



PNEUMOLOGISTS' APPROACH TOWARDS EUTHANASIA

ABSTRACT

Introduction: With the legalization of active euthanasia in the Netherlands and Belgium in recent years, euthanasia has become a subject of discussion again. It is important that physicians, particularly oncologists express their opinion about euthanasia. The aim of this study was to reveal what pneumologists who worked in oncology clinics thought about euthanasia.

Materials and Method: A questionnaire was distributed to 110 pneumologists and obtained data were analysed with SPSS.

Results: The mean age of the pneumologists included in the study was 32.90±7.01 years. Of the pneumologists, 40.8% were against euthanasia and 46.7% believed that euthanasia was performed in Turkey although it was illegal. Thirty-one point five percent of the pneumologists working in oncology clinics and 14.3% of the pneumologists working in clinics other than oncology clinics faced euthanasia requests.

Conclusion: The opinions of physicians taking care of terminally ill patients on euthanasia and patient rights are very important. Frequent requests for euthanasia and the physicians' belief that euthanasia is performed secretly in Turkey demonstrate that euthanasia should be discussed openly and attitude and approach towards euthanasia should be investigated.

Key Words: Euthanasia; Patient rights; Attitude; Physician-patient relation.

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GÖĞÜS HASTALIKLARI UZMANI HEKİMLERİN ÖTANAZİYE YAKLAŞIMI

Öz

Giriş: Geçtiğimiz yıllarda Hollanda ve Belçika'da aktif ötanaziye izin veren yasal düzenlemelerin yapılmasıyla ötanazi yeniden tartışma gündemine oturmuştur. Ötanaziye ait görüşlerin ortaya konmasında hekimlerin ve özellikle de onkoloji alanında çalışan hekimlerin görüşleri çok önemlidir. Çalışmamız Türkiye'de onkoloji alanında yoğun olarak çalışan göğüs hastalıkları uzmanı hekimlerin ötanaziye yaklaşımını ortaya koymak amacıyla yapılmıştır.

Gereç ve Yöntem: Anket çalışmamızda Türkiye'de göğüs hastalıkları alanında çalışan 110 hekime ulaşılarak elde edilen veriler SPSS programında değerlendirilmiştir.

Bulgular: Çalışmamıza katılan göğüs hekimlerinin yaş ortalaması 32.90±7.01'dir ve %40.8'i ötanazi uygulamasına karşı olmadığını, %46.7'si ötanazinin Türkiye'de yasak da olsa gizlice uygulandığına inandığını bildirmiştir. Onkolojiyle ilgilenen göğüs hekimlerinin %31.5'i, onkoloji dışındaki hastalarla ilgilenen göğüs hekimlerinin ise %14.3'ü ötanazi istemiyle karşılaştıklarını belirtmiştir.

Sonuç: Terminal dönemdeki hastalarla ilgilenen hekimlerin ötanazi ve hasta hakları konusundaki görüşleri çok önemlidir. Çalışmamıza katılan göğüs hekimlerinin ötanazi istemiyle karşılaşma sıklığı ve ötanazinin gizlice uygulandığına olan yaygın inançları bu konunun Türkiye'de tartışılması ve araştırılması gerektiğini göstermektedir.

Anahtar Sözcükler: Ötanazi; Göğüs hastalıkları uzmanı yaklaşımı; Hasta hakları.

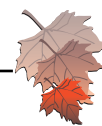
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INTRODUCTON

Euthanasia and assisted suicide are still controversial in many respects. There is no consensus on euthanasia and in many countries, depending on the conditions; there is an effort to determine the most appropriate approach towards euthanasia. While some countries have forbidden euthanasia, others such as the Netherlands and Belgium have legalized it (1-6). Opinions and attitudes of parties closely involved in the subject are being investigated. What physicians, who play an essential role in health care, think about euthanasia is important. Indeed, many studies were carried out to determine the opinions of physicians, health professionals, patients and law professionals (2,4,7-12). Since there is a strong relationship between cancer and euthanasia, the attitude of pneumologists and oncologists towards euthanasia is of particular importance. Lung cancer is the most common neoplasm in Turkey (13). Therefore, we attempted to determine pneumologists' attitude towards and expectations about euthanasia in Turkey.

