**TITLE : “Notions about the concept of euthanasia among medical graduates in a rural tertiary medical institution”**

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**Short tile:** Gugapriya-notions about the concept of euthanasia

**Abstract:**

Introduction: Euthanasia stands as the much debated, controversial and religiously, morally, legally questionable dilemma encountered by health care professionals globally. Yet, the health care professionals especially the medical graduates were not exposed to these ethical dilemmas in their formative years. In India, currently active euthanasia has been debated for granting legal sanction. In this scenario, with only limited knowledge about attitude to this concept necessitated this study among medical graduates in a rural tertiary care hospital.

Methodology: A questionnaire with two segments of 9 and 5 questions each was administered to 100 medical graduates who were enrolled voluntarily for this study. The collected data were analysed by descriptive statistics.

Results: Only 53% showed awareness about euthanasia .Among them only 17% among were aware of physician assisted death. The third year graduates were seen to be having finite idea about this concept among all years studied. The study found that the medical graduates wanted legalisation of euthanasia more as their year of study rises. Only 37% opined that if legalised they might administer if needed on their patients. Personal belief was cited as the primary reason for hesitancy to administer euthanasia. Less than 50% only were aware of right of the patient to decide to have euthanasia.

Conclusion: End of life ethical dilemmas do exist and this study pointed the clear gap in understanding of medical graduates about these concepts. The study stress the need for expose of medical graduates to these bioethical concepts in their curriculum.

**Introduction:**

Euthanasia, an ethical dilemma and a controversial concept in every sphere of human life was considered as a forbidden act for medical profession in the original Hippocratic Oath. 1, 2 It has its origin from Greek word “euthanatos” meaning good death. Euthanasia is associated with the concept of intentionally liberating human life from useless, prolonged suffering and pain.3, 4, 5 Even though this word was in vogue since ancient times, it came to be medically used only during 17th century by Francis Bacon to refer to the physician assisted process of death to alleviate suffering.6

Despite being considered as a process that could end human suffering, the practice of administrating euthanasia has been in constant debate over the centuries. As this process brings in the religious beliefs, personal views, political opinions, legal obligations of the treating physician and the suffering patient against each other, it results in professional ethical nightmare for the treating physician. The primary role of physician viewed as being a healer adds on to the ethical dilemma.7-10

Euthanasia has been classified as passive and active depending on whether life maintaining management is being withheld or deliberate administration of lethal drugs is being done. The active euthanasia is sub classified into voluntary, non-voluntary and involuntary based on the position of patient to consent the process. 11 Though, Do Not Resuscitate (DNR) comes with in the ambit of passive euthanasia, legally it stands without much debate. Whereas, assisted suicide and physician assisted suicide doesn’t enjoy similar legal sanction.11, 12, 13

Healthcare in global as well as Indian context has taken leaps and bounds over the years. Yet, frequently today’s medical graduate encounters end of life decision dilemmas. Growing number of terminally ill patients with much reduced quality of life and nil scope for curative management, patients with psychological factors caused by terminal illness and patients who feels inadequacy in the palliative care given to them were seen to ask for euthanasia .14

In India, passive euthanasia has been legalised recently. The status of active euthanasia and physician assisted death remains illegal. Despite this, studies have found out positive justifiability of active euthanasia by few physicians and patient or their relatives in intractable illness. 15,16,17,18

Multitude of factors determine the opinion of medical professional, health care providers, and medical graduates towards euthanasia. Previous studies stand divided in their observation that religion place a major influence on the attitude of medical professional towards euthanasia. 1, 19-27

It’s been reported that there exist difference in knowledge about euthanasia between a medical student and students from other streams. 28, 29Also among medical graduate the year of study and the clinical exposure was observed to exert its influence on their attitudes towards euthanasia. 30, 31Among the practicing medical profession the area of speciality was said to determine their views towards euthanasia.16

With so much different views and when the country is trying to shape its policy towards euthanasia the attitude and opinion of medical graduates remains significant. And so, this study about their notion on concept of euthanasia was done among linguistically, socially, economically and politically diverse pool of medical graduates in a rural tertiary health care set up.

**Methodology:**

A 14 item structured questionnaire having scope for open ended answers was administered after voluntary enrolling of medical graduates. 25 students belonging to each year of medical graduation were taken up for this study. The total sample size being 100. Students of both gender irrespective of their religion were enrolled. The study was done after institutional ethical clearance.

