**Title: Is The Attitude Toward Euthanasia The Same Among Medical, Nursing and Law Students?**

**Running Title: Is The Attitude Toward Euthanasia The Same Among Students?**

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**Abstract**

Euthanasia is one of the most controversial ethical issue which there is not much available attitude data among Iranian society. This research was conducted among medical, nursing and law students due theoretical and practical connection of these fields with euthanasia. In this cross-sectional-analytical study, the attitudes of 243 above mentioned senior students were evaluated using Euthanasia Attitude Scale (EAS) questionnaire, classified in four factors including ethical consideration, practical consideration, treasuring life and naturalistic beliefs. The data were analyzed by SPSS ver. 20. The mean of attitude toward euthanasia was (44.1 ± 16.2). The score of 49.3%, 50.6% and 44.7 % of medical, nursing and law students, respectively was above the total mean. Except for marital status that had a significant association with naturalistic beliefs, there was no significant association between other demographic variables (field of study, age, gender) and the attitudes toward euthanasia.

**Key words:** Euthanasia, Attitude Toward Euthanasia, Medical Ethics, End of life care, Medicine students, Nursing students, law students

**Introduction**

Euthanasia is an attractive issue in the fields of medicine, psychiatry, ethics, sociology and philosophy (1). The physicians’ attitude toward euthanasia and its legal requirements, their arguments for supporting it and the conditions which they consider it to be acceptable are mentioned as the crucial factors in their key role about end-of-life decision-making and performance (2). On the other hand, closer daily involvement of nurses with patients, the type of care and services which are provided based on their knowledge, experience and skills; play an important role during the several stages of the euthanasia process. Also, nurses are often the first caregivers who patients are more comfortable to state their euthanasia request which places a huge burden of responsibility on them (3, 4). In countries such as Belgium, which euthanasia has been legal; lawyers and ethicists as members of the ethical committees of each nursing home and hospital have a crucial role in evaluating the euthanasia requests and end-of-life decision-making process. Despite the differences between their positions in the decision-making and execution process; achieving the right and proper decision in the Federal Evaluation and Control Commission for Euthanasia requires their consultation and collaborations. Physicians perform their roles through curing, caring, and executive role along considering the prospect of the patient in the decision-making process. Although, lawyers focus on the legal and regulatory aspects of medical decisions (2). Also, Euthanasia is one of the complicated issues which have been highly regarded by physicians, ethicists, philosophers and religions with various opinions about its eligibility (5). This controversial issue has supporters and opponents about being a murder or manslaughter in the Islamic criminal law system of Iran. It should be stated that its inactive and in-voluntary type is performed among brain death patients. Furthermore, unwillingness to start or continue treatment in the untreatable disorders which is one of the types of euthanasia is not impossible in our society. Hence, the attitude of nursing, medical and law students towards euthanasia was studied in order to survey the theoretical and practical relationships between these disciplines in order to help the awareness of their thoughts and inclusion of this topic in the academic course categories.

Since the carried out researches in this field have been limited to a descriptive survey of the attitude of each of these three groups separately, we compared the attitudes of last year students of medicine, nursing and law toward euthanasia.

**Patients and methods**

This cross-sectional study was performed among medical and nursing students of Guilan University of Medical Sciences (Guilan) and law students of Guilan University between January 2015 and February 2016. The individuals were chosen using random selection. Being at the last year of education was considered as the inclusion criteria. From a total of 258 students including medicine (75), nursing (93) and law (90), the data of 243 people with 94% participation rate were collected after referral to the relevant faculties.

The data were gathered using a two-section questionnaire. In the first section, the demographic characteristics such as age, gender and marital status were asked. The second section contained the Persian version (6) of a four-factor Euthanasia Attitude Scale (EAS) with 20 items. These items were characterized into four factors including Ethical Consideration (items 1-11), practical consideration (items 12-14), treasuring life (items 15 to 18), naturalistic belief (items 19 and 20) (6)

