

**ORIGINAL PAPER****Nursing Students' Attitudes Towards Euthanasia: A Study In Yozgat, Turkey****Ayşegül Koç PhD, RN****Bozok University, School of Health, Yozgat, Turkey**

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**Abstract**

**Background and Purpose:** In Turkish culture, death is an integral part of life. This study aims to examine perceptions and attitudes towards euthanasia among student nurses pursuing bachelor's degrees. As part of the study, interviews were conducted with 147 student nurses using a questionnaire.

**Methodology:** This descriptive study was conducted after obtaining the required permits, with the participation of 147 student nurses, who volunteered to participate.

**Results:** In all, 147 of the 173 questionnaires were obtained. A total of 84.4% of the participants (n:124) were female; 32.7% were 1<sup>st</sup> year students (n:48), 23.1% were 2<sup>nd</sup> year students (n:34), 20.4% were 3<sup>rd</sup> year students (n:30), and 23.8% were 4<sup>th</sup> year students (n:35). Question 1 asked student nurses to identify their sources of information about euthanasia prior to beginning their university education. A total of 70.7% of the students responded to this question (n:104) and 29.3% failed to respond (n:43). A total of 10.2% of the students said their main source of information on euthanasia was their family/relatives (n:15), 49.2% of the students said it was media (TV, newspaper, etc.), 31.3% said it was health workers (n:46), and 8.8% said it was their own research (n:13).

**Conclusion:** This study aimed to examine the views of student nurses on euthanasia. It seems to be the case that euthanasia and its related concepts will continue to be sources of ethical dilemmas. Future studies should make use of larger samples with similar characteristics, and conduct in-depth interviews, particularly with nurses employed in intensive care units.

**Key Words:** bioethics; nurse; end of life; euthanasia; attitudes; Turkish culture; BSN student

**Introduction**

The concept of death has been a major focus of interest for human beings throughout history, and it has been explained with reference to different metaphors. Euthanasia, being a multi-dimensional concept, is defined in different ways by different disciplines. Do human beings have the right to give up their own lives when faced with a terminal and painful illness or when their mental health has diminished irrevocably? To what extent do relatives and friends or "ethics committees" have the right to make decisions for patients who are not able to communicate? Welcomed by some approaches, euthanasia is regarded as synonymous with suicide by others. Euthanasia means ending the life of a patient who suffers from an incurable illness and unbearable pain, upon the request of the patient, via execution or purposeful omission of a medical act, or by disconnecting them from a life support system (Kaya & Akçin, 2005). Another concept that often comes up in discussions on euthanasia

is Dysthanasia, which means "bad death" in the medical literature. Dysthanasia refers to acts like insisting on keeping an individual who has come to the end of the road connected to a life support system, or applying cardioversion to an individual who is identified as dead (Kuhse & Singer, 2006; <http://en.wikipedia.org/wiki/Dysthanasia>). In the legal literature, the issue of euthanasia is addressed from the point of view of "rights and liberties", and defined as "the right to die". The legal definition thus emphasizes the will of the patient. By this definition, ending the life of an individual who suffers from an incurable illness is an example of euthanasia (<http://www.hukukcu.com/bilimsel/kitaplar/otenzazi.htm>).

In some countries where euthanasia is legal, discussions on the subject date back to the beginning of the twentieth century. Societies were founded to defend the right to end one's suffering for patients with incurable illnesses. Euthanasia became legal in the District of

Columbia, USA in 1997, in Northern Australia in 1996, and in the Netherlands and Belgium in 2002 (Özalp, 2011; Akbaba, 1999). Currently, death tours are being organized, and the BBC recorded the death of a patient and broadcast it worldwide on May 13, 2011.

Treatment decisions make the doctor-patient relationship a special one (Annas et al., 1990). However, euthanasia gives rise to mixed feelings among nurses as well, who are also members of the team.

