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Original Citation

Kirshbaum, Marilyn (2010) Editorial: Reporting of Scientific Studies: Misleading Titles. *British Journal of Community Nursing*, 15 (10). p. 471. ISSN 1462-4753

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Printed by Pensord Press Ltd, Blackwood, Gwent, NP12 2YA
ISSN 1462-4753

Reporting of scientific studies: misleading titles

A recent article in a respected British newspaper led with the headline 'Atheist doctors more likely to hasten death' which ruffled my feathers in exasperation. The phrase 'to hasten death' seems almost synonymous with euthanasia, which are acts that are distinct from end-of-life care. What were the background justification and the findings from the original study? They are well worth reading in full (Seale, 2010).

The study based at the Queen Mary University of London used a large postal survey to ask a large sample of working UK doctors (2923 respondents out of a database of 8857) about their ethnicity, type and strength of religious faith and attitudes towards euthanasia or physician-assisted suicide. Care of the elderly, palliative care, neurology, other hospital specialities and general practice practitioners were represented. There was also a specific question that asked whether the doctors had 'provided continuous deep sedation until death' and further questions that dealt with decision making with and without input from the patient, carers and family.

I found it fascinating to read that Christianity was less prevalent in the medical profession compared to all other faiths including Buddhist, Jewish, Muslim or 'any other' and that medical practitioners of palliative care were more likely to be Christian, white and 'very or extremely religious'. The newspaper headline drew readers' attention to 'extremely or very non-religious' doctors who were almost twice as likely to admit to being involved in a decision that hastened death of a patient. However, it is much more remarkable that hospital specialists were recorded as being ten times more likely to participate in such a decision – ten times more likely! As expected, palliative care practitioners alongside respondents with strong religious faith were less prone to make decisions that resulted in hastening death or inducing continuous deep sedation.

So, we are left to ponder these survey results. It leaves me with a yearning to express the view that all decisions which concern end-of-life care really must be founded upon the wishes of the affected person and their kin, rather than the religiosity and sway of medical practitioners. However, doctors, nurses and all other respected health professionals are human and our humanity includes our convictions, opinions and behaviours – so it is therefore vital that we all take some time to reflect upon our beliefs. Are we all aware of what lies behind our decisions? I suspect it is more than ritual and evidence.

BJCN



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Seale, C (2010) The role of doctors' religious faith and ethnicity in taking ethically controversial decisions during end-of life care. *Journal of Medical Ethics*.
<http://tinyurl.com/32zeuzp> (Accessed 15 September 2010)