Answers to the questions were based on a five-point Likert scales including strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. The score was from 5+ to 1+ in terms of responses to items. The maximum score obtained by a sample was 100 and the minimum score was 20. The score of each factor is calculated by obtaining the mean of the total score for its subcategory, so the maximum and minimum score of the first to fourth factor is (55, 11), (15, 3), (20, 4) and (10, 2), respectively. A higher than mean score indicates a positive attitude toward euthanasia and a lower than mean score indicates a negative attitude toward euthanasia. The items 2,4,7,9,14,15,17 and item 20 were opposite clauses. After obtaining the written permission from the ethics committee of Guilan university of medical sciences and entering the research environment from the research deputy of the Guilan university of medical sciences and vice-chancellor of Guilan university of medical sciences, coordinated with the educational deputy of the university of Guilan and the department of education of the humanities college of the university, the data were collected using a self-report questionnaires that were delivered to students after their consent participate in the study.

The researcher was present during the completion of the questionnaire and resolved the ambiguity about the concept of euthanasia or mentioned clauses. The minimum and maximum response time to the questionnaire was 2 and 13 minutes, respectively with an average of 6 minutes. Statistical analysis of the findings was done using SPSS version 20. For this purpose, indicators and statistical methods including abundance, frequency, mean, chi-square and t-test were used. The significance level for the two recent tests was considered as P≤0.05.

**Results**

Of the participants in the study, 60.1% (146) were female, 45.3% (110) were under 22 years of age, the rest were 23 years old and older. About, 84.6% (210) were single. Among the medical students (73) who formed 30% of the population studied, 49 (67.1%) were female, 64 (87.7%) were single, and all the participants in this discipline were 23 years old and higher.

In nursing students, 50 (58.8%) were female, 69 (81.2%) were single and 46 (54.1%) were less than 22 years old. Among the law students, 47 (55.3%) were female, 77 (90.6%) were single and 64 (75.3%) were under 22 years of age.

The total mean of euthanasia attitude in the studied population was 44.1 ± 16.2. Also, 53.5% of the subjects had a lower score than the mean. The mean score of medical students was 45.8 ± 18.5 and the mean score of nursing and law was 44.2 ± 14.7 and 42.4 ± 15.6, respectively.

The score of 49.3% of medical students, 50.6 % of nursing students and 44.7% of law students was higher than mean. Although the percentage of nursing students was more favorable, there was no significant difference in the comparison of means. (Table 1).

Most of the medical students were agree with item 2 (Inducing death for merciful reasons is wrong), item 10 (Euthanasia is acceptable in cases when all hope of recovery is gone). The greatest agreement of nursing students with item 18 (One of the key professional ethics of physicians is to prolong lives, not to end lives). Law students agreed with item 17 (One’s job is to sustain and preserve life, not to end it) more than the others.

Also, the most opposition of medical students was with item 4 (There are never cases when euthanasia is appropriate), and nursing and law students with item 12 (Euthanasia is acceptable if the person is old) more than the other classes.

In terms of gender, there was a significant difference between the medical students and the mean score of 1.4.5 and 15. In the first three items, the men had higher mean scores for supporting euthanasia, and in the fifth item, women scored a mean score.

In item 7, the married students of the medical group, supported the legalization of euthanasia. Due to the presence of all medical students aged 23 years and above, the mean score for responding to items was not calculated in this group.

Among nursing students, the mean score of responding to items was significantly different in the items 1.4 and 10.

Men in items 1 and 4 and women in item 10 scored more than mean.

The mean comparison in terms of marital status was only significant in item 6 and the married nursing group had a higher mean.

The mean age-related comparison in the nursing group was significant in item 15 and those who were younger than 22 were more likely to score.

Among the law students, women with a higher score in item 7 significantly changed the mean score of this is based on gender. In item 5, people younger than 22 gained a higher mean score. Comparison of marital status in this group was not significant.

The mean score of item 17 in the medical and nursing group and in the items 13 and 11 between the medical and law group and the items 3 and 17 between the nursing and the law group was significant (Table 1). There was a significant difference between the individuals in terms of age in items 11 and 15 and in terms of gender items 9 and 4. There was no significant difference based on marital status.

Comparison of the mean score of the subjects was not significant in any factors based on the field of study, gender and age. Only in the context of naturalistic beliefs of singles with higher mean scores (P = 0.05), were significantly different in favor of euthanasia (Table 2-5).

