

# Knowledge and Attitude Towards Euthanasia and Advance Directives amongst Medical Students in a Private Medical College and Hospital at a Metropolitan City of India

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## Abstract

**Background** - Decision making about 'End of life' is value-laden with respect to the context of culture and ethics. Advanced and improved medical technologies and well qualified health care professionals are always trying to sustain life, sometimes even when there is no hope of recovery. This has led to a need for an end of life decision making legislation more than ever.

Euthanasia (Painless or mercy killing) and advance directives are less popular concepts in Indian context as against the many of the nations worldwide.

**Objective**- To study the knowledge and attitude of medical students toward euthanasia and advance directives.

**Methodology** - 400 medical students were chosen randomly and a cross-sectional descriptive questionnaire based study was conducted administering a pre-tested, semi structured questionnaire to assess their knowledge and attitude regarding euthanasia and advance directives in a private medical college and hospital at Chennai. The data collected was statistically analysed using appropriate statistical tools in SPSS software.

**Results**- Female preponderance, 246 (61.5%) was noted in the study with female to male ratio being 1.6:1. 76% of them had heard about Euthanasia and 29% of them were aware of the concept of advance directives. 61% of them wanted active euthanasia to be legalised. 54% of them believed that this concept may easily be misused and that was the reason against opting for euthanasia. 34% of them were aware that the mental health act (MHCA), 2017 promoted advance directive in India. Although none of them had helped any patient write an advance directive, 77% of them felt that health care providers should always anticipate discussion about end-of-life issues with the patient.

**Conclusion**- This study concludes that majority of the medical students in teaching medical colleges and hospital had moderate to high level of knowledge of euthanasia and moderate to poor level of knowledge regarding advance directives.

**Keywords:** Euthanasia, Advance directives, Medical students, Awareness, Knowledge, Attitude.

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## Introduction

'Euthanasia' or 'good death' in Greek is painless mercy killing of patient suffering from an incurable / irreversible and painful disease. Physician assisted killing, by the act of commission is called active euthanasia. According to a study in Netherlands 54% of all the practising physician have performed active

euthanasia.<sup>[1]</sup> In India, active euthanasia is not legalised, because it is not considered as an noble death. Passive euthanasia is a death of the patient brought by the act of omission. Aruna Shanbaugh case was one of the main reasons in sparking legalisation of passive euthanasia in India under strict guidelines and reviewing of the Article 21 as 'right to die is a component of right to dignity'. Although euthanasia is considered to be practical by many, there are some who prefer the word unethical and against the law of nature.<sup>[2,3,4]</sup>

Advance Directives is a living will which gives durable power of attorney to a surrogate decision-maker, remaining in effect during the incompetency of the person making it. USA was the first country to introduce advance directives. According to a survey conducted in Filipino patients and their families a favourable attitude towards advance directives has been observed. However by large people still are hesitant across the world about advance directives as it can be easily misused<sup>[5,6]</sup>

There are surplus research about living healthy lives and successful aging. Nevertheless, there is a paucity of information on end of life (EOL) issues including euthanasia and advance directives amongst the health care providers in many developing countries including India. Hence it necessitates further studies amongst the future forerunners in health care regarding their attitude towards EOL issues.

### Methodology

This cross sectional study was undertaken after obtaining Institutional Ethical Clearance at Saveetha Medical College and Hospitals, Chennai. Randomly chosen 400 medical students who volunteered to be a part of this study were included (consent obtained). Anonymity and confidentiality of respondents for the questions was ensured. A pretested, semi-structured questionnaire was administered. The questionnaire had details about demographic data like age, gender and religion, followed by few questions to assess knowledge and attitude. Score was allotted to each question based on the response. Subjects who secured 50% or more were considered as having adequate knowledge, and those with less than 50% were considered as having inadequate knowledge towards EOL questions. This study was carried out for 6 months from April 2020 to September 2020. Statistical analysis was done using

Microsoft excel and SPSS statistical package version 24.

### Observation and Results

A total of 400 study population constituted in this study with female and male subjects 246 (61.5%) and 154 (38.5%) respectively and a female to male ratio being 1.6:1. The girls reported higher mean scores in knowledge ( $7.48 \pm 1.29$ ) and attitude ( $8.38 \pm 0.92$ ). The study consisted of 98, 112, 99 and 91 students belonging to 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and Final year MBBS. **[Figure 1]** Amongst the study population, 76% of them had heard about Euthanasia and 29% of them were aware of the concept of advance directives. 37% of them said that passive euthanasia was legal in India. 72% of them believed that Euthanasia was ethical, 75% were happy about legalising passive euthanasia by the Indian Government and 61% of them wanted active euthanasia to be legalised. 88% of the respondents were against using euthanasia for covering medical lapse. **[Table 1]** 44% of them felt that the main reason to support euthanasia was due to the right of an individual to die with dignity. **[Figure 2]** However 54% of them believed that this concept may easily be misused and that was the reason against opting for euthanasia. 76% of them would prefer euthanasia in a criminal with an incurable painful disease than letting the patient suffer for their guilt. Family members were the preferred ones to take decision regarding Euthanasia according to 63% of them the respondents followed by the treating doctors (18%), Court of law (9%), Lawyer appointed by patient (6%), Religious or spiritual leaders (4%). 39% amongst them felt Doctors from Surgical specialties would support Euthanasia closely followed by those from medical specialties (34%), Obstetrics and Gynecology (25%) and Pediatrics (2%).

