

Attitudes of Medical Students Towards Euthanasia in a Multicultural Setting

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Summary

A cross-sectional survey of 400 medical students of multicultural backgrounds at the University of Malaya was conducted to understand their attitudes towards euthanasia and factors related to medical decisions and ethical reasoning concerning the prolongation of life, the right to die and euthanasia. The student respondents completed self-administered questionnaires that comprised of twelve questions with multiple stems addressing personal perceptions, knowledge, attitudes, and decisions about euthanasia and the relief of suffering. The majority of respondents (52%) were for the withdrawal of active therapy in a patient suffering from a terminal painful disease while 48% of them were against it. Seventy-one percent of the students involved in the study were against the idea of active euthanasia i.e. the administration of a lethal injection. However, 27% of the respondents felt that there was a moral justification to assist patients to die. Thirty-two percent of the respondents favoured the legalization of euthanasia in Malaysia while 67% of them were strongly against it. The majority (61%) of respondents would not practice euthanasia as a doctor nor would they have performed on themselves if or when it became legal. The main issue surrounding euthanasia that concerned the respondents was the misuse of it by unethical practitioners and they felt that further debate on the matter was essential, both within the local and international communities.

Key Words: Euthanasia, Attitudes, Medical students, Multicultural

Introduction

Studies examining the attitudes of medical practitioners, who are from diverse cultural backgrounds, towards euthanasia have revealed varying as well as mixed views. A cross-sectional survey of 199 general practitioners exploring their knowledge and attitudes towards the introduction of Advance Directive or AD (akin to a living will) as part of patient management in Singapore showed that the majority supported the concept of AD. However, they were divided on the issue of its legislation because many were concerned that legislation would lead to the acceptance of euthanasia¹. In another study, 319 nurses from seven countries (Australia, Canada, People's Republic of

China, Finland, Israel, Sweden, and the U.S.) were interviewed about ethical justification for active voluntary euthanasia in cancer and dementia patients. It was found that the great majority of the nurses could not ethically justify active voluntary euthanasia². Yet in a comparative study of Japanese and American psychiatrists' attitudes towards patients wishing to die, significantly more Japanese psychiatrists responded with some agreement to the reasonability of suicide when one is unable to fulfill social role expectations³.

These ethical dilemmas faced by physicians and nurses in clinical medicine are now transcending to medical students as they are slowly being exposed to the scenario of physician-patient relationships. The growth

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of medical technology that can prolong biological life indefinitely and the evolution of physician-patient relationship involve a myriad of basic and complex social, cultural and religious issues. These issues are clearly manifested in the discussions regarding euthanasia, socially-assisted dying and the right to die. We performed this study to have an insight into the attitudes of Malaysian medical students, ranging from first to final year levels, concerning withholding and withdrawing life support, the right to die and euthanasia. We also fielded questions on conditions that they considered would qualify for euthanasia with the inclusion of personal questions on the practice of it on themselves and/or on patients.

Materials and Methods

This cross-sectional survey was conducted in 1998/1999 among the undergraduate medical students of a public university, namely, at the Faculty of Medicine, University of Malaya. As targeted, a convenient sample of 400 students responded to the survey, with 175 from the first year, 103 from the second, 11 from the third, 39 from the fourth and 72 from the final year. The racial mix was as follows: 220 (55%) Malay, 116 (29%) Chinese, 48 (12%) Indian, and 16 (4%) Indigenous students. They were asked to fill in the anonymous and confidential self-administered questionnaires within a ten-minute time frame. All 400 of the targeted sample completed the questionnaires as requested, resulting in a 100% response rate. This study sample was 48% of total students (840) at the time of the 1998/1999 academic period. The data management and statistical analysis for this survey was done using the Microsoft Excel Statistical Software package. The data analysis included social cultural factors, such as, race and religion to enable the further understanding of the rationale behind the respondents' attitudes regarding euthanasia.

Results

The first question in the survey had addressed the feelings of the students towards the withdrawal of active therapy in a patient with a terminal painful disease (passive euthanasia). Fifty-two percent of the respondents were for the withdrawal of active therapy while 48% of them were against it. Religious reasons, personal beliefs in the sanctity of life, legal action and peer pressure were among the reasons that prompted the students to be against the withdrawal of active

therapy. Out of these, religious reasons and personal beliefs ranked high among the reasons given with 45% and 43%, respectively. Seven percent of the respondents were afraid of the possibility of legal action being imposed against them while the remainder 5% reported they would be against withdrawal of active therapy due to peer pressure. Two percent of the respondents, however, had given no explanation for their decision. The study also found that in comparison to the pre-clinical students, a majority of the clinical students were more likely to be for the withdrawal of active therapy.

