

Research article

Modern bioethical issues: Euthanasia, physician assisted suicide and abortion. Comparative study of attitudes between physicians and law professionals

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ABSTRACT

We aimed to examine and compare the attitudes of physicians and law professionals on modern bioethical issues. Euthanasia, physician assisted suicide and abortion were selected for this study, as they underline the conflict between human life as a fundamental value, and the individual's right to self-determination. The demand of euthanasia and physician assisted suicide services reflects each person's right to decide on the way their life will end, while the legalization of abortion determines the individual's right to self-determination. These are complex issues with moral, religious and social implications, and as such tend to divide public opinion. In order to investigate their attitudes, physicians of all specialties, as well as law professionals from all over Greece, were invited to participate in the study. In total, 220 professionals responded to the call and participated in the survey. The professionals involved showed fairly high rates of agreement in all the issues studied, but a significant difference in results was found when the occupation of participants was set as a criterion, with physicians being more negative to euthanasia, physician assisted suicide and abortion than lawyers. Religiousness, age and male sex were negatively correlated with "positive" attitudes towards euthanasia, physician assisted suicide and abortion. Moreover, participants' attitudes towards euthanasia and physician assisted suicide were found to predict their attitudes towards abortion, indicating a single ideological direction of agreement or disagreement, accordingly. Individuals' attitudes and opinions are complicated issues, not easy to be categorized. However, it is of scientific interest to shape a legislative framework that is close to the social consensus, ideological evolution and moral needs. This study tried to pave the way for a modern approach to the issues of euthanasia, physician assisted suicide and abortion.

KEYWORDS: Euthanasia, physician assisted suicide, abortion, physicians, legal scientists, study of attitudes.

Introduction

Bioethical issues such as euthanasia, physician assisted suicide and abortion have been a concern for society for many centuries. In ancient Greece references of euthanasia and abortion are found in the Hippocratic oath, as well

as in texts of philosophers, such as Plato and Aristotle.^{1,2} Particular emphasis has, however, been placed on the debate on these issues recently with the development of bioethics. Bioethics attempts to maintain a balance between the fundamental respect for human rights and

their non-violation whilst taking into account the rapid techno-scientific progress of recent years.³

These issues consist mainly moral or philosophical dilemmas. The participation of mental health professionals, however, becomes inevitable, as suicidal behavior, issues of autonomy and end-of-life ethical problems concern both the medical and the psychiatric community.⁴

Euthanasia and Physician Assisted Suicide (PAS)

In the last decades, scientific advances in medicine have led to an increase in life expectancy and lengthened the life of terminally ill patients. This has often led to the need for a “good death”, which consists in avoiding pain and discomfort for the patient and their family.⁵⁻⁸

The term euthanasia (which is divided into active and passive euthanasia) describes the procedure by which drugs, or other medical interventions are given to the patient, in order to end their life.⁹ In physician assisted suicide, the doctor is offering the patient the means or the substances, in order to terminate his own life.¹⁰

Currently, most countries have legislation that does not allow any form of euthanasia or physician assisted suicide. There are few exceptions: the Netherlands, Switzerland, Belgium and Luxemburg in Europe, some US States, Canada and Colombia. However, certain efforts to legalise some forms of euthanasia and Physician Assisted Suicide (PAS) have taken place in several countries in the world.¹¹

In Greece, the law considers every act that results in ending someone’s life as a crime (stated in the articles 300 and 301 of the Penal Code), even if this action is performed under circumstances of psychological pressure or even after the victim’s specific requests.¹²

However, in Greece and internationally, many studies have shown increasingly favorable attitudes of the population towards changing this legislation. A study which was based on Greek data and which involved health professionals has shown more than 60% positive stance towards euthanasia and PAS.^{9,13,14}

Moreover, a survey carried out in Graz of Austria,¹⁵ over a period of nine years, from 2001 to 2009, showed a considerable and significant change in student attitudes towards active voluntary euthanasia. More specifically, in 2001 the percentage of agreement to euthanasia was 16.3% and increased to 49.5% in 2009. Furthermore, Attell’s¹⁶ cohort analysis from 1977 to 2016 showed that acceptance of euthanasia has increased significantly in recent decades, reaching 74% in 2016.

