

## Short communication

**Beliefs about euthanasia among university students: perspectives from Pakistan**M.A. Shaikh<sup>1</sup> and A. Kamal<sup>2</sup>**المعتقدات المتعلقة بقتل المرحة بين طلبة جامعيين: دراسة استباقية من باكستان**  
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الخلاصة: أجريت دراسة لاستطلاع آراء عدد من الطلبة الجامعيين حول قتل المرحة في أربع مدن في باكستان بطريقة الاعتيان الملائم. وقد أكمل 836 من الطلاب (316 طالباً، و520 طالبة) الاستبيان الذي عُرِفَ فيه قتل المرحة على أنه إعطاء الطبيب عن قصد جرعة مفرطة من الدواء للتخفيف من ألم ومعاناة مريض يطلب بصراحة إنهاء حياته. ولم يوافق إلا 25.6% من الطلبة فقط على ضرورة إضفاء المشروعية على قتل المرحة في باكستان. وكان السبب الذي ذُكر أكثر من غيره لتبرير ذلك هو التخفيف من معاناة المريض ولكن بعد موافقة لجنة من الأطباء على التوصية بذلك. أما الطلبة الذين عارضوا إضفاء الشرعية (74.4%) فكان السبب الذي ذكره أكثر من سواه هو خشية عرقلة البحوث الطبية المستقبلية يلي ذلك احتمال سوء الاستخدام من قبل الأطباء أو أفراد الأسرة. وذكر 8.9% فقط من الطلبة أن معتقداتهم الدينية هي السبب في رفضهم للإباحة القانونية. ويرى الباحثان أن هناك حاجة للمزيد من النقاش حول قتل المرحة في باكستان.

ABSTRACT Opinions of university students about euthanasia were studied in 4 cities in Pakistan using convenience sampling. A total of 836 students (316 males and 520 females) completed a questionnaire in which euthanasia was defined as deliberate administration of an overdose of a drug by a doctor to relieve pain and suffering of a dying patient at his/her explicit request to end his/her life. Only 25.6% of students agreed that euthanasia should be legalized in Pakistan. The most common reason cited for legalization of euthanasia was to relieve patient's suffering but only when a committee of physicians agreed to recommend it. Students who opposed legalization (74.4%) cited impediments to future medical research as the most common reason, followed by the risk of misuse by physicians or family members. Only 8.9% of students cited religious beliefs as a reason against legalization. There is a need in Pakistan for more debate about euthanasia.

**Croyances concernant l'euthanasie chez les étudiants des universités pakistanaïses**

RÉSUMÉ Les opinions des étudiants en université concernant l'euthanasie ont été examinées dans quatre villes du Pakistan à l'aide d'un échantillonnage de commodité. Au total, 836 étudiants (316 hommes et 520 femmes) ont rempli un questionnaire dans lequel l'euthanasie était définie comme l'administration délibérée d'une surdose de médicaments par un médecin pour soulager la douleur et la souffrance d'un patient mourant, à la demande explicite de ce dernier, afin de mettre fin à sa vie. Seuls 25,6 % des étudiants consentaient à la légalisation de l'euthanasie au Pakistan. La raison la plus fréquemment citée en faveur de la légalisation de l'euthanasie était le soulagement de la souffrance des patients, à condition qu'un comité de médecins soit d'accord pour proposer cette décision. Les étudiants opposés à la légalisation (74,4 %) invoquaient principalement l'entrave aux futures recherches médicales que représenterait cette pratique, puis le risque d'utilisation abusive par les médecins et les membres de la famille du patient. Seuls 8,9 % des étudiants citaient les croyances religieuses comme motif d'opposition à la légalisation. Il est nécessaire d'approfondir le débat sur l'euthanasie au Pakistan.

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Received: 28/11/09; accepted: 05/01/10

## Introduction

Physician-assisted suicide usually entails the use of drugs with the explicit purpose of causing death so as to ease suffering in a terminally sick patient. The United States National Cancer Institute defines euthanasia as “an easy or painless death, or the intentional ending of the life of a person suffering from an incurable or painful disease at his or her request” [1]. Although euthanasia has been legalized in some European countries [2,3] the practice is fraught with ethical, moral, social and economic controversy. Studies in other several countries have been done to evaluate the attitudes of health care personnel, as well as the general public, towards euthanasia [4–6]. Little is known about public attitudes in the Eastern Mediterranean region, however, and this is the first study in Pakistan to determine the opinions of university students about the legalization of euthanasia.

## Methods

A cross-sectional survey from March to November 2007 was conducted among university students in the cities of Islamabad, Rawalpindi, Sahiwal and Multan. A convenience sampling method was used in which 5 graduate students approached students of both sexes on the campus of various universities in the 4 cities, and after obtaining verbal consent, distributed the questionnaires and collected the completed ones. Only those students enrolled in masters or higher degree programmes and aged  $\leq 30$  years were asked to complete the questionnaire.

The questionnaire was designed in a focus group with 6 students and revised after testing with 17 students. It defined euthanasia as deliberate administration of an overdose of a medication by a doctor at the request of a terminally ill patient suffering from unbearable pain to end his/her life. In total there were 8 questions, a mix of open and

close-ended questions. There were 2 questions about euthanasia: “In your opinion, is euthanasia ethically justified?” (yes/no) and “Should euthanasia be legalized?” (yes/no). For the second question respondents chose from a list of reasons why it should be legalized/not legalized or could suggest “other” reasons in an open-ended format; respondents were allowed to give multiple answers.

*Minitab*, version 15 was used to analyse the data.

