EUTHANASIA; PERSPECTIVES OF PAKISTANI MEDICAL STUDENTS AND PRACTITIONERS – A SURVEY

ORIGINAL PROF-1800

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ABSTRACT...Objective: To assess the perception towards euthanasia among Pakistani medical students and practitioners. **Methods:** This descriptive study was conducted at Dow Medical College and Civil Hospital, Karachi, Pakistan. Data was collected by a self administered questionnaire, consisted of case history of a cancer patient and questions regarding end of life issues. **Results:** Students were less likely to approve euthanasia as a murder than doctors. Large number of participants considered it as an unethical act. The decision of patients' right to die was more discouraged by the students than doctors. Though, both students and doctors were strongly disagreed to perform euthanasia in future. The legalization of euthanasia in Pakistan was favored by 15.4% of practitioners, compared with 10.4% of students. Nearly half of the participants stated that they would not trust doctors if euthanasia become legal in Pakistan. **Conclusions:** Medical practitioners were found more in favor of euthanasia, its practice and legalization in Pakistan. This study gave insight for elaborating opinions towards euthanasia by Pakistan.

Key words: Euthanasia, Medical Students, Medical Practitioners, Perspective, Legality

INTRODUCTION

Several debates have been made on the perception of euthanasia. Different studies have been found on exploring the perspective on euthanasia and on its legalization. Medical students and medical practitioners are the populations who observe life threatening events suffered by patients. By the year 2002, Netherland following by Belgium came in the category of first countries who legalized euthanasia while exempted corresponding physicians as criminal¹. Nonetheless, only one study compared the attitude towards euthanasia between 200 Pakistani and Indian medical doctors². No other data was found on the same from Pakistan. This study elaborates the perspective on the practice and legalization of euthanasia among Pakistani medical doctors and students.

SUBJECT AND METHODS

This descriptive cross sectional study was conducted over a period of 3 months from August to October 2010, at Dow Medical College and Civil Hospital, Karachi, Pakistan. The ethical approval was given by the ethical review board of Dow University of Health Sciences. The sampling technique was Stratified based Convenient Sampling. Since proportion of students who favors euthanasia is reported as 37.2% by³ whereas 15.3% Pakistani doctors supported the concept of euthanasia being an acceptable option for certain diseases². Thus, taking 80% power of the test, 95% confidence interval and a ratio of 2:1 for students and practitioners, the computed sample size for students is 105 and for practitioners, it is 52.

All undergraduate Medical students and Medical practitioners were included in the study after giving informed written consent whereas non-medical students and professionals, paramedical staff, nurses has been excluded from the study. In addition, those students and doctors who refused to give the consent have also been excluded from the study.

A self-administered questionnaire was developed consisting of demographic variables, case history of a cancer patient and questions regarding end of life issues.

The case history discussed is mentioned below:

"52 years old Mrs. Z diagnosed with esthesioneuro blastoma (a rare form of facial tumor) about 8 years back. The illness left her blind, with no sense of smell or taste. She could not use morphine to ease the intense pain because of the side effects. The tumor had surrounded her sinuses and nasal cavities, causing her nose to swell to several times its original size and pushing on her eyes out of her head. She isin severe pain and a miserable state. The disease is incurable. Her physician expects her to die withinafew months. She asks (in writing) her physician to end her misery by euthanasia by ending her painfullife"⁴.

The questionnaire was distributed, by hand, to the undergraduate medical students and doctors from all specialties and collected at the same time after they complete the questionnaire.

Data were entered and analyzed with SPSS v.17.Descriptive Analyses were presented in terms of Mean \pm SD for quantitative variable i.e. age, and Frequencies (Percentages) were computed for qualitative variables like gender, perception towards euthanasia etc. Frequencies are also computed to find the association between medical professionals and perspectives of euthanasia. Chi-Square test was performed to check the significance of the association. Fisher Exact test was used for two by two classifications. P value less than 0.05 considered as significant.

