



ORIGINAL ARTICLE

Medicine Science 2018;7(2):277-82

## The opinions about euthanasia among students in elderly care department of vocational school of health services at Bingöl University

Aliye Bulut

*Bingöl University, Faculty of Health Sciences, Department of Nursing, Bingöl, Turkey*

Received 17 October 2017; Accepted 11 December 2017  
Available online 08.02.2018 with doi: 10.5455/medscience.2017.06.8741

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### Abstract

This study was conducted in order to collect information about the current knowledge, attitudes, and beliefs of the students, studying in the elderly care department of Vocational School of Health Services in Bingöl University, about euthanasia and determine the related problems if any. The population of this descriptive study consisted of students studying in Elderly Care department of Bingöl University, Vocational School of Health Services. The data collection tool used in the study was the Questionnaire developed by the researcher based on the literature information. The Questionnaire involves 33 questions. It was determined that 75.2% of the participants thought that their knowledge about euthanasia was sufficient, 20.5% did not consider that their knowledge level was enough. While 85.5% of the participants never encountered euthanasia request in their professional life, 5.1% encountered several times. In accordance with the obtained results, it is recommended to discuss euthanasia by being considerably involved in elderly care curriculum and conduct qualitative studies about euthanasia.

**Keywords:** Euthanasia, opinions on euthanasia, elderly care students

### Introduction

In the last 20-30 years, the nature of deaths has changed with rapid developments of medical knowledge and technology. Life expectancy has reached to very advanced ages in many countries. Even the life of patients in terminal period can be extended with sophisticated techniques. However, the prolongation of their pain and other distresses has also come to the fore. All these rapid changes in human life have made euthanasia controversial [1].

We can express euthanasia as relatively easy and painless killing of patients who are under the torture of the bodily or mental, continuous and unbearable pains that cannot be relieved with medical methods and whose illnesses cannot be remedied by today's medicine [2].

The direct use of medical methods that bring death forms the "active euthanasia"; on the other hand, bringing the death as a result of doing nothing constitutes "passive euthanasia". Euthanasia application causing the patient to die by administering a substance in lethal dose is active euthanasia. Ending the life as a result of the interruption of the patient's treatment or pulling off the life support is passive euthanasia [3].

Euthanasia which causes various debates in ethics, religion, law, social and political fields as well as in the medical field in the world and in Turkey causes biased opinions and interpretations also among the healthcare professionals [4]. People who will perform the health profession, especially students who will be involved in elderly care more likely take care of patients in the terminal period, so their attitude towards euthanasia is important. Especially when the religious and ethical dimensions of the subject are examined; we consider the determination of perceptions and opinions of the students, studying in the elderly care section, about euthanasia as an important step. In addition, studies on euthanasia in Turkey have generally been applied to nursing, midwifery and medical students and we believe that the study on this subject performed for the first time to the students studying in the elderly care department will contribute to the literature.

This study was conducted in order to collect information about the current knowledge, attitudes, and beliefs of the students, studying in the elderly care department of Vocational School of Health Services in Bingöl University, about euthanasia and determine the related problems if any.

### Material and Method

The population of this descriptive study consisted of students studying in Elderly Care department of Bingöl University, Vocational School of Health Services (n=120 individuals). 117 of

\*Corresponding Author: Aliye Bulut, Bingöl University, Faculty of Health Sciences, Department of Nursing, Bingöl, Turkey  
E-mail: [aliyedemirok@yahoo.com](mailto:aliyedemirok@yahoo.com)

these students included in the study were reached (Response rate: 97.5%). Students who were not reached, were those who were not at school on the date of the study due to any reason.

The data collection tool used in the study was the Questionnaire developed by the researcher based on the literature information. The Questionnaire involves 33 questions. The first 12 questions are related to the demographic characteristics of students. 13th question was asked to evaluate what level of information the students have about euthanasia and what they think and they were asked to define euthanasia in the 14th question. From which sources the students got the information about the euthanasia were tried to be determined with the 15th question. Between 16th and 20th questions, euthanasia practices and whether they support active and passive euthanasia were tried to be determined along with the reasons. In 21st question, status of the students to encounter with euthanasia request was determined and if or not they found any opportunity to think about this subject before was tried to be determined. Between 23rd and 33rd questions, students' opinions about the euthanasia practices, its legalization and legal development were tried to be determined along with the reasons.