MATERIALS AND METHOD

This is an observational and cross-sectional study and includes 110 pneumologists working in clinics of respiratory diseases—research assistants, specialists and lecturers. Prior approval of an Institutional Review Board (IRB) is taken from the local ethics committee. A questionnaire was used for data collection. The questionnaires were distributed to 200 randomly selected pneumologists and applied in face-to-face interviews. A total of 110 pneumologists completed the questionnaire properly.

The questionnaire consisted of 18 multiple choice questions. Independent variables tested were age, gender, workplace, title, academic interest and occupational experience while dependent variables tested were the definition of euthanasia, knowledge about euthanasia practices, attitude towards euthanasia, euthanasia request and expectations about euthanasia. Data obtained were analyzed with SPSS.

RESULTS

The study included 110 pneumologists working as research assistants, specialists or lecturers in clinics of respiratory diseases. The mean age of the participants was 32.90 ± 7.01 years. Of all participants, 59.1% were male and 40.9% were female and 74.5% worked in government hospitals and 25.5% in university hospitals. Of all pneumologists working in university hospitals, 50.9% were research assistants.

The duration of experience with lung cancer ranged from 1 year to 30 years with a mean of 6.06 ± 5.48 years.

The seventh question of the questionnaire was about what to add to the dictionary definition of euthanasia: "*putting to death painlessly a person suffering from an incurable, painful disease*". Of all participants, 80.9% noted that the phrase "at patients' requests" should be added and 74.5% noted that "with complete mental capability" should be added. The suggested phrases to add to the dictionary definition of euthanasia are shown in Table 1.

The eighth question was, "who should decide about euthanasia in an unconscious adult suffering from a painful, fatal illness?" Of all participants, 50.5% said "his/her family and his/her doctor", 40.4% said "nobody, except for the patient himself/herself" and 9.2% said "his/her family".

The ninth question was, "Are you against euthanasia? If so, why?" The participants' answers to the ninth questions are shown in Table 2.

Table 1— The Suggested Phrases to Add to the Dictionary Definition of Euthanasia (n=110).

Plurases	n*	%*
At patient request	89	80.9
Participation of the physician in euthanasia	31	28.2
At the patient's relatives' request	43	39.1
Mental capability of the patient	82	74.5
An incurable illness does not have to exist and euthanasia can be performed even in painful conditions	7	6.4
Micellaneous	3	2.7

*Participants were told that they could choose more than one answer.

Table 2— The Participants' Answer to the Questions, "Are You Against Euthanasia? If So, Why?"

Are you against euthanasia? If so, why?	n	%
It is illegal	10	9.1
It is not ethical	9	8.2
Religious beliefs	7	6.4
It can be abused	33	30.0
Miscellaneous	2	1.8
I am not against euthanasia	42	38.2
No answer	7	6.4
Total	110	100.0

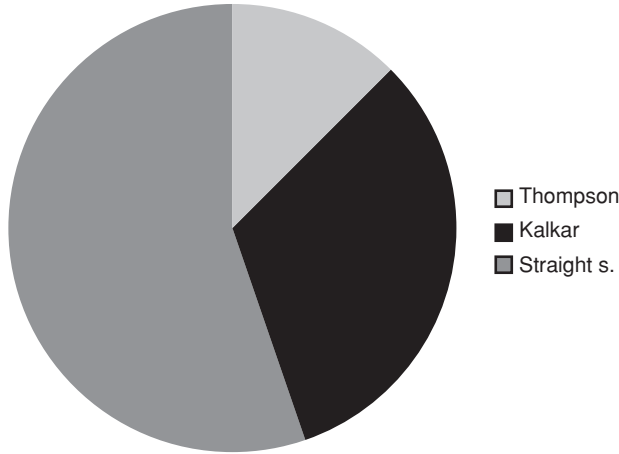


Figure 1— “Distributions of the Answers to the Question “Do you think those who perform euthanasia should be punished?” (n=110).

Another question was, “Do you think those who perform euthanasia should be punished?” Seventeen point three percent of the participants said “yes” to this question and 5.5% did not answer this question (Figure 1).

Of all the physicians who completed the questionnaire, 22.7% faced euthanasia requests and 45.5% noted that euthanasia was carried out in Turkey, although it was against the laws.