The questionnaire was divided into two logical segments. First segment had 9 questions that dealt with awareness of the student to various basic aspects of euthanasia. Among them five were about awareness of legal status of euthanasia in India. The second segment of 6 questions dealt with personalised opinion about administration of euthanasia. Findings were tabulated and analysed.

**Results:**

Among the study participants 53% were aware of the terms euthanasia and physician assisted death. Among the study participants, the third professional year students were seen to exhibit more awareness about these concepts when compared to other years. (Chart: 1)

Among those who were aware of euthanasia and PAD, 9 participants (17%) had stated they were unclear about the difference between the two terms. Majority of the participants didn’t know the distinction between active and passive euthanasia except the third professional year participants, where 22/25 had answered correctly.

Irrespective of the year of study all respondents were aware that euthanasia has no legal sanction in India. But similar clear idea was observed to be lacking about PAD. Also, When the participants from 1st and 2nd professional years were more sceptical about legalising euthanasia in India compared to 3rd and final professional year participants.(Chart:2)

In their professional life, only 37% among the study participants were ready to administer euthanasia if and when need arose. “Being humanistic” best explained the meaning of euthanasia for around 40% of the study participants. Majority of the study participants answered to the enquiry about the scenario where all they might consider administering euthanasia as terminally ill or cancer patients. But surprisingly, 90% of the participants categorically stated they would never consider euthanasia for congenitally deformed or severely ill children. They went on to reason out that there is always a possibility of newer methods of management in those cases which they were not willing to deprive those unfortunate children.

When asked to state the reason for those whose were against the concept of euthanasia the participant’s response were like, “doctors are life saves, not life takers” “I am not strong enough to kill somebody” “New treatment might come in future to treat those terminal ill patients” “May become abuse”. When 70% thought the concept of euthanasia was against their personal belief, 23% were against it because of legal obligations. Less than half of the participants were of correct opinion that patient holds the right to decision on euthanasia while the majority were divided between both the treating physician and the family. (Chart: 3)

**Discussion:**

End of life decision brings in a lot of ethical, moral and clinical consensus into play for the stake holders concerned. Lack of clear cut knowledge about basic concepts of euthanasia will prove to be hindering the decision making in many a situations.

The percentage of medical students who claimed to be aware of concepts of euthanasia in this study was found to be even less than previous report done among arts and science students.32The year of study as observed in this study was reported to have influence on their knowledge and opinion about euthanasia.29-31 Clinical exposure and contact with terminally ill patients were claimed to influence the ethical reason. And it was said to lower the level of acceptance of euthanasia among medical students from fourth to sixth year compared to first three years.21, 29-31 Studies involving non-medical students also observed that year of study was incongruous to their knowledge and opinion about euthanasia. 27, 28 But studies among nurses found that year of study did not influence the opinion about euthanasia.18, 33 Differentiating and describing terms related to euthanasia was found to be difficult to both medical and nursing students who proclaimed to have knowledge about euthanasia as observed in this study also.21, 34, 35,36

The opinion about the need for legalising active euthanasia coincided with previous such positive opinions from physicians and nurses studied.15-18 Moreover it was noticed in this study that year of study of the participants did have influence in shaping this opinion. But a study voices the opposition for legalisation of euthanasia very strongly also.37 Hesitancy to administer euthanasia even if were to be legalised as seen in majority of the participants in this study was a phenomenon that was seen across studies too. 17,24 The pursuit for primary reason preventing health care professionals to administer euthanasia pointed religion as the factor followed by the speciality to which the health professional belongs to.1,19-27,38 Whereas, a couple of studies put forth moral consciousness as the deciding factor. 39,40 In contrast, participants of the current study held personal beliefs as the prime reason for their hesitancy to administer euthanasia.

In the context of administering euthanasia the right to ask for it lies with the patient alone. Neither the family nor the treating physician don’t have a say in that decision. The study highlighted the lacunae of knowledge on principles of autonomy among the medical students studied.

**Conclusion:**

End of life ethical dilemmas are definite landmines for health professional opening up a whole lot of ethical issues to be addressed. This study data clearly showed only limited proportion of medical graduates being aware of the concept of euthanasia. The knowledge gap among medical graduates who happens to be one of the stake holders, is bound to hamper the delivery of ethical health care. And so, lack of knowledge to the bioethical concept of euthanasia necessitates the need for exposing them through curriculum changes. This also becomes pertinent in the wake of country trying to formulate its policy guidelines to handle such ethical scenarios in shaping safe and ethical future health care delivery system.

**Funding**: self

**Conflict of Interest**: The authors declare there is no conflict of interest.

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