After obtaining the necessary permissions from the related

institution before the study, the field study of the research was conducted between 10 November and 10 December 2015. Statistical analyses were carried out with SPSS v.22 packaged software and descriptive statistics were used by giving the analysis results of the data together with the number and percentage (N= Number and %= Percentage).

## Results

It was found that 49.6% of the participants were male and 50.4% were female. While 67.5% of students included the study were living in the city center, 48.7% were living in the nuclear family. 42.8% of the participants had an income more than the minimum wage, 20.5% had an income equal to the minimum wage, and 12.0% had an income less than the minimum wage. 24.7% of the participants had no regular income. While examining the educational background of the parents of students; 55.6% of mothers were illiterate and 36.7% of fathers were primary school graduate. When examining the distribution of participants in terms of their fathers' occupation; 8.5% were unemployed and 18.8% were civil servant. While mothers of 92.3% of those participating in the study were housewives, only the mothers of 7.7% were civil servant (Table 1).

**Table1.** Distribution of the students in terms of socio-demographic characteristics

Socio-Demographic Characteristics		Number (N)	Percentage (%)
Gender	Male	58	49.6
	Female	59	50.4
Residence Place	City Center	79	67.5
	District Center	24	20.5
	Village / Town	14	12.0
Family Type	Extended family	46	39.3
	Nuclear family	57	48.7
	Broken family	14	12.0
Monthly Income	No regular income	29	24.7
	Less than minimum wage	14	12.0
	Equal to the minimum wage	24	20.5
	More than the minimum wage	50	42.8
Mother's Educational Level	Illiterate	65	55.6
	Literate	17	14.5
	Primary school graduate	26	22.2
	Secondary school graduate	6	5.1
	High school graduate	2	1.7
	University and higher education graduate	1	0.9
Father's Educational Level	Illiterate	13	11.1
	Literate	21	18.0
	Primary school graduate	43	36.7
	Secondary school graduate	15	12.8
	High school graduate	19	16.3
	University and higher education graduate	6	5.1
Mother's Occupation	Housewife	108	92.3
	Civil servant	9	7.7
Father's Occupation	Worker	16	13.7
	Civil servant	22	18.8
	Self-employment	53	45.3
	Unemployed	10	8.5
	Retired	16	13.7

It was determined that 75.2% of the participants thought that their knowledge about euthanasia was sufficient, 20.5% did not consider that their knowledge level was enough and 4.3% said that they had no knowledge. While 88.9% of the students correctly identified the euthanasia, 11.1% misidentified it (Table 2).

While 89.7% of the students participating in the study received information about euthanasia during their school education, 4.3% received the information from media and press institutions, 2.6% had the information from conferences and congresses, 3.5% had the information from other sources. 29.7% of the participants thought that euthanasia is against the nature, Creator and universe, 27.1% thought that it is a medical practice, 24.6% thought that it

is a patient right and 16.1% thought that it is a murder, and 2.5% had other views.

It was found that 40.2% of the participants supported the active euthanasia practice, 35% opposed, and 24.8% abstained. 58.1% of the participants who opposed or abstained from the active euthanasia considered this due to guilty conscience, 18.9% from religious reasons, 9.5% from the thought that medicine is present to keep people alive, and 4.1% thought this way due to other reasons. While 85.5% of the participants never encountered euthanasia request in their professional life, 5.1% encountered several times (Table 3).

**Table 2.** Distribution of the students in terms of their opinions about active and passive euthanasia

Students' Opinions About Euthanasia		Number (N)	Percentage (%)
Is your knowledge level about euthanasia sufficient?	My knowledge level is sufficient	88	75.2
	My knowledge level is not sufficient	24	20.5
	I have no knowledge	5	4.3
What is the definition of euthanasia	Correct	104	88.9
	Incorrect	13	11.1

