

# Attitudes of non-physician health workers working in the Emergency Department towards euthanasia, death, and the terminally patient

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## Abstract

**Aim:** The use of the right to die in the center of the individual's own decision is called euthanasia. This decision, was evaluated from legal, religious, and medical perspectives. In different countries applied euthanasia, which can be performed actively or passively. In our study, we planned to investigate the perspectives of healthcare professionals working in the emergency department about euthanasia and their thoughts on diseases that can be applied to euthanasia.

**Material and methods:** A survey was conducted from June to October 2022 on non-physician health workers working in the Emergency department. A questionnaire including demographic data, professional knowledge, and Attitude Scale towards Euthanasia, Death, and the Terminally Patient was administered to the healthcare professionals who agreed to participate in the study. The obtained data were analyzed.

**Results:** In the study, the feedback of 60 participants, 37 of whom were women, was evaluated. The mean age of the entrants was found to be  $39.07 \pm 10.11$  years. 60% of the participants had received cardiopulmonary resuscitation training in the past year. 70% of the participants stated that they could be euthanized for coma, 38.33% for severe disability, and 36.67% for severe and incurable neurological diseases.

**Conclusion:** In the process of euthanasia, which does not have a legal infrastructure in our country, different perspectives are seen from different departments of health services.

**Key words:** emergency department, euthanasia, non-health workers

## Introduction

Euthanasia: It is an issue that concerns many different sciences, especially religion, law, and medicine, and has been discussed for many years. It is defined as the right to die by the Turkish Language Association [1]. In euthanasia, distinctions have been made according to criteria such as the method of application, the decision-maker, the will of the person, and time, and there may be differences according to countries in the legal context under different conditions and practices [2,3]. Active euthanasia is performed directly by the physician using a medical method, while passive euthanasia is expressed as not providing the necessary support to the patient to prolong the patient's life span.[4].

Euthanasia is practiced in many countries in the world, and active euthanasia is prohibited in the USA, and it is free if passive. In European countries such as the Netherlands and Belgium, euthanasia is legal but not

legal in the UK. In our country, both active and passive euthanasia is banned [5]. The regulation on euthanasia in the Turkish legal system is also "Euthanasia is prohibited. The right to life cannot be waived for medical reasons or by any means whatsoever. No one's life can be ended, even if he or someone else demands it." is in the form. Even though it is not legally accepted, euthanasia has been the subject of discussion in our country for many years in the legal and criminal sense [6].

The right to life is the most basic right of the individual and is accepted all over the world, countries are obliged to protect it and take the necessary measures. If euthanasia is accepted as the right to die, the problem of violation of the right to life arises among the rights that cannot be disposed [7,8]. The most important aim of medical science is to save human health and find a cure for diseases, and in this direction, medicine is constantly renewing itself [9]. It will be important to include the opinions of non-physician health personnel, who are

among the most basic employees in health care, on euthanasia issues, in terms of discussing both ethical and legal problems in this regard. In this study, it is critical to determine the opinions of non-physician health professionals working in health care on euthanasia in terms of contributing to the literature. Therefore, in this study, we aimed to determine the ideas of non-physician healthcare professionals on euthanasia.

## Material and methods

This study was carried out with the approval of the ethics committee of Health Science University Antalya Training and Research Hospital (Date: 16.06.2022, decision no: 12/10) on non-physician assistant health personnel (nurse, midwife, paramedic, health officer) working in the emergency department of a 3rd level university hospital. The study was conducted following the Principles of the Declaration of Helsinki. Participants who were assigned to the emergency department and performed the specified tasks and agreed to participate in the study were included in the study. Participants with incomplete

information or who did not agree to participate in the study were excluded from the study. A questionnaire consisting of demographic data such as gender, age, tenure, education, titles, information on euthanasia, and Attitudes towards Euthanasia, Death, and the Terminally Patient (EDTP) was distributed to the participants [10]. The questionnaires that were withdrawn from the participants and that met the inclusion criteria were analyzed by hiding the identity of the participants. After the exclusion criteria, 60 non-physician health workers who accepted to participate in our study were included in the study.

