Review

Nurses' Perception and Role of Euthanasia: A Literature Review

Ni Luh Adi Satriani, Ari Wina Sani*, Ni Luh Putu Ayu Puspita Wangi, Herry Suwaja Cahyadi, Firman Abdurrahman, & Ketut Hendra Yanti Dewi

1Institute of Technology and Health Science Bali, Denpasar, Indonesia

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Abstract

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Introduction: Euthanasia is the most controversial ethical topic in the world of health. Nurses have an important role in providing holistic care for people with life-limiting conditions. However, they experience internal moral conflict and helplessness when patients ask them to assist in the dying process. This literature review aims to determine what is known about nurses’ perceptions and attitudes toward euthanasia.

Methods: The literature search was carried out using three databases, namely Google Scholar, PubMed, and Scinet Direct. The inclusion criteria for the literature search were articles with publication years 2014-2022 in Indonesian or English and complete articles that could be open access. The keywords used in searching for articles were adjusted to the Medical Subject Heading (MeSH), namely knowledge, nurses' attitudes, euthanasia, and nursing euthanasia.

Results: The literature review identified fifteen studies for inclusion in the final analysis. One article was semi-experimental, eight articles used a descriptive design with a cross-sectional approach, two articles used an epidemiological descriptive design, and two articles used descriptive-analytical methods. Nurses exhibit a range of attitudes towards euthanasia, including both positive and negative perspectives.

Conclusion: The issue of euthanasia has presented a significant challenge for nurses in achieving their goal of providing holistic care. Their personal, professional, and transpersonal perspectives influence nurses' perceptions and attitudes. Further research is needed to explore the impact on carers' emotional well-being, clarify their role, and determine the support they may require when engaging in euthanasia.

*Corresponding Author:
e-mail: winasani49@gmail.com

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INTRODUCTION

Euthanasia is the act of ending a person's life intentionally without pain, at the individual's request, and when the individual is suffering from an incurable disease or unbearable suffering. Based on its definition, the characteristics of euthanasia are the element of intention, the request of the individual concerned, the purpose of euthanasia, and carried out by another person. Several categories of euthanasia are voluntary, involuntary, and non-voluntary. This category is based on cases where the individual wants euthanasia, does not want euthanasia, and is unable to express a desire for euthanasia due to medical conditions. Euthanasia is also categorized into passive and active forms of euthanasia based on the action chosen, either ending life intentionally or stopping therapy that supports an individual’s life. Active euthanasia is used deliberately to shorten an individual’s life [1].

Euthanasia is the most controversial ethical topic in the world of health [2]. Since debates began in the European Parliament in 1991, social claims for including euthanasia in health systems have increased. Consent and the legality of euthanasia provide an opportunity to decide about the implementation of euthanasia in groups with unique characteristics [3]. Euthanasia legislation was pioneered by countries such as the Netherlands (2001) and Belgium (2002) and has been progressively implemented in Luxembourg (2009), Colombia (2015), Canada (2016), the Australian state of Victoria (2017), and Zealand New (2021). In the case of New Zealand, the law was approved in 2020 and implemented in November 2021. Before this, the most recent approval of a law related to euthanasia was the Spanish Organic Law, passed on March 24, 2021 [4].

Nurses have an important role in providing holistic care to people with terminal conditions and euthanasia. Based on scientific research [5], it identified 15 roles and 80 tasks that nurses take on during the euthanasia process. The nurse’s duties in euthanasia are divided into five categories: initial care and assistance, evaluation of the patient’s condition, euthanasia procedures, debriefing and notification, and overall role.