**Table 3.** Distribution of the students in terms of socio-demographic characteristics

Students' Opinions about Active and Passive Euthanasia		Number (N)	Percentage (%)
Should active euthanasia be applied?	Yes	47	40.2
	No	41	35.0
	Undecided	29	24.8
If you say no or undecided, why it shouldn't be applied?	I feel guilty conscience	43	58.1
	Religious reasons	14	18.9
	Medicine exists to keep people alive	7	9.5
	The meaninglessness of accelerating death	3	4.1
	Expectations of new developments in medicine	2	2.7
	Legal obligations	2	2.7
	Other reasons	3	4.1
Should passive euthanasia be applied?	Yes	40	34.2
	No	53	45.3
	Undecided	24	20.5
	I feel guilty conscience	46	59.7
If you say no or undecided, why it shouldn't be applied?	Religious reasons	8	10.4
	Medicine exists to keep people alive	16	20.8
	The meaninglessness of accelerating death	4	5.2
	Expectations of new developments in medicine	1	1.3
	Other reasons	2	2.6
Have you ever encountered such a request in your professional life?	I have never encountered	100	85.5
	Only once	9	7.7
	Several times	6	5.1
	I have encountered frequently	2	1.7

While 23.9% of the participants considered that euthanasia should be legalized in Turkey, 64.6% opposed it and 11.5% abstained. If euthanasia is legalized, 34% of the participants thought that euthanasia should be applied to patients with poor prognosis, 24.5% think that it should be applied to patients being attached to life support, 20.8% to patients with dead brain, 15.1% to the bedridden patients, 1.9% to the patients in the terminal period and 3.7% to the other patients.

Table 4 shows the distribution of the answers given to the questions about euthanasia in terms of the state of individuals to take charge in the team. 21.4% (n:25) of individuals who participated in the study accepted to take charge in an euthanasia team. It was observed that 84% of those who accepted to take charge in the team and 28.3% who did not accept to take charge approved the application of active euthanasia; whereas, 42.4% of those who did not accept to take charge did not approve active euthanasia, either.

Distribution between the groups was found to be statistically significant ( $p<0.05$ ). When examining the condition regarding the application of passive euthanasia; while majority of individuals who accepted to take charge in the team (60.0%) approved the application, majority of those who did not accept to take charge (40.0%) did not approve the application. This difference between the groups was also found to be statistically significant ( $p<0.05$ ). When comparing the state of demanding euthanasia in case of being bedridden according to taking charge in the team; while majority of individuals who accepted to take charge (56.0%) indicated that they would demand euthanasia for themselves, majority of those who did not accept to take charge indicated that they would not demand euthanasia and the distribution between the groups was statistically significant ( $p<0.05$ ). When comparing

the state of demanding euthanasia for a close relative according to taking charge in the team; majority of both individuals who accepted to take charge (52.0%) and those who did not accept to take charge (82.6%) stated that they would not demand euthanasia for a close relative. The difference between the groups was found to be statistically significant ( $p<0.05$ ). As a consequence, majority of individuals who accept to take charge in the team leaned towards active and passive euthanasia and may demand euthanasia for themselves in case of being bedridden; however, they stated that they may not demand euthanasia for a close relative. On the other hand, similarly individuals who did not accept to take charge did not lean towards active and passive euthanasia, may not demand euthanasia for themselves in case of being bedridden and may not demand euthanasia for a close relative, either.

**Table 4.** Distribution of answers to the questions about euthanasia according to the state of taking charge in the team

Some questions about euthanasia	Taking charge in the team				Total	P value	
	Yes		No				
	n	%	n	%			
<b>Should active euthanasia be applied?</b>							
Yes	21	84.0	26	28.3	47	40.2	0.001*
No	2	8.0	39	42.4	41	35.0	
Undecided	2	8.0	27	29.3	29	24.8	
<b>Should passive euthanasia be applied?</b>							
Yes	15	60.0	25	27.2	40	34.2	0.008*
No	6	24.0	47	51.1	53	45.3	
Undecided	4	16.0	20	21.7	24	20.5	
<b>Would you demand euthanasia for yourself if you were bedridden?</b>							
Yes	14	56.0	20	21.7	34	29.1	0.001*
No	3	12.0	44	47.8	47	40.2	
Undecided	8	32.0	28	30.4	36	30.7	
<b>Would you accept euthanasia for a close relative?</b>							
Yes	8	32.0	8	8.7	16	13.7	0.004*
No	13	52.0	76	82.6	89	76.1	
Undecided	4	16.0	8	8.7	12	10.2	
<b>Total</b>	<b>25</b>	<b>21.4</b>	<b>92</b>	<b>78.6</b>	<b>117</b>	<b>100.0</b>	

Finally, while majority (86.2%) of the participants stated that it would be exploited if the euthanasia is legally enforced, only 13.8% thought that it would not be exploited. 35.6% of those who thought that it would be exploited said that euthanasia would be exploited since it would prevent medical developments, 30.7% due to inheritance, 26.7% said that this would cause interpersonal inequality, 5% said that this would impose laziness for healthcare professionals, and 2% said that it would be exploited since the families would want to get rid of the treatment expenses.