## EDTP scale application

The EDTP scale was developed by Şenol et al. in 1996 and the Cronbach Alpha value was found to be 0.84 [11]. Our article Cronbach Alpha value was 0,783. It consists of 31 questions answered with a 4-point Likert scale. Questions 3,6,7,8, 10, 12, 13, 15, 16, 17, 20, 23, 24, 27 in the scale are reverse scored. The 5-factor analysis specified in the study published by Şenol et al. in 1996 was carried out [11]. The distribution of the factors is given in Table 1.

**Table 1** Attitude scale factors and question distributions regarding euthanasia, death, and the terminally patient.

Factor	Questions	Cronbach Alfa	Answer Means± SD
Total	-	0,783	78.5±11.4
1: Attitudes about euthanasia	14, 19, 26, 6, 29, 12, 22, 16, 1, 18, 2, 9, 5, 21	0,899	32.53±10.31
2: Feelings about the terminally ill and her family	7, 24, 23, 8, 28, 3	0,577	18.83±2.99
3: Thoughts on death attributed to patients	30, 21, 25, 15, 4	0,086	11.98±1.94
4: Avoidant attitudes towards death	17, 15, 10, 13, 27,8	0,431	17.52±2.75
5: Non-avoidant attitudes towards death	13, 20, 11, 23, 1, 28	0,251	15.48±2.67

## Statistical analysis

The obtained data were analyzed in an appropriate Microsoft SPSS 23.0 software package statistical program. The findings were analyzed at a 95% confidence interval and a 5% significance level. In the evaluation of the data; number and percentage in categorical data as descriptive statistical methods; mean, standard deviation, median, and minimum-maximum were used in numerical data. In the statistical analysis, firstly, whether the groups were suitable for normal distribution was examined Student's T-test and Mann-Whitney U tests were used in the evaluation of numerical data, and the chi-square test was used in the evaluation of categorical data. Data with a p-value of 0.05 and below were considered significant.

## Results

A total of 60 people, 37 (61.67%) of whom were women, participated in our study. The mean age of the participants was found to be 39.07±10.11 years. 21% of the participants stated that they had worked in an intensive care unit before, and 40 (66.67%) participants said that they had previously received training or courses for working in the emergency room. The demographic data of the participants, their professional experiences, and their perspectives on euthanasia are given in Table 2. The demographic data of the participants and their EDTP scores and factors were compared. In the comparison, a significant difference was found between age groups for factor 5, in which non-avoidant attitudes towards death were evaluated (p=0.0208).

The duration of the advanced life support training attended by the participants in the last 1 year and Factor 4, which evaluates avoidance attitudes towards death, were compared, and the EDTP score of those who received training in the last 1 year was found to be significantly higher (p=0.0394). In Factor

**Table 2** Demographic data of healthcare workers.

Demographic Data	Mean	SD
Age	39.07	10.11
Work time (Year)	16.98	10.39
Sex n(%)	N	%
Female	37	61.67
Male	23	38.33
Profession n(%)	n	%
Nurse	41	68.33
Midwife	6	10.00
Emergency Medical Technician (EMT)	6	10.00
Medical Officer	7	11.67
Education n(%)	n	%
High-Scholl	4	6.67
Associate Degree	17	28.33
Bachelor's degree	35	58.33
Master of Science, Master's Degree	4	6.67
Questions	n	%
People who previously worked in intensive care	21	35.00
Persons receiving training/courses for the Emergency Service	40	66.67
Last "Advanced Life Support" training time n(%)		
0-1 year	36	60.00
1-2 years	5	8.33
2-3 years	2	3.33
3+ years	17	28.33
Those who know euthanasia n(%)	49	81.67
Is euthanasia legal in Turkey? n(%)	0	0.00
Who wants euthanasia around or near n(%)	6	10.00
Conditions (Euthanasia is applicable) n(%)	n	%
Severe/incurable neurological diseases	22	36.67
Incurable infections	7	11.67
Disabilities	23	38.33
Severe traumas	8	13.33
Coma	42	70.00
Cancer	14	23.33
Psychotic Illnesses	6	10.00
Neurotic Diseases	8	13.33

Table 3

Attitude scale towards euthanasia, death and the terminally illness score and comparison of the answers according to the factors.

