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Short Communication

Ethics Section

Attitude of Patients towards Euthanasia Attending Neurology Clinic: A Pilot Study in Iran

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ABSTRACT

Introduction: Due to the recent progress in medical and technological knowledge, the attitude towards death has changed. Euthanasia is another concept that has acquired attention in the recent decades.

Aim: To compare the attitude toward euthanasia among dying patients, relatives of dying patients, depressed patients and non depressed patients, at a neurological clinic in Babol, Iran.

Materials and Methods: The present pilot cross-sectional study was conducted in October 2014 at the neurological diseases clinic affiliated to Babol University of Medical Sciences, Mazandaran, Iran. Four groups of subjects participated in the study (16 in each group): dying patients, relatives of dying patients, patients with depressive disorders and non depressed patients. In order to assess the willingness of participants toward euthanasia, a researcher-made questionnaire was designed based on the objectives of the study. Due to the lack of reliable and valid questionnaires on euthanasia in Iran, the researchers tailored a questionnaire in accordance with Iranian culture and cognitive aspects of euthanasia and related literature. Questions were devised and given to three specialists for expert opinion. After minor revisions, validity and reliability of the questions were calculated. After data collection, statistical analysis was performed by SPSS version 16 and ANOVA test.

Results: Of the total 64 participants, 34 were female and 30 were male (mean age=55±4.7 years). The mean euthanasia score for men was slightly higher (9.33±2.6) than women (9.03±2.8). There was no significant difference between gender and euthanasia score (p=0.66). Also, there was no significant difference between the mean euthanasia score of four study groups (p=0.28).

Conclusion: According to the findings of our study, there was no significant difference between attitude towards euthanasia among depressed and dying patients versus other patients (relatives of dying patients, non depressed patients).

Keywords: Cognition, Death, Surveys, Questionnaires

INTRODUCTION

Technology and improvement in quality of life has changed attitude towards death within societies [1]. Nowadays, because of the change in lifestyle, chronic diseases like heart disease, cancer, and diabetes have become more prevalent than before. Patients suffer from these diseases for a long time and their treatments are painful and expensive [1]. Moreover, because of longer life expectancy, age-related diseases (especially in the elderly population) have increased. Many people now suffer from the ageing-related problems, such as osteoporosis and dementia [2-4].

In recent years, studying about the death of patients due to chronic diseases has become increasingly significant. Euthanasia, good or cushy death, is one of the most relevant terms related to studies about death and has attracted attention globally [5]. The term euthanasia implies to circumstances in which patients choose to die in a relaxed and natural way upon their own request. This condition usually emerges in difficult or painful diseases or when long-term treatment is proven to be futile. It is worth noting that one of the principles of performing euthanasia in countries where euthanasia is legal is certification of psychiatrists about the mental health of dying patients with no symptoms of depression [3].

Recently, euthanasia has become one of the newest and the most controversial aspect of medical ethics [4]. Over the last few decades, a growing trend of euthanasia acceptance among the general population has been observed in almost all Western European countries, possibly indicating a growing support for personal autonomy regarding medical end-of-life decisions [6,7]. Assisted dying is defined by The European Association of Palliative Care (EAPC) as "a term that encompasses both voluntary euthanasia, in which a doctor intentionally kills a person by the administration of drugs, and Physician-Assisted Suicide (PAS), in which a doctor helps a person to commit suicide by providing drugs for self-administration" [5].

Although, euthanasia is considered a controversial issue in both academic and public debates, there are few, if any, studies related to euthanasia in the field of psychology [8]. In Iran also, only few investigations regarding this issue have been conducted [3]. Since, the target population of such studies is mainly selected from health care professionals or patients without depression or any killing diseases, in this study, we aimed to compare the attitude towards euthanasia among dying patients, relatives of dying patients, depressed patients and non depressed patients.

MATERIALS AND METHODS

The study population included 64 individuals (34 female, 30 male; mean age=55±4.7 years). Subjects were divided into four groups: dying patients (N=16), first degree relatives of dying patients (N=16), patients with depressive disorders (N=16) and non depressed patients (N=16). Sampling method was non randomised and purposive based on available subjects.

Dying patients in this study were defined as patients suffering from cancer, chronic hepatic and lung diseases who had nearly zero chance of healing. First degree relatives included parents and siblings as well as spouses. In addition, depressed patients were the ones whose depression have been increasing consistently up to 15% throughout their lives and in particular, 25% for women. The criteria for diagnosing depression was the classification found in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision, a manual published by the American Psychiatric Association (APA) that includes all currently recognised mental health disorders (DSM IV).

In order to assess the willingness of participants towards euthanasia, a researcher designed questionnaire was used. The questionnaire consisted of 13 questions based on the three-point scale grading (3 for agreeing, 2 for indifference and 1 for opposition). Score less than 12 was considered as an indicator for opposition to euthanasia. Validity of the questionnaire was approved by three specialists (one neurologist and two psychologists). Reliability of the questionnaire was calculated with Cronbach's alpha value of 0.65.

Patients were also asked to sign a standard international consent based on the Declaration of Helsinki for Medical Studies (1964) before taking part in the study.