## Results

A total of 836 students participated in this study: 316 (37.8%) males and 520 (62.2%) females. The mean age was 22.9 (SD 2.3) years for males and 21.9 (SD 1.8) years for females. Students were from the various departments of the arts and sciences faculties of the selected universities; no medical students were involved. Most students (84.6%) were enrolled in a Masters programme, while the rest were enrolled in MPhil or doctoral programmes.

A small proportion of students (17.2%) described themselves as very religious, 75.1% as moderately religious, while the rest described themselves as somewhat religious.

One-third of students (35.4%) had heard the term euthanasia before (33.2% of male and 31.0% of female students) and nearly half (47.5%) had reportedly seen a terminally ill patient in the past year (56.0% of male students compared with 42.3% of female students).

Overall 214 students (25.6%) agreed that euthanasia should be legalized in Pakistan (27.9% of male and 24.2% of female students). Table 1 depicts the students' responses to reasons for and against legalization of euthanasia, by sex. The most common reason accepted for allowing euthanasia was to end a patient's pain/suffering (10.2% of students), but only after a committee of

physicians agreed to it (12.2%). Similar proportions of male and female students agreed on the reasons for legalization of euthanasia.

Three-quarters of students (74.4%) did not think that euthanasia should be legalized (72.2% of male and 75.8% of female students). The main reasons against legalization were that it could be misused by family members or physicians or that future medical research to find better care of dying patients would be jeopardized. A minority of students (8.9%) thought it was not acceptable for religious reasons (5.7% of male and 10.8% of female students).

A total of 88 students (10.5%) gave no reasons for or against legalization.

## Discussion

Euthanasia raises complex ethical and moral issues. Arguments against euthanasia include the fear of this practice becoming a cost containment measure, that it devalues human life, that it goes against the core values of medicine/physicians, and that condoning voluntary euthanasia is a “slippery slope” towards allowing involuntary assisted killing [7–12]. Some of the arguments favouring the practice found in other studies included the need to relieve severe and incurable pain in the context of terminal illness or extremely poor quality of life, allowing patients to exercise freedom of choice and freeing up medical resources to help others [4–7,13,14].

Although 47.5% of students in our survey had seen a terminally ill patient in the past year, only 25.6% overall believed that euthanasia should be legalized in Pakistan. Only 35.4% students were familiar with the term euthanasia prior to this survey, nevertheless every student in this survey expressed an opinion about the legalization of euthanasia and only 10.5% of students did not provide any specific reason either for or against legalization.

**Table 1 Opinions about legalization of euthanasia among male and female university students in Pakistan**

Variable	Males (n = 316)		Females (n = 520)	
	No.	%	No.	%
<b><i>Euthanasia should be legalized</i></b>	88	27.8	126	24.2
No reason specified	2	0.6	6	1.2
To end patient's pain/suffering	30	9.5	55	10.6
To respect patient's wishes	18	5.7	35	6.7
To help patient die with dignity	14	4.4	28	5.4
Only if patient has severe and unrelieved pain	16	5.1	38	7.3
Only after psychiatric consultation	17	5.4	43	8.3
Only after obtaining a second opinion from another physician	11	3.5	21	4.0
Only after committee of physician agrees to it	35	11.1	67	12.9
Only with consent of family members	26	8.2	48	9.2
Other	2	0.6	0	0.0
<b><i>Euthanasia should not be legalized</i></b>	228	72.2	394	75.8
No reason specified	27	8.5	53	10.2
Could be misused for incapable patients by family members	77	24.4	139	26.7
Could be misused by physicians	76	24.1	162	31.2
Could jeopardize future medical research on care of dying patients	117	37.0	173	33.3
Other		0.0		0.0
Religious belief	18	5.7	56	10.8
Belief that is suicide/murder	0	0.0	12	2.3

Respondents could give multiple reasons.

In our study, the most commonly accepted reason for allowing euthanasia was to end a patient's suffering, but only when a committee of physicians agreed to recommend this course of action. Students who opposed legalization of euthanasia most commonly believed that it would be an impediment to future medical research in finding a better care of dying patients.

Misuse of euthanasia by physicians or by family members were the next most commonly stated reasons for opposing legalization. Euthanasia has strong religious implications, but although 75.1% of students described themselves as either moderately or somewhat religious, only 8.9% specifically cited religion as a factor against legalization.

There is a need in Pakistan for the professional medical societies to encourage a wider debate about euthanasia, taking account of religious beliefs and the ethical questions surrounding the suffering of dying patients [7,15]. The need for population-based surveys to determine opinions about euthanasia would be pivotal to inform the debate in Pakistan.

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### **Bioethics**

The critical role of ethical practices in health care and research is not only well recognized to ensure equity in health care and research, but also is important to protect individuals and communities from unnecessary risks and harm.

Many countries in the Region have long been developing a core ethical framework for health care and research ethics. The overall direction of this development has been within the context of religious, social and cultural practices in the Region, while at the same time embracing the ethical values and principles of other nations that are not in conflict with the local value systems. Several countries in the Region have already developed capacities in health ethics, with properly instituted review and regulation processes in place. Egypt, Islamic Republic of Iran, Lebanon, Oman, Pakistan and Yemen have created national ethical review committees (ERCs), while Morocco, Saudi Arabia and Sudan, have institutional ERCs, which also double as national ERCs. Egypt and Islamic Republic of Iran have prepared their own national guidelines for ethics in health and Morocco, Saudi Arabia and Sudan are in the process of developing their own national guidelines. Formal long term (degree oriented) training programmes on ethics in health research ethics do not exist at present but informal short-term training is imparted at universities / organizations in Egypt, Islamic Republic of Iran, Lebanon, Pakistan, and Saudi Arabia.

Source: <http://www.emro.who.int/rpc/Bioethics.htm>