These results suggest that practices like euthanasia have begun to change in public perception as autonomy and free will of the patients is increasingly appreciated,

even though the argument between supporters and opponents of euthanasia still exists.

Abortion

In modern times, more and more women resort to the solution of abortion, even in countries where contraception is easily available.¹⁷ The percentage of abortions for unwanted pregnancies is about 56%.¹⁸

Most high-income countries have legalized abortion. However, there are still deeply religious or “conservative” countries in which the termination of pregnancy is considered a criminal offence. Countries with such legislation exist in Europe (Finland, Malta, Poland)¹⁹ as well as in Africa and Latin America, where the anti-abortion laws are the strictest. Nonetheless, these laws do not seem to lead to a reduction in the number of abortions performed, as women often seek ways to terminate their pregnancies with illegal and unsafe methods.²⁰

The Greek Penal Code, has decriminalized abortion (stated in articles 304 and 304A) up to a certain stage of pregnancy since 1986. According to the current legal framework,²¹ an unwanted pregnancy can be legally terminated until the twenty-fourth week of the pregnancy, with no need for justification. If the woman requesting termination of pregnancy provides a specific reason (i.e. a health problem), the time limit for a legitimate abortion is increased.

Despite the fact that in most developed countries the legal framework for the termination of pregnancy is rather permissive, abortion is still a complex subject that raises moral dilemmas and concerns. Dimoula’s²² study in 2007, which examined Greek data, found that 58% of the participants were against abortion. These facts seem to explain the ongoing argument over the correctness of its legalization.

In the present study we aimed to describe and analyse the opinions of physicians and law professionals, as these are influenced by their training and education, and compare the two samples. We also aimed to understand which factors affect the attitudes towards complex bioethical issues that are of great concern to society today.

Material and Method

Study design and participants

The study was carried out during the period 2019-2020. It was a comparative study of attitudes between two population samples, with quantitative data. Overall, 220 people from all over Greece participated in the study, aged 22–79 years (Mean=39.1, SD=12.39). The participants were doctors of various specialties, as well as law professionals (lawyers, judges and trainee lawyers). The participants were informed that their contribution was volun-

tary and anonymous. The study was approved by the ethics committee of the MSc of "Forensic Psychiatry" of the National and Kapodistrian University of Athens.

Data collection tool

A questionnaire was constructed for the purposes of this survey and was given to the participants to complete (see Supplementary Material). The questionnaire consisted of 66 questions and was divided into four main parts: (a) 8 questions about the demographic characteristics of the participants (b) 6 questions about the participants' religious beliefs (e.g., Do you believe in God? Do you believe that your way of life, in social or personal level is affected by your religious beliefs?) (c) 24 questions about their attitudes towards euthanasia and physician assisted suicide (e.g., Would you say that you are in favor of euthanasia? Do you believe that all patients have the right to refuse treatment?) and (d) 28 questions about the participants' attitudes towards abortion (e.g., Would you say that you are in favor of abortion? Do you believe that abortion is a sin and equals murder?). The purpose of this tool was to present the issues addressed from many aspects in order to highlight the attitudes of the participants. The questions were in a two-point "yes or no", or a 4-degree Likert scale. The reliability test that was conducted in the subscales of the questionnaire (religiosity, attitudes towards euthanasia and PAS, attitudes towards abortion) resulted to a Cronbach's alpha higher than 0.7 (0.88, 0.92 and 0.92 respectively).

Statistical analysis

The variables were tested with the Shapiro-Wilk normality test and they were found to have normal distribution. Differences between means were tested with the independent sample t-test. Correlations were tested with the Pearson correlation coefficient. The level of statistical significance was <0.05 . Data were analysed with the statistical program IBM SPSS Statistics 25.

With the aim of further analyzing the results, sub-categories were created in the questionnaire, as to the type of argument they express: (a) medical ethics, (b) religious faith, (c) knowledge of legislation and opinion on possible changes, (d) autonomy and self-determination and (e) personal ethics and general ideological attitude. The higher values in the tables suggest a more positive view of euthanasia, PAS and abortion.