**Discussion**

To the best of our knowledge, this is the first study that compared attitudes towards the issue problem of euthanasia between medical, nursing and law students in Iran. According to the results of this research, the general attitude of the attendants felt opposed to the euthanasia. With a very few difference, the mean score of medical students' attitudes toward euthanasia was higher than the others. Also, the nursing group, in turn, gained a higher mean score than the law students. Nursing students supported the legality of euthanasia more than the other two groups. Although the outcome of this study had not a wide acceptance of euthanasia, it was similar to the research of Rolands and colleagues in 2012 that the similarities and attitudes toward euthanasia in medical, law and philosophy students were studied at a university in Belgium. In their study, there was no significant difference between the students' response to the discipline. Almost all students (96%) agreed with the existence of the law on euthanasia in Belgium that would be explained by the cultural and religious beliefs differences between Belgium and Iran (2).

Altay et al, study results in Sudan 2010 showed that 79% of participants opposed euthanasia. Also, 35.7% of respondents referred their attitude whether opposing or supporting euthanasia to their religious beliefs, individual rights to decide whether to live with terminal disease or not, and the role of law in the legislation of euthanasia (7).

In the same vein, Radulovic and his colleague in 1998 in Serbia studied the attitudes and opinions of two types of physicians, medical students and lawyers in the area of euthanasia and related issues and problems. More than half of the individuals (57%) were against euthanasia, and 61% were against the legalization of euthanasia. The views of doctors and medical students were similar (2/3 against) and significantly different from the view of lawyers (2/3 for, P < 0.01). The legalization of euthanasia is favored by 61% of lawyers, in contrast to 43%, 30% and 23% of oncologists, family doctors and medical students, respectively (8).

However, it is stated that in Ryynänen and his colleague work which was carried out in Finland in 1998 among respondents included a random selection of 814 physicians (506 responded, 62%), 800 nurses (582 responded, 68%) and 1000 representatives of the general public (587 responded, 59%); 34% of the physicians, 46% of the nurses and 50% of the general public agreed that euthanasia would be acceptable in some situations. Furthermore, most of the nurses participating in this study had a negative attitude toward euthanasia (9).

In the study of Vakili et al, there was no significant difference in attitude according to the degree of education (physician and nurse). The results showed that most of the subjects (60.9%) had an unfavorable attitude towards euthanasia, which indicates a high percentage of euthanasia or negative attitudes toward it (10).

Also, Aghababaei reported in his study that 55.6 percent of the students of humanities, basic sciences, medicine, art and technology of the University of Tehran felt opposed to euthanasia in 2010 (6). The results of this study showed that when the role of the patient is emphasized in decision-making, the rate of agreement with euthanasia is higher than when the role and intention of the agent of euthanasia are highlighted. Comparison of items 1 and 11 also showed that the rate of agreement with euthanasia due to respect for the individual autonomy of the patient exceeds its rate for providing human dignity or dignity of the patient. A similar result was obtained from the comparison of these items (6). However, in Koç study, a small percentage of students said that this decision was to be taken by the patient himself. About half of them did not accept the euthanasia under any circumstances. Also, it was stated that they might have it for themselves if they suffered from the untreated disease (11). In Mogadasian study, the decision responsibility was made to another person, such as a physician (12).

In a 2008 study by Karadeni̇z et al. In Turkey, 77% of physicians stated that everyone has the right to decide on their life (13).

In Radulovic study, 31% said they would apply euthanasia if they were asked for it, and 36% that would if it had been legalized. Lawyers were twice as willing to perform euthanasia as students or physicians. Compared with oncologists, one-third of home-care physicians would perform euthanasia anyway, whether legalized or not (8).

In our study, medical students supported more than the other two groups in asking for an individual's euthanasia who was worried about the pressure from her deterioration on her family. More than 50% of all students disagreed with euthanasia due to aging. Also, Aghababaei faced 71 percent of the opposition in his study (6).

Nearly 50% of medical and nursing students and about 60% of law students agreed on the possibility of abusive euthanasia. Aghababaei reported 63.6 percent of agreement with this item (6). The results of the Moghadasian study were similar to the following above-mentioned (12).

