**The Attitude of the Orthodox Parishioners towards Euthanasia**

**Tengiz Verulava (**Corresponding author)

MD, PhD, Doctor of Medical Sciences,Headof Health Policy and Insurance Institute at Ilia State University, Headof Quality Management Department at G. Chapidze Emergency Cardiology Center, Tbilisi, Georgia.

tengiz.verulava@iliauni.edu.ge

(+995 32) 577294849

Kakutsa Cholokashvili Ave 3/5, Tbilisi 0162, Georgia

**Mariam Mamulashvili**

Researcher at Ivane Javakhishvili Tbilisi State University

mamulashvilimariami95@gmail.com

**Revaz Jorbenadze**

MD, PhD, Doctor of Medical Sciences,Executive Director of G. Chapidze Emergency Cardiology Center, Tbilisi, Georgia

revaz.jorbenadze@ecc.ge

**Abstract**

**Introduction:** The right of euthanasia is the subject of worldwide discussion today, since it is one of the most controversial medical, religious, political or ethical issues. The study aims to survey the attitudes of Orthodox parishioners towards the euthanasia. **Methodology**: Within the quantitative study, the survey was conducted through a semi-structured questionnaire. **Findings**: The survey showed that the majority of respondents (81%) were aware of euthanasia. The dominant opinion is that euthanasia is: “The consent to life termination during the illness, when there is no way out and recovery is impossible”, or “a terminally ill person voluntarily decides to end life painlessly”. Those who disagree with euthanasia relies on the religious factors (why the church prohibits it and so on). Those who agree with euthanasia action, argue the legitimate human rights and free will of person. Most respondents (86%) have not heard about euthanasia practices in Georgia. Most of the respondents (71%) knew that the Orthodox Church prohibits euthanasia. 39% of respondents believe that euthanasia is justified in medical terms. **Conclusion and recommendations**: It is advisable to raise public awareness on euthanasia in religious, medical, cultural, social and legal aspects. It is desirable to carry out more of such research.

**Keywords:** Active euthanasia, Passive euthanasia, Physician-assisted suicide, Ethics.

**Introduction**

According to Kuhse, the word ‘euthanasia’ is derived from two Greek words, eu, which means good, and thanatos, the literal meaning of which is death (1). In its literal sense, then, euthanasia means ‘good death’. Euthanasia is the idea of intentional killing by act or omission of a dependent human being for his or her alleged benefit. There are 3 types of euthanasia, voluntary euthanasia (euthanasia performed with the patient's consent), non-voluntary euthanasia (where the patient is unable to give their informed consent, for example when a patient is comatose or a child) and Involuntary euthanasia (which performed on a patient against their will) (2). Voluntary euthanasia is legal in some countries. Non-voluntary and Involuntary euthanasia is illegal in all countries.

Voluntary, Non-voluntary and Involuntary euthanasia can be further divided into passive or active types (3). Passive euthanasia entails the discontinuation of treatment. In other words, doctor or whoever performs the act withdraws or withhold certain treatment, such as antibiotics, that could keep the patient alive (4). If the physician provide the drug which could be used for the same purpose with the patient without actively or passively involved directly by himself, this type of euthanasia is termed as “Physician Assisted Euthanasia” (5). Active euthanasia entails the use of lethal substances or forces, such as administering a lethal injection, to kill and is the most controversial means (6).

The right of euthanasia is the subject of worldwide discussion today, since it is one of the most controversial medical, religious, political or ethical issues (7; 8; 9). Legislators all around the world try to find a practical solution, in order to resolve adequately the question of euthanasia. The line that separates acceptable from impermissible merciful deprivation of life through the centuries has consistently been moved: in the direction of legalization of euthanasia and towards the complete ban of euthanasia. Globally, there are three approaches to euthanasia worldwide. One group of countries equates it with ordinary murder (England, France and Russia); while the second group represents the view that the euthanasia is privileged murder (Germany, Austria). Finally, in the third group euthanasia is decriminalized upon fulfillment of prescribed conditions (Peru, Uruguay, Holland, Scandinavian countries, Switzerland, the states of Oregon and Washington) (10).

