

Attitudes toward euthanasia and physician assisted suicide: A survey among medical students, oncology clinicians, and palliative care specialists

M.C. MARINI, M.D.,¹ H. NEUENSCHWANDER, M.D.,¹ AND F. STIEFEL, M.D.²

¹Service of Palliative Care–IOSI, Lugano, Switzerland

²Psychiatry Service, University Hospital, Lausanne, Switzerland

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ABSTRACT

Objective: The aim of this study was to compare the results of surveys about attitudes toward euthanasia and related issues that was conducted among palliative care specialists, health care professionals of a cancer center, and first- and second-year medical students.

Methods: By means of an anonymous questionnaire with different hypothetical scenarios concerning physician assisted suicide (PAS) and related issues, 726 members of the Swiss Association for Palliative Care (SAPC), 148 health care professionals of the Institute of Oncology of Italian speaking Switzerland (IOSI), and 140 medical students of the University of Fribourg, Switzerland, were surveyed.

Results: Among palliative care specialists a decreasing number supported PAS, direct active euthanasia (DAE), DAE for psychiatric patients, DAE in incompetent patients, and life terminating acts without explicit request (LAWER). Professionals of the cancer center were more in favor of DAE and PAS than palliative care specialists, but less in favor than medical students.

Significance of results: Significant variations among different professionals exist in attitudes toward euthanasia. The hypothesis that familiarity with the care of severely ill and dying patients is an important underlying factor explaining variance has been confirmed by these surveys.

KEYWORDS: Palliative care, Euthanasia, Survey, Physician assisted suicide

INTRODUCTION

New medical treatments, particularly in the context of incurable disease, are associated with ethical, clinical, legal, and social questions, especially with regard to the limits of medicine (Molloy, 1999). There is increasing agreement that prolongation of life might not always be an appropriate objective in itself and other considerations have to guide med-

ical decision making at the end of life, such as the improvement of quality of life and the prevention and relief of suffering (Sepulveda et al., 2002; Van der Helde et al., 2003). Medical decision making for patients with life-threatening and incurable diseases therefore requires a balanced perception and integration of medical, ethical, psychosocial, and societal aspects.

Within this context the debate over euthanasia and assisted suicide has grown remarkably in the past years. Different surveys concerning these issues have been conducted in many countries with the aim to evaluate the attitudes of the public

Corresponding author: F. Stiefel, M.D., Psychiatry Service, University Hospital, CH-1011 Lausanne, Switzerland. E-mail: frederic.stiefel@chuv.ch

(Caddel & Newton, 1995; Bachman et al., 1996), physicians (Stevens & Hassan, 1994; Emanuel et al., 1996; Meier et al., 1998), nurses (Shuman et al., 1992; Asch, 1996), and patients (Graber et al., 1996; Groenewoud et al., 1997). Recent cases involving physicians who hastened their patients' death (Quill, 1991) and the fact that several countries such as the Netherlands, Belgium, and Australia (temporarily) and the state of Oregon in the United States have decriminalized direct active euthanasia (DAE) and/or physician assisted suicide (PAS) or developed related legal regulations (de Wachter, 1989; Emanuel, 1996; Ryan & Kaye, 1996) has further stimulated this debate.

Several factors associated with physicians' endorsement of PAS have been identified, such as non-Catholic religion, lack of experience in palliative care, or the patient's medical condition (e.g., terminal illness, uncontrolled pain, dependency; Duberstein et al., 1995; Bachman et al., 1996; Portenoy et al., 1997; Grassi et al., 1999). The emotional state of the physician and the burden of treating terminally ill patients have also been reported to influence attitudes toward PAS (Portenoy et al., 1997). Although reports indicate that 25–30% of physicians have symptoms of psychiatric morbidity (Deckard et al., 1994; Ramirez et al., 1996), these findings have been only partially explored with regard to these attitudes. For example, in a survey of hospital physicians, nurses, and social workers, Portenoy et al. (1997) observed that burnout is a significant variable of the willingness to endorse PAS.