In the study of Kamat et al., The use of the treatment for euthanasia was one of the most important reasons for physician disagreement with euthanasia (14).

However, in the research by Rowland and colleagues, half of the lawyers believed that the use of euthanasia is controllable. Also, lawyers were the only ones who thought that euthanasia was quite recognizable of ordinary death. Seventy-one percent of the total respondents opposed this idea to lawyers (2).

The other findings of this study, the subjects of all three disciplines opposed to euthanasia about physical pain. In the study of Zarghami et al., half of the intern and residents believed that when there is no intolerable pain, euthanasia is not requested by the patient. About 71% believed that a companion who cares for the patient could prevent euthanasia. Nearly 73% believed that the patient's depression and frustration were the reason for her to push for euthanasia(15).

This is despite the fact that most participants in the Roelands et al.’s study, said that euthanasia should be done to save a person from suffering. In addition, family physicians expressed the untold pain and unbearable pain as one of the most important causes of euthanasia (2).

In another study, the most common reason for the acceptance of euthanasia by doctors was the reduction in the pain and suffering of the patient with the autistic disease and their belief in being more humane than prolonging life expectancy with great pain and suffering (14).

Earlier studies have reported a lack of improvement as one of the most effective subtypes in euthanasia (16). The eighth item of the euthanasia's Attitude Scale (EAS), which represents this subscale, was agreed among 61.6% of nursing students and 50% of nursing and law students in our study. While Aghababai reported 43.7% agreement.

The four factors of EAS in comparison with the studied subjects based on variables such as field of study, age and gender were not statistically significant. The same result was reported in the study of Aghababaei and Naseh (6, 17). In this study, the level of knowledge and awareness of people in this field was not asked. Also, the types of euthanasia were not mentioned. In selecting variables, four variables of the field of study, age, gender and marital status were sufficient.

**Conclusions**

The results of this study showed a negative attitude of students toward most aspects of EAS and a relatively general negative attitude toward Euthanasia. Undoubtedly, the opposition to euthanasia in the Iranian society is influenced by the ethical concerns and religious orientations with no exception of the population studied in this study. On the other hand, practical considerations, such as the possible use of euthanasia, can be considered as one of the important reasons for opposition to its acceptance in society. It is suggested that in future studies, the attitude of people in both legal and illegal ways of euthanasia be questioned along with determining the types of euthanasia.

Considering variables such as the effect of personality type, sudden death or chronic nonproliferative disease or cancer in one of the family members, a close friend, relatives, or a person with chronic illness, is suggested in future researches.

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**Table.1:** Comparison of the mean responding to items in terms of field of study in the subjects

