

# Euthanasia-Related Knowledge and Attitudes of Intensive Care Nurses Working in Five Provinces in Central Anatolian Region

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**Abstract**

**Objective:** This descriptive study was conducted to analyze the knowledge and attitudes of intensive care nurses regarding euthanasia.

**Material and Methods:** The study was conducted in the intensive care units of the government hospitals in the provincial centers of Kırıkkale, Kırşehir, Nevşehir, Niğde, and Yozgat. The data were collected through a questionnaire including 28 questions between October 2013 and January 2014. There were 146 nurses working in the intensive care units of these hospitals. In total, 142 nurses were included in the study. Chi square test was used for statistical analysis.

**Results:** Of the study group, 61.3% consider their information on euthanasia as insufficient, 86.6% know that all kinds of euthanasia are illegal in Turkey, and 40.1% consider that passive euthanasia is conducted covertly in the intensive care units. It was determined that 12.0% of the study group support active euthanasia and 59.2% support passive euthanasia. There is no significant difference between male and female nurses from the standpoint of the approaches to passive and active euthanasia.

**Conclusion:** It was concluded that intensive care nurses have lack of information about legal aspects of euthanasia. More than half of the intensive care nurses think that passive euthanasia should be legal. Nurses should be informed about euthanasia during their graduation period. The knowledge levels of the intensive care nurses should be upgraded through pre-service and in-service training.

**Keywords:** Nurse, intensive care, euthanasia, attitude

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**Ethics Committee:** Ethics committee approval was received for this study from the ethics committee for clinical research of Erciyes University.

**Informed Consent:** Verbal informed consent was obtained from nurses who participated in this study.

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## Introduction

Euthanasia is a topic that has been discussed from different perspectives especially in recent years. Euthanasia, which has a broad framework within itself with its meaning, scope, problems, and solutions, is frequently encountered with its ethical dimension (1). Multifaceted discussions continue on euthanasia in patients in the terminal period, in patients with irreversible neurological problems, and intensive care patients (2).

Euthanasia is defined as "ending the life of a person by medical means in cases when death is inevitable or it is not possible for the person in unbearable pain to recover according to the current data of medical science, or the withdrawal of medical assistance in intensive care units and leaving the person to die" (3). In a patient in whom death is inevitable, after deep sedation is provided by the physician, providing a comfortable death by administering a lethal dose of a drug is considered as active eutha-

nasia and leaving the patient to die by withdrawal of medical assistance is considered as passive euthanasia (2, 3).

The fact that many incurable diseases have become curable over time causes the debate over determining in which cases death is inevitable (4).

Although euthanasia is legal in the Netherlands, Belgium, Luxembourg, and in some states of the United States of America, it is forbidden in many countries and is considered as homicide in penal laws (5). Euthanasia is also illegal in Turkey. In Article 13 of the Patient's Rights Charter published by the Ministry of Health in 1998, it is stated that euthanasia is strictly forbidden and the right to life cannot be abandoned for any reason (6). Although the Turkish Criminal Code does not include a separate provision regarding euthanasia, it is proposed that the act of killing performed is a criminal offense and can be assessed within the context of willful homicide or assisted suicide (7).

Countries approach euthanasia in accordance with their own health systems. It may not be appropriate for the euthanasia practices accepted in one country to be accepted exactly in another country. Therefore, to make regulations on euthanasia in a country, it may be considered useful to examine the view of all involved parties towards the issue.

Nursing is the science and art that is responsible for the planning, organization, implementation, and assessment of nursing services intended for protecting and improving, and in the case of diseases, healing, the health and well-being of an individual, family, and community, and for the training of individuals who will provide these services (8). Intensive care nurses provide care to patients with high risk of mortality and sometimes to patients with no likelihood to heal. Therefore, intensive care nurses are likely to encounter a request for euthanasia and make a misadministration. On the other hand, it is intensive care nurses who have the opportunity to assess the situation of intensive care patients and their relatives. Studies on the approaches of nurses working in intensive care units towards euthanasia are insufficient. Examining the knowledge about and attitudes towards euthanasia of intensive care nurses, who provide services to terminal patients and therefore are expected to encounter euthanasia requests frequently, will be useful for making new regulations about euthanasia and its applications.

This study was carried out to assess the knowledge about and attitudes towards euthanasia of nurses working in intensive care units and to assess the related factors.

## Material and Methods

This descriptive study was carried out on nurses working in intensive care units of second level public hospitals in Yozgat, Niğde, Nevşehir, Kırşehir, and Kırıkkale between the years 2013-2014. It was planned to include all of the nurses working in these hospitals in the study, and no sampling was performed. For the study, ethics approval was received from Erciyes University Clinical Research Ethics Committee, and administrative approval was received from the General Secretariat of the Public Hospitals Association of the provinces where the study was conducted.