Results

The demographic characteristics of the sample are presented in detail in table 1.

The percentage of agreement to euthanasia (partially or totally) was 66.4% in the corresponding question. For

Table 1. Demographic characteristics of the sample.

| | N | (%) |
|-------------------|-----|-------|
| Gender | | |
| Male | 99 | 45 |
| Female | 120 | 54.5 |
| Other | 1 | 0.5 |
| Age | | |
| 22-27 | 54 | 24.5 |
| 28-33 | 28 | 12.7 |
| 34-39 | 39 | 17.7 |
| 40-45 | 36 | 16.4 |
| 46-51 | 25 | 11.4 |
| 52-57 | 13 | 5.9 |
| 58-63 | 18 | 8.2 |
| 64+ | 7 | 3.2 |
| Profession | | |
| Physicians | 111 | 50.45 |
| Law professionals | 109 | 49.55 |
| Family Status | | |
| Married | 92 | 41.8 |
| Not Married | 121 | 55 |
| Other | 7 | 3.2 |
| Education | | |
| Bachelor | 102 | 46.4 |
| Master | 83 | 37.7 |
| PhD | 35 | 15.9 |

Table 2. Reasons for which the participants consider that the legislation should allow euthanasia or PAS* (N=220).

| | |
|---|-----|
| Terminally ill patients | 154 |
| Patients without treatment prospects | 86 |
| Patients suffering from chronic pain | 102 |
| Patients suffering mentally | 39 |
| Patients who cannot make their own life decisions | 136 |
| Anyone after specific and persistent request | 29 |
| Under no circumstances | 23 |
| Other | 15 |

*Physician Assisted Suicide

physician assisted suicide and abortion, this percentage was 52.8% and 76.8% respectively. Tables 2 and 3 show in detail the reasons for the practices of euthanasia and physician assisted suicide should be legal, as well as the reasons why a woman should have the right to an abortion.

One of our hypotheses was that the profession of the participants could affect the attitudes towards euthanasia and abortion. Furthermore, these attitudes could be

Table 3. Reasons the participants consider enough to lead a woman to abortion (N=220)

| | |
|---|-----|
| Unwanted pregnancy | 148 |
| Not being ready to become a mother/a parent | 133 |
| Pregnancy as a result of rape or incest | 206 |
| Medical issues for the pregnant woman or the foetus | 203 |
| Financial reasons | 90 |
| Pressure from the partner | 19 |
| Other priorities (education, career) | 82 |
| Under no circumstances | 8 |
| Other | 3 |

affected by religious beliefs and some demographic characteristics, such as gender and age. Table 4 demonstrates the differences between physicians and law professionals; higher scores indicate a greater level of agreement to euthanasia, physician assisted suicide and abortion.

Table 5 shows the comparison between physicians and law professionals on the kind of arguments used, in order to support their opinions. It was observed that the answers with most support were the ones with arguments affected by religious beliefs as well as the ones in the category favouring the person's autonomy and self-determination. This was found in both groups of professionals.

Table 4. Independent samples t-test to compare the answers of physicians with legal scientists on their attitudes towards euthanasia, physician assisted suicide and abortion

| Profession | Physicians (N=111) | Law professionals (N=109) | t | p |
|---|-----------------------|------------------------------|-----|-------|
| | Mean (SD) | Mean (SD) | | |
| Euthanasia and physician assisted suicide (scores: 20-76) | 55.0 (± 10.9) | 58.1 (± 10.7) | 4.1 | 0.035 |
| Abortion (scores: 17-64) | 49.7 (± 10.6) | 52.9 (± 10.2) | 6.2 | 0.025 |

The difference is significant on the <0.05 level.

