

## *International Journal of Scientific Research and Reviews*

### **To Assess Knowledge and Attitude Regarding Passive Euthanasia Amongst post Graduate Health Care Professionals**

**Pohekar Savita\* and Ninave Sudhir**

Department of Forensic Medicine,  
Medical Surgical Nursing, SRMMCON, Sawangi (M) Wardha, Maharashtra, India  
Email [jd-savitaak15@gmail.com](mailto:jd-savitaak15@gmail.com)

#### **ABSTRACT**

This is to assess the knowledge and attitude regarding passive euthanasia amongst post graduate health care professionals of four professions that is Modern medicine, Dental, Ayurveda and Nursing. It is a comparative study of 200 post graduate health care professionals. Most of the post graduate health care professionals are from the age groups of 36-40 years and belongs to Hindu religion. 38% had good level of knowledge regarding passive euthanasia and positive attitude regarding passive euthanasia. On comparison of knowledge and attitude among four professions, post graduate Modern medicine faculties were having very good knowledge and strongly positive attitude towards passive euthanasia as compared to Dental, Ayurveda and Nursing. Thus it is concluded that there is still need to improve the knowledge and attitude of post graduate health care professionals towards passive euthanasia. The preservation of human life is the ultimate value. The need for quality end-of-life or palliative care is of concern with the increasing number of terminally ill patients and incurable diseases. By providing quality end of-life care to dying persons, as the knowledge and attitude towards death and dying of the healthcare Providers are related to the given care.

**Key words:** knowledge, attitude, post graduate health care professionals, passive euthanasia.

#### **\*Corresponding Author:**

**Ms. Savita Pohekar**

Head of the Department of Forensic Medicine

Medical Surgical Nursing, SRMMCON, Sawangi (M) Wardha, Maharashtra, India

Email ID - [savitaak15@gmail.com](mailto:savitaak15@gmail.com)

## **INTRODUCTION:**

A number of terminally ill patients who are dying from chronic illnesses, as well as the increasing numbers of the aging population, challenge healthcare professionals to pay more attention to end-of-life or palliative care. Dying patients with incurable diseases are suffering from the aggravation of their illnesses that cannot effectively be cured and cared for by conventional medicines. Examples of such incurable diseases are cancer, chronic renal failure, heart disease, and AIDS.<sup>1,2</sup>

The preservation of human life is the ultimate value, the pillar of ethics and the foundation of all morality. This held true in most cultures and societies throughout history. Life is sacred, valuable to be cherished and perished most people would probably want to live to a ripe old age, and then die painlessly in their sleep. The known purposes of the medical profession are to help people survive, live longer in spite of chronic illness and get rid of pain. Advancement in medical care and the application of its technology have always helped in attaining this goal. Unfortunately among all long lived individuals, some die peacefully and some with painful, tortuous deaths. When life is without quality, when pain and discomfort rob life of its significance, some Persons cry out for release through death- a good death through euthanasia.<sup>3</sup>

The controversy over euthanasia has sparked many views that it is the act of taking the life, for reasons of mercy of a person who is hopelessly ill, while other views it as morally outrageous. The attitude towards euthanasia is not a simple thing and there are many factors that influence it, these include, culture, religious beliefs, age and gender. Although euthanasia is illegal in many countries, it is legal in some countries such as the Netherlands, Belgium and the US state of Oregon. Some studies stated that such debate about legalizing euthanasia would cause a general Weakening of public and social morality. Some views state that doctors are willing to perform voluntary euthanasia if it becomes legal in the country. It is thought that the majority of medical practitioners are in favor to change the law and allow euthanasia in certain circumstances.<sup>4</sup>

In India, Passive euthanasia is legal since 7 March 2011. On 7 March 2018 the Supreme Court of India legalized passive euthanasia by means of the withdrawal of life support to patients in a permanent vegetative state. The decision was made as part of the verdict in a case involving Aruna Shanbaug, who had been in a Persistent Vegetative State (PVS) until her death in 2015.<sup>5</sup> Physicians and nurses must aggressively respond to the needs of patients at the end of life. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.<sup>6</sup>

**Statement:** To assess knowledge and attitude regarding passive euthanasia amongst post graduate health care professionals

**Aim:** The study aims at assessing and comparing the knowledge and attitude of post graduate health care professionals of four faculties (Modern Medicine,Dental,Ayurveda and Nursing)