With respect to Advance directives, 24% of the study population felt it to be reasonable to exist, 57% of them felt the surrogate decision makers might take advantage of the power to make money whereas over half of them (52%) also felt that surrogate decision makers (loved ones) in case of euthanasia would make the same decision as that of the patient. 34% of them were aware that the mental health act (MHCA), 2017 promoted advance directive in India. Although none of them had helped any patient write an advance directives, 77% of them felt that health care providers should always anticipate

discussion about end-of-life issues with the patient .23 % of them felt Advance directives were very useful. In cases where patients can no longer communicate and have no written ADs, as the doctor in charge 94 % of them were willing to communicate to the close relatives of the patient in order to determine the patient's wishes and about 54% of them would be an active participant in decision making if EOL situation was seen in their own family. .[Table 2] According to the study population , the main criterias' to decide on the right moment to discuss end-of-life issues with the patient was mostly during request to do so by the patient (56%), Spiritual availability of the patient (42%) and rarely at the time

disposal of the professionals (2%). This was largely governed by the efficiency of health professionals to discuss ADs with good rapport with the patient (60%) , communication skills (36%) ,and self-awareness of the health professional towards it (4%). According to the respondents, in cases where the patient could not communicate anymore , the relative was expected to communicate to the physician the patient's wishes and allow the physician to take the decision independently (28%),take decision jointly (49%), communicate his/her own wish and make the decision jointly with the doctor (18%) , not be involved at all (5%).

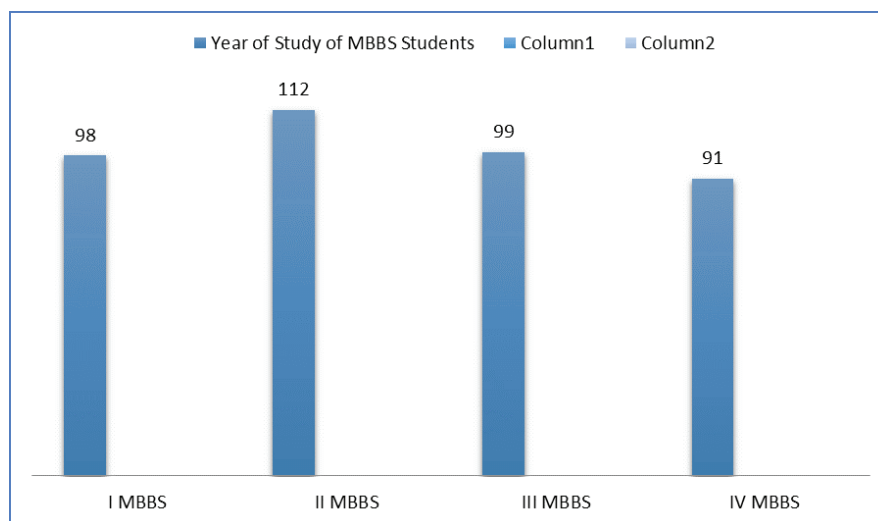


Fig 1 :Year of Study of MBBS Students

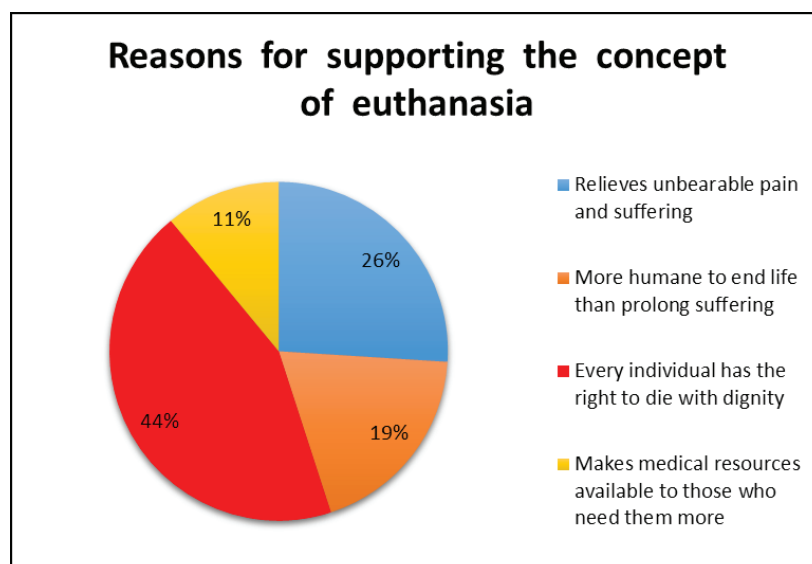


Fig 2 :Reasons in support of Euthanasia

**Table 1: Questions related to Euthanasia**

Question	Yes	No
1)Euthanasia is the painless killing of a patient who is suffering from an incurable and painful disease. Do you think euthanasia is ethical?	72	28
2) Is euthanasia is legal in India?	37	63
3)Do you think active euthanasia should be legalised in?	61	39
4)Do you think using euthanasia for covering medical lapse is correct?	12	88
5)Aruna Shanbaug case sparked the legalisation of passive euthanasia in India .Do you think the measures taken by Indian government is correct?	75	25
6) When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should be allowed by law to assist the patient to commit suicide if the patient requests it?	38	62