The 13th question was, “Have you ever persuaded a patient with an incurable illness not to start treatment?” Sixty-one point eight percent of the physicians said “no” to this question, 33.6% said “yes and more than once” and 4.5% said “yes and once”. The leading reason noted by the physicians was “The patient should not suffer anymore because it is pointless” (30%), followed by “Patients with incurable illnesses cause financial burden on the government” (3.6%).

The fifteenth question was, “Have you ever discontinued treatment of a patient with an incurable illness?” Sixty-five point five percent of the participants said “no” to this question (Table 3).

Out of 35 physicians who discontinued treatment of a patient with an incurable illness (31.8%), 18 (51.4%) did it at the patient’s request, 9 (25.7%) at the patient’s relatives’ request, 7 (20.0%) decided himself/herself or his/her colleagues decided and 1 did not answer the question. The most frequent reason mentioned by the physicians (45.2%) was that “the patient should not suffer any more”. Reasons for discontinuation of treatment are shown in Table 4.

Of all the participants, 80.9% found it useful to discuss euthanasia in Turkey.

Table 3— Distribution of Physicians Who Discontinued Treatment of a Patient with an Incurable illness (n=110) (%).

Discontinuatioon of Treatment	%
No	65.5
Yes, more than once	30.0
Yes, once	1.8
No answer	2.7

Table 4— Reasons for Discontinuation of Treatment in Patients with Incurable Illnesses

Reasons	n*	%
‘The patient should not suffer any more’	14	45.2
‘Other patients should also benefit from life support devices and treatment facilities’	13	41.9
Miscellaneous	4	12.9
Total	31	100.0

The comparison between dependent and independent variables tested showed a significant relation between the fourth and tenth questions and between the fifth and eleventh questions (Tables 5 and 6).

DISCUSSION

The dictionary definition of euthanasia is ‘The practice of killing, without pain a person who is suffering from a disease that cannot be cured’ (14). Debates are ongoing on the definition of this term in medical circles at present. There is no agreement on such issues as for what conditions euthanasia can be performed, the manner of euthanasia and patient consent. Although some totally disagree with euthanasia, there is a widespread agreement that euthanasia is directed towards the relief of pain in patients with fatal and painful diseases and should not be performed for other conditions (1,2,15,16). In the present study, 80.9% of the respiratory physicians noted that the dictionary definition of euthanasia should include the phrases “at patient request”, 74.5% noted that “mental capability” of the patient should be taken into account and 39.1% recommended addition of the phrase “at the patient’s relatives’ request”. According to the results of another study from Turkey, 93% of the oncologists noted that patient request for euthanasia is important, 74.1% of the oncologists underlined the mental capability of the patient and 29.4% noted that patient’ relatives’ request for euthanasia was important (4).

**Table 5**— Answers of the Participants to the Question “Do You Think Physicians Who Carry Out Euthanasia Should be Punished?” by Position.

		Yes		No		Total	
		n	%	n	%	n	%
Position	Research assistant	8	15,4	44	84,6	52	50.5
	Specialist (MD)	10	35,7	18	64,3	28	27.2
	Lecturer/Head of the clinic/...	1	4,3	22	95,7	23	23.3
	Total	19	18,4	84	81,6	103	100.0

Pearson chi square: 8,9; $p < 0,012$.

Table 6— Answers of the Participants to the Question “Have You Ever Faced Euthanasia Request?” by Academic Interest.

		Yes		No		Total	
		n	%	n	%	n	%
Academic interest	Non-oncological respiratory diseases	8	14,3	48	85,7	56	56.0
	Oncological respiratory diseases	17	31,5	37	68,5	54	54.0
	Total	25	22,7	85	77,3	100	100.0

Pearson chi square: 4,6; $p < 0,031$.

Another definition of euthanasia including the above mentioned elements such as the patient's request for euthanasia, relatives' request for euthanasia and mental capability of the patient has generally gained acceptance in Turkey. The definition “at the patient's request and with the help of a doctor, the act of putting, painlessly and in a comfortable way, to death, which is otherwise painful and eventually inevitable, a person suffering from a progressive, painful and fatal disease or condition which cannot be cured with the available treatment alternatives of medicine at present” have been approved by 85.3% of law students and 88%-91.8% of doctors in Turkey (7-9).