Countries where euthanasia is legal also stipulate certain conditions. Criteria that must be met in order for euthanasia to be acceptable are set by medical and legal authorities. Even for patients who suffer unbearable pain and are unable to communicate, the decision for euthanasia needs to be made after very careful consideration, and at the very least, other doctors should be consulted. In addition, doctors are not required to refer to natural causes, they are required to keep records. What is more, some hospitals and nursing homes have explicit policies to be followed in cases of euthanasia or assisted death (Haverkate & van der Wal, 1996). However, the World Medical Association, in 1987, declared the decision that ending the life of a patient, even upon the request of the patient or the family is not ethical  
[http://www.wma.net/en/40news/20archives/2001/2001\\_12/](http://www.wma.net/en/40news/20archives/2001/2001_12/).

### Aim of the study

Euthanasia is illegal in Turkey. Under the current law, it is a crime punishable by life imprisonment (<http://www.ttb.org.tr/mevzuat/modules.php?name=Velioğlu & Babadağ, 1992>). In this study, we examine student nurses' knowledge about and attitudes towards euthanasia.

### Materials and Methods

This is a descriptive study. Because the population size was small, no sampling was made and all students who volunteered to participate were surveyed. The questionnaire consists of an individual ID and items on address, age, gender, marital status, level of education, economic status, paralyzed side, length of stay in hospital, and presence of a chronic illness. Face to face interviews were conducted to fill out the

questionnaires. Each interview lasted, on average, about 10 minutes.

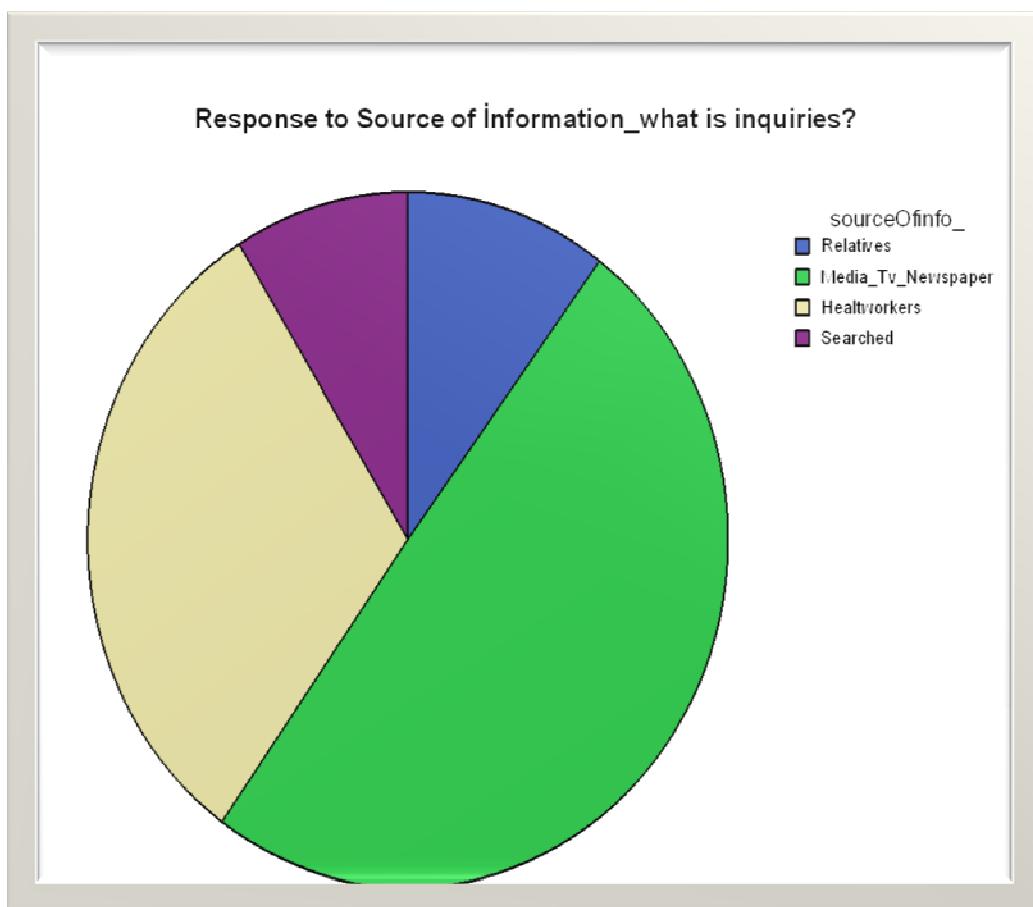
Pre-test and post-test results of the experimental and control groups were analyzed using software packages. Percentages and Pearson's chi-square tests were used for statistical analysis of the data. Ethical approval and permission to conduct the research was acquired from Bozok University and all participants were informed about the aims of the study and about the fact that the participation in the study was on a voluntary basis.

