

Nursing Students' Attitudes Towards Assisted Suicide and Euthanasia

A Study from Four Different Schools of Nursing

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In 1991/92, 289 students from four different schools of nursing in Norway participated in a case-related attitudes test. The nursing students answered questions concerning their personal views on the moral and legal implications of either assisting suicide or performing euthanasia. They also indicated whether they themselves were willing to perform these acts. The results were compared with responses from a study on students from other faculties in 1988. The findings suggested that nursing students were significantly ($p < 0.0005$) more restrictive than the other students in their attitudes towards voluntary active euthanasia (VAE). Factors that influenced the nursing students' attitudes towards VAE were measured by the index of VAE. Religious belief ($p < 0.0001$), conservative political view ($p < 0.01$), and the perception of life as meaningful ($p < 0.02$) were the best predictors of the dependent variable.

Key words: voluntary euthanasia, religious belief, nursing students.

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INTRODUCTION

In biomedical ethics the doctrine of the sanctity of life has been a general principle from the time of Hippocrates. This doctrine has provided clear guidelines to nurses in their daily work. The international code for nurses emphasizes the respect for life (ICN 1973). However, over the past few decades the Western world has changed its moral values. Autonomy and quality of life seem more important today to many people than the sanctity of life (Kuhse 1987, Rachels 1986). It is a paradox that at a time with growing expertise in palliative care, discussions about the legalization of active euthanasia have increased. A few years ago lawyers were more conservative than physicians; today lawyers are in the forefront of the drive for a legalization of voluntary active euthanasia (Kurtz 1992, Risely 1992, Andenæs et al. 1992). The legislation regarding voluntary active euthanasia in the Netherlands in February 1993 heralded a new era.

Nurses are often in the background in the official debate concerning voluntary euthanasia (Davis et al. 1993). They form one of the groups most directly af-

ected if active euthanasia were to be allowed; they are close to the patients and will naturally be involved in the dilemma. They are the conveyors of the 'silent knowledge' tradition. Therefore, it is important to explore their experience with terminally ill patients and their attitudes towards voluntary active euthanasia.

In 1988 a research study on attitudes towards voluntary active euthanasia (VAE) was carried out among 541 randomly chosen students at the University of Oslo. Students from the faculties of medicine, psychology and law participated. The results revealed a positive attitude towards VAE (Vigeland 1991). In 1991/1992 we conducted an inquiry among students from four different schools of nursing in Norway (Sørbye et al. 1993). We used the same instrument as Vigeland.

HYPOTHESES

- Nursing students are more restrictive towards VAE than other students.
- Nursing students with a religious belief are more restrictive towards VAE than other nursing students.

MATERIAL AND METHODS

To achieve a reliable basis for comparison with previous research we decided to use the same method as Vigeland (1991). Students from four different schools of nursing participated. One school had a clear Christian profile and the other three had a general Christian/humanistic orientation. One of the schools was located in Trondheim; the other three in Oslo. The local authorities gave us permission to conduct the research. Participation in the study was voluntary and the research was designed to guarantee the respondents' anonymity. In one of the schools two of the classes completed the questionnaire outside the classroom, and here only 30% returned the questionnaire. In a third class, and in the rest of the schools, where the students finished the questionnaire in the classroom, 95% answered. The results from the out-of-classroom group, did not differ significantly from the in-classroom groups. A total of 289 nursing students participated; 244 (84%) females and 45 (16%) males. The average age was 25.4 years (median 23.7, SD 5.11).

The questionnaire gave a short description of three different cases (Ann, Bengt and Cecilie, see Appendix). The common DP denominator for the three cases was that the person wished to die with the help of an overdose of medicine.