At present, some people maintain that euthanasia should be performed for humanistic reasons, while others totally disagree with it. In the present study, although 38.2% of the pneumologists did not object to euthanasia, 55.4% were against euthanasia for various reasons. Other studies from Turkey have revealed that 38.6% of the doctors and 43.8% of the oncologists were not against euthanasia (4,9).

Reasons for objections to euthanasia vary with occupations and countries. A study by Dickinson et al from the U.K. showed that 80% of the geriatricians did not find AVE (Active Voluntary Euthanasia) and PAS (Physician Assisted Suicide) ethical (10). According to a study in Washington and South Carolina, U.S.A., 80-84% of the doctors were worried that euthanasia could be abused and 56-67% were against it due to their religious beliefs (17). However, several studies on

terminally ill cancer patients have revealed that 69% of the patients supported euthanasia and PAS (11,18). Several studies from Turkey have revealed that 56.2% of the oncologists, 61% of the doctors and 63.5% of the law professionals were against euthanasia and that the leading causes of their objections are worries about abuse of euthanasia and unethical aspects of euthanasia, followed by legal and religious reasons (4,7,9). The reason why religious reasons are not among the leading causes of objections to euthanasia in our country, where in fact the majority of the population is Muslim, is that the country is officially secular and that the studies included doctors and law professionals who have a higher level of education.

Euthanasia is not legal in Turkey and there are no reliable data about the frequency of euthanasia. Data about the frequency of requests of euthanasia are not available. A large scale study on doctors from Turkey showed 19% of the doctors faced a request for euthanasia (9). Another study from Turkey on doctors and other health professionals demonstrated that a very small percentage of the participants faced requests of euthanasia (19). However, one more study from Turkey on oncologists showed that 33.7% of the oncologists faced requests of euthanasia (4). In fact, it has been reported that euthanasia is requested in cases of fatal and progressive conditions and that 81% of the people who request for euthanasia are cancer patients (1,2,15). In other words, it is not surprising that euthanasia is requested from doctors tak-



ing care of terminally ill patients with severe, progressive diseases. Consistent with the literature, we also found that 31.5% of the pneumologists taking care of oncology patients and 14.3% of the pneumologists not involved in oncology care faced euthanasia requests, with a significant difference between the two group of physicians.

In this study, 45.5% of the pneumologists believed that euthanasia was performed although it was illegal in Turkey. Consistent with the results of this study, in other studies from Turkey, 43.5% of the oncologists and 44.1% of the doctors believed that euthanasia was carried out in Turkey (4,9). The results of both the present study and other studies from Turkey underline the fact that euthanasia should be discussed openly in the country. In this study, 84.8% of the respiratory physicians also thought that it would be useful to discuss euthanasia in all circles.

Legal aspects of euthanasia vary from country to country. In recent years, new laws about euthanasia have been enacted in the Netherlands and Belgium. In fact, new regulations which allow euthanasia for severely ill newborns as well as adults have been adopted (1-4,20). In contrast to these two countries, euthanasia is still illegal in many countries. In such countries as Germany and Austria, euthanasia is defined as killing a person at request in the criminal laws and it is forbidden. In other countries such as Japan and Turkey, euthanasia is not defined clearly, but other relevant laws forbid the act (1-4, 21, 22). In Turkey, active euthanasia is considered as murder and there have been no court decisions about passive euthanasia, but some authors think that passive euthanasia is a less serious crime and should be punished less severely when compared with active euthanasia. Assisted suicide is considered as a kind of persuasion and help to commit suicide (1,4,19,21). In the present study, it is striking that only 9.1% of the participants were against euthanasia because it was illegal. This suggests that legal aspects of euthanasia are not well known. Absence of a law directly referring to euthanasia in Turkish Criminal Code and the new Criminal Code's coming into force in 2005 may explain this finding.

Euthanasia is not legal in Turkey and many other countries. In addition, medical, ethical and legal aspects of euthanasia are still debatable. The high percentage of the participants believing that euthanasia was performed secretly and the high percentage of the participants encountering requests of euthanasia in this study reveals that euthanasia should be discussed openly and honestly in Turkey, and the conditions of the country should be compared with those of other countries and new regulations appropriate for the conditions of Turkey should be formulated if necessary.

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