The research data were collected with the help of a 28-question questionnaire form prepared by the researchers. Six of the questions in the questionnaire form were related to the socio-demographic characteris-

tics of the nurses such as the age, gender, educational status, and working period, 22 of them were related to the knowledge about and attitudes towards euthanasia such as supporting active and passive euthanasia, knowing the legal situation regarding euthanasia in Turkey, and euthanasia requests they have encountered during their work.

The nurses who were included in the study were visited by the researchers in the units they worked and were informed about the study and their verbal consents were received. The questionnaire form was handed out to the nurses who agreed to participate in the study. The questionnaires were collected after being filled in by the participants under the supervision of the researchers. Four of the 146 nurses who were planned to be included in the study were excluded from the study because they were not on duty at the time when the research data were collected. Thus, the data of a total of 142 nurses were evaluated.

## Statistical Analysis

The obtained data were evaluated using a statistical software. In the statistical analysis of the data, Pearson's chi-square test and the Kolmogorov-Smirnov test were used. In statistical analyses, values of  $p < 0.05$  were considered significant.

## Results

The mean age of the nurses in the study group is  $32.0 \pm 6.9$  years, and 27.5% are male and 72.5% are female, and the mean working period in the intensive care unit is  $5.0 \pm 3.4$  years.

The term euthanasia was defined correctly by the 36.7% of nurses, 38.7% thought that their knowledge about euthanasia was sufficient. Of the study group, 59.2% stated that they support passive euthanasia and 12.0% stated that they support active euthanasia. The nurses' attitudes towards passive and active euthanasia compared depending on their socio-demographic characteristics is presented in Tables 1 and 2.

As it is seen from Table 1, the ratio of passive euthanasia supporters among the nurses in the age group of 30-39 years is higher than the other age groups. It was determined that the nurses' gender, educational level, and the period of working as an intensive care unit nurse did not have a significant effect on their opinions about passive euthanasia.

As it is seen from Table 2, the ratio of supporters of active euthanasia in the age group of 30-39 years is significantly higher. As the educational level increases, the ratio of those who support active euthanasia decreases. On the other hand, there was no significant effect of gender and the period of working in intensive care units on the opinions about active euthanasia.

The most important reason for supporting passive and active euthanasia in the study group were expressed as 'to prevent the patient from suffering more, to ensure that intensive care facilities are used for patients with a high chance of recovery, and to put an end to the desperate wait of the patients' relatives', respectively. The nurses who oppose passive and active euthanasia stated that they oppose euthanasia because they perceive it as 'opposing the creator/nature/universe', they do not find it adaptable with their professional ethics, or it is against their personal values.

**Table 1.** Comparison of the approaches of the study group nurses towards passive euthanasia by their various characteristics

Characteristics	Groups	Approach towards passive euthanasia						Total	X <sup>2</sup>	p
		Supporting		Not supporting		Indecisive				
		n	%	n	%	n	%			
Age (years)	18-29	26	51.0	11	21.6	14	27.5	51	10.04	0.040
	30-39	45	65.2	17	24.6	7	10.1	69		
	40+	13	59.1	8	36.4	1	4.5	22		
Gender	Male	20	51.3	14	35.9	5	12.8	39	3.17	0.205
	Female	64	62.1	22	21.4	17	16.5	103		
Educational level	VSH	15	51.7	8	27.6	6	20.7	29	2.16	0.706
	Associate degree	35	66.0	12	22.6	6	11.3	53		
	Bachelor's degree	34	56.7	16	26.7	10	16.7	60		
Period of working in intensive care units (years)	1-4	44	58.7	17	22.7	14	18.7	75	1.79	0.770
	5-9	26	61.9	11	26.2	5	11.9	42		
	10+	14	56.0	8	32.0	3	12.0	25		
Total		84	59.2	36	25.4	22	15.5	142		

VSH: vocational school of health

**Table 2.** Comparison of the approaches of the study group nurses towards active euthanasia by their various characteristics

Characteristics	Groups	Approach towards active euthanasia						Total	X <sup>2/z</sup>	p
		Supporting		Not supporting		Indecisive				
		n	%	n	%	n	%			
Age (years)	18-29	2	3.9	43	84.3	6	11.8	51	10.31	0.035
	30-39	14	20.3	52	75.4	3	4.3	69		
	40+	1	4.5	19	86.4	2	9.1	22		
Gender	Male	9	23.1	28	71.8	2	5.1	39	0.81*	0.521
	Female	8	7.8	86	83.5	9	8.7	103		
Educational level	VSH	8	27.6	18	62.1	3	10.3	29	13.70	0.008
	Associate degree	6	11.3	46	86.8	1	1.9	53		
	Bachelor's degree	3	5.0	50	83.3	7	11.7	60		
Period of working in intensive care units (years)	1-4	9	12.0	58	77.3	8	10.7	75	3.07	0.540
	5-9	6	14.3	35	83.3	1	2.4	42		
	10+	2	8.0	21	84.0	2	8.0	25		
Total		17	12.0	114	80.3	11	7.7	142		

VSH: vocational school of health

\*: Kolmogorov-Smirnov test

Of the nurses in the study group, 86.6% are aware of the fact that active and passive euthanasia is prohibited in Turkey. However, 9.9% think that only passive euthanasia and 3.5% think that both active and passive euthanasia are legitimate.