Specification	n	Total	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
<b>Age</b>							
20-29	15	72.8±9.67	27.6±8.48	18.2±2.93	12.2±1.52	17.53±2.67	14.27±2.66
30-39	12	77.33±10.34	32.58±9.85	17.92±3.99	11.5±1.45	17.33±3.31	14.42±2.35
40-49	26	80.58±11.75	34.35±10.54	18.96±2.55	11.85±2.03	17.62±2.65	16.31±2.59
50+	7	85±12.06	36.29±12.02	21.29±1.25	12.86±3.02	17.43±2.88	16.86±2.12
F value		2,499	1,791	2,34	0,8162	0,02992	<b>3,517</b>
P value		0,0689	0,1593	0,0831	0,4903	0,993	<b>0,0208</b>
<b>Works experience (year)</b>							
0-9	16	74±11,01	29,69±10,16	17,69±3,77	11,5±1,27	17,44±3,22	14,31±2,77
10-19	21	78,71±1,92	32,05±8,59	19,29±2,43	12,14±1,88	17,52±1,99	15,52±2,21
20-29	16	80,19±13,5	34,81±11,31	18,38±2,78	11,81±2,01	17,38±3,24	16,19±3,04
30+	7	84,29±13,06	35,29±13,25	21,14±1,46	13±3,06	18±2,94	16,43±2,37
F value		1,587	0,8421	2,676	1,059	0,08633	1,754
P value		0,2028	0,4766	0,0558	0,3737	0,9672	0,1665
<b>Profession Group</b>							
Nurse	41	78,41±11,55	32,93±9,87	18,59±3,08	12,12±1,95	17,24±2,72	15,46±2,97
Midwife	6	83,17±14,68	34,67±14,04	20,67±1,21	12,17±2,48	19,67±3,14	16±1,9
Emergency medical technician	6	72,17±10,34	27,33±9,95	17±2,90	12±1,27	17,67±3,27	14,17±1,47
Medical Officer	7	80,43±7,93	32,86±10,88	20,29±2,56	11±2	17,14±1,58	16,29±1,98
F value		1,014	0,6043	2,295	0,673	1,435	0,7627
P value		0,3936	0,615	0,0877	0,5722	0,2424	0,5197
<b>Intensive care work history</b>							
No	39	78,33	32,15	19,15	11,79	17,38	15,49
Yes	21	78,81	33,24	18,24	12,33	17,76	15,48
P value		0,8793	0,7011	0,2608	0,3102	0,6167	0,988
<b>Have you taken a nursing course in the emergency department?</b>							
No	20	80,3	33,65	18,6	11,75	18,05	16,2
Yes	40	77,6	31,98	18,95	12,1	17,25	15,13
P value		0,3934	0,5575	0,6725	0,5156	0,2924	0,1431
<b>When was the last time you received advanced life support training?</b>							
0-1 year	36	77,86	31,36	18,94	11,86	18,11	15,28
1+ years	24	79,46	34,29	18,67	12,17	16,63	15,79
P value		0,6005	0,2845	0,7274	0,5554	0,0394	0,4701
<b>Do you know about euthanasia?</b>							
No	11	84,36	38	19,36	12,27	17,73	15,55
Yes	49	77,18	31,31	18,71	11,92	17,47	15,47
P value		0,0593	0,0508	0,5193	0,5892	0,7815	0,9328
<b>Have you or someone close to you requested euthanasia?</b>							
No	54	79,37	33,31	18,87	12,22	17,44	15,63
Yes	6	70,67	25,5	18,5	9,833	18,17	14,17
P value		0,0768	0,078	0,776	0,0034	0,5466	0,2058

3, in which thoughts about death attributed to patients were examined, it was found that people who did not have relatives or family members who wanted euthanasia had a significantly higher EDTP score than those who had EDTP ( $p=0.0034$ ). The issuance of the questions according to the factors is given in Table 3.