## Discussion

Euthanasia is not only a situation having medical and legal dimension, but also including mood and belief systems. Whether euthanasia is applied passively or actively, this is a difficult decision for both healthcare professionals, patients and their relatives [5].

In the present study, 75.2% of the participants believed that their knowledge about euthanasia was sufficient, 20.5% did not believe that their knowledge level was sufficient and 4.3% said that they had no knowledge about it. While 88.9% of the students

correctly identified the euthanasia, 11.1% misidentified it. In the study by Özler, it was determined that the majority of the nurses (55.2%) considered that they had sufficient knowledge level about euthanasia, 40.0% had insufficient knowledge level and 2.9% thought that they had no knowledge [6].

While 89.7% of the students participating in the study received information about euthanasia during school education, 4.3% received information from media and press, 2.6% received information from conferences and congresses, and 3.5% received the information from the other sources. It was determined in Isikhan's study that while 45.8% of the healthcare personnel obtained the information received through media-press, 36.3% obtained the information about euthanasia during education [7].

29.7% of the participants thought that euthanasia is being against the nature, Creator and universe, 27.1% thought that it is a medical practice, 24.6% thought that it is a patient's right and 16.1% thought that it is a murder, and 2.5% had other thoughts. In the study conducted by Khan et al., in Karachi, Pakistan they determined that a small percentage of medical students (7.6%) and doctors

(5.7%) approved euthanasia [8]. However, in another previous study conducted in Pakistan, the doctors were seen to agree on that the euthanasia is an acceptable option for motor neuron and cancer patients [9].

It was found that 40.2% of the participants supported the implementation of active euthanasia, 35% opposed it and 24.8% abstained from it. In their study, Il and Işıkhan determined that majority of the physicians and nurses (90%) working in the clinic did not want to be the person applying euthanasia but still approved active/passive euthanasia types, 38.5% (n=67) had positive attitudes towards the legal application of euthanasia [10].

It was determined that 58.1% of the participants who opposed or abstained from the active euthanasia considered this due to guilty conscience, 18.9% from religious reasons, 9.5% from the opinion that medicine is present to keep people alive, and 4.1% from other reasons. Beder et al., reported in their study that 38% of the nurses were against euthanasia because of “guilty conscience”, 20.7% because of the opinion that “medicine exists to keep people alive” and 12.0% were against euthanasia due to “religious reasons” [11].

While 85.5% of the participants never encountered with euthanasia request in their professional life, 5.1% encountered this request several times. Tepehan et al., stated that 26.6% of the nurses working in intensive care unit encountered euthanasia request more than one times [12].

While 23.9% of those participating in the study considered that the euthanasia should be legalized in Turkey, 64.6% opposed that idea and 11.5% abstained from this legalization. In the study by Özkalay and Zaybak, it was stated that the nursing students did not want euthanasia to be legalized in Turkey (50.8%) and “the person who decide euthanasia should be a person receiving special education in this subject” in case of legalization of euthanasia [13]. Stating opinions in this direction by the students indicated that euthanasia would be discussed more in the future.

It was determined that 36% of the participants thought that euthanasia should be applied by the physicians, 22.5% thought that it should be applied by the patients themselves, 24.3% believed that it should be applied by a team determined by laws, 15.3% thought that it should be applied by someone in the family of the patient and 1.9% thought that euthanasia should be applied by other people. None of the participants considered that the euthanasia should be applied by the nurses. 65.2% of the nurses and 75.6% of the physicians in Beder et al.’ study [11] and 63.4% of the nurses in Kumas’s study [14] stated that euthanasia should be applied by a team determined by the laws. In a study conducted by Tepehan et al., with the nurses working in the intensive care and other units, it was noteworthy that the nurses approving that an individual has the right to decide ending his/her own life were intensive care nurses (73.1%) and those who considered that euthanasia should be applied to people who had no hope to recover, had a fatal disease, and had no legal competence are again the intensive care (35.5%) nurses at high rate [12].

