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BRIEF COMMUNICATION

Physicians' attitudes towards euthanasia and correlation with their spirituality

Maria Malliarou,¹ Vasileios Tzenetidis,¹ Iokasti Papathanasiou,¹ Vourdami Kiriaki,² Nikolaos Tzenetidis,³ Athanasios Nikolentzos,² Pavlos Sarafis⁴

¹Faculty of Nursing University of Thessaly, Larisa, Greece

²MSc Management of Health services, Hellenic Open University, Patras, Greece

³Faculty of Nursing, National Kapodistrian University, Athens, Greece

⁴General Department of Lamia, University of Thessaly, Greece

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ABSTRACT

"Suffering" patients' wishes concerning hastening their own death by means of euthanasia, raised by personal, psychological, social and other motives, are becoming increasingly common. This raises controversies and marks challenges within both the scientific community and the public. The aim of this study is to investigate physicians' attitudes towards euthanasia and its correlation with their spirituality. The final sample consisted of 93 physicians (64.5% men), whose attitudes on euthanasia were evaluated using Euthanasia Attitude Scale (EAS) and Daily Spiritual Experience Scale (DSES). Physicians' attitudes correlate with their specialty ($p=0.037$), years of service ($p=0.037$), as well as the number of end stage patients they cared for and died within the last 12 months ($p=0.016$). Oncologists and other physicians with similar specialty, those with longer clinical experience and those who treat more end-stage patients to strongly oppose to the above practices. Spirituality, estimated with Daily Spiritual Experience Scale –DSES, is correlated with a negative attitude toward euthanasia ($p<0.001$). Finally, a considerable gap in physicians' training regarding the management of end stage patients has been highlighted. Physicians are opposed to euthanasia and they require the acquisition of competencies in end-of-life care in order to fulfill their profession's current and future demands in the domain of palliative care.

KEYWORDS: Euthanasia, physicians, attitudes, spirituality.

Corresponding Author: Pavlos Sarafis, General Department of Lamia, University of Thessaly, 3rd Km of Old National Road Lamia-Athens, 35100 Lamía, Greece, E-mail: psarafis@uth.gr

Introduction

The Merriam-Webster Online Dictionary defined "euthanasia" as "The act or practice of killing or permitting the death of hopelessly sick or injured individuals (such as persons or domestic animals) in a relatively painless way for reasons of mercy..."¹

In ancient times, the term euthanasia was used not only to express the cessation of a painful life full of despair but also expressed the meaning of glorious and heroic death, the sacrifice for high ideals, the avoidance of an honorable death. On the contrary, the medical community of the time condemned euthanasia and medically assisted suicide as evidenced by the phrase in Hippocrates' oath: nor should I ever give such advice".²

The first attempt to legalize euthanasia took place in 1906 in Ohio, USA. The bill to the relevant state legislature sought to allow the administration of a lethal anesthetic to patients who are suffering from a fatal trauma, irreversible disease or incurable pain. The final decision was rejected and the issue gradually began to decline. In 1935 it was revived with the founding in England of the "Voluntary Euthanasia Legalization Society" which, renamed the "Dignity in Dying", continues its activities to this day with more than 25,000 members.³ In April 2002, the Netherlands became the first European country to legalize the termination of patients' lives by physicians.⁴

The aim of this study was to investigate Greek physicians' attitudes and beliefs towards euthanasia and physician-assisted suicide.

Material and Method

Participants

A cross-sectional study was conducted among 120 physicians, members of the Medical Association of Athens. Avalanche sampling was used to select the study sample. Physicians whose specialty was not related to a clinical subject, which limits their direct contact with end-stage patients (e.g., microbiologists).

Measures

The questionnaire included information about demographics data on the relationship of physicians with end-stage patients.