In the comparison of the participants' perspectives on diseases and the implementation of euthanasia, the EDTP scores of those who did not want euthanasia in all disease categories were found to be significantly higher than those of those who

wanted it. The allocation of scores is given in Table 4. In the analysis of multiple variations between the EDTP score and the responses to diseases, statistically significant results were found for patients with severe and incurable neurological diseases, incurable infections, and cancer. Multivariate analysis of variance (MANOVA) of disease groups to attitude scale toward is given in Table 5. A positive correlation was found for both variables in the correlation analysis between the participants' ages and working time and their EDTP scores (age:  $R^2=0.09162$   $p=0.0187$ , working year:  $R^2=0.07993$   $p=0.0286$ ).

Table 4

Comparison of attitude scale scores and factor scores regarding euthanasia, death, and the terminally patient according to diseases.

Specification	n	Total	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Severe neurological diseases, incurable neurological diseases							
No	38	83,34	36,79	19,42	12,24	17,32	15,87
Yes	22	70,14	25,18	17,82	11,55	17,86	14,82
P value		<0,0001	<0,0001	0,0442	0,1867	0,4622	0,1436
Incurable infections							
No	53	79,98	33,77	18,98	11,94	17,43	15,79
Yes	7	67,29	17,71	17,71	12,29	18,14	13,14
P value		0,0048	0,0001	0,2955	0,6653	0,5265	0,0124
Severe disability							
No	37	81,22	35,22	19,11	12,05	17,03	15,76
Yes	23	74,13	28,22	18,39	11,87	18,3	15,04
P value		0,0183	0,0094	0,3706	0,7241	0,0804	0,3187
Severe and advanced trauma							
No	52	79,96	33,88	19,02	11,94	17,25	15,69
Yes	8	69	23,75	17,63	12,25	19,25	14,13
P value		0,0104	0,0085	0,222	0,6805	0,055	0,1233
Coma							
No	18	86,06	38,89	19,44	13	17,67	16,78
Yes	42	75,26	29,81	18,57	11,55	17,45	14,93
P value		0,0005	0,0013	0,3035	0,0069	0,7849	0,0127
Cancer patients							
No	46	80,52	34,67	19,02	11,85	17,07	15,87
Yes	14	71,86	25,5	18,21	12,43	19	14,21
P value		0,0118	0,0028	0,3803	0,332	0,0199	0,0413
Those with psychotic illness							
No	54	79,56	33,3	19,15	11,96	17,39	15,69
Yes	6	69	25,67	16	12,17	18,67	13,67
P value		0,0308	0,0855	0,013	0,81	0,2845	0,0789
Those with neurotic disease							
No	52	79,65	33,69	19,02	12	17,29	15,71
Yes	8	71	25	17,63	11,88	19	14
P value		0,0454	0,0251	0,222	0,8672	0,102	0,0917

Table 5

MANOVA of disease groups according to attitude scale towards euthanasia, death, and the terminally patient.