**Objectives:**

1. To assess knowledge regarding passive euthanasia amongst post graduate health care professionals
2. To assess attitude towards passive euthanasia amongst post graduate health care professionals
3. To compare knowledge and attitude regarding passive euthanasia among four professions (Modern medicine, Dental, Ayurveda and Nursing)

**MATERIALS AND METHODS:**

**Research Approach:** Quantitative approach

**Research design:** A comparative study

**Setting of the study:** DMIMSDU campus and AVBR Hospital in Wardha.

**Population:**post graduate health care professionals.

**Sample:** post graduate health care professionals of Modern Medicine,Dental,Ayurveda and Nursing.

**Sample size:** 200

**Sampling technique:** Non probability purposive sampling.

**Development of the tools:** Structured knowledge questionnaire on passive euthanasia and a self rating 5 point likert scale used for data collection. The Euthanasia attitude scale (EAS) was utilized which is developed by Holloway.

**Methods of data collection:** Prior to administering the instrument the researcher obtained written permission from the participating institution and hospital. All the participants were gathered in a hall of the selected hospital and institution at scheduled time. The participants were explained about the study. An informed consent from each participant was taken.

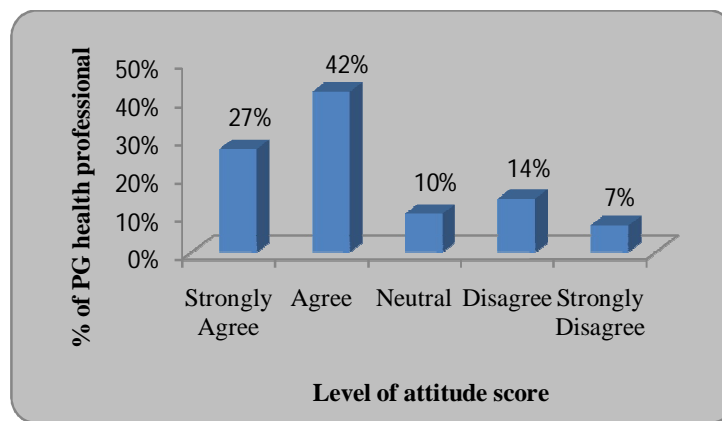
## RESULT: MAJOR FINDINGS OF THE STUDY

*Table 1: Distribution of subjects according to their demographic characteristics  
n=200*

Demographic Variables	No. of post graduate health care professionals	Percentage (%)
<b>Age(yrs)</b>		
26-30 yrs	77	38.5
31-35 yrs	78	39
36-40 yrs	45	22.5
>40 yrs	0	0
<b>Gender</b>		
Male	59	29.5
Female	141	70.5
<b>Religion</b>		
Hindu	107	53.5
Muslim	31	15.5
Christian	25	12.5
Others	37	18.5
<b>Professional Qualifications</b>		
Medical	50	25.0
Dental	50	25.0
Ayurveda	50	25.0
Nursing	50	25.0

*Table 2: Assessment with knowledge score  
n=200*

Level of knowledge score	Percentage score	Knowledge Score	
		Frequency	Percentage
Poor	0-25%	8	4
Average	26-50%	94	47
Good	51-75%	76	38
Excellent	76-100%	22	11
Minimum score	3		
Maximum score	16		
Mean score	8.76 ± 2.66		
Mean %	54.75 ± 16.66%		



*Fig 1: Assessment with attitude score*

Table 3: Comparison of levels of knowledge score in four professions.

**Descriptive Statistics**

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Modern Medicine	50	11.68	2.40	0.33	10.99	12.36	7.00	16.00
Dental	50	8.74	1.50	0.21	8.31	9.16	6.00	12.00
Ayurveda	50	7.18	1.89	0.26	6.64	7.71	3.00	11.00
Nursing	50	7.44	2.05	.29	6.85	8.02	3.00	12.00

Mean knowledge score for post graduate health care professionals of modern medicine was 11.68±2.40, for Dental it was 8.74±1.50, for Ayurveda it was 7.18±1.89 and for Nursing it was 7.44±2.05.

Findings of the above table 3 reveals that post graduate health care professionals of Modern medicine faculties had good knowledge than Dental, Ayurveda and Nursing post graduate health care professionals.