In Switzerland the discussion on DAE was launched by an intervention of a member of the national parliament in 1994. He requested that DAE of terminally ill patients not be punished by law if certain conditions are respected (Ruffy, 1994, 1996; Bittel et al., 2002). This request was not supported by a majority of the parliament, with many members stating that, since 1942, Swiss law has already allowed assisted suicide in the absence of an egoistic motive. In 1997, the head of the Department of Justice and Police commissioned a working group to evaluate the legal and ethical context of DAE and related issues. This working group recommended a new legal regulation of these issues with a majority requesting the extension of the penal code by a paragraph, according to which DAE would not be persecuted anymore in exceptional cases (Sterbehilfe. Bericht der Arbeitsgruppe an das eidgenössische Justiz- und Polizeidepartement, 1999). Again, this request was not followed by the health authorities. In 2005, the Swiss Academy of Medical Sciences modified their recommendations that assisted sui-

cide is not a medical act by stating that in exceptional cases, the decision of a physician to assist a patient's wish to commit suicide might be considered as reconcilable with his medical practice (Medizinisch-ethische Richtlinien zur Betreuung von Patientinnen und Patienten am Lebensende, 2005). Finally, since the beginning of 2006, the University Hospital of Lausanne in Switzerland allows Exit, an association for assisted suicide, to enter the hospital and assist patients' suicide in exceptional and well-defined situations (Directive institutionelle "Assistance au suicide," 2005).

Stimulated by these developments, this survey among health care professionals was conducted with the aim to obtain precise information concerning health professionals' attitudes toward PAS and related issues and to identify possible underlying factors modifying these attitudes.

METHODS

The survey was conducted sequentially among the three different populations.

The anonymous questionnaire was first mailed in November 2000 to the 726 members of the Swiss Association of Palliative Care (SAPC). Participants were asked to indicate their positions with regard to hypothetical scenarios concerning PAS and related issues and answer sociodemographic and professional questions as well as an open question concerning the decisional bases of the answers. In addition, the definitions of frequently used terms in the debate on euthanasia were enclosed. To illustrate the method of the survey, some of the questions are shown in Table 1. The results of this first survey have been published (Bittel et al., 2002). With an overall response rate of 55.6%, questionnaires were returned from 90 physicians, 286 nurses, and 28 other palliative care professionals.

The same questionnaire was used in 2003 to survey 148 health care professionals of the Institute of Oncology of the Italian speaking part of Switzerland (IOSI). With an overall response rate of 58.7%, questionnaires were returned from 22 physicians, 49 nurses, and 16 other health care professionals. The results reported in this article have not been published yet.

In 2005, the same survey was again conducted among first- and second-year medical students of Fribourg, a bilingual university of Switzerland, located at the border between the French- and German-speaking parts of Switzerland, with a majority of German-speaking students. Because the survey was introduced in the lectures on psychosocial medicine, the response rate reached 100%.

Table 1. Examples of the questions of the survey; respondents checked boxes labeled “I agree,” “I rather agree,” “I rather disagree,” and “I disagree” for each question

A patient suffering from severe, incurable physical illness asks his doctor for a prescription for a lethal dose of drugs to kill himself (PAS). I support the doctor being allowed by law to write this prescription.
A patient suffering from a severe, incurable physical illness asks his doctor to administer drugs to provoke his death (direct active euthanasia). A doctor should be allowed by the law to do so.
A patient suffering from a severe, incurable physical illness is not able anymore to make decisions on his own. The nearest relatives ask the doctor to administer drugs to provoke his death. A doctor should be allowed by law to do so.
A patient suffering from severe, incurable physical illness is not able to make decisions on his own. The doctor thinks there is no hope for improvement in the patient’s condition. The doctor should be allowed by law to administer drugs to provoke death (LAWER).
If I were suffering from severe, incurable physical illness I’d like to be allowed by law to end my life with a doctor’s assistance (PAS or euthanasia).
If I were suffering from severe, incurable physical illness and couldn’t make decisions on my own, I would like the doctor, at my nearest relative’s request, to be allowed by law to administer drugs that provoke my death.

Data Analysis

The four possibilities of answering questions of the survey (“I agree,” “I rather agree,” “I rather disagree,” and “I disagree”) were classified into “pros” (“I agree”) and “cons” (“I disagree”) and into those who may be considered as ambivalent (“I rather agree” or “I rather disagree”) (some of the questions of the survey are illustrated in Table 1; the entire questionnaire has been published elsewhere; see Bittel et al., 2002).