In relation to euthanasia, on the one hand, there is a person’s freedom, autonomy, the right to dispose the private life, and on the other hand - the right to life, which is considered to be the prerequisite of other human rights. The supporters of legalization of euthanasia believe that the moral obligation of doctors is to end the life of terminally ill patient who is suffering, but they also highlight the strong individual autonomy in the matters of life and death (10;11).

In the early Greek and Roman traditions, euthanasia was an accepted practice. Change in the acceptance of euthanasia came about through religion, more specifically Judaism and Christianity (12). The opponents of legalization of active euthanasia emphasize the holiness of life (13). For both Judaism and Christianity, human life is regarded as sanctified, and as such, life should not be destroyed or taken deliberately. For these and other religious traditions, only God has the right to end life (14). Christianity religion does not sanction suicide. Christians in general are of the opinion that killing be it mercy killing, or self-inflicted killing is against the dominant tenets of Christianity. This is the argument advanced by most religious persons following God’s command as prescribed in the Ten Commandments, namely: ‘Thou shall not kill’. The injunction that “do not harm” in the Hippocrates Oath which clearly specifies that a physician “will neither give a deadly drug to anybody.

Under the Georgian legislation, euthanasia is a punishable offense. According to the Article 110 of the Criminal Code of Georgia, "killing at the victim’s express request and according to his/her true will, committed for the purpose of relieving a dying person from severe physical pain shall be punished by imprisonment for a term of two to five years”.

According to the Article 24 of the Law of Georgia on the Patient's Rights, “citizens of Georgia may express in advance their will (consent or refusal) in writing about the provision of resuscitation, life support or palliative treatment and/or care if they lose consciousness or become unable to make conscious decisions, if such conditions are caused by: a) the terminal stage of an incurable disease; b) the disease that will inevitably result in a severe disability”. Therefore, under this law in specific cases, the doctor has the right at the patient’s expressed to disconnect him/her from the respiratory unit, to terminate the failed treatment and to perform other actions that will ultimately result in the patient’s death.

Article 24 of the Law of Georgia on the Patient’s Rights and Article 110 of the Criminal Code of Georgia contradicts each other by content. The Criminal Code of Georgia peremptorily punishes the killing at the victim’s request without regard to the circumstances in which the killing occurs. The Law on the Patient's Rights, however, in case of presence of certain conditions allows the killing at the request of the victim. That is, there is a collision between the normative acts.

The study aims to survey the attitudes of Orthodox parishioners and clergy towards the euthanasia.

The objectives of the study are:

* To understand the respondents’ awareness, namely what information do they have about euthanasia (in the context of sociocultural, legislative and medical field).
* To study of the attitude of respondents towards euthanasia and how do they consider euthanasia practices in the religious context.
* What are the best solution, advices (to a patient, doctors, family members, community) for them?

**Methodology**

Within the quantitative study, the survey was conducted through a semi-structured questionnaire with a personal interview. The target selection was used within the survey.

Within the qualitative study, the survey of the experts of the Orthodox Church, in particular the clergy, was conducted. During the survey of the experts we used the “snowball” method. Respondents were selected on the basis of recommendations.

In order to comply with the research ethics principles, the questionnaire specified the purpose of the study (who does conduct it and why). The respondents got acquainted with their rights (they could stop to fill out the questionnaire); to avoid misunderstandings, the questions were compiled in a simple and understandable language; the data privacy principle was protected; they were entitled to review the questionnaire filed out by them if they wished.

A lack of surveyed population and a small probability of representativeness of the survey results.

**Findings**

50 respondents participated in the survey. Respondents were the parishioners of the Orthodox Church. Of the respondents interviewed women were 80% (n = 40), and men - 20% (n = 10). The respondents of 18-25 years old were 40% (n = 20), 26-34 years -28% (n = 14), 35-40 years - 12% (n = 6), 41-50 years - 10% (n = 5), 51-60 years - 10% (n = 5). The respondents over 60 years of age were not interviewed.

81% of respondents had information on euthanasia, while 19% had no.