While majority of the students (86.2%) participating in the study stated that euthanasia would be exploited if it is legally applied, only 13.8% considered that it would not be exploited. 35.6% of those who considered that euthanasia would be exploited said

that this would prevent medical developments, 30.7% said that euthanasia would be exploited because of inheritance, 26.7% said that this would cause interpersonal inequality, 5% said that this would impose healthcare personnel to laziness, and 2% said that it would be exploited due to the desire of the family for getting away from the treatment expenses. In the study of Özkalay and Zaybak, it was found that the rate of those who did not want euthanasia right for themselves was 53.2% and 75% did not want euthanasia to be applied to their relatives or family members [13]. Kaya and Akçin determined in their study that 54.1% of the students did not want euthanasia for themselves and 74.1% did not want euthanasia for their family/relatives [15]. According to these results, most of the students did not want to apply euthanasia both for themselves and their relatives. In the study of Özler it was determined that 30.4% of the nurses were against euthanasia since they believed that keeping every patient alive to the end is a duty of medicine [6].

21.4% (n:25) of the individuals who participated in the study accepted to take charge in an euthanasia team. In the study by Akçil et al., almost all of senior nursing students indicated that they would not have wanted to apply euthanasia even if it had been legal, whereas a few stated that they could apply euthanasia and believed that other nurses approving euthanasia needed to apply it without evading responsibility in accordance with their approval [16]. According to the results of the present study; it was observed that 84% of individuals who accepted to take charge in the team and 28.3% who did not accept to take charge stated that they approved the application of active euthanasia, whereas 42.4% of those who did not accept to take charge did not approve active euthanasia, either. The distribution between the groups was found to be statistically significant ( $p<0.05$ ). When examining the condition regarding the application of passive euthanasia; it was determined that while majority of those who accepted to take charge in the team (60.0%) approved the application, majority of those who did not accept to take charge (40.0%) did not approve it. The difference between the groups was also found to be statistically significant ( $p<0.05$ ). In the study by Işıkhan, it was determined that the rate of medical personnel to approve active euthanasia was 9.8%, the rate of approving passive euthanasia was 23.9%, the rate of approving both types of euthanasia was 22.8%, and the rate of not approving was 43.5% [7].

Finally, majority of those who accepted to take charge in the team approved the application of both active and passive euthanasia and would demand euthanasia for themselves in case of being bedridden; however, they would not accept euthanasia for a close relative. In the study by Bölükbaş, 47.4% of medical personnel stated that they would demand euthanasia for themselves in case of being bedridden; whereas, 10.3% did not answer the question [17].

## Conclusion

Given the fact that the patient has the right to die as much as to live, euthanasia, which is being discussed ethically and legally within the scope of respect for the private life of the patient, also brings some problems in making decisions among the healthcare professionals. Euthanasia, which is accepted legally as a crime, will continue to be discussed in Turkey and around the world in accordance with patient’s applicable opinions in terms of clinical diagnosis and age. In this respect, we consider that religious value judgments, ethical and legal aspects of the patients, their relatives,

and society should be taken into account.

In the study conducted to determine the euthanasia-related thoughts of the students who are studying in the Elderly Care department, it was observed that most of the elderly care students did not want euthanasia for themselves and their relatives, euthanasia practice in Turkey should not be legalized and they did not want to work in the team applying euthanasia if a legal arrangement is made for euthanasia. It is also seen that the religious beliefs of the students who were studying in the Elderly Care department affected their thoughts about euthanasia and the elderly care students did not have pro-euthanasia thoughts. In accordance with the obtained results, it is recommended to discuss euthanasia by being considerably involved in elderly care curriculum and conduct qualitative studies about euthanasia.

*This study has been presented as an oral presentation in the 1st International Symposium on Social Sciences held in Elazig between 13 and 15 October 2016.*

#### Competing interests

*The authors declare that they have no competing interest.*

#### Financial Disclosure

*The financial support for this study was provided by the investigators themselves.*

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