Although nurses play an important role in the euthanasia process, this role is still considered illegal in many countries. In Indonesia, if viewed from a human rights perspective, it contradicts several articles in the 1945 Constitution of the Republic of Indonesia regulating human rights, including Article 28A, 28G section 2, and 28I section 1. Apart from these articles, the act of euthanasia is also contrary to Article 4, 9 section 1, and 33 section 2 of Law Number 39 of 1999 concerning Human Rights. Then, in the context of positive law in Indonesia, until now, there are no specific regulations governing the implementation of euthanasia in Indonesia. Perpetrators of euthanasia in Indonesia are still threatened with articles 338 of the Criminal Code, 340 of the Criminal Code, 344 of the Criminal Code, and 345 of the Criminal Code [6].

Nurses face terminally ill patients more often than other professions. They are frequently asked to carry out euthanasia by patients and families because nurses are the first health workers they meet. Many factors
create ambiguity in the decision to carry out euthanasia [7]. The attitudes of health workers towards euthanasia vary greatly and have an impact on their behavior towards euthanasia [8]. Individual attitudes toward euthanasia are related to many factors, such as age, gender, education level, family factors, beliefs, and level of nurse specialization [9]. Based on this, this literature review aims to identify nurses' attitudes regarding euthanasia.

METHODS
The research design used in this research is a literature review. The literature review protocol and evaluation uses the PRISMA checklist to determine the selection of studies that have been found and adapted to the literature review. The literature search was carried out using three databases: Google Scholar, Pubmed, and Scient Direct. The inclusion criteria for the literature search were articles with publication years 2014-2022, in Indonesian or English, and were complete articles that could be open access. The keywords used in searching for articles are adjusted to the Medical Subject Heading (MeSH), namely knowledge, nurses' attitudes, euthanasia, and nursing euthanasia. The number of articles used was 15 articles out of 17,016. Researchers used critical appraisal to assess studies that meet standards. Research meets the inclusion criteria if the research score is at least 50% higher than the cut-off value agreed upon by the researcher. Researchers excluded low-quality studies to avoid bias in the validity of results and review recommendations, so the final screening of articles used in the literature review totaled 15. The results of the selection of study articles can be depicted in the flow diagram below.

![Flow Diagram](image-url)

Fig. 1. PRISMA-based flow diagram
RESULTS

A total of fifteen studies were selected for inclusion in the final analysis. One article was semi-experimental, ten articles used a descriptive design with a cross-sectional approach, two articles used descriptive-analytical, and two articles with qualitative design. One of the studies conducted by Arianne (2020) obtained results that as many as 60% of the general public agree that people with advanced dementia should be eligible for euthanasia. Factors associated with positive attitudes toward euthanasia were female gender, age between 40 and 69 years, and a higher level of education. Perceiving religion as necessary was associated with lower acceptance [10]. This aligns with research conducted by Bokharai (2021) with research results. The majority of nurses have a neutral attitude towards euthanasia. Nurses have an important role in caring for terminally ill patients in various hospital wards [11]. Nurses are also important in providing holistic care for people with life-limiting conditions. However, they experience internal moral conflict and helplessness when patients ask them to assist in the dying process.
### Table 1
Summary of the literature