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Total  Mean±SD | Medical  Mean±SD | Nursing  Mean±SD | Law  Mean±SD | P-Value |
| 1. A personwith a terminal illness has the right to decide to die | 3±1.8 | 3.1±1.7 | 3±1.9 | 2.9±1.9 | 0.4 |
| 2. Inducing death for merciful reasons is wrong | 1.7±1.5 | 1.9±1.5 | 1.6±1.3 | 1.7±1.5 | 0.2 |
| 3.Euthanasia should be accepted in today’s society | 2.6±1.9 | 2.6±1.9 | 2.9±1.8 | 2.3±1.8 | 0.02 |
| 4.There are never cases when euthanasia is appropriate | 2.7±1.9 | 1.8±2.8 | 2.9±1.9 | 2.5±1.9 | 0.3 |
| 5. Euthanasia is helpful at the right time and place (under the right circumstances) | 2.9±1.8 | 1.9±2.9 | 3±1.8 | 2.8±1.7 | 0.5 |
| 6. Euthanasia is a humane act | 1.9±1.8 | 2±1.9 | 1.8±1.7 | 1.9±1.8 | 0.2 |
| 7. Euthanasia should be against the law | 2.3±1.9 | 2.3±1.9 | 2.3±2.1 | 2.4±1.8 | 0.7 |
| 8. Euthanasia should only be used when the person has a terminal illness | 2.5±1.8 | 2.6±1.8 | 2.4±1.9 | 2.6±1.7 | 0.9 |
| 9. The taking of human life is wrong nomatter what the circumstances | 2.1±1.8 | 2±1.9 | 2.1±1.7 | 2.1±1.7 | 0.5 |
| 10. Euthanasia is acceptable in cases when all hope of recovery is gone | 2.8±1.8 | 3±1.9 | 1.7±2.8 | 2.6±1.8 | 0.6 |
| 11. Euthanasia gives a person a chance to die with dignity | 2.2±1.8 | 2.6±1.8 | 2.1±1.9 | 1.9±1.8 | 0.009 |
| 12. Euthanasia is acceptable if the person is old | 1.7±1.4 | 1.7±1.4 | 1.7±1.3 | 1.6±1.3 | 0.4 |
| 13. If a terminally ill or injured person is increasingly concerned about the burden that his/her  deterioration of health has placed on his/her family, I will support his/her request for euthanasia | 2±1.8 | 2.3±1.7 | 2±1.8 | 1.7±1.7 | 0.003 |
| 14. Euthanasiawill lead to abuses | 1.8±1.7 | 1.8±1.6 | 1.9±1.8 | 1.5±1.4 | 0.2 |
| 15. There are very few cases when euthanasia is acceptable | 1.9±1.6 | 2.1±1.6 | 2±1.6 | 1.8±1.7 | 0.3 |
| 16. Euthanasia should be practiced only to eliminate physical pain and not emotional pain | 1.8±1.7 | 1.7±1.6 | 1.8±1.7 | 1.9±1.8 | 0.5 |
| 17. One’s job is to sustain and preserve life, not to end it | 1.7±1.4 | 1.9±1.5 | 1.3±1.2 | 1.9±1.5 | 0.03 |
| 18. One of the key professional ethics of physicians is to prolong lives, not to end lives | 3.1±1.9 | 2.9±1.9 | 3.3±1.9 | 3±1.9 | 0.6 |
| 19. A person should not be kept alive by machine | 2.1±1.6 | 2.3±1.6 | 1.9±1.6 | 1.9±1.7 | 0.7 |
| 20. Natural death is a cure for suffering | 1.5±1.5 | 1.5±1.7 | 1.4±1.5 | 1.7±1.6 | 0.9 |

**Table.2:** Comparison of the mean response to factors in terms of field of study in the subjects

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Factors | Medical Students  (N=73)  Mean ±SD | Nursing Students  (N=85)  Mean ±SD | Low Students  (N=75)  Mean ±SD | P-Value |
| Ethical Consideration | 27.8±13.5 | 26.9±11.5 | 25.4±11.7 | 0.1 |
| Practical Consideration | 5.7±3.2 | 5.6±3 | 4.7±2.9 | 0.2 |
| Treasuring Life | 8.5±3.8 | 8.3±3.2 | 8.5±3.5 | 0.5 |
| Naturalistic Belief | 3.7±2.4 | 3.2±2.4 | 3.6±2.5 | 0.1 |
| Total | 45.8±18.5 | 44.2±14.7 | 42.4±15.6 | 0.2 |