The different answers were recorded to the open question where the respondents were asked to define euthanasia in their own. According to some of them, euthanasia is painless death: *“A painless death of a person suffering from terminal illness*”. Some of them even added the voluntary patient’s wish to the definition: “*The act of termination of life of a person man suffering from pain, according to his/her own wish*”. Some people added the family’s consent to the patient’s request. According to one respondent, the euthanasia is “*the right to commit suicide*” or, in other words, a “*a legitimate suicide a person requests by himself due to unbearable physical pain or other circumstances*”. However, the dominant opinion is that euthanasia is: “The consent to life termination during the illness, when there is no way out and recovery is impossible”, or “a terminally ill person voluntarily decides to end life painlessly”.

Respondents should express their attitude towards euthanasia, for which 5-point scoring system was used (1 - Totally disagree and 5 - Fully agree). 6 respondents (12%) totally disagreed; 6 respondents (12%) disagreed. The neutral response was recorded by 15 respondents (30%); 15 respondents (30%) agreed and 8 respondents (16%) fully agreed with euthanasia’s act (table 1).

Table 1:

Respondents should express their attitude towards euthanasia

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Totally disagree | disagree | neutral | agree | Fully agree |
| 6 (12%) | 6 (12%) | 15 (30%) | 15 (30%) | 8% (n=16) |

Then next question on the reason of their attitude, revealed quite diverse and argumentative answers were revealed. Those who totally disagree mainly produce a religious factor:

“*I think, life is the gift of the Lord, and no one has the right to interfere with it (we also have no right to hasten own death) but the Lord. Only the Most High has the right to take it away when the time comes. Indeed, in the case of euthanasia, the patient is relieved from suffering and pain, which is really difficult to overcome, but I think that such act is equal to a suicide, which is considered a serious crime both in the religious and moral context. Therefore, I think that euthanasia is particularly unacceptable act for the Orthodox parish*”.

Those who disagree with euthanasia says, “*I do not agree with euthanasia because nobody has the right to end a life of another person (although there are exceptions when the person’s is hopeless and there is no other way to release him from his pains)*”.

The attitude of those who are neutral have the reason for their attitude: “*I am neutral, I neither agree nor disagree to the end. The decision-making on euthanasia depends more on individual situations: if parson’s pain is unbearable and death is inevitable, it is better to die without pain and not to endure unbearable suffering and pain, because everyone prefers to die painlessly and calmly than with pain and suffering. It is not acceptable to the end because it is unusual for me as an Orthodox Christian to get involved in this matter and artificially cause the death of another person before it will be natural. It’s a bit unacceptable to hasten someone’s death. The dying man should make a decision on this*”.

“*According to the Orthodoxy, this behavior is unacceptable to me. But for those who are asking for it may be the way out. So neither do I fully agree nor totally disagree*”.

Those who simply agree with euthanasia, have the following arguments: “*When people suffer from unbearable pain and are well aware of what they are doing, they have the right to choose painless death. However, it may happen that the pain can be reduced by a certain dose over time, so many people shall think well before making this decision and shall try other ways out*”.

The part of the respondents that fully agree with euthanasia produce the following reason for their attitude: “*That time, the person undergoes the last stage of the illness, the pains are unbearable and he or she feels unwanted, inactive and for him or her life is senseless. Painful as it is for the relatives, the person is an individual and I think we should respect his or her decision*”.

*“That is the right of a human to avoid suffering”.*

*“Everyone has the right to choose”.*

There was a case when it was difficult for a respondent to explain the reason and to fixe own position.

The answer to the next question: Whether you have heard of euthanasia cases in Georgia, the answers were as follows: 86% of respondents have not heard and 14% have heard about euthanasia practices in our country.

71% of respondents answered the question of whether they believe that the Orthodox Church prohibits euthanasia, that as they think the Church prohibits euthanasia, while 29% did not know the answer to this question. No respondent answered emphatic “No” to this question.

Regarding the answer to the question, why do you think the Orthodox Church prohibits euthanasia, the opinion of the majority is as follows:

“*Perhaps because Orthodoxy prohibits the death by a person himself or by someone else. The human death is attributed to the supernatural, sacral thing”.*

“*The Orthodoxy prohibits any form of self-injury, cutting arm, and particularly, homicide, because it is considered a sin”.*

*“Euthanasia is a suicide*”.