Results of the study can be generalized to nursing students of the School of Health at Bozok University. The main limitation of the study is the small size of its population. Results of the study reflect the views of nursing students at the School of Health of Bozok University.

### Results

Data were gathered from 147 of the 173 students. In this section, we present the results of the analyses conducted. A total of 84.4% of the participants (n:124) were female; 32.7% were 1<sup>st</sup> year students (n:48), 23.1% were 2<sup>nd</sup> year students (n:34), 20.4% were 3<sup>rd</sup> year students (n:30), and 23.8% were 4<sup>th</sup> year students (n:35). Question 1 asked student nurses to identify their sources of information about euthanasia prior to beginning their university education. A total of 70.7% of the students responded to this question (n:104) and 29.3% failed to respond (n:43). 10.2% of the students said their main source of information on euthanasia was their family/relatives (n:15), 49.2% of the students said it was media (TV, newspaper, etc.), 31.3% said it was health workers (n:46), and 8.8% said it was their own research (n:13).

To the question on who should administer euthanasia, 55.6% (75) of the students said it should be the doctor, 37.8% (51 students) said it should be the ethics committee, and 0.7% (one student) said it should be the nurse. These results indicate that nursing students see doctors as the people who make the decisions, and thus they should be the ones to administer euthanasia as well. These results also indicate that nurses avoid playing a role in euthanasia possibly due the emotional disturbances it would cause.

**Figure 1.** Student nurses' sources of information about euthanasia

The following discussion is on the views of students on euthanasia.

**Table 1.** Distribution of student views on participation in euthanasia and accelerated death (strangers, themselves, relatives/friends)

\*.“If euthanasia were legal and you treated a terminally ill patient, would you approve euthanasia for this person?”

\*\*. “If you were a terminally ill patient, what would you think of euthanasia?”

\*\*\*. “If one of your relatives or friends were terminally ill, would you approve euthanasia for them?”

	Accelerated Death					
	*First Question		**Second Question		***Third Question	
	%	N	%	N	%	N
<b>Active/Passive Euthanasia</b>	<b>7.5</b>	<b>11</b>	<b>17.0</b>	<b>25</b>	<b>9.5</b>	<b>14</b>
No	<b>74.8</b>	<b>110</b>	<b>60.5</b>	<b>89</b>	<b>70.1</b>	<b>103</b>
Uncertain/ ambivalent	<b>17.7</b>	<b>26</b>	<b>22.4</b>	<b>33</b>	<b>20.4</b>	<b>30</b>
<b>Total</b>	<b>100</b>	<b>147</b>	<b>100</b>	<b>147</b>	<b>100</b>	<b>147</b>

**Table 2. Percentage distribution of student responses to the question on the participation of nurses in euthanasia**

Nurses should participate actively	%	n
<b>Active/Passive Euthanasia</b>	4.8	7
<b>No</b>	73.5	108
<b>Uncertain</b>	21.8	32
<b>Total</b>	100	147

**Table 3. Reasons cited by the students for their disapproval of euthanasia for their family and loved ones**

Responses	For relatives	
	n	%
<b>I can't take responsibility</b>	16	10.9
<b>It violates human rights</b>	27	18.4
<b>It is religiously inappropriate</b>	34	23.1
<b>Sanctity of life</b>	39	26.5
<b>All of the above</b>	31	21.1
<b>Total</b>	147	100

**Table 4. Views of the students on whether nurses should participate/get involved in euthanasia**

Responses	For themselves	
	n	%
<b>In spite of everything, life is beautiful</b>	18	12.2
<b>It is against my religious beliefs</b>	22	15.0
<b>There is always hope</b>	30	20.4
<b>I shall die naturally</b>	32	21.8
<b>Other*,**</b>	41	27.9
<b>Total</b>	143	100