First, the nursing students were asked if they would accept suicide as an option for people in the same situation as Ann, Bengt or Cecilie. Twelve main questions on assisting suicide and active euthanasia, which elicited views about increasing degrees of participation, were then asked. It was emphasized that the informants were to provide the help which the patients asked for so that she/he would be able to carry out her/his own wish. The data obtained were analyzed by means of the SPSS (Statistical Package for the Social Sciences) computer program. Like Vigeland (1991) we constructed an index for Voluntary Active Euthanasia (VAE) which was an average index for the above mentioned main questions. The answers given received equal weight ('Yes' = 1, 'Doubtful' = 2, 'No' = 3). These numbers were added and divided by the number of questions in the index. Thus the continuous index of VAE ranges from 1 to 3 where high values of the index reflect a restrictive attitude.

The nursing students were also asked to answer several questions on attitudes and values. In the analysis we used linear regression with the index of VAE as the dependent variable and the questions on attitudes and values as independent variables. This analysis resulted in different factors which were further analysed by Fisher's test. To compare the attitudes of the nursing students and those of other students' towards voluntary active euthanasia, we performed a two-sample *t*-test on the index of VAE.

In order to give a picture of the degree to which different attitudes towards VAE were due to the nursing students' religious belief, data were collected and displayed. The degree of religious belief was: 'Strong', 'Somewhat', 'In doubt' and 'No'.

To ensure a high representativity, all of the nursing students ought to have had the opportunity to answer to the questionnaire in a class-room. The nursing students in our sample and the students in Vigeland's study used exactly the same instrument.

RESULTS

As to the question about whether suicide could be accepted as a solution, 55% would accept this in Ann's case, 30% in Bengt's case, and 34% would accept in Cecilie's case. Twenty-two per cent of the nursing students rejected VAE for all the three given cases. Eight per cent of these students could, however, accept voluntary active euthanasia in special extreme situations. On the different questions concerning VAE, tolerance was highest concerning aiding Ann in dying (a terminal cancer patient). The nursing students were more restrictive when it came to the other cases (Table I). Twenty-nine per cent of the nursing students would accept that a doctor who knew the patient could set a lethal injection in Ann's case, the corresponding rate for Bengt was 12% and Cecilie 13%.

Index for VAE and religious belief

The linear regression analysis resulted in three significant ($p < 0.05$) factors which influenced the nursing students' attitudes towards active voluntary euthanasia: These were religious belief, political view, and whether they had a perception of life as meaningful. The results showed clear differences. Those nursing students who were 'strongly' and 'somewhat' religious, were also very restrictive to all aspects of voluntary active euthanasia, while the other nursing students were more liberal. A corresponding difference was found for the other two factors. In Table II, these differences were expressed by the 'Yes' and 'No' groups.

Table I. VAE indexes for nursing students ($n = 289$) and other students ($n = 541^{**}$)*

Case	Nursing students		Other students		p <
	Mean	SD	Mean	SD	
Ann	2.20	0.56	2.02	0.61	0.0001
Bengt	2.41	0.49	2.26	0.71	0.0005
Cecilie	2.39	0.51	2.23	0.69	0.0005
Total	2.33	0.52	2.17	0.67	0.0005

*The VAE index ranges from 1-3. High values of VAE reflect restrictive attitudes.

**Vigeland (1991).

Table II. Factors which influence the nursing students' attitudes towards voluntary active euthanasia (VAE), $n = 289^*$

Factor	Yes		No		p <
	Mean	SD	Mean	SD	
Religious belief	2.53	0.46	2.09	0.44	0.0001
Conservative political view	2.45	0.47	2.26	0.51	0.01
Perception of life as meaningful	2.49	0.40	2.29	0.53	0.02

*The VAE index ranges from 1-3. High values of VAE reflect restrictive attitudes.

In the present study 60% of the students characterized themselves as strong or somewhat religious. The study showed no significant gender differences towards VAE.