The DSES consists of 16 items.⁵ The first 15 are scored on Likert sixth point scale. All items are given in positive terms. The total score is accounted for by the sum of all 16 items and ranges from 16 to 94. Permission to translate the original English version of DSES into Greek was obtained from Lynn Underwood. The translation was done using the same process conducted with EAS scale. Lynn Underwood reassured that psychometric properties for translated versions of the DSES are strong, with Cronbach's alphas ranging from 0.86 to 0.98. Euthanasia Attitude Scale (EAS) developed by Holloway, Hayslip and Murdock, in 1995 is a questionnaire consisting of 30 items related to consent in passive or active euthanasia, the rights of end-stage patients, the place of modern technologies in life preservation, brain death, the role of the physician in the final phase of the patient and other ethical and legal issues.⁶

The answers are given on a 4-point Likert scale For each participant, the numbers chosen for the 30 sentences are added together creating a score, which can range from 30 to 120. Permission to translate the original version of EAS into Greek was obtained from Bert Hayslip. The translation was done using the guidelines for the process of cross-cultural adaptation of self-report measures.⁷ Cronbach's alpha, was calculated and found 0.944.

Statistical analysis

All data were analyzed in SPSS statistic program, version 22. Absolute (N) values, mean (M), and standard deviation (\pm SD) were used for description of the sample and the EAS and DSES items. The normal distribution of the results was checked by the Kolmogorov-Smirnov test. Student's t-test was used to compare mean values in the two independent groups, and one-way ANOVA was used for more than two groups. The level of statistical significance was set at 5%.

Results

The study sample were 93 physicians (77.5%) while 64.5% were men with a mean age of 53.7 years (SD = 7.4) and an average year of service of 25.4 (SD = 8.0) years, while the vast majority of the sample (95.7%) were Orthodox.

Mean value of EAS total was found to be 74.62 (SD 14.33) and mean value of DSES was 52.25 (SD 16.17). Mean value (SD) of 5 factors of EAS questionnaire were found as follows: General orientation towards Euthanasia: 24.1 (SD 7.4), Patients' rights issues 19.5 (SD 3.5), Role of life sustaining technology 13.2(SD 2.5), Professional's role 10.9 (SD 1.1), Ethics and values 11.5 (SD 3.2).

The inter-correlation matrix for the EAS dimensions and DSES is presented in Table 1. A very strong positive correlation was found between EAS-factors and EAS-total. Strong negative correlation was found between General orientation towards Euthanasia, Patients' rights issues, Role of life sustaining technology, EAS total with DSES scale while moderate negative correlation was found between ethics and values and DSES.

(Insert table 1 here)

In table 2 we can see that physicians with > 21 years of service overall disapprove of euthanasia practices (mean <75) which is even more pronounced when clinical experience exceeds 30 years (mean EAS scale = 69.9). In contrast, physicians who have been practicing the profession for less than 20 years seem to adopt positive views (mean = 79.9). Also, physicians who cared for more than 10 patients who died in the last year scored significantly lower on the EAS scale than physicians with none or 1-10 patients and clearly disapprove of euthanasia ($p = 0.016$). And those physicians who have not treated such a category of patients seem to be in favor of euthanasia. Oncologists and physicians of related specialties were not in favor of euthanasia in relation with physicians of other specialties who not only are not negative but seem to approve it ($p = 0.037$). Physicians' visit in worship places seems to be related to their attitudes towards euthanasia ($p < 0.001$). In particular, those who go to church at least once a month have a negative attitude, while the rest express a more or less positive attitude. In fact, people who say they never attend church show the highest average on the EAS scale.

(Insert table2 here)

Discussion

The study attempted to compare the demographics of physicians with their views on euthanasia. It was initially found that those attitudes were not related with their gender and age. Although this finding partially confirms a previous study concerning Greek physicians,⁸ literature review has shown that other researchers who sought to correlate the aforementioned factors with the views of physicians ended up with contradictory results.⁹ Our study results showed that physicians' views on euthanasia are influenced by years of professional experience. This finding can be interpreted from the above-mentioned result that views on the euthanasia of younger physicians, as those with less clinical experience are generally younger physicians.