4 people left blank, \*5 people Technology progress, \*\*6 people human rights,

**Table 5. If euthanasia were legal, who should make the decision?**

Responses		
	N	%
Patient	62	42.2
Family/relatives	52	35.4
Ethical committee	11	7.5
Physician	4	2.7
No one/other	18	12.2
<b>Total</b>	<b>147</b>	<b>100</b>

**Table 6. How is euthanasia practiced/administered?**

How is euthanasia practiced/administered?	%	n
I don't know	25.9	38
By ceasing treatment	29.3	43
Via administration of lethal drugs	30.6	45
In the form of a punishment (e.g. electric chair)	2.0	3
Using medical instruments	12.2	18
<b>Total</b>	<b>147</b>	<b>100</b>

**Table 7. If euthanasia were a necessity, what reasons could be given as justification for it?**

Justifications for Active/Passive Euthanasia	%	n
Individual Rights	25	18.9
Social reasons	22	16.7
Necessity	17	12.9
Freedom	9	6.8
Financial / economic	46	34.8
Other	13	9.8
<b>Total</b>	<b>132</b>	<b>100</b>

\*15 people missing

Tables 5 and 6 report students' views on whether they would approve of euthanasia for themselves or for their relatives and friends. As the Table shows, 54.1% (73 students) stated that they would not approve of euthanasia for themselves under any conditions, and 45.9% (62 students) stated that they might approve it if they suffered

from an incurable illness. As to the reasons for their disapproval, 23.3% (17) of the students who would not approve euthanasia for themselves stated that "in spite of everything, life is beautiful", 20.5% (15 students) said that it was contrary to their religious beliefs, 16.4 (12 students) said that "there is always hope", 15.1%

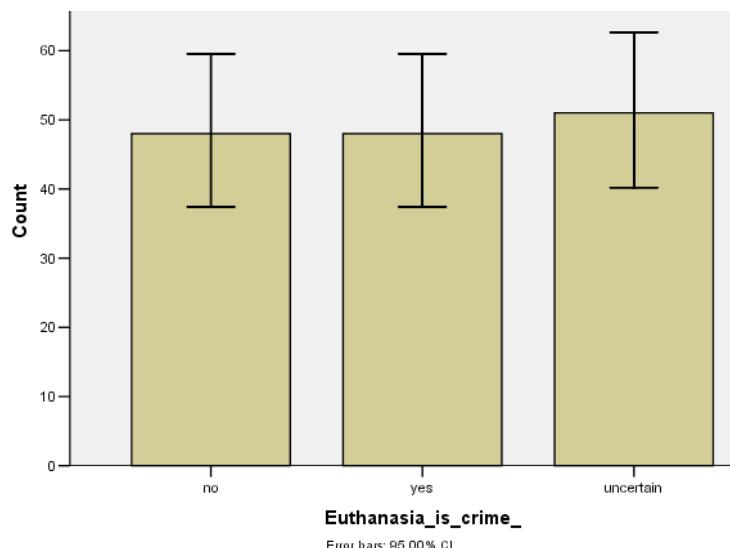
(11 students) said they wanted to die a natural death, 2.7% (2 students) said technology and medicine advance every day, 1.4% (1 student) said no one wants to know when he or she will die, and 9.6% (7 students) said it was murder and there were always ways to cope.

A total of 74.1% (100) of the students stated that they would not approve euthanasia for their relatives/friends under any conditions, and 25.0% (35 students) stated that they would approve it if they were suffering from an incurable illness. As to the reasons for their disapproval, 18% (18) of the students said they could not take this kind of responsibility, 17% (17 students) said that it was contrary to their religious beliefs, 13% (13 students) said it was a decision for the patient to

make, 10% (10 students) said "in spite of everything, life is beautiful", 9% (9 students) said "there is always hope", 4% (4 students) said they wanted their relatives/friends to die a natural death, 3% (3 students) said technology and medicine advance every day, and 11% (11 students) said they still had a lot share with the patient as long as they were alive.