DISCUSSION

Generally, peoples' attitudes towards active euthanasia has changed in the last ten years. The tendency is that the percentage who accept active euthanasia is increasing (Listhaug 1991). As our study was carried out three years after that of Vigeland, this tendency should have decreased the differences in the results between the two samples. However, a higher percentage of the nursing students who participated in our study were against VAE compared to other students in Vigeland's study. Twenty-nine per cent of the nursing students would accept that a doctor who knew the patient could set a lethal injection in Ann's case. The corresponding rate among the other students was 46%. Fifty-five per cent of the nursing students would accept suicide for the patient under certain circumstances. Kurtz uses the principle of beneficence as a defense for euthanasia. He considers this being a profound christian principle of Christ's commandment to "love thy neighbour" and to be merciful to those who suffer. He continues and concludes that "... if there is a plea from someone that you know for help to die with dignity, then that entails a kind of *prima facie* moral duty" (Kurtz 1992, p. 315). Compassion has been important to the caring professions, but when constantly meeting pain, carers are faced with the difficult dilemma of making the right decisions. 'Constant contact with suffering can overwhelm and even paralyze a compassionate physician' (Beauchamp & Childress 1989, p. 383). Chronically ill patients may even have greater pain than a terminally ill patient. 'When death is closer, it may be psychologically easier for a doctor to justify assisting death' (Institute of Medical Ethics Working Party 1990, p. 613).

The results presented in Table I, reflect the validity

of the study. In both samples the students' attitudes are most restrictive towards Bengt than towards Cecilie and less restrictive towards voluntary active euthanasia in Ann's situation. The degree of the religious belief of the nursing students' was an important independent predictor of attitudes towards voluntary active euthanasia. These results are confirmed by others (Vigeland 1991, Finlay 1985, Anderson & Caddell 1993). Davis et al. (1993, p. 309) state, however, that "... neither religious affiliation nor the degree of involvement in religious practice made any difference in the responses [on justifying voluntary active euthanasia]". Both Vigeland's results (1991) and ours confirm the finding that a conservative political view led to more restrictive attitudes towards euthanasia (Listhaug 1991). Nursing students who themselves felt that their life 'Often', 'Sometimes', or 'Seldom' was meaningless, had more often supportive attitudes towards VAE than the nursing students who never had the perception of life as meaningless.

The values attitudes study from 1990 shows that women are more restrictive than men towards active euthanasia (Listhaug 1991). This was not verified either in Vigeland's (1991) or in our study.

Qvarnström (1993) states that active euthanasia like the model in the Netherlands has led to a complexity of problems. Fenigsen (1989, 1993) states that the euthanasia program creates psychical suffering to the people. Elderly, handicapped, and terminally ill patients feel a pressure to ask for mercy killing when they no longer are able to take care of themselves. 'Voluntary' euthanasia is not always voluntary.

CONCLUSION

The results of the present study state that the nursing students in our sample are more restrictive towards euthanasia than are the students in Vigeland's study. Religious belief was in this study the best predictor of nursing students' attitudes towards voluntary active euthanasia.

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APPENDIX

Ann is 50 years old, a cancer patient. She finds herself in the last phases of the disease. One cannot do anything more to treat her cancer, nor is there more to be done to reduce her discomfort and pain. She has left the hospital of her own will and wishes to die in order to avoid the last painful phase of her illness. Ann wishes to die with the help of an overdose of medicine.

Bengt is 30 years old and has been paralyzed from the neck down as a result of an accident some years ago. He will be tied to his bed for the rest of his life. Bengt does not have control over his urine or bowel movements and is depending on being fed and cared for. Despite the fact that he can talk, see and hear and that he has received the best possible care and stimulation he finds a passive life in an institution unbearable. Bengt wishes to die with the help of an overdose of medicine.

Cecilie is 90 years old and lives alone. She has weak sight and arthritis and can no longer do the things that she regarded as pleasant. Cecilie cannot get out of the house, hardly out of her bed alone. She is dizzy and has fainted several times and injured herself in her attempt to get out of the bed alone. She seldom has visitors, but the home-care nurse comes one day a week. Her meals are brought home to her. Cecilie no longer desires food, and she has no joy of life. She is on the list to enter a nursing home, but she does not look forward to it. Cecilie wishes to die with the help of an overdose of medicine.

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