To the question if euthanasia can be justified, 78% (n = 39) of respondents answered that is justified due to the medical condition, 30% (n = 19) - justified legally, 30% (n = 19) - justified socially and 6% (n = 3) - justified by religion and 6% (n = 3) - justified from the cultural aspect (table 2).

Table 2:

How Euthanasia Can Be Justified?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| justified due to the medical condition | justified legally | justified socially | justified by religion | justified from the cultural aspect |
| 78% (n=39) | 30%-ის (n=19) | 30%-ის (n=19) | 6%-ის (n=3) | 6% (n=3) |

When asked if the patient has the right to request a painless death if he or she is in the gravest state, the respondents answered as follows: 69% of respondents believe he or she has such right, 26% could not answer and 5% said that he or she has no such right.

The next question required the open record of the answer, namely, a respondent should reason the opinions recorded on the previous question. The respondents who answered that the patient have such reasoned their opinion as follows: “*If such a demand is systematic, or is he or she is of the same opinion for some time intervals, it would be better to use euthanasia, because in this case the patient will be aware of his act, and if he or she demands this reasonably, it come that his or her state is very grave. The quietus is better than suffering*”.

“Despite the religion and its dogmas, I think everybody has the right to manage his or her own life”.

“If a person is not religious, or his belief does not prohibit euthanasia, it is up to him, but it is absolutely unacceptable for Christian beliefs”.

“*In my opinion, no one can feel how painful is his or her condition for a terminally ill person, therefore it is her or his absolute right either to suffer the pain or to give up on this suffering because for him or her the death is better that this unbearable pain*”.

The respondents who answered that the patients do not have such right, justified their opinion as follows: “*I think no patient has the right to demand painless death even in the gravest state, because physical pain often leads them to an immoral and unacceptable behavior of Christianity – committing suicide, that is a greater sin than they have thought in this situation*”.

To the question of who bears the greatest responsibility for the interference with the patient’s life in the euthanasia practices, the respondents should have to sort out the given categories by ranking method. The number of responses to this question divided as follows: the doctors - 28% of respondents (n = 14), family members - 16% of respondents (n = 8), the state - 8% of respondents (n = 4), the Church - 6% of respondents (n = 3), the society - 6% of respondents (n = 3), others - 8% of respondents (n = 4) (table 3).

Table 3:

Who bears the greatest responsibility for the interference with the patient’s life in the euthanasia practices?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| doctors | family members | the state | The court | the Church | the society | others |
| 28% (n=14) | 28% (n=14) | 16% (n=8) | 8% (n=4) | 6% (n=3) | 6% (n=3) | 8% (n=4) |

When asked, if he or she considers guilty a person who had performed the euthanasia practice at the patient’s plea, the respondents answered as follows: 56% of respondents (n = 28) think he or she not guilty, 10% of respondents (n = 5) – guilty and 34% (n = 17) were undecided (table 4).

Table 4:

If he or she considers guilty a person who had performed the euthanasia practice at the patient’s plea?

|  |  |  |
| --- | --- | --- |
| he or she not guilty | he or she is guilty | undecided |
| 56% (n=28) | 10% (n=5) | 34% (n=17) |

When asked if they were in the place of a person whom a member of a family is asking for performance of the euthanasia practice (considering that the patient suffers from terminal illness and suffers more and more day after day, as well as the fact that your beliefs prohibits this), would they have fulfilled this request, the answers were distributed as follows: 34% of respondents (n = 17) answered that they would have performed this, 38% (n=19) – that they would not have performed this, 6% of respondents (n = 3) would have performed this more if would not have been family member, 10% (n = 5) of respondents answered that they would have performed this is they were not Orthodox, 0 would have performed this if they were not a doctor, 12% of respondents (n = 6) would have performed this if the law did not prohibit it (table 5).

Table 5:

If they were in the place of a person whom a member of a family is asking for performance of the euthanasia practice (considering that the patient suffers from terminal illness and suffers more and more day after day, as well as the fact that your beliefs prohibits this), would they have fulfilled this request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| would have performed | would not have performed | would have performed this more if would not have been family member | would have performed this is they were not Orthodox | would have performed this if they were not a doctor | would have performed this if the law did not prohibit it |
| 34% (n=17) | 38% (n=19) | 6% (n=3) | 10% (n=5) | 0 | 12% (n=6) |

**Discussion**

The analysis of survey showed that the majority of respondents (81%) were aware of euthanasia. Therefore, we can say that the society is informed and has somehow its own opinion on euthanasia. Accordingly, they could be aware of positive and negative consequences of euthanasia.