EDTP Score	0	1	2	3	4	5	6	7	8	P Value	Estimate	Standard error	95% confidence interval	
0	1									<0,0001	89,08	2,226	84,61 to 93,55	
1	B: Severe/ incurable neurological diseases	-0,145	1							0,0011	-10,51	3,036	-16,60 to -4,414	
2	C: Incurable infections	-0,07506	-0,3413	1						0,5568	-3,157	5,336	-13,87 to 7,556	
3	D: Disability	-0,05741	-0,3351	0,2269	1					0,3636	3,003	3,277	-3,575 to 9,581	
4	E: Severe Trauma	0,09022	-0,05138	-0,3505	-0,2067	1				0,9757	0,1666	5,441	-10,76 to 11,09	
5	F: Coma	-0,7073	-0,1021	0,1299	-0,1829	-0,09279	1			0,0014	-9,134	2,695	-14,54 to -3,725	
6	G: Cancer	-0,1082	0,05991	-0,2249	-0,4075	-0,03366	0,06119	1		0,1801	-4,895	3,602	-12,13 to 2,336	
7	H: Psychotic illnesses	-0,0458	0,03899	-0,1153	0,05224	-0,5209	0,04187	0,1074	1	0,7003	-2,635	6,807	-16,30 to 11,03	
8	I: Neurotic diseases	0,0723	-0,00571	-0,1203	-0,1356	0,2388	-0,08874	-0,2558	-0,5841	1	0,7074	1,974	5,231	-8,527 to 12,48

## Discussion

The right to life, one of the most fundamental rights of individuals, must be guaranteed for other rights to be valid. For this reason, countries with modern democracy must guarantee this with the constitution. For many years, euthanasia has brought science and ethics against each other, and it often causes disagreement among scientists [12,13]. Studies have illustrated that healthcare professionals assume they have the competence to manage this demand in countries where euthanasia is legal. In this sense, there have been requests for inclusion in euthanasia as a part of professional qualification in countries where this type of euthanasia is legal [14].

A study on neurological conditions evaluated cases of euthanasia and assisted suicide in the Netherlands, Germany, and Switzerland. When the cases between 2001 and 2013 are analyzed, it is seen that there is an upsurge in euthanasia issues. Euthanasia applications are most frequently performed in cancer patients and then in patients with neurological system involvements [15-17]. Makish et al. focused on the outcome of psychiatric patients with euthanasia or assisted death. The legal infrastructure for euthanasia in the Netherlands was regulated in 2002 [17]. Only 1% of euthanasia performed in the Netherlands was reported as psychiatric [18]. It requested euthanasia between 1100 and 1150 between 2015 and 2016 in Germany, and 60-70 of them were of psychiatric origin [19]. The number of cases reported in Belgium was 2655 people in 2019, 49 of them had psychiatric indications. While the number of cases reported in the last five years was 61 in 2014, it was stated as 49 in 2019 [17-19]. In our study, statistically significant results were found for patients with severe and incurable neurological diseases, incurable infections, and cancer, in the analysis of multiple variations between the PTS score and the responses to diseases.

Another issue for euthanasia and assisted death is a disability. The problem of euthanasia requests and the realization of patients who have a high level of loss in anatomical and mental capacity and whose life is difficult has been a subject

of discussion. Detailed information was published for 416 of 259301 patients who applied for euthanasia during the five years between 2012 and 2016 [20]. In the subject of the conditions determined by the committee, euthanasia conclusions are made on cognitive disorders and unavoidable disability situations such as progressive dementia. Applications in this field have been regarded as diseases that cause psychiatric and neurological disabilities since childhood. In addition, events that completely disrupt mental and social health are at the forefront of chronic processes such as life-disrupting chronic obstructive pulmonary disease and heart failure, childhood rape, and subsequent suicide attempts and mental problems [21]. In our study, if the evaluation is made for euthanasia and assisted death, severe and incurable neurological diseases, incurable infections, and cancer patients were determined.

## Conclusion

Euthanasia, which is not yet legally valid in our country, but is applied in selected diseases and patients in some countries on earth, is an ethical sensation for the right to life of the individual. Regardless, emergency services, where emergencies are resolved in the follow-up and treatment of the patient, do not have sufficient observance and evaluation conditions for the making and execution of euthanasia decisions. With this and identical studies, the attitudes and expectations of both the healthcare professionals working in the emergency department and the patients on this issue can be analyzed.

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