<table>
<thead>
<tr>
<th>Author and year</th>
<th>Result of factor analysis</th>
<th>Summary of finding</th>
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<tr>
<td>M. Wilson, M. Wilson, S. Edwards, L. Cusack, and R. Wiechula, 2022 [12]</td>
<td>The results of this study showed that the attitude of nurses who agree to a request for death has a weak influence on value (estimate ( \beta = 0.049; p &lt; 0.001 )), while the attitude of nurses who reject the patient's request for death has a more significant result on value (norms of rights: ( p &lt; 0.0001 ) and norms of obligations: ( p &lt; 0.0001 )).</td>
<td>Compared with nurses who did not support legal assisted dying, nurses who supported legal assisted dying had stronger beliefs in patients' rights. Nurses who do not support legally assisted dying have a stronger belief in the ethics of their duty to patients and often have the dual intention of discussing the request with the patient but also redirecting the request and considering alternatives.</td>
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<td>Terkamo-Moisio, C. Gastmans, O. P. Ryynänen, and A. M. Pietilä, 2019 [13]</td>
<td>The majority (85.2%) of nurses felt that their perspective should be considered in decision-making regarding euthanasia. In addition, most participants (74.7%) reported a willingness to participate in the euthanasia process if it was legal, and 88.6% agreed that a nurse should be present when euthanasia is performed if the patient wishes. Additionally, more than half agree that some preparation tasks are part of their job description. However, a slight majority (32.9%) agreed with the possibility of an obligation to participate based on their profession. Nurses' age, religiosity, and education level influenced their attitudes, according to the results of the current study.</td>
<td>There was a strong agreement regarding decision-making regarding euthanasia and participation in the euthanasia process; the obligation to participate based on the profession is rejected by the majority of respondents. Respondents considered themselves only as consultants in the decision-making process regarding euthanasia and were not responsible for these decisions.</td>
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<td>V. Poreddi, N. Reddy SS, and D. R. Pashapu, 2022 [14]</td>
<td>The results of the research showed that the majority have a positive attitude towards the implementation of euthanasia. There were significant differences between students' attitudes and socio-demographic variables regarding euthanasia. Respondents aged more than 20 years, men, and medical students who had encountered patients who needed euthanasia were statistically significantly different in the implementation of euthanasia and family participation domains (( p &lt; 0.05 )). In general, the attitude of nursing and medical students towards euthanasia was only 47.5% of respondents support the legalization of euthanasia, 43.1% do not want to use euthanasia as a service even though it is legalized, and they do not wish euthanasia to be implemented, 68.8% of the patient's family must be consulted regarding the euthanasia decision.</td>
<td>Euthanasia is a common ethical issue in end-of-life care. This research showed that the majority of medical and nursing students had a pro-euthanasia attitude. However, moral dilemmas still occur among participants regarding euthanasia and the legalization of euthanasia. Therefore, it is highly recommended that health students receive ethics education to help them address euthanasia-related issues in their professional practice.</td>
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<td>Author and year</td>
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<td>Ovayolu Ö1*, Ovayolu N2 and Bozkurt B3, 2021 [15]</td>
<td>Of the study group, 61.3% considered their information about euthanasia to be insufficient, 86.6% knew that all types of euthanasia are illegal in Turkey, and 40.1% considered that passive euthanasia is carried out clandestinely in intensive care units. It was determined that 12.0% of the study group supported active euthanasia, and 59.2% supported passive euthanasia.</td>
<td>There were no significant differences between male and female nurses from the perspective of passive and active euthanasia approaches.</td>
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<td>Betül Başar Kara1, Osman Güney, 2017 [16]</td>
<td>This research found that 50.8% of nursing students knew about euthanasia, and 65.0% did not carry out follow-ups on dying patients. 61.3% of medical students have no knowledge about euthanasia, and 87.1% do not follow up on dying patients</td>
<td>Most medical students had no knowledge about euthanasia, but they stated that this practice is a “human/patient right,” and they stated that this practice should be legalized in Turkey. Attitudes of nursing and medical students towards euthanasia It was determined that both nursing and medical students had negative attitudes towards euthanasia, death, and seriously ill patients and opposed the legalization of euthanasia.</td>
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<td>Mojtaba Senmar, Hossein Rafiei, Razie Alipour, Fatemeh Yousefi, Nooshin Elkiaei, Mahdi Najafi, Mohammad Bokharaei, 2016 [17]</td>
<td>Of the 302 nurses, 86.8% (n=262) were women, and the rest were men. The average age of nurses in this study was 31.1 ± 5.9 years. The mean total score of nurses' attitudes was 66.6 ± 1.2. Concerning the EAS domains, the mean scores of the ethical considerations, practical considerations, respect for life, and naturalistic beliefs domains were 35.1± 7.5, 8.7± 2.1, 15.3± 2.5, and 6, respectively. .3±1.9.</td>
<td>Nurses have an important role in caring for terminally ill patients in various hospital wards. Based on the findings of this study, the majority of nurses had a neutral attitude toward euthanasia.</td>
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<td>Dennis Demedts, Marc Roelands, Julien Libbrecht, Johan Bilsen, 2020 [18]</td>
<td>Half of the nurses in the sample were involved at least once in the UMS euthanasia process. Most mental health nurses support UMS euthanasia. Nurses show different attitudes when it comes to various mental illnesses. In some cases, mentally ill patients may suffer greatly, and the patient may submit to euthanasia voluntarily. Nurses stated that they had an important role in the UMS euthanasia process but also demanded more knowledge and clear guidelines for implementing the procedure.</td>
<td>Most nurses agreed to legalize UMS euthanasia. The majority of nurses stated that their role was very crucial in the UMS euthanasia process. Most nurses believed there was a lack of information and guidance regarding UMS euthanasia.</td>
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<td>Jamshidi, Moogahi, Ebrahimi Nasr, 2022 [19]</td>
<td>58.3% of nurses were against euthanasia, and 41.7% were in favor. In voluntary passive euthanasia, the mean age of nurses who dissented was significantly higher than those who agreed to euthanasia (p=0.003). In involuntary passive euthanasia, the mean</td>
<td>More than half of nurses in intensive care units opposed euthanasia. With increasing age, total length of service, and length of service in intensive care units, the level</td>
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service history of dissenting nurses was considerably higher than agreeing (p=0.005). The average length of service in the intensive care unit of anti-euthanasia nurses was significantly higher than that of consenting nurses (p=0.002). Single nurses were significantly more supportive of euthanasia than married nurses (p=0.005). Nurses with a bachelor's degree were significantly more likely than nurses with a master's degree to oppose euthanasia (p=0.047). Nurses who had someone with a particular disease in their family were significantly more in favor of euthanasia than other nurses (p>0.001).

Nurses had a negative attitude towards euthanasia. 77.5% of nurses reported that even if euthanasia were legalized, nurses would not be involved in it. 71.7% of nurses reported that even if religious leaders accepted euthanasia, nurses would not carry out euthanasia.

Some students supported euthanasia, and some opposed it. Most students viewed the conscientious objection rule as positive and necessary. Students reported that they did not have in-depth knowledge of the law, and those familiar with it expressed misgivings. Students also felt a lack of information and training regarding euthanasia management.

The mean score obtained on the Euthanasia Attitude Scale was 75.95 (SD = 16.53). The mean score obtained on the Death Anxiety Scale was 7.56 (SD = 3.05). The variables age and work experience were negatively correlated with the total score of the Euthanasia Attitude Scale and the categories 'Ethical considerations,' 'Practical considerations,' and 'Respect for life.' On the other hand, there was a significant positive correlation between age and work experience in the 'Spiritual beliefs' category.

The mean total score of the Health Professions Euthanasia Attitudes Scale (HPEAS) of participants was found to be 83.04±16.07, while the mean total score of their Ok-Religious Attitudes Scale (ORASI) was 83.04±16.07.
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<td>Özlem Doğan, Yusukeol Özlem Koç, Nazli Baltaci, Habibe Polat, 2017 [24]</td>
<td>was determined to be 34.01±6.00. Therefore, the participants had a moderate attitude in supporting euthanasia, while their religious attitudes were positive.</td>
<td>influences this attitude is religious belief.</td>
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<td>David Gibbes Miller, 1 Rebecca Dresser, 1, 2 Scott Y H Kim, 2017 [25]</td>
<td>As many as 60% of the general public agreed that people with advanced dementia should be eligible for euthanasia. Factors associated with positive attitudes toward euthanasia were female gender, age between 40 and 69 years, and a higher level of education. Perceiving religion as important was associated with lower acceptance. The percentage of doctors who consider euthanasia in people with advanced dementia to be acceptable is 24% for general practitioners and 23% for doctors.</td>
<td>There was a gap between society's acceptance of euthanasia in patients with advanced dementia and physicians' willingness to euthanize these patients. These differences can create tension in daily practice because patient and family expectations may not be met. This reported urges patients, families, and physicians to discuss shared expectations in this complex situation comprehensively and timely.</td>
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<td>Angela Maria ortega-galan, olivia ibanes-mazero, elia fernandes-martimes, rocio ortiz-amo, laura 2023</td>
<td>Of the total sample, 76.6% were women, and 23.4% were men, with a mean age of 44.75 (SD = 11.92) years. A total of 30.7% of the sample worked in primary care, and 27.6% worked in inpatient units. The remaining professionals worked in critical care, emergency, medical/surgical units, mental health and outpatient consultations, and other services. The average number of years of work experience was 21,099 (SD = 12.51) years. For the EAS scale, the average score obtained was 75.95 (SD = 16.53), with the highest average score in the ethical considerations section of the questionnaire. Regarding the DAS, the average score was 7.56 (SD = 3.05)</td>
<td>The situation presented a worrying paradox. There was a striking difference between the positive attitude of professionals towards euthanasia and the desire to participate in its implementation.</td>
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DISCUSSIONS

This review has aimed to learn about the attitudes of nurses among the attitudes towards euthanasia. Those that concern practical considerations demonstrate that, with more excellent work experience and age, the positive vision of euthanasia and the intention to participate in the euthanasia context decrease. In terms of ethical considerations, it can be seen that younger nurses with less work experience have more positive attitudes and perceptions towards euthanasia than professional nurses, as well as a better outlook on life. It has been revealed in the literature that several factors, including culture, existing laws, ethical principles, and religious beliefs, influence attitudes toward euthanasia [26]. Attitudes towards euthanasia were more favorable among the participants who would want to have euthanasia for themselves or a relative and those who thought that active or passive euthanasia should be practiced. This result may have occurred due to the participants' views about the concepts of life and death and their values. Proponents argue that euthanasia provides a way for terminal patients to be relieved of their suffering, emphasizing that the patient requests euthanasia and meets the necessary criteria [27]. Therefore, they place more weight on how life is lived than on the concept of life and the patient's autonomy [28].

In addition to respecting personal autonomy, other influencing factors toward a more positive view of euthanasia include experiencing uncontrollable pain, unbearable suffering, and other unpleasant patient situations or circumstances [29]. In other words, autonomy and freedom from pain and suffering are the most important values for younger nursing professionals. They are regarded as being more valuable than preserving life or even not causing death, which, in former times, was the core purpose of healthcare [30].

In this respect, the term ‘conscientious objection’ is known to students and viewed positively, which does not align with other studies in which conscientious objection is perceived as a severe problem, as it interferes with the needs of the patient and the personal values of the healthcare professional [31]. This situation must be recognized and identified as a new challenge for the transmission of nurses' values. Institutions and individuals responsible, based on the universal values of the evolving model of society, must consider this.

CONCLUSION

Based on fifteen articles, this study highlights euthanasia, and the current situation presents a worrying. There is a striking difference between professionals and students regarding negative and positive attitudes toward euthanasia and their willingness to participate in its implementation, which is acceptable under any circumstances. Because patient and family expectations may not be met, this report urges patients, families, and physicians to discuss shared expectations in this complex situation comprehensively and on time. However, they realized they were unable to cope with the new legal situation and demanded additional training regarding
ethical conflicts at the end of life to avoid potential psychological sequelae. Factors associated with positive attitudes toward euthanasia were female gender, age between 40 and 69 years, and a higher level of education. Perceiving religion as important was associated with lower acceptance. The majority of nurses have a neutral attitude towards euthanasia. Results obtained in understanding euthanasia vary according to culture and beliefs. The implementation of euthanasia still has pros and cons in its implementation so that the implementation cannot be carried out optimally.

REFERENCES