Based on the answers to the question what is euthanasia, 5 aspects were determined:

First, when the answer shows that euthanasia is just a painless death for them: “The painless death of a person suffering from a terminal illness”. Some respondents also add to this definition the voluntary will of the patient:”The act of ending life of a person suffering from pain, according to his or her will”. Some respondents together with the patient’s request rely on the family’s consent. There was also an answer that the euthanasia is “to obtain the right to commit suicide” or, otherwise “a legitimate suicide, which the person requests himself due to the unbearable physical pain or other circumstances”.

However, dominant is the idea that euthanasia is: “the consent to life termination when there is no way out and recovery is impossible”, or “a person suffering from terminal illness decides by own will to end his or her life painlessly”.

The attitude of almost most of the respondents is neutral, or they simply agree with euthanasia. However, when they are faced with the fact (subsequent questions) their consent fixed in this question becomes controversial. They try to justify or not justify the euthanasia practice for various reasons. What is the reason for their attitudes? We have revealed quite diverse and reasoned answers thereof.

Those who totally disagree with euthanasia, mainly relies on the religious factor (“*I think that the life is the gift of the Lord and our death is His will, no human has the right to “interfere” with someone else’s life*”).

Those who simply disagree with euthanasia, say that: *“I do not agree with euthanasia because nobody has the right deprive life of other people (although there are exceptions when the person’s state is hopeless and there is no other way to release him or her from his or her pains)”*.

Those who have neutral attitude, name the following reason for such: *“This behavior is not acceptable to me because of Orthodoxy. But for those who are asking for it euthanasia may be an ease. So I neither fully agree nor totally disagree”.*

Those who simply agree have the following opinion: “*When a person is suffering from unbearable pain and is well aware of what he does, he/she has the right to choose a painless death, but it may happen that a reduction in pain by a certain dose may last over time, so before making such decision a person shall think a lot and try other alternatives”.*

The part of the respondents who fully agree with euthanasia reason their attitude as follows: “*That time, the person undergoes the last stage of the illness, the pains are unbearable and he or she feels unwanted, inactive and for him or her life is senseless. Painful as it is for the relatives, the person is an individual and I think we should respect his or her decision*”.

*“That is the right of a human to avoid suffering”.*

*“Everyone has the right to choose”.*

From the answers we can clearly see that those who disagree with euthanasia relies on the religious factors (why the church prohibits it and so on), that includes also respondents with neutral attitude, and those who agree with euthanasia act, bring legitimate human rights and personal freedom as arguments.

Based on the results, most of the respondents (86%) have not heard about euthanasia practices in Georgia. Therefore, it can be said that as the Orthodox Church prohibits such act, so euthanasia is not often performed in our country, and if it is, that is such a taboo that it is prohibited to disseminate such information in the society. Moreover, the Church and the clergy are dominant actors in the Georgian Orthodox space.

Almost most of the respondents (71%) knew that the Orthodox Church prohibits euthanasia. The majority reasoned it by the fact that it is a suicide or a sin that is punished by our religion. “*Perhaps because the Orthodoxy prohibits the death by a person himself or by someone else. The human death is attributed to the supernatural, sacral thing”.*

*The Orthodoxy prohibits any form of self-injury, cutting arm, and particularly, homicide, because it is considered a sin”.*

*“Euthanasia is a suicide”.*

39% of respondents believe that euthanasia is justified in medical terms. This indicates that the Orthodox Christians believe the doctors and medical institutions are the factors in frames of which the euthanasia can be fairly justified.

69% of respondents think that the patient, who is in the gravest state, may request painless death. This contradicts their opinions (as Orthodox believers who deny the euthanasia on the background of all kinds of suffering because religion prohibits). 69% are those people who did not justify euthanasia on previous questions. The people who have admitted the right of euthanasia bring the arguments of human rights and religion (if the religion does not prohibit euthanasia). Those who have denied such right believe that it is unacceptable for their faith, it is a sin.