**Table.3:** Comparison of mean factors in terms of field of study and sex in the subjects

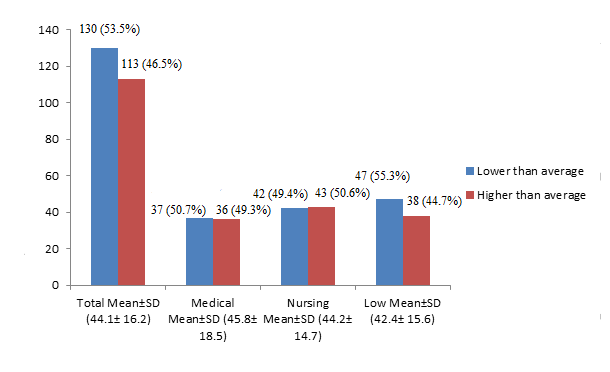
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Factors | Medical Students  (N=73) | | P-Value | Nursing Students  (N=85) | | P-Value | Low Students  (N=75) | | P-Value |
| **Women**  **(N=49)**  **Mean ±SD** | **Men**  **( N=24)**  **Mean ±SD** | **Women**  **( N=50)**  **Mean ±SD** | **Men**  **( N=35)**  **Mean ±SD** | **Women**  **( N=47)**  **Mean ±SD** | **Men**  **( N=38)**  **Mean ±SD** |
| Ethical Consideration | 26.3±14.1 | 30.9±11.6 | 0.1 | 25±10.7 | 29.6±12.1 | 0.2 | 26.2±12 | 24.5±11.4 | 0.4 |
| Practical Consideration | 7.5±3.5 | 5.7±2.7 | 0.2 | 5.3±2.7 | 6.1±3.3 | 0.4 | 4.7±3 | 4.7±2.8 | 0.3 |
| Treasuring Life | 4.1±8.6 | 8.4±3.3 | 0.1 | 8.1±3.4 | 8.8±2.9 | 0.1 | 8.2±3.5 | 9±3.6 | 0.1 |
| Naturalistic Belief | 3.8±2.4 | 3.6±2.4 | 0.1 | 3.3±2.4 | 3.2±2.6 | 0.2 | 3.5±2.4 | 3.7±2.7 | 0.2 |
| Total | 44.5±20 | 48.7±15 | 0.3 | 41.7±13.8 | 47.8±15.4 | 0.05 | 16.4±2.4 | 14.7±2.4 | 0.8 |

**Table.4:** Comparison of the mean of the factors in terms of field of study and age in the subjects

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Factors | Nursing Students  (N=85) | | P-Value | Low Students  (N=75) | | P-Value |
| **22>**  **(N=46)**  **Mean ±SD** | **≥ 23**  **( N=39)**  **Mean ±SD** | **22>**  **( N=64)**  **Mean ±SD** | **≥ 23**  **( N=21)**  **Mean ±SD** |
| Ethical Consideration | 26.7±11.8 | 27±11 | 0.1 | 25.9±12.3 | 24.1±9.8 | 0.1 |
| Practical Consideration | 5.8±2.7 | 5.3±3.3 | 0.2 | 4.8±3 | 4.4±2.6 | 0.3 |
| Treasuring Life | 8.3±3.1 | 8.4±3.4 | 0.1 | 8.6±3.8 | 4.8±2.6 | 0.2 |
| Naturalistic Belief | 3±2.5 | 3.5±2.4 | 0.1 | 3.8±2.6 | 2.9±1.9 | 0.1 |
| Total | 44.1±14.3 | 44.4±15.4 | 0.9 | 44.3±16.4 | 39.9±12.9 | 0.3 |

**Table.5:** Comparison of mean factors in terms of field of study and marital status in the subjects

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Factors | **Medical Students**  **(N=73)** | | **P-Value** | **Nursing Students**  **(N=85)** | | **P-Value** | **Low Students**  **(N=75)** | | **P-Value** |
| **Single**  **(N=64)**  **Mean ±SD** | **Married**  **( N=9)**  **Mean ±SD** | **Single**  **( N=69)**  **Mean ±SD** | **Married**  **( N=16)**  **Mean ±SD** | **Single**  **( N=77)**  **Mean ±SD** | **Married**  **( N=8)**  **Mean ±SD** |
| Ethical Consideration | 27.5±13.2 | 29.9±15.4 | 0.1 | 26.6±11.6 | 27.6±11.1 | 0.1 | 25.7±11.7 | 23.5±12.2 | 0.1 |
| Practical Consideration | 5.7±3.3 | 6.2±2.9 | 0.2 | 5.5±3 | 6.1±3 | 0.1 | 4.6±3 | 5.1±1.8 | 0.2 |
| Treasuring Life | 8.4±3.9 | 9.3±3 | 0.1 | 8.3±3.2 | 8.6±3.5 | 0.5 | 8.6±3.6 | 8±2.4 | 0.7 |
| Naturalistic Belief | 3.7±2.4 | 4±2.3 | 0.1 | 3.4±2.5 | 2.3±1.9 | 0.2 | 3.7±2.5 | 2.3±1.9 | 0.2 |
| Total | 45.4±18.1 | 49.1±22.3 | 0.5 | 44.1±15 | 44.8±13.6 | 0.8 | 42.8±15.9 | 38.8±11.7 | 0.4 |



**Chart.1:** Mean frequency of attitude toward euthanasia in the studied groups