RESULTS

Tables 2 and 3 and Figures 1 and 2 summarize the attitudes toward legalization of PAS and related issues of the surveyed populations.

Among the palliative care specialists, numbers constantly decrease in favor of PAS (44%), DAE (31%), the delegation of decisions to relatives (16%), and life-terminating acts without explicit requests (LAWER) (10%). Among the professionals of the

Table 2. Percentage of each sample who agrees or rather agrees to legalization of PAS, DAE, DAE by proxy, LAWER, PAS for oneself, and PAS for oneself delegated to a proxy

	PC ^a N = 404	IOSI ^b N = 87	Students ^c N = 140	Overall difference
PAS	44%	73%	77%	46.6 <i>p</i> < .001
DAE	31%	65%	70%	82.8 <i>p</i> < .001
Proxy	16%	37%	40%	41.0 <i>p</i> < .001
LAWER	10%	32%	14%	29.6 <i>p</i> < .001
Oneself	45%	81%	85%	90.0 <i>p</i> < .001
Oneself–Proxy	23%	58%	57%	74.6 <i>p</i> < .001

^aMembers of the Swiss Society of Palliative Care.

^bProfessionals of the cancer center (IOSI).

^cMedical students of the Medical Faculty, University of Friburg, Switzerland.

cancer center (IOSI), numbers constantly decreased from a higher level, with 73% favoring PAS, 65% DAE, 37% the delegation of decision to relatives and 32% LAWER. Among medical students, supporters constantly decreased from an even higher level, with 77% favoring PAS to 70% DAE, 40% the delegation of decision to relatives, and 14% LAWER (see Table 2 and Fig. 1).

Participants were also asked to imagine the case of their own terminal illness. Among the palliative care specialists, only about half of the respondents (45%) wished to have access to PAS and DAE, whereas 81% of the professionals of the cancer center and 85% of the medical students expressed this wish. If incompetent, only 23% of palliative care specialists would delegate the decision to a proxy, whereas 58% of the professionals of the cancer center would do so and 57% of the medical students (see Table 2).

Table 3. Percentage of respondent physicians who would themselves practice PAS or DAE

	Palliative care, physicians (N = 90)	Cancer center, physicians (N = 22)	Medical Students (N = 140)	Overall difference
PAS	18%	55%	64%	48.2 <i>p</i> < .001
DAE	9%	55%	55%	51.8 <i>p</i> < .001

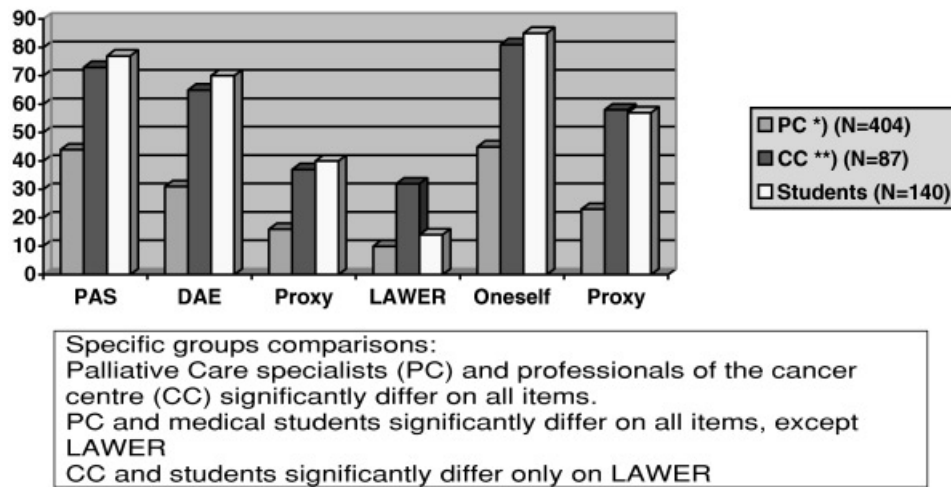


Fig. 1. Comparison of surveyed populations.

More than half of physicians of the cancer center (55%) and the medical students (64%) would practice PAS themselves and—if legalized—also DAE (55% and 55%, respectively), whereas only a minority of 18% of the palliative care physicians could imagine practicing PAS and only 9% DAE (see Table 3 and Fig. 2).