The number of end stage patients treated in the last year also seemed to correlate with physicians' attitudes towards euthanasia. Dany et al, also observed that the higher the number of end-stage patients cared for by physicians, the more negative they are about euthanasia.¹⁰ The specialty is also one of the factors that influence physicians' views on euthanasia. According to Parker et al, oncologists and geriatricians are less likely to accept discussions about speeding up patients' lives.¹¹ We found that oncologists are negative about euthanasia, with their position differing significantly from that of physicians of other specialties who express a marginally positive view. Physicians who are more exposed to suffering patients (e.g., chronic, end-stage) ultimately form disparaging views on euthanasia.¹²

Subsequently, the finding that came out from our study is that Greek physicians' views on euthanasia were negatively related to the depth of their religious devotion and spiritual pursuits. This finding was to some extent expected as the majority of the participants embraced the Christian religion and, as is well known, the deliberate haste of the end of an individual is inconceivable not only in the context of orthodoxy but also of most religions. Many researchers have come to the same conclusion, which they also interpret with the same reasoning.^{13,14}

An important element that emerges from the present work is the lack but also the need for physicians for training in issues related to the management of end-stage patients. In addition, previous studies have found that physicians who report having been trained in palliative care feel more competent in caring for terminal patients and are therefore less likely to euthanize or assist in suicide.¹⁵

The majority of the Greek medical community opposes euthanasia and medically assisted suicide, mainly because of its spirituality. Other factors, such as specialty, clinical experience, and frequent care of end-stage patients, also appear to be related to physicians' perceptions. However, the approaches are multifaceted and extensive studies of other factors, which may influence the attitudes and views of physicians on the subject, can work informatively and constructively in the broader dialogue.

Many physicians recognize the patient's right to an end-of-life choice that may differ from their personal views and therefore favor the prospect of decriminalizing euthanasia and medically assisted suicide. Greek physicians have not received any training in the management of end-stage patients. Health policy makers should select appropriate interventions and programs that will provide physicians with the support they need to understand the deeper meaning of end-patient's demands for speeding up their end, in order to provide them with objectivity and ethics. the best care.

One limitation of our study that places constraints on the ability to generalize from the results is the small study sample. Euthanasia is a complex issue with conflicting views and there is still the possibility of errors in the study due to an unconscious desire of participants to provide socially acceptable answers. In addition, the sample of physicians studied was dominated by Christian Orthodox, a fact that may limit the generalization of conclusions to other populations of physicians who may embrace other religions or follow other spiritual traditions, although in Greece they are a minority.

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Table 1. Intercorrelations between the EAS Factors, EAS total and DSES

	Patients ' rights issues	Role of life sustaining technology	Professional's role	Ethics and values	EAS Total	DSES
General orientation towards Euthanasia	0.841*	0.723*	0.311**	0.926*	0.973*	-.622*
Patients' rights issues		0.770**	0.262**	0.783**	0.897* *	-.641**

Role of life sustaining technology	0.293**	0.695*	0.8288**	-.608*
Professional's role		0.346**	0.400*	-.162**
Ethics and values			0.933*	-.587*
EAS Total				-.654*

* p<0.01 **p<0.05

Table 2. Associations of the Euthanasia Attitude Scale (EAS) with demographics

Category	n	Mean	SD	p-value
<i>Years of service</i>				
<=20	28	79.93	13.37	0.037
21-30	43	73.60	14.37	
>30	22	69.86	13.89	
<i>Treating end-stage patients</i>				
2-3 times a year	48	77.17	15.01	0.025
Once every 2-3 months	24	75.96	13.57	
More than once a month	21	67.29	11.31	
<i>Number of end stage patients who were lost (died) in the last year</i>				
0	31	77.74	16.71	0.016
1-10	49	75.35	12.32	
11+	13	64.46	11.37	
<i>Need for training on psychological support in end stage patients</i>				
no	37	73.70	12.55	0.060
yes	56	75.23	15.46	
<i>Physicians' specialty</i>				
Oncologists and related specialties	34	70.6	14.22	0.037
Physicians of other specialties	59	77.0	13.97	
<i>Frequency of visits a place of worship.</i>				
Every week	4	67.8	12.8	<0.001
Once/Month	21	64.3	8.4	
Only at special days	54	78.5	14.5	
Almost never	10	80.5	11.3	