STATISTICAL ANALYSIS

Statistical analysis was performed by SPSS version 16 and ANOVA test. A p-value less than 0.05 were considered significant.

RESULTS

[Table/Fig-1] shows the mean euthanasia score and the agreeability among the groups, the lowest being in the non depressed patient group.

Groups	Number of participants	Euthanasia agreeability (n)	Mean euthanasia score
Depressed patients	16	5 (7.81%)	9.87±3.09
Dying patient	16	5 (7.81%)	9.75±2.91
Relatives	16	3 (4.69%)	8.81±2.64
Non-depressed patients	16	1 (1.65%)	8.25±2.11

[Table/Fig-1]: The frequency of agreeability and the mean euthanasia score in groups of study population.

[Table/Fig-2] shows gender-related descriptive statistics. Out of the 64 participants in the study (34 female and 30 male), the mean euthanasia score for men was slightly higher (9.33±2.6) than women (9.03±2.88). There was no significant difference in the gender and euthanasia scores (p=0.66) of the participants. [Table/Fig-3] depicts the analysis of variance on the attitudes of the four study groups toward euthanasia and the mean euthanasia score. The highest agreeability toward euthanasia was among depressed patients (7.81%) and dying patients (7.81%). Also, the highest mean score was for the depressed patients (9.87±3.09) and the lowest mean score was among non-depressed-patients (8.25±2.11). In addition, results of the ANOVA test analysis showed that there was no significant difference between the mean euthanasia score of four study groups (p=0.28) [Table/Fig-3].

Gender	Number	Mean	SD
Female	34	9.03	2.88
Male	30	9.33	2.6
Total	64	9.17	2.74

[Table/Fig-2]: Descriptive statistics of scores of euthanasia based on gender.

Variable	Group	SS	MS	df	F	p-value
Euthanasia	Between groups	28.92	9.64	3	1.31	0.28
	Within each groups	442.19	7.37	60		
	Total	471.11		63		

[Table/Fig-3]: Analysis of variance for the main variables.
SS: Total sum of squares; MS: Mean square

DISCUSSION

According to the results of this research, despite the highest euthanasia score reported in dying and depressed patients, no significant difference between the four groups was found. In the present study, the frequency of agreement towards euthanasia in these patients as well as patients who are in the final stages of life, is more. But the interesting point is that, despite these higher scores in questionnaires of euthanasia, there was no significant difference between groups.

This result is inconsistent with previous results from Solomon LM et al., [9]. Wilson KG et al., determined the attitude towards PAS among 238 participants. Among their study population, 62.8% believed that euthanasia and/or PAS should be legalised [10]. However, only 22 (5.8%) reported that, if legally permissible, they would initiate such a request right away, in their current situations. They have shown that the tendency to speed up death was significantly associated with lower religiosity, depressive disorders, as well as reduced functional status [10]. A possible interpretation for our findings may be the existence of a deep, religious atmosphere dominating the value system of the society and cultural differences between countries [11], which could make these people believe that God is the one to decide over their death. Differences in attitude were found to be influenced by religious or ideological affiliation, observance of religious practices, religious doctrines, and personal importance attributed to religion or world view [12]. Maessen M et al., investigated the factors affecting end-of-life practices among Amyotrophic Lateral Sclerosis (ALS) patients; their results showed that several subjective factors may cause euthanasia or PAS decisions among patients [13]. Cognitive factors or behavioural changes are not relevant to The Wish to Die (WTD). In India, social security and family support prevents patients from getting depressed; as a result, the WTD is not as prominent an issue in India as it is in Western countries among ALS patients [14].

Results from the present study also indicated that there was no significant difference between men and women in attitude towards euthanasia. Our results are consistent with previous results from Salomon LM et al., [9], but not in line with the results of Guirimand F et al., [15]. Guirimand F et al., study showed that Other Wish To Die (OWD) as opposed to Euthanasia Requests (ER) was more frequent among female patients [15]. Other studies also found that more female patients in Palliative Care Hospital (PCH) reported low life quality as compared to the male ones and more overall psychological or existential distress is experienced by women than men [16-18].

Patients' conditions and context affect euthanasia decisions to a great extent; these conditions include relationships with and attitudes of care givers and health professionals, the status of psychiatric health, dynamics of family interactions, and doctor-patient relationships [12]. In addition, in some studies, sociodemographic factors have shown to affect the attitude towards assisted dying. However, the impact of these factors is likely to differ among different study populations [8-13]. Doctors and nurses' attitude towards euthanasia seems to be another factor playing a significant role in euthanasia decisions made by patients. Kelly B et al., showed that ERs were more frequent when doctors agreed with euthanasia [19]. On the other hand, the observation of ER could also depend on the attentiveness and commitment of caregivers instead of their personal convictions, or the institutions' policy and position.

LIMITATION

The main limitation of this study was the small study population size. In order to gain more reliable and accurate results, future investigations with larger sampling is suggested.

CONCLUSION

According to the findings of our study, there was no significant difference between the attitude towards euthanasia among depressed and dying patients versus other patients. This may be due to the strong religious belief among the present study population that was from a religious society.

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