To summarize, Table 2 shows that palliative care specialists and professionals of the cancer center significantly differ on all responses; palliative care specialists and medical students also significantly differ on all responses, except LAWER, and professionals of the cancer center and medical students only differ on the question concerning LAWER.

DISCUSSION

Although the three surveys were conducted with the same questionnaire, the settings of the surveys differed. Palliative care specialists and professionals of the cancer center answered by mail and medical students during a lecture. The different settings may have not only influenced response rate, but also out-

come. Nevertheless the differences between the populations are highly significant and therefore support the initial hypotheses.

Palliative care specialists indicate a significantly more restrictive attitude toward PAS and related issues than professionals of the cancer center, who themselves report a slightly more restrictive attitude than that of medical students. Palliative care specialists are traditionally more prone to reject PAS and DAE (Bittel et al., 2002). Many national and international associations of palliative care, such as the European Association of Palliative Care (EAPC), have an official position against PAS and DAE (www.eapcnet.org/publications). However, palliative care specialists are also familiar with the care of patients with severe and terminal illnesses, which may also explain the differences. Based on their experience, and this was one of the hypotheses of the survey, palliative care specialists may also know that a number of requests of PAS and DAE might disappear, when physical and/or psycho-social and spiritual suffering is alleviated. This experience may not be shared by all profes-

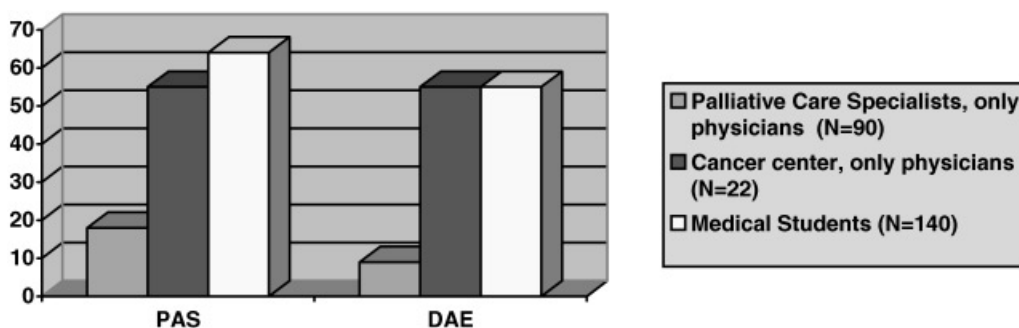


Fig. 2. Percentage of respondent physicians.

sionals of the cancer center and not at all by the medical students.

The attitude of medical students may be—at least to some extent—linked to their possible fears of dependency. Most young people have not been exposed yet to a personal experience of illness, and they may therefore project their “fears of the healthy” on the hypothetical scenarios mentioned in the survey. The wish for autonomy, on the other hand, somehow related to the fear of dependency, may be expressed to some degree in all three populations. The decreasing numbers of supporters for delegation of a decision for DAE to a proxy or for LAWER and the increased wish for PAS and DAE in case of an own terminal illness may illustrate this point. However, the sequential timing of the survey may also have influenced the outcome; in the last few years after the first survey, a broad political discussion about PAS and DAE has taken place in Switzerland, which may have influenced public opinion toward a more “liberal” attitude concerning these issues.

Different factors influence attitudes of health care professionals and the public toward PAS and related issues. Familiarity with the care of severely ill patients and the experience that requests for PAS are often arising in a specific context and that palliative intervention often represents an effective alternative to alleviate suffering may also explain a part of the variance observed in such surveys.