Of the nurses, 69.7% think that a new legal regulation should be made about passive euthanasia and 41.5% think the same about active euthanasia. Considering legal permission was granted for euthanasia, 9.9% of the nurses stated that they would like to practice it, 71.1% stated that

they did not want to be involved, and 19.0% stated that they were hesitant about taking part in its application.

Opinions of the nurses, about the individuals and institutions who need to participate during a decision for euthanasia, if euthanasia is allowed in Turkey, for conscious and unconscious patients are presented in Table 3. As it is seen from Table 3, approximately half of the nurses think that if euthanasia is allowed, patients themselves should take the euthanasia decision if they are conscious. The ratios of those who think that, in the

**Table 3.** Opinions of the nurses in the study group about the individuals and institutions who should take the euthanasia decision if euthanasia is allowed

Individuals and institutions that are considered to take the euthanasia decision	For a conscious patient		For an unconscious patient	
	n	%	n	%
Patient himself/herself	70	49.3	-	-
Patient's relatives	7	4.9	42	29.6
Hospital ethics committee	11	7.7	33	23.2
Physician	12	8.5	30	21.1
Court	5	3.5	7	4.9
Nobody	37	26.1	30	21.1
Total	142	100.0	142	100.0

case of unconscious patients, the euthanasia decision should be taken by the ethics committee of the hospital, patient relatives, or by a physician, are close to one another.

In the study group, 26.8% of the nurses expressed that they encountered an euthanasia request during their work and 40.1% expressed that they believed that passive euthanasia is practiced in intensive care units in Turkey.

## Discussion

Of the nurses in the study group, 59.2% stated that they support passive euthanasia and 12.0% stated that they support active euthanasia. In general, it is observed that intensive care nurses support passive euthanasia more than active euthanasia. In the studies conducted by Kumaş et al. (9) in 2004 in Adana and by Kranidiotis et al. (10) in Greece in 2010 on intensive care nurses, the percentages of passive euthanasia supporters were found to be 38.7% and 72.9% and the percentages of active euthanasia supporters were found to be 23.6% and 26.2%, respectively. Although there are differences between countries, the percentage of passive euthanasia supporters is generally higher. This may be due to the fact that active euthanasia is perceived as an act of direct killing and passive euthanasia is perceived as an act of leaving to death.

When opinions on euthanasia were examined considering the age of nurses, the rates of supporters of both passive and/or active euthanasia in the age group of 30-39 years were found to be higher than in the younger and older age groups. In a review performed by Verpoort et al. (11), it was reported that the rate of supporting euthanasia in nurses under 40 years of age was higher than that in nurses at the age of 40 years and above. In the study of Kumaş et al. (9), no relationship was found between the age and rates of supporting active and passive euthanasia. With experience gained in the profession, nurses can make better decisions in the face of ethical problems. It can be considered that young nurses support euthanasia more than elderly nurses because the euthanasia process requires more responsibility and emotional maturity. However, the reason for the higher rates of supporting euthanasia of the nurses in the age group of 30-39 years than both younger and elder nurses could not be understood. It is thought that different variables affected these results in this age group.

Upon examining the euthanasia approaches of the nurses by their gender, it was determined that the rate of supporting passive euthanasia was higher in females and the rate of supporting active euthanasia was higher in males. However, the effect of the nurses' gender on their support for passive and active euthanasia was not considered significant. In a similar study conducted by Işıkhan (12) in 2002 on health personnel providing service to cancer patients in Ankara, it was determined that 42.0% of females and 30.9% of males supported euthanasia and the difference between the groups was considered significant. On the other hand, in a study conducted by Kranidiotis et al. (10), male nurses were found to support active euthanasia more than female nurses. These differences in study results may depend on differences between countries, regions, and institutions, as well as on methodological differences in studies and on the way the questions are asked.

The effect of the educational level and the work duration in the intensive care unit on nurses' approach towards passive euthanasia was not found significant; however, the effect of the educational level on their approach towards active euthanasia was found significant. As the educational level increases, the rate of supporters of active euthanasia decreases. In a study conducted by Kumaş et al. (9), no relationship was found between the educational level of nurses and the condition of supporting active and/or passive euthanasia. In a study conducted by Dekeyser and Musgrave (13) in Germany in 2006, it was stated that the educational level and period of working in intensive care of nurses did not significantly affect their thoughts about euthanasia. Differences between countries and regions in terms of the effect of the nurses' educational level on active and passive euthanasia approaches may be due to different curricula in schools in relation to nursing and the difference in messages given by educators.