RESULTS

Among 105 medical students 22 (21%) were males and 83 (79%) were females. The mean age was 21.07 ± 1.589 years (range 18 to 24 years). Among 52 medical practitioners, half of them were male. The mean age of all medical practitioners was 30.75 ± 9.309 years (range 23 to 55 years).

Table-I indicates that doctors (61.5%) were more likely to approve euthanasia as murder than students (59%). One third of the students did not have any idea to consider euthanasia as murder or mercy whereas more than one quarter of the doctor showed the same response. (P > 0.05) Similarly a greater number of students (5.7%) considered it as an ethical act as compared to doctors 2

Table-I. General perspectives about euthanasia of medical students and practitioners					
		Type of correspondents			
		Medical Students	Medical Practitioners		
Murder	Yes	62 (59%)	32 (61.5%)		
	No	8 (7.6%)	5 (9.6%)		
	Depends upon condition	35 (33.3%)	15 (28.8%)		
Right to die on patient's willing	Yes	17 (16.2%)	3 (5.8%)		
	No	81 (77.1%)	47 (90.4%)		
	Don't Know	7 (6.7%)	2 (3.8%)		
Ethical	Yes	6 (5.7%)	2 (3.8%)		
	No	76 (72.4%)	37 (71.2%)		
	Depends upon condition	23 (21.9%)	13 (25%)		
Allow with adequate resources	Yes	10 (9.5%)	4 (7.7%)		
	No	66 (62.9%)	32 (61.5%)		
	Depends upon condition	29 (27.6%)	16 (30.8%)		
Perform Euthanasia t to Mrs. Z	Yes	12 (11.4%)	9 (17.3%)		
	No	93 (88.6%)	43 (82.7%)		
Perform	Yes	9 (8.6%)	3 (5.8%)		
Euthanasia to any other patient	Never	82 (78.1%)	41 (78.8%)		
	Depends upon condition	14 (13.3%)	8 (15.4%)		
Violation of human sanctity	Yes	87 (82.9%)	40 (76.9%)		
	Never	10 (9.5%)	4 (7.7%)		
	Depends on condition	8 (7.6%)	8 (15.4%)		

Under adequate resources 9.5% of the students

supported euthanasia compared with 7.7% of doctors. When the resources were assumed to be limited in a country like Pakistan, this proportions leaned a bit higher i.e. 13.3% for students and 17.3% of doctors. (P < 0.0001) This shows the impact of doing practice in a developing and under resourced country like Pakistan.

Twenty one (13.3%) participants were ready to apply euthanasia in case of the discussed case study. It contradicts with the answer of the question whether mentally challenged and disabled people should get euthanasia. One hundred and twenty three (78.34%) were strictly denied euthanasia in any case. (P = 0.001).

Table-II. Country based perspectives about euthanasia of medical students and practitioners				
		Types of correspondents		
		Medical students	Medical Practitioners	
Allow due to limited resources	Yes	14 (13.3%)	9 (17.3%)	
	No	62 (59%)	28 (53.8%)	
	Depends upon condition	29 (27.6%)	15 (28.8%)	
Make it legal	Yes	11 (10.5%)	8 (15.4%)	
	No	83 (79%)	39 (75%)	
	Don't know	11 (10.5%)	5 (9.6%)	
Trust on doctors about best care, if legislation passed	Yes, always	18 (17.1%)	6 (11.5%)	
	Yes, they will give best care by force	25 (23.8%)	12 (23.1%)	
	No	62 (59%)	34 (65.4%)	
Contradicts Doctor's Oath	Yes	81 (77.9%)	23 (22.1%)	
	No	41 (78.8%)	11 (21.2%)	
Dangerous act after legislation	Yes	79 (76.7%)	24 (23.3%)	
	Don't Know	40 (78.4%)	11 (21.6%)	