When the idea of active euthanasia through the administration of a lethal injection was proposed to the students, only 27% of them were supportive of it while 71% of them strongly believed it to be unethical. Yet again, religious reasons and the belief in the sanctity of life were given as the main reasons for them to disregard the idea (as reported by 38% and 44% of the students, respectively). Legal action ranked third (11%) leaving peer pressure with 5%. There was no given answer from 2% of the respondents.

The findings revealed that 268 (67%) of the respondents were not in favor of the legalization of euthanasia in Malaysia. When scrutinized more closely, it was found that the majority of respondents who were against the legalization of euthanasia were the Chinese students (91%, n=106/116) who were not in favour. The Indian students came in a close second (88%, n=42/48) followed by the Indigenous students (62%, n=10/16) and the Malay students (50%, n=110/220).

Certain conditions were considered more justified for the act of euthanasia compared to others. The following were conditions that the respondents felt had qualified for euthanasia in descending order. These included painful and incurable cancer (39%), a child with severe birth anomalies (23%), an incurable debilitating condition which is not painful such as bed bound cerebral palsy (15%), invalidity resulting from a bad stroke (11%), a painful and debilitating condition but otherwise not terminal such as intractable angina not amenable to bypass and resistant to drug treatment (7%) and lastly, family burden (5%).

When asked whether they would perform euthanasia as a physician, were it to become legal, 39% said that they would practice it while the remainder 61% were firm on their stand never to consider it in their profession in the future. At the same time, more than

half of them (61%) said they would not wish euthanasia to be performed on them should it be legal, while 38% said they would.

In descending order were the following person/people that the respondents felt should control the final decision regarding euthanasia: patient, doctor and family (48%), patient (33%), doctor and family (9%), doctor (6%), patient and doctor (3%) and finally family (1%). The following, according to the respondents, were considered to be the most appropriate time to make the decision on euthanasia: at the end when it is painful and unbearable (67%), at living will i.e. when the patient is still well and able to talk (26%) and at the time of diagnosis (7%). Ninety one percent of the respondents were concerned about the misuse of euthanasia among health professionals if it were to be legalized. Eighty-four percent of the respondents felt that there is a need for further debate on this subject in Malaysia.

Discussion

This study attempts to characterize the attitudes of doctors-to-be concerning end-of-life ethical dilemmas. This study may not be representative of medical students in other government or private medical schools in Malaysia or in other parts of the world. It should also be noted that there was a slight overrepresentation of Malay/Muslim students which reflects the inherent student intake of the institution. Admittedly, this may influence the interpretation of the study's findings. Nevertheless, this study provides some insights into the medical students' attitudes toward euthanasia and ethical decision-making for patients who may request their assistance in dying.

The issue of euthanasia can be considered to be in its infancy here in Malaysia. It is an undeniable fact that religious, moral and family values are an integral part of our multicultural society. With regards to questions on life and death, there is a tendency to fall back on traditional religious or cultural values pertaining to the sanctity and preservation of life. As such, it is understandable why the majority of respondents had likened euthanasia to murder.

Through the data that was collected during the study, it was noted that a large proportion of the clinical level students (third, fourth and final year) favored the idea of euthanasia compared to the pre-clinical level students (first and second year). This could be due to the fact that the clinical level respondents were exposed to hands-on sessions in the wards involving patients with various injuries and diseases. These respondents have had the opportunity to witness patients and their loved ones trying to cope with their predicament. These respondents have come to terms with the fact that there will be times when they will be unable to ease the pain and suffering nor would they be able to cure their patients of their illness. It could be that at times like these that these respondents look to other alternatives such as euthanasia to help their patients.

Unlike their clinical level counterparts, the pre-clinical level students were not in favor of the idea of euthanasia as they consider it to be unethical. This is in part due to the fact that these respondents have not been exposed to the numerous cases found in the wards. As pre-clinical level students, their curriculum consists of the basic subjects such as anatomy, pathology and physiology. Although these subjects enable the students to understand the disease from a medical point of view, it does not prepare the students to understand the effects on the patient's mental and psychological state.

Malaysia is a multiethnic society that practices a variety of religions. As such, it is plausible that ethnicity and religion could influence the decisions of the respondents towards the issue of euthanasia. Despite the study's limitations of non-stratified sampling according to ethnic group, these preliminary findings seem to indicate a need for further research along these lines.

Conclusion

This survey has shown that the Malaysian medical students as a whole are against euthanasia due to their belief in the sanctity of life. Although the Malaysian medical students are divided regarding the issues related to euthanasia, yet they agree that more debates on the matter is crucial in the ever-evolving world of clinical medicine.

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