**One way ANOVA**

	Sum of Squares	df	Mean Square	F	p-value
Between Groups	638.28	3	212.76	53.72	0.0001,S
Within Groups	776.20	196	3.96		
Total	1414.48	199			

By using one way ANOVA statistically significant variation was found in knowledge score amongst post graduate health care professionals of four faculties(F=53.72,p-value=0.0001).

**Multiple Comparisons:Tukey Test**

Profession		Mean Difference (I-J)	Std. Error	p-value	95% Confidence Interval	
					Lower Bound	Upper Bound
Modern medicine	Dental	2.94	0.39	0.0001,S	1.9087	3.9713
	Ayurveda	4.50	0.39	0.0001,S	3.4687	5.5313
	Nursing	4.24	0.39	0.0001,S	3.2087	5.2713
Dental	Ayurveda	1.56	0.39	0.001,S	0.5287	2.5913
	Nursing	1.30	0.39	0.007,S	0.2687	2.3313
Ayurveda	Nursing	-0.26	0.39	0.914,NS	-1.2913	0.7713

On comparing mean knowledge score in all the faculties statistically significant difference was found among post graduate health care professionals of four faculties except Ayurveda and Nursing (p=0.914) it shows statistically no significant difference.

**Table 4: Comparison of attitude score in four professions**

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
					Modern Medicine	50		
Dental	50	24.40	7.49	1.05	22.2709	26.5291	9.00	40.00
Ayurveda	50	23.80	7.57	1.07	21.6486	25.9514	9.00	40.00
Nursing	50	24.86	6.15	0.87	23.1100	26.6100	12.00	32.00

Findings of the above table no 4 reveals that post graduate health care professionals of Modern medicine faculties had good attitude than Dental, Ayurveda and Nursing.

Mean attitude score for Modern medicine was  $34.38 \pm 1.79$ , for dental it was  $24.40 \pm 7.49$ , for Ayurveda it was  $23.80 \pm 7.57$  and for it was  $24.86 \pm 6.15$ . It shows statistically no significant difference.

**RESULTS:**

The present study aims at assessing and comparing the knowledge and attitude of post graduate health care professionals of four faculties i.e Modern Medicine, Dental, Ayurveda and Nursing. The demographic characteristics reveals that 39% post graduate health care professionals belong to the age groups of 31--35 years, 38.5% belong to the age groups of 26-30 years and 22.5% belongs to the age groups of 36-40 years.

70.5% were females and 29.5% are males. Thus there is majority of female post graduate health care professionals. 53.5% are Hindus, 15.5% are Muslims, 12.5% are Christian and 18.5% are other. This indicates that most of the post graduate health care professionals are Hindu.

As per Professional qualification, 50% from each profession such as Modern medicine, Dental, Ayurveda and Nursing those who had completed their post graduation. 4% had poor level of knowledge, 47% had average, 38% had good and 11% had excellent level of knowledge score. The minimum knowledge score was 3 and the maximum score was 16, the mean score was  $54.75 \pm 2.66$ .

As per attitude score 27% were strongly agreed, 42% were agreed, 10% were neutral, 14% were disagree and 7% were strongly disagree.. The minimum attitude score was 9 and the maximum score was 40, the mean attitude score was  $26.86 \pm 7.55$ .

On Comparison of levels of knowledge score in four professions, Mean knowledge score for post graduate Modern medicine was  $11.68 \pm 2.40$ , for Dental it was  $8.74 \pm 1.50$ , for Ayurveda it was  $7.18 \pm 1.89$  and for nursing it was  $7.44 \pm 2.05$ .

The above findings reveals that post graduate health care professionals of Modern medicine faculties had good knowledge than Dental, Ayurveda and Nursing post graduate health care professionals.

By using one way ANOVA statistically significant variation was found in knowledge score amongst post graduate health care professionals of four faculties ( $F=53.72, p\text{-value}=0.0001$ ).

Mean attitude score for post graduate Modern medicine faculties was  $34.38 \pm 1.79$ , for Dental it was  $24.40 \pm 7.49$ , for Ayurved it was  $23.80 \pm 7.57$  and for Nursing, it was  $24.86 \pm 6.15$ . The above findings reveals that Modern medicine faculties had good attitude than Dental, Ayurveda and Nursing.