ΣΥΝΤΟΜΟ ΑΡΘΡΟ

Στάση των ιατρών απέναντι στην ευθανασία και η συσχέτιση της με την πνευματικότητα τους

Μαρία Μαλλιαρού,¹ Βασίλειος Τζενετίδης,¹ Ιοκάστη Παπαθανασίου,¹ Βουρδαμή Κυριακή,² Νικόλαος Τζενετίδης,⁵ Αθανάσιος Νικολέντζος,² Παύλος Σαράφης⁴

¹Τμήμα Νοσηλευτικής Λάρισα, Πανεπιστήμιο Θεσσαλίας, Ελλάδα

²ΠΜΣ Διοίκηση Μονάδων Υγείας, Ελληνικό Ανοικτό Πανεπιστήμιο, Πάτρα, Ελλάδα

³Τμήμα Νοσηλευτικής, Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αθήνα, Ελλάδα

⁴Γενικό Τμήμα Λαμίας, Πανεπιστήμιο Θεσσαλίας, Ελλάδα

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ΠΕΡΙΛΗΨΗ

Οι επιθυμίες των ασθενών που “υποφέρουν” σχετικά με την επιτάχυνση του θανάτου τους μέσω ευθανασίας ή αυτοκτονίας με τη βοήθεια γιατρού, που προκλήθηκαν από προσωπικά, ψυχολογικά, κοινωνικά και άλλα κίνητρα, γίνονται όλο και πιο συχνές. Αυτό εγείρει αντιπαραθέσεις και σηματοδοτεί προκλήσεις τόσο στην επιστημονική κοινότητα όσο και στο κοινό. Σκοπός αυτής της μελέτης ήταν να διερευνήσει τις στάσεις ιατρών απέναντι στην ευθανασία και η συσχέτιση τους με την πνευματικότητα. Το τελικό δείγμα περιελάμβανε 93 ειδικούς ιατρούς (64,5% άνδρες), των οποίων οι στάσεις αξιολογήθηκαν χρησιμοποιώντας την κλίμακα στάσης ευθανασίας (EAS) και την κλίμακα καθημερινής πνευματικής εμπειρίας (DSES). Οι στάσεις και οι ιατρών συσχετίζονται με την ειδικότητά τους ($p = 0,037$), τα χρόνια επαγγελματικής εμπειρίας ($p = 0,037$), καθώς και τον αριθμό των τελικώς ασθενών που φρόντισαν και πέθαναν τους τελευταίους 12 μήνες ($p = 0,016$). Οι ογκολόγοι και άλλοι ιατροί με παρόμοια ειδικότητα, με μεγαλύτερη κλινική εμπειρία, που θεραπεύουν περισσότερους ασθενείς τελικού σταδίου είναι αντίθετοι στις παραπάνω πρακτικές. Η πνευματικότητα, που εκτιμάται με την κλίμακα Daily Spiritual Experience Scale –DSES, σχετίζεται με αρνητική στάση απέναντι στην ευθανασία ($p < 0,001$). Τέλος, έχει επισημανθεί ένα σημαντικό κενό στην εκπαίδευση των ιατρών σχετικά με τη διαχείριση των ασθενών σε τελικό στάδιο. Οι ιατροί αντιτίθενται στην ευθανασία ενώ απαιτείται η απόκτηση ικανοτήτων στη φροντίδα στο τέλος της ζωής τους, προκειμένου να εκπληρώσουν τις τρέχουσες και μελλοντικές απαιτήσεις του επαγγέλματός τους στον τομέα της παρηγορητικής φροντίδας.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Ευθανασία, στάσεις ιατροί, πνευματικότητα.

Επιμελητής συγγραφέας: Παύλος Σαράφης, Γενικό Τμήμα Λαμίας, Πανεπιστήμιο Θεσσαλίας, 3ο ΧΛΜ. Π.Ε.Ο Λαμίας - Αθήνας, 35100 Λαμία, E-mail: psarafis@uth.gr