"Euthanasia contradicts Hippocratic oath" was favored by 77.9% of doctors and 78.8% of medical students. The legalization of euthanasia in Pakistan was favored by 15.4% of practitioners, compared with 10.4% of students. (P = 0.757) More than half of the students will not trust the doctors if the legislation would be made in Pakistan. Thirty four (65.4%) physicians answered themselves that they would not trust doctors if euthanasia was made legalized in Pakistan. Every three of the fourth students thought that euthanasia would not be dangerous if legalized. A slight low ratio of the same opinion was found amongst doctors. (Table II)

DISCUSSION

The study was conducted in Dow Medical College and Civil Hospital, Karachi where poor patients from far flung areas came for their treatment. Despite of being the city hospital of Karachi the resources here are limited and inadequate as compared to the workload of the hospital.

Our results showed that a very low percentage of medical students (7.6%) and doctors (5.7%) were likely to approve euthanasia as mercy. In contrast to a previous study in Pakistan which reported almost two times to our results that is (15.3%) and (11.5%) doctors agreed with the concept of euthanasia being an acceptable option for the patient with Motor neuron disease and for the cancer patient respectively². This also contradicts with the same kind of study in Turkey conducted among physiotherapists and physiotherapy students. It indicates that Physiotherapists (48.9%) and physiotherapy students (38.3%) approved euthanasia⁵. Another survey in Turkey showed that 43.8% Oncologists did not object to euthanasia⁶.

A study in Poland reported that 13% of the physicians and 15% of the students were agree to apply euthanasia to others⁷. In contrast to our study where (5.7%) of students considered it as an ethical act as compared to doctors (3.8%).This could be due to the fact that Pakistan is a Muslim country and euthanasia is unethical in Islam.

In our study, only 5.8% of doctors feel that every person has the right to decide about the end of his own life. Iran, being a Muslim country, reported a very high percentage (49%) of doctors (interns and residents) that can assist patients in dying wanted euthanasia legal⁸. In our study we reported only 17.3% of the doctors were ready to

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apply euthanasia if they asked for it where as only 11.4% of the students were ready to perform the act by themselves.

The legalization of euthanasia in Pakistan was favored by 15.4% of practitioners, compared with 10.4% of students. In Turkey, the legalization of euthanasia was favored by 43.7% of Physiotherapists, compared with 29.5% of Physiotherapy students⁵. Regarding legalization of euthanasia, 43%, 30% and 23% of oncologists, family doctors and medical students respectively, want euthanasia to be legalized in Yugoslavia⁹. The perspective of Pakistani medical students and physicians regarding legalization not only contradicts western world but also to the Muslims' perspective in turkey.

In our study we found that 8.6% students suggest euthanasia as a better option for mentally challenged and handicapped people. An exploratory study used 92 management undergraduates, in a politically and religiously conservative part of Canada near Montana reported that 53.4% support euthanasia for such people¹⁰.

A majority of both undergraduates and practitioners supports the statement that Euthanasia is the violation of human values of life most likely due to the religious perspective of Muslims as we are living in a Muslim state.

Pakistan is a developing country having inadequate resources is available for poor to survive. Considering the fact a greater number of doctors in our study support euthanasia for miserable and poor patients under limited resources but is still a comparatively low percentage than other countries due to religious and cultural differences. Reported in China, Euthanasia was less accepted with more years of training¹¹. However, we found out that euthanasia becomes more acceptable to doctors having more trained and experienced than the undergraduate medical students. This can be due to the problems faced by them while practicing in a government under resourced hospital of Karachi.

CONCLUSIONS

From our study we conclude that doctors were slightly

more in favor of euthanasia, its practice and legalization in Pakistan. This could be due to the realization of the limited resources and problem faced by them in treating poor and miserable patients. **Copyright© 15 Oct, 2011.**

LIMITATIONS

Due to short time lag, limited resources and small number of consents from study area, the study was conducted in small number of participants.

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