By using one way ANOVA statistically significant variation was found in attitude score among post graduate health care professionals of four faculties ( $F=32.76, p\text{-value}=0.0001$ ).

On comparing mean attitude score in all the four faculties statistically significant difference was found among all four faculties except Dental and Ayurveda ( $p=0.963$ ), Dental and Nursing ( $p=0.983$ ) and Ayurved and Nursing ( $p=0.829$ ) it shows statistically no significant difference.

## **DISCUSSION:**

These findings are supported by results of studies conducted by others worldwide. Sneha Kamath et.al (2011) conducted a cross sectional study to assess the attitudes toward euthanasia among 213 doctors in a tertiary care hospital in South India. A self administered questionnaire was used, 69.3% respondents supported the concept of euthanasia and 66.2% were against to euthanasia. This study conclude that a majority of the doctors supported euthanasia for the relief of unbearable pain and suffering.<sup>7</sup>

Gielen J, conducted a study on religion and nurses attitudes to euthanasia and physical assisted suicide, they searched pub med for articles published before August 2008 using combination

of search terms, most Identified studies showed a clear relationship between two, difference in attitudes were found to be influenced by religious or ideological affiliation, observance of religious practices, religious doctrine and personal importance attributed to religion or world view.<sup>8</sup>

Jonathan S. Cohen, et.all conducted physicians survey regarding attitude towards euthanasia and reported that Fifty-four percent thought euthanasia should be legal in some situations, but only 33 percent stated that they would be willing to perform euthanasia themselves. There was slightly more support for physician-assisted suicide. Thirty-nine percent of respondents agreed with the statement that assisted suicide is never ethically justified, and 50 percent disagreed. Fifty-three percent thought assisted suicide should be legal in some situations, but only 40 percent stated that they would be willing to assist a patient in committing suicide.<sup>9</sup>

A study reported that to provide quality care at the end of life or for chronically sick patients, nurses must have good knowledge, attitude and practice about palliative care. Out of the total study participants, 104 (30.5%) had good knowledge and 259 (76%) had favorable attitude towards palliative care.<sup>10</sup>

## **CONCLUSIONS:**

From the study findings; it is concluded that majority of post graduate health care professionals belong to the age groups of 31-35 years, majority are females, Majority of the post graduate health care professionals have positive attitude towards passive euthanasia. This may be attributed to most of the post graduate health care professionals belong to Hindu religion.

The findings reveal that Modern Medicine faculties had good knowledge regarding passive euthanasia than Dental, Ayurveda and Nursing professionals. There is still need to improve the knowledge and attitude of post graduate health care professionals towards passive euthanasia. Knowledge and attitude about passive euthanasia will help the health care professionals to play a specific and crucial role in terminal ill patients. It helps in promoting optimal interdisciplinary quality end-of-life care.

So in India passive euthanasia may be implemented according to the Institutional Policy, since it is legalized from 7<sup>th</sup> March, at all health institutions at certain circumstances.

## **REFERENCES:**

1. Elthar SA et.al."Attitude towards euthanasia in psychology students". Sudanese Journal of Public Health 2010; 5(3):139-43. Available from: URL: <http://www.sjph.net.sd>



2. The Oregon Death with Dignity Act. Ballot measure no.16. 6 June 2005, Available from: URL: <http://oregon.gov/DHS/ph/pas/ors.shtu/>
  3. "Termination of Life on Request and Assisted Suicide Review Procedures Act" 2002. 6 June 2005 Available from: URL: [http://www.minbuza.nl/default.aspCMS\\_ITEM](http://www.minbuza.nl/default.aspCMS_ITEM)
  4. Emanuel EJ, Fairclough DL, Emanuel LL. JAMA 2000; 284: 2460-468.
  5. <https://thewire.in/health/passive-euthanasia-now-a-legal-reality-in-india>
  6. Willems DL, Daniels ER et.al, "Intern Med" Edition 2000;160: 63.
  7. Sneha Kamath et.al. Indian J Palliat Care. 2011; 9: 197-201.
  8. Gielen.J, et al, Nurses Ethics 2001 ;16(3) : 303-18
  9. Jonathan S. Cohen, Stephan D. et al. Engl J Med ,1994; 331:89-94
  10. E.M. Wessel and D.N. Rutledge, "Journal of Hospice and Palliative Nursing",2006; 7 (4): 212-218.
-