The most important supporting reasons of the nurses supporting passive and active euthanasia in the study group were expressed as 'to prevent the patient from suffering more, to ensure that intensive care facilities are used for patients with a high chance of recovery, and to put an end to the desperate wait of the patients' relatives'. According to these data, it can be considered that nurses primarily think in a patient and patients' relative-centered way and regard the social benefits and give importance to the correct use of intensive care resources.

According to the Patient's Rights Regulation, any kind of euthanasia is strictly forbidden in Turkey (6). Upon examining the knowledge levels about the legal status of euthanasia application in Turkey, it was determined that the majority of nurses know that any kind of euthanasia is illegal; however, the knowledge about the legal status of euthanasia in Turkey is incorrect in 13.4%. According to this result, it can be said training on euthanasia should be included in a discussion regarding all dimensions and should take a wider place in the curricula of nurses.

Of the nurses, 69.7% think that a new legal regulation should be made about passive euthanasia and 41.5% think the same about active euthanasia. In a study carried out by Ferrell et al. (14) in the United States of America in 2000, it was found out that 23.0% of the nurses wanted new legal regulations to be made and euthanasia to be legalized. As opposed to this low rate found in the present study, in a study conducted by Özer (15) in 2001, 58.6% of the nurses working at Osmangazi University stated that a new legal regulation on euthanasia should be made. In the study conducted by Kranidiotis (10) in Greece, 66.4% of intensive care nurses stated that changes should be made in the laws on euthanasia.

Upon examining the opinions of the nurses on the individuals and institutions who should take the euthanasia decision in conscious patients if euthanasia is allowed, it is observed that approximately half of the nurses in the study group stated that the euthanasia decision should be taken by patients themselves. In the study carried out by Özler (15), 45.4% of the nurses working at Osmangazi University stated that the euthanasia decision should be made by patients themselves. In a study carried out by Kranidiotis et al. (10) in Greece, 77% of the nurses stated that the euthanasia decision should be made by the patient, patient's relatives, and health personnel, and 19% stated that it should be made only by the patient. Nowadays, with developments in human rights and patient rights, more emphasis is put on the concept of autonomy, which is the right of the patient to have a say in his or her medical care. The euthanasia decisions being made by patients themselves can be considered as a requirement of the autonomy principle.

The majority of the nurses in the study group stated that in the case of unconscious patients, the euthanasia decision should be made by the first-degree relatives of the patient, the ethics committee of the hospital, or by a physician if euthanasia is allowed. In a study conducted by Tepehan et al. (16) in Istanbul in 2006, 62.4% of the nurses working in the intensive care unit stated that this decision should be taken by a physician and first-degree relatives of the patient. These data suggest that intensive care nurses are indecisive about who should be the decision-maker- if euthanasia is legally permitted, but they do not want to take responsibility for this issue. As a matter of fact, 71.1% of the nurses in the study group stated that they did not want to take part in euthanasia applications if euthanasia is legalized. In the study carried out by Kranidiotis et al. (10) in Greece, only 10% of the nurses stated that they could take part in euthanasia practices if euthanasia is allowed. In a study conducted by Zenz et al. (17) in Germany, 4% of the nurses working in palliative care services stated that they wanted to apply active euthanasia upon the request of terminally-ill patients.

It was determined that approximately one-fourth of the study group encountered an euthanasia request in their work life. The rate of encountering an euthanasia request by intensive care nurses was found to be 25.8% in a study conducted by Çınar et al. (18) in Denizli, 34.9% in a study conducted by Tepehan et al. (16) in İstanbul, and 18% in a study conducted by Kranidiotis et al. in Greece. These results, which are parallel to the present study, reveal that euthanasia request is very common in intensive care units and that intensive care nurses face a significant problem. This is due to the fact that majority of the patients in intensive care units consist of patients in the terminal period and patients with poor prognosis, and that the society is not sufficiently conscious of euthanasia.

Upon examining the situation of believing that euthanasia is performed in intensive care units in Turkey, 40.1% of the nurses stated that they believe euthanasia is performed in intensive care units. In a study they conducted in İstanbul, Tepehan et al. (16) reported that 43.3% of inten-

sive care nurses believe that passive euthanasia is performed in intensive care units.

## Conclusion

Incorrect knowledge about the concept of euthanasia and the legal status in Turkey was very common among the intensive care unit nurses in this study group. The curriculum must be reviewed to correct the incorrect knowledge, and this subject should be added to in-service training programs. More comprehensive studies should be conducted on the approach of community and healthcare professionals towards euthanasia, and comprehensive legal regulations should be made based on the results of these studies.

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