Table 5. Independent sample t-test to compare the answers according to the type of argument that was used

| Profession | Physicians (N=111) | Law Professionals (N=109) | Score limits | t | p |
|---------------------------------|-----------------------|------------------------------|-----------------|-----|-------|
| | Mean (SD) | Mean (SD) | Min.-Max. Score | | |
| Medical ethics | 11.8 (± 2.5) | 12.4 (± 2.3) | 4 - 16 | 0.8 | 0.087 |
| Religious faith | 12.6 (± 3.4) | 13.5 (± 3.2) | 4 - 16 | 0.1 | 0.034 |
| Legislation changes | 12.1 (± 2.9) | 12.9 (± 2.9) | 4 - 16 | 0.1 | 0.034 |
| Autonomy and Self-determination | 22.0 (± 4.1) | 23.2 (± 4.2) | 7 - 28 | 0.2 | 0.042 |
| Personal ethics | 31.8 (± 6.1) | 33.6 (± 6.1) | 11 - 44 | 0.2 | 0.029 |

The difference is significant on the <0.05 level

Tables 6 and 7 present the size of impact of the demographic characteristics of the participants on their attitudes. Religious sentiment, gender and age were shown to affect the shaping of the participants' attitudes.

Finally, it was shown that individuals' attitudes towards euthanasia and physician assisted suicide are highly correlated with attitudes towards abortion ($r=0.71$, $p=0.01$), confirming the hypothesis that a common bioethical and ideological attitude towards both euthanasia and abortion was present.

Discussion

This study showed a general permissive attitude towards euthanasia, physician assisted suicide and abortion among physicians and law professionals. The second main conclusion was that there were significant differences between these two groups.

The law professionals presented a higher level of agreement and acceptance towards all the issues under study, compared to the physicians. This reached a statistically significant level. One could argue that the law professionals have a wider and fuller knowledge of the legislation, and so they perceive the provisions of the law differently. Hence, the formation of their attitudes reflects an ideology that springs from that very knowledge. On the contrary, the physicians perceive these situations from a more personal point of view and based on their training, as protectors of life and health.

Table 6. Bivariate correlations among age, religiosity of the participants and the variables that measure attitudes towards euthanasia, physician assisted suicide and abortion

| | Euthanasia and PAS | Abortion |
|-------------|--------------------|------------------|
| | r (p) | r (p) |
| Religiosity | -0.58** (<0.001) | -0.67** (<0.001) |
| Age | -0.18** (<0.001) | -0.15* (0.03) |

*p<0.05; **p<0.01

Table 7. Independent sample t-test to compare gender to the variables that measure attitudes towards euthanasia, physician assisted suicide and abortion

| Gender | Euthanasia and physician assisted suicide | Abortion | t | p |
|-----------------------------|---|--------------|-----|-------|
| Male (N=99) Mean (SD) | 54.6 (±12.1) | 49.4 (±11.6) | 4.5 | 0.035 |
| Female (N=120) Mean (SD) | 58.1 (±9.6) | 52.8 (±9.3) | 5.7 | 0.018 |

The difference is significant on the <0.05 level

Regarding euthanasia and physician assisted suicide, the participants supported them, either totally, or with some reservations. Moreover, 80% of the participants stated that with the application of the proper legal safeguards, euthanasia and physician assisted suicide could be legalised. This finding is in agreement with recent literature, that studied health professionals' or general public's attitudes.^{2,14} It is also worth mentioning that 60% of the participants supported active non-voluntary euthanasia, which means the termination of life of patients that are comatose, or when they do not have the ability to decide for their life themselves. This explains the higher percentage of euthanasia's support, compared to the physician assisted suicide. It is worth emphasizing that only one out of ten participants stated that the legislation should never and under no circumstances allow such practices.

This high percentage of support to euthanasia and physician assisted suicide can be attributed, according to the literature, on the high educational level of the participants. More specifically, when it comes to bioethical dilemmas, studies have shown that people with higher education tend to be more supportive of euthanasia and physician assisted suicide compared to people with lower education.^{23,24}

Research findings also show that women and older people are less likely to be supporters of euthanasia and PAS, compared to men and younger people.^{7,25} In the present study women showed higher levels of agreement towards both practices, whilst age played a minor role in the shaping of attitudes (the difference became more apparent over the age of 58).

Finally, high religious sentiment and believing in God were found to be the greatest predictors of negative attitude towards euthanasia and PAS, as well as towards abortion.²⁶⁻²⁹ Our study confirms these findings. The highