Attitudes of final year medical students of Khartoum University towards euthanasia

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Abstract

Background: This study aims to investigate the attitudes of the final year medical students of University of Khartoum towards euthanasia.

Methods: An anonymous questionnaire was distributed to 182 students.

Results: The response rate was 83.5%. The majority (71.1%) opposed euthanasia (64 males and 44 females), 76.8% of them stated strong religious concerns. The reasons for their decision included religious grounds, ethical consideration and fear of misuse. The proponents of euthanasia were 33 students (21.7%), 17 females and 16 males, four (12.1%) stated strong religiosity and all of them were familiar with euthanasia (as a concept). They stated reasons for their position such as unbearable sufferings of patients and respecting their desire and dignity.

Conclusion: The students were generally opposed to euthanasia; but expressed their willingness to participate in the international debate on euthanasia. Recommendations based on this study included curricular reform to study issues such as care of patients with terminal illness and medical ethics.

Introduction

Euthanasia is defined as deliberate ending of life of a patient suffering from an incurable and painful disease. Historically, scientific and legal debates about the ethics of euthanasia date from ancient Greece and Rome1. In the Hippocratic age, about 500 B.C. doctors were admonished against 'giving a deadly drug to any patient'2. In 1870, SD Williams proposed that anaesthetics can be used to intentionally end the lives of patients with painful and incurable disease2. Williams’ proposal initiated extensive debates about the ethics of euthanasia in America and Britain in the period 1870-19302. During the last thirty years the debate about euthanasia raged again resulting in accepting euthanasia in some areas of the world, when performed according to the voluntary request of an extremely suffering patient23.

Sudan is the largest country in Africa and the Middle East, covering an area of 2.5 million kilometers (2% of the earth surface). The current Sudanese (35 millions) are, ethnically, a product of Hamites, Samites and Africans due to Arab migration and inter-marriage with Nubians in the seventh century. As such, the Sudanese culture is diverse, including African, Arabs, Islamic and Christian elements. In Northern Sudan, where the present study was carried out, Islam is the dominant culture in people’s life. Muslims believe that Islamic teachings should control every aspect of their lives, (vast or small) including death. Islamic teachings are concerned with end of life issues as this is the gate to eternal life. Worldwide, popular media and professional literature have been intensively discussing the topic of euthanasia, but this is not the...
situation in the Sudan. Neither scientific research nor the media had initiated such a debate. However, study among 382 Sudanese doctors with varying ages and different specialties showed that the response rate was 65% and that eighty five percent of respondents strongly opposed euthanasia while the rest stated that euthanasia should be performed under strictly safeguarded situations\(^{(1)}\).

In a developing country such as Sudan, university students constitute an important resource for the nation’s prosperity and welfare. Most of the seeds of the future professional and ethical principles of medical practice are sown during the undergraduate period. Nowadays, with the increasing international interest in medical ethics, there is proliferation of publications, and resurgence of moral issues such as euthanasia and human cloning\(^{(2)}\). Hence ethical reasoning, and decision-making are becoming increasingly relevant to efficient clinical practice\(^{(3)}\). Our impression is that teaching of end of life issues including palliative care and ethical decisions such as euthanasia is almost absent in our medical schools (both in under and postgraduate programmes). This, consequently, leads to lack of skills of resolving ethical dilemmas. Therefore, the expected reaction to an ethically controversial issue is to hurriedly label it as ‘unethical’. Even internationally, teaching of ethics suffers from some deficiencies. There is focus on teaching bioethical theories and concepts rather than using this knowledge in case-based teaching and in reducing the uncertainties at the bedside\(^{(4, 5)}\). Another curricular deficiency in our schools is in teaching of palliative and terminal care (which is of crucial relevance to euthanasia decision-making). Our medical schools, similar to the situation abroad, have almost no teaching programmes on medical and psychological care of the dying patients and their families\(^{(6, 7)}\). In fact, proper teaching of palliative care is received favorably and may positively influence the students’ attitudes towards care of, and communication skills with the terminally ill patients\(^{(8)}\).

It is important to know how the attributes of medical students will translate into future behaviors towards patients and peers by examining the perception of future doctors. The aim of this study is to investigate the attitudes of the final medical students of a Sudanese university towards euthanasia, and to determine factors that influence these attitudes. We intended to initiate national and regional debate on this highly controversial issue, rather than to promote a particular view against euthanasia.

**Subjects and Methods**

The study was carried out among the final year students of the Faculty of Medicine, University of Khartoum in the academic year 2001-2002 (enrolled students were 270, of nearly equal gender distribution). Among the Sudan’s 26 medical schools, Khartoum is the largest and oldest (established in 1924) and adopting a classical 6 years (3+3) curriculum.

Data were collected through a questionnaire that was distributed to all targeted students available on a given day in January 2002. The questionnaires were delivered to the students by research assistants, to be completed and returned in a sealed envelope into a box in an identified office. The questionnaire was anonymous and assured the data was treated with strict confidentiality. The questions were direct and scored on an ‘agree, disagree’ scale. The validity of questionnaire was examined by a pilot study on 30 students.

For the purpose of clarity euthanasia was defined as the deliberate administration of an overdose of a medication to a hopelessly ill patient with unbearable sufferings at his request with a primary intention to end his life\(^{(1)}\).

The questionnaire was designed to collect the following data:

- **Student characteristics**: age, gender, religion.
- **Degree of adherence to Islamic fundamental teachings**: The students were asked to self-grade themselves as either strongly or moderately religious. They were asked to provide the following data:-
  - The number of terminally ill patients seen in the last six month.
  - Familiarity with the term and concept of euthanasia.
  - If they agree or disagree that euthanasia is ethically justified or to be legalized.
  - Statement of their reasons for either agreement or disagreement.
  - Where applicable, the analysis of data was carried out using the student’s t-test. The significant level was determined at P <0.05.

**Results**

Of the 182 students to whom the questionnaires were distributed, 152 completed the questionnaire (response rate of 83.5%). Their ages were between 23-27 years, 86 (56.6%) were males and 66 (43.4%) were females. All the respondents were muslims, 87 (57.23%) of them described themselves as having strong religious belief, and the rest, 65 (42.8%) were of moderate religious belief. One hundred and thirty one students (86.1%) were familiar with euthanasia (as a term and concept). They read about it in the professional or lay journals. The students mentioned that there was no formal teaching on euthanasia. We investigated exposure of the respondents to terminally ill patients in the last six months, 52 students (34.2%) saw more than three cases, while the rest saw less than three cases.

Of the 152 respondents there were 11 students (7.2%) who did not answer the questions on their attitudes towards euthanasia (6 males and 5 females). Of them, 3 (27.2%) were familiar with euthanasia, the 11 student 100%) were of moderate religiosity, 5 of them saw more than 3 terminally ill patients in the last six months. The remaining 6 students saw less than three patients during the same
period. Those who were against euthanasia and stated that it should not be legalized were 108 students (71.1%), 64 males and 44 females. The reasons stated for this position included religious backgrounds, unethical behaviour fear of misuse for incapable patients and fear of distracting future research away from better care of the dying. On the other hand, 33 students of the respondents (21.7%) supported the idea of euthanasia stating that at certain situations it can be performed and it should be legalized by the concerned authorities. The reasons stated for this position included relief of the patient’s suffering, respect of the patient’s desire (and autonomy) and helping the patient to die in dignity. The proponents of euthanasia suggested safe-guards or restrictions to be observed and that euthanasia is legalized and the indication include the presence of incurable disease, severe permanent pain, psychiatric consultation, second opinion of an official committee of doctors and lawyers, consent of the family. The decision should be based on the current situation and not the presumed future consequences. Of the proponents (33 students) only 18 (54.5%) mentioned that they would personally perform euthanasia if it was legalized by the concerned authorities. Table 1 shows the association between students’ attitudes towards euthanasia and their gender, religiosity, familiarity with euthanasia and number of terminally ill patients they saw in the last six months.

Discussion
The high response rate indicates the willingness and interest of our students to participate in the international debate on euthanasia. This rate is much more than that of the Sudanese doctors(1). This response is more than what is reported internationally(9,10,11). Although facing death and the dead every day, the medical students reveal no significant difference in fear of death than other students (12). They may be more disturbed by the process of dying than by the thought of non-existence(12). The students fear not only the physical pain; but the other terminal sufferings such as loss of personal independence, and feelings of helplessness(12). Radulovie and Mojisilovic reported that 71 % of the law and 62% of psychology students supported euthanasia in contrast to 36% of medical Students(14). In this study, 21.7% of students supported euthanasia.

The overall opposition to euthanasia in this study is not unexpected. The international studies among students showed an opposition rate of 40-72%(10,14). But this degree of opposition is less than that of the Sudanese doctors. This is consistent with studies abroad which confirmed that doctors are more conservative than students in supporting euthanasia(6-15). The studies also prove that doctors place their highest value on disease-based information as a strong determinant of their decision on euthanasia, while the students place more weight for the quality of life(15).

It is difficult to take this finding as an indicator of a possible positive change toward euthanasia among future professionals. Our society, at large, is conservative and such changes may need several generations. A question may arise whether in the Sudan we can generalize our finding to other medical schools. A distinction should be made between agreement to legalize, and willingness to personally carry out euthanasia. Our findings are consistent with studies which indicated that the majority of euthanasia proponents are unwilling to terminate a life
of a patient by themselves\(^{(6)}\).

There are many factors influencing the attitudes of medical students towards euthanasia. Among these factors are religious beliefs, gender, personal philosophy and contact with terminal patients. In fact the religion is the strongest determinant of students’ attitudes towards euthanasia. The euthanasia opponents who described themselves as ‘Muslims of strong religiosity’ consider euthanasia as equivalent to murdering. Islam opposes euthanasia and encourages Muslims to view pain and suffering as a potential blessing or even as ‘sins eraser’. Some Islamic opinions (Fatwa) grant the patient with an unbearable terminal disease the right to refuse medical treatment\(^{(16)}\). Some of the Sahaba (those who followed and lived at the time of the Prophet Mohamed PBUH) withheld treatments in their terminal diseases\(^{(16)}\). One may presume that those men wished to die in dignity.

Studies involving Christian students showed that the religious beliefs are also associated with a negative attitude toward euthanasia. In one study 75% of students opposed euthanasia compared to 40% of students without a definable faith \(^{(10)}\). The Roman Catholic and Lutheran churches do not consider interventions to end the life of a patient in a terminal condition\(^{(17)}\). This position is based on the principles of ‘sanctity of life’ as a fundamental value in the Christian faith\(^{(17)}\).

The personal philosophy of some students largely shape their attitudes toward euthanasia. Most feel specific responsibility toward the terminally ill and relate euthanasia to such patients to the Nazi killing of the handicapped and minorities \(^{(18)}\). The majority of medical students in this study believe that human life is holy and untouchable.

Some opponents believe that euthanasia legalizations can be dangerous for the incapacable patients (e.g. fragile elderly, mentally retarded or children) \(^{(19)}\). There are fears of threatening the moral integrity of the medical profession, subverting the social role of a doctor as a healer and may lead to interference of lawyers, judges and police in the daily medical practice\(^{(20)}\). The opponents also fear diverting the attention away from improving terminal care\(^{(20)}\). On the other hand, the proponents of euthanasia raise several arguments. They believe that the concept of autonomy can be extended to the timing and manner of death\(^{(21,22)}\). They argue that their aim is to save their patients unmitigated sufferings\(^{(21,22,24)}\). Also they approximate euthanasia to withholding life sustaining treatment; as the result in both conditions is the same-the patients death\(^{(25)}\).

Other factors thought to influence attitude toward euthanasia are gender and clinical experience with terminally ill patients. Some studies indicated that the female sex is significantly associated with a positive attitude toward euthanasia\(^{(26)}\). Some studies including ours indicated the reverse\(^{(27)}\). However the majority of the studies indicated no significant gender difference\(^{(10,11)}\).

Surprisingly, the acceptance of euthanasia was found to be inversely proportional to the clinical experience especially with terminally ill patients\(^{(15)}\). Thus, medical students are more willing than doctors to accept euthanasia\(^{(13)}\). The social sciences students, with theoretically no or less personal experience with terminal patients have got more a permissive attitude toward euthanasia than medical students\(^{(27)}\). Oncologists acceptance of euthanasia is far less than other specialists\(^{(28)}\).

Our study is not without limitations. Although the response rate is comparable to similar studies, nevertheless it is low. The junior medical students were not involved (at least as a control). We suggest in future studies to involve students from relevant fields such as psychology, nursing and law to widen the scope of such studies.

Conclusions

Everyday euthanasia and other end of life issues stimulate more debate among the professional and lay communities. Medical students must be well prepared to treat and help the dying patients (at least to preclude wanting a quick death). Profound changes are urgently needed in the curricula of our schools to thoroughly cover the issues of end-of-life care.

There is a need to establish teaching and training on medical ethics in our medical schools. We recommended the adoption of a case-based teaching format that translates the theoretical knowledge on medical ethics into guidelines to clarify uncertainties on decision-making in clinical practice.

We suggest surveying the attitudes of the general population towards euthanasia. The students are integral part of their society and cannot be expected to be unaffected by its influences.

Lastly, we hope that our study can offer useful and interesting information on a sensitive and ethically controversial issue. We will be quite satisfied if we could only generate a debate on euthanasia among the medical and lay community.

References

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