**Table 2: Questions related to Advance directives.**

Question	Yes	No
1)Do you think advance directive is a living will that gives the surrogate decision maker the durable power to make the decision due to the incompetence of the person to do it?	29	71
2)Do you think concept advance directive is the reasonable thing to exist?	24	76
3)Do you think surrogate decision makers would take advantage of the power ( decision making ) to make money?	57	48
4)Do you think surrogate decision makers (loved ones) in case of euthanasia will make the same decision as that of the patient?	52	48
5)Does mental health act (MHCA) , 2017 promote advance directive in India ?	34	68
6)Do you think that we should always anticipate with the patient the discussion about end-of-life issues	77	23
7)Did you already help a patient to write his ADs?	0	100
8)Do you think that ADs are useful?	23	77
9)If your relative can no longer communicate and has no written ADs, the doctor has the duty to speak to the close relatives of the patient in order to determine the patient's wishes: a)Are you satisfied with this role? b)Would you take a more active role in the decisions that affect your family? c)Would you prefer not to be involved at all in decisions about your relative?	94 54 69	6 46 31

## Discussion

The study was conducted on 400 medical student volunteers. Almost three fourth of them were aware about Euthanasia and believed it was ethical as well as being happy about legalising passive euthanasia by the Indian Government. Similar findings were observed in a survey conducted on Swedish medical students<sup>[7]</sup>. Over one third of the students supported euthanasia mainly because of belief in right to die with dignity just as entitled by Article 21 as discussed in Aruna Shanbaug case<sup>[4]</sup>. Over half of the students (54%) were hesitant about the concept of legalising euthanasia as they believed it could be easily misused for personal benefits similar to those performed during Nazi regime.<sup>[8]</sup>

With respect to advance directives, only 29% of students had basic idea about advance directives. Although 52% of students supported the advance directives and thought that loved one will make exactly same decision as that of the patient, almost equal number of students (57%) were convinced that they could be easily misused similar to observations by other authors<sup>[6,9]</sup>.

However, the students were convinced about the importance of doctors especially regarding communication to the patients during euthanasia as well as in cases of advance directives.

## Limitation

The limitations of the study comprise only a single questionnaire administration was done with limited questions related to hypothetical situations. Factors influencing students' responses such as personality, value system, and emotional state were not assessed. Further studies with more volunteers are required to attain statistical significance.

## Conclusion

This study concludes that majority of the medical students are aware of euthanasia and a very few are aware about advance directives. Many of the medical students support euthanasia practice and recent changes in law that involved euthanasia. Most students expressed

concerns of abuse if euthanasia and advance directives were legalised and practiced. Future studies are required to explore precisely the factors that influence medical students' attitudes toward euthanasia and advance directives and many awareness programs are required to be held for the same.

**Conflict of Interest :** Nil

**Ethical Clearance:** Obtained (SMC/IEC/2020/03/286)

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## References

- 1) Van der Maas PJ, Van Delden JJ, Pijnenborg L, Looman CW, of Statistics CB, Hague T. Euthanasia and other medical decisions concerning the end of life. *The Lancet*. 1991 Sep 14;338(8768):669-74.
- 2) Prabhu V, Kalita T. Ethics and Legality of Euthanasia in Indian Context. *EJAIB*. 2013;23:46-50.
- 3) Sinha VK, Basu S, Sarkhel S. Euthanasia: an Indian perspective. *Indian journal of psychiatry*. 2012 Apr;54(2):177.
- 4) Gursahani R. Life and death after Aruna Shanbaug. *Roop Gursahani*. 2011 Apr;8(2).
- 5) McAdam JL, Stotts NA, Padilla G, Puntillo K. Attitudes of critically ill Filipino patients and their families toward advance directives. *American Journal of Critical Care*. 2005 Jan;14(1):17-25.
- 6) Goldstein MK, Shadlen MF. Misuse of durable power of attorney for health care. *Journal of the American Geriatrics Society*. 1991 Jul.
- 7) Karlsson M, Strang P, Milberg A. Attitudes toward euthanasia among Swedish medical students. *Palliative Medicine*. 2007 Oct;21(7):615-22.
- 8) Michalsen A, Reinhart K. "Euthanasia": a confusing term, abused under the Nazi regime and misused in present end-of-life debate. *Intensive Care Medicine*. 2006 Sep 1;32(9):1304-1310.
- 9) Clemens KE, Klein E, Jaspers B, Klaschik E. Attitudes toward active euthanasia among medical students at two German universities. *Support Care Cancer*. 2008;16:539-545.