The findings are interesting from the aspect who bears the greatest responsibility for the interference with the patient’s life during euthanasia practice. The Orthodox parishioners attached equal responsibility to doctors as well as family members, and then the state. The results of this question can be related to the results of the question where it was discussed in which areas the euthanasia is justified. In this case, the respondents mainly justified this act in medical terms. In these results, doctors are granted the more responsibility and more trust. What about family members, it is probably because the family is a strong social institution in Georgia. Many of us often follow the advice of family members when it comes to life-threatening action.

When asking is a person who performs the euthanasia practice on the patient’s persistent request is considered guilty, 28 respondents answered that they do not think so and for 17 it was difficult to answer. It was expected that most of the respondents considered this person guilty because of the fact that 50 respondents were Orthodox Christians and almost the majority brought sin and religious prohibition as arguments, while discussing euthanasia,.

The last question presents the respondents with a dilemma. When asked if they were in the place of a person whom a member of a family is asking for performance of the euthanasia practice, would they have fulfilled this request, the answers were not radically different. 17 respondents said they would have fulfilled and 19 respondents said that they would not have fulfilled. On the background of the number of interviewed respondents the number of people who would have performed euthanasia is still high.

In the end, the part of the respondents who when criticizing euthanasia brought the sin and the Orthodox rules as arguments, agreed to the euthanasia act when they were faced with the fact. However, due to the lack of interviewed Orthodox parishioners, it is difficult to find any conclusions and to consider the survey as representative. However, the research was still held, and the reality showed us somehow the reality. Attitudes and actions of the Georgian Orthodox parish towards the euthanasia were revealed.

**Recommendations**

It is advisable to raise public awareness on euthanasia in religious, medical, cultural, social and legal aspects. It will make it easier for people to learn moral, ethical or religious values. It is desirable to carry out more of such research, to make own opinion more clear and reasonable, to respect the opinion, religious, political or ethnic identity of others.

**Conflict of Interest**

The authors declare that there is no conflict of interest.

**References**

1. Aramesh K, Shadi H (2007). Euthanasia: An Islamic Ethical Perspective. *Iran J Allergy Asthma Immunol.* 2007; 6(5): 35–38.
2. Banovic, B., Turanjanin, V. Euthanasia: Murder or Not: A Comparative Approach. *Iran Journal of Public Health.* 2014; 43(10): 1316–1323.
3. Banovic, B., Turanjanin, V. Miloradovic, A. An Ethical Review of Euthanasia and Physician-assisted Suicide. *Iran Journal of Public Health*. 2017; 46(2): 173-179
4. Beville, K. Dying to kill. A Christian Perspective on Euthanasia and Assisted Suicide. *Christian Publishing House*. 2014.
5. Downie. J., Chambaere, K., Bernheim, JL. Pereira`s attack on legalizing euthanasia or assisted suicide: smoke and mirrors. *Current Oncology*. 2012; 19(3): 133–138.
6. Jackson, J. Ethics in medicine. *Polity*. 2006; 137.
7. Harris, NM. The euthanasia debate. *Journal of the Royal Army Medical Corps*. 2001; 147 (3): 367–70.
8. Koenane, M.L.J. Euthanasia in South Africa: Philosophical and theological considerations. *Verbum et Ecclesia*. 2001; 38(1), a1549.
9. Kuhse, H. Bioethics News. 1992; 11(4), 40
10. Kuhse, H. Euthanasia, in P. Singer (ed.), A companion to ethics. *Blackwell Publishers, Oxford.* 1993; 294–302.
11. McCall, S. Euthanasia: The strengths of the middle ground. *Medical Law Review*. 1999; 7(2): 194–207.
12. Pereira, J. Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls. *Current Oncology.* 2012; 18(2): 38–45.
13. Rachels, J. Active and passive euthanasia. *New England Journal of Medicine*. 1975; 292 (2): 78–80.
14. Shuriye, A. Ethical and religious analysis on euthanasia. *IIUM Engineering Journal*. 2011; 12(5): 209-211.