Socio-demographic distribution of respondents.

Criteria	%
<b>Age (Years)</b>	
$\leq 20$	12
21-30	15
31-40	33
41-50	22
$\geq 50$	18
<b>Gender</b>	
Male	66
Female	34
<b>Religion</b>	
Hindu	82
Muslim	11
Christian	7
<b>Marital status</b>	
Married	71
Unmarried	29

Total 51% were agreed that person should be kept alive as long as possible regardless of his age, disease, disabilities and personal preferences. 40% believed that supporting death with dignity means supporting active and passive euthanasia. 41% wanted to keep person alive no matter what their personal beliefs. 61% suggested that freedom of choice also applicable to freedom of choice to live or die. 55% disagreed that some patients should be allowed to die instead of making heroic efforts to prolong their lives. 73% believed that demanding or helping in euthanasia is crime. 51% disagree that euthanasia can be performed on patients/ or relatives' request. 44% suggested that decision of euthanasia must be taken only after consent of patient, doctor and relatives. 52% were unsure regarding legalization of euthanasia. 78% believed that legalization of euthanasia may create moral and ethical problems. (Table – 2)

**Table – 2:** Perceptions of patients toward euthanasia.

Sr. No.	Questions	Responses (%)				
		SD	D	NS	A	SA
1	Person should be kept alive as long as possible regardless of his age, disease, disabilities and personal preferences	2	7	33	51	7
2	Supporting death with dignity means supporting active and passive euthanasia	11	16	21	40	12
3	I support to keep person alive no matter what my personal beliefs.	9	11	7	41	32
4	Freedom of choice also applicable to freedom of choice to live or die	6	10	11	61	12
5	Some patients should be allowed to die instead of making heroic efforts to prolong their lives.	11	55	14	19	1
6	Demanding or helping in euthanasia is crime	1	6	9	73	11
7	Euthanasia can be performed on patients/ or relatives' request.	2	51	22	7	18
8	Decision of euthanasia must be taken only after consent of patient, doctor and relatives	11	12	11	44	22
9	Euthanasia should be legalized	20	2	52	22	4
10	Legalization of euthanasia may create moral and ethical problems	1	3	5	78	13

## Discussion

Euthanasia word has Greek derivation, the word comes from eu, meaning well, and thanatos, meaning death. Thus, euthanasia is defined as 'good' or easy, painless death. Decision making towards euthanasia may be an active or a passive process. Parsons and his colleagues (1973) have recently focused on the importance of greater societal knowledge and participation in decision making in medical ethics [10]. However, most of the literature stresses that decision making ultimately falls on the physician. This is a heavy burden for the physician, but once the decision is made, the nurse, the patient and the family may live more closely with it than the doctor [11, 12]. Perceptions towards euthanasia may give rise to conflict. One way to conceptualize such problems is to classify them as primarily interpersonal and intrapersonal. In the latter area, one starts with the premises that persons strive for cognitive balance or consistency in their perceptions [13] and that the process of socialization into a professional role involves learning perceptions as well as skills [14]. In one

of the most comprehensive studies of euthanasia Dutch researchers found that in 17.5% of all deaths patients were administered such high dosages of opiates for alleviation of pain and symptoms that it may have shortened their lives. In another 17.5% of deaths a 'non-treatment' decision was involved. Euthanasia by administering lethal drugs at the patient's request appears to have been performed in 1.8 per cent of all deaths [15]. In the studies by Asai, et al. [16] Tanida, et al.[17] and Bittel, et al. [18], respondents were offered the possibility to indicate which factor was decisive for their perceptions towards euthanasia and opinion had been influenced by religious and ethical approach.

## Conclusion

Perceptions of patients were varied but conclusion can be drawn that many of them believed that legalization of euthanasia may create moral and ethical problems. Legalization of euthanasia can be brought only after proper

legislation regarding active or passive euthanasia to prevent malpractice.

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