REFERENCES

- Asch, D.A. (1996). The role of critical care nurses in euthanasia and assisted suicide. *New England Journal of Medicine*, 334, 1374–1379.
- Bachman, J.G., Alcer, K.H., Doukas, D.J., et al. (1996). Attitudes of Michigan physicians and the public toward legalizing physician-assisted suicide and voluntary euthanasia. *New England Journal of Medicine*, 334, 303–309.
- Bittel, N., Neuenschwander, H., & Stiefel, F. (2002). Euthanasia: A survey by the Swiss Association for Palliative Care. *Supportive Care in Cancer*, 10, 265–271.
- Caddel, D.P. & Newton, R.R. (1995). Euthanasia: American attitudes toward the physician's role. *Social Science & Medicine*, 40, 1671–1681.
- de Wachter, M.A. (1989). Active euthanasia in the Netherlands. *JAMA*, 262, 3316–3319.
- Deckard, G., Meterko, M., & Field, D. (1994). Physician burnout: An examination of personal, professional, and organization relationship. *Medical Care*, 32, 745–754.
- Directive institutionelle “Assistance au suicide.” (2005). Centre Hospitalier Universitaire Vaudois (CHUV).
- Duberstein, P.R., Conwell, Y., Cox, C., et al. (1995). Attitudes toward self-determined death: A survey of primary care physicians. *Journal of the American Geriatric Society*, 43, 395–400.
- Emanuel, E.J. (1996). Oregon's physician-assisted suicide law. Provisions and problems. *Archives of Internal Medicine*, 156, 825–829.
- Emanuel, E.J., Fairclough, D.L., Daniels, E.R., et al. (1996). Euthanasia and physician-assisted suicide: Attitudes of oncology patients, oncologists, and the public. *Lancet*, 347, 1805–1810.
- Graber, M.A., Levy, B.I., Weir, R.F., et al. (1996). Patients' view about physicians' participation in assisted suicide and euthanasia. *Journal of General Internal Medicine*, 11, 71–76.
- Grassi, L., Magnani, K., & Ercolani, M. (1999). Attitude toward euthanasia and physician-assisted suicide among Italian primary care physicians. *Journal of Pain and Symptom Management*, 17, 188–196.
- Groenewoud, J.H., van der Mas, P.J., van der Wal, G., et al. (1997). Physician-assisted death in psychiatric practice in the Netherlands. *New England Journal of Medicine*, 336, 1795–1801.
- Medizinisch-ethische Richtlinien zur Betreuung von Patientinnen und Patienten am Lebensende. (2005). Schweizerische Akademie der Medizinischen Wissenschaften.
- Meier, D.E., Emmons, C.A., Wallenstein, S., et al. (1998). A national survey of physician-assisted suicide and euthanasia in the United States. *New England Journal of Medicine*, 338, 1993–2001.
- Molloy, D.W. (1999). Euthanasia and physician-assisted suicide. *New England Journal of Medicine*, 340, 1517–1518.
- Portenoy, R.K., Coyle, N., Kash, K.M., et al. (1997). Determinants of the willingness to endorse assisted suicide. A survey of physicians, nurses, and social workers. *Psychosomatics*, 38, 277–287.
- Quill, T.E. (1991). Death and dignity: A case of individualized decision making. *New England Journal of Medicine*, 324, 691–694.
- Ramirez, A., Graham, J., Richards, M.A., et al. (1996). Mental health of hospital consultants: The effect of stress and satisfaction at work. *Lancet*, 347, 724–728.
- Ruffy, V. (1994). Ruffy's motion to the Swiss National Parliament: Loosening the Swiss penal law with regard to direct active euthanasia. Swiss National Parliament, Bern.
- Ruffy, V. (1996). Ruffy's postulate to the federal Department of Justice and Police: Loosening the Swiss penal law with regard to direct active euthanasia. Federal Department of Justice and Police, Bern.
- Ryan, C.J. & Kaye, M. (1996). Euthanasia in Australia: The Northern Territory Rights of the Terminally Ill Act. *New England Journal of Medicine*, 334, 326–328.
- Sepulveda, C., Marlin, A., Yoshida, T., et al. (2002). Palliative care: The World Health Organisation's global perspective. *Journal of Pain and Symptom Management*, 24, 91–96.
- Shuman, C.R., Fournet, G.P., Zelhart, P.F., et al. (1992). Attitudes of registered nurses toward euthanasia. *Death Studies*, 16, 1–15.
- Sterbehilfe. Bericht der Arbeitsgruppe an das eidgenössische Justiz- und Polizeidepartement. (1999). Sterbehilfe, Bern.
- Stevens, C.A. & Hassan, R. (1994). Management of death, dying and euthanasia: Attitudes and practice of medical practitioners in South Australia. *Journal of Medical Ethics*, 20, 41–46.
- Van der Heide, A., Deliens, L., Faisst, K., et al. (2003). End-of-life decision-making in six European countries: Descriptive study. *Lancet*, 362(9381), 345–350.