It is noticeable that the reasons cited for disapproving of euthanasia for one's self and for one's relatives/friends are very similar. These findings indicate that the social environments, cultures, traditions, and spiritual beliefs of the nursing students prevented them from taking responsibility for this kind of decision concerning their relatives/friends.

**Figure 2.** Views of student nurses: "Do you think euthanasia is a crime?"



## Discussion

The concepts of euthanasia, triage and dysphasia should not be confused with one another, or with the discontinuation of medical treatment and care.

Although the meanings associated with death vary widely from culture to culture, the fact that the exact moment of death cannot be known in advance may create feelings in many individuals that are hard to explain (Shih et al., 2006).

There are a number of studies focusing on the effects of religion on doctor assisted suicide and on nurses' attitudes towards euthanasia. In a

study conducted in Japan, 50% of the doctors, 26% of the nurses, and 16.2% of the nursing students stated they would approve euthanasia for patients in a vegetative state. Approval percentages among the Japanese health personnel were lower for the terminally ill (33.3% of the doctors, 22.8% of the nurses, and 16.2% of the nursing students) (Takeo & Satoh & Minamisawa, 1991). In a study conducted in the UK, data on the views of general practitioners on euthanasia were collected via a telephone survey. Thirty-five percent of those surveyed stated that they would practice euthanasia if it were legal (Kuhse & Singer, 1988). In another study, a total

of 150 nurses from Australia, Canada, China, Finland, Israel, Sweden and the US, all of them caring for patients with dementia were surveyed. A total of 13.3% of the nurses stated that active euthanasia was a right. Among the reasons cited were the serious pain and suffering the patients were in and their right to demand this kind of service. A total of 20.8% of the 168 nurses who cared for patients with cancer in the same seven countries argued that there were reasons that justified active euthanasia (Davis et al., 1993). In another study, nurses who provided palliative care in China were surveyed, and some of them stated that euthanasia would be justified in the case of scarce resources in the provision of health services (Wilkes & White, 1993). In a study conducted in Australia, 50% of the doctors stated that patients had a right to ask for assisted death, and 40% said they would do it (Kuhse & Singer 1993). Data from a survey sent out to 2022 doctors in Canada show that 44% approved euthanasia, and 61% stated that they would not report it if they witnessed a colleague of theirs participating in active euthanasia (Verhoef & Kinsella, 1993).

Studies conducted in Turkey show that nurses providing care for the terminally ill suffer from feelings of anger, helplessness, anxiety and guilt (Inci & Oz, 2009), and they prefer to work in clinics where there are no terminally ill patients because they fear being inadequate or unsuccessful in providing care for them (Inci & Oz, 2009; Barrere & Durkiny & LaCoursierez, 2008). Studies in the medical literature have reported that the experience nurses have in dealing with ethical/moral issues and providing spiritual care are crucial in meeting the expectations of patients/families (Koç & Sağlam, 2008).

In the present study, the similarities between the reasons cited for disapproving euthanasia for one's self and for one's relatives/friends is noteworthy (Kumas & Alparslan & Oztunc, 2003;

<http://www.ilef.ankara.edu.tr/akildefteri/yazi.php?yad=298>). This indicates that cultural values and lack of sufficient knowledge among nursing students may be playing a role in their disapproval of euthanasia for themselves and relatives/friends.

## Conclusion

It seems to be the case that the concepts of assisted death, assisted suicide, voluntary death

and euthanasia will continue to be sources of ethical dilemmas. Nurses and other health workers cannot claim to have understood all aspects of this complex issue. Nurses can help doctors, fellow nurses, patients and patient families deal with the complex feelings surrounding euthanasia, by providing professional counseling. It is important that student nurses and nurses, who are important members of any health team that provides care for the terminally ill or end of life patients, have an opportunity to think about their knowledge and attitudes concerning euthanasia. This way, nurses would be able to provide higher quality care to terminally ill patients and their families. In addition, future studies should make use of larger samples with similar characteristics, and conduct in-depth interviews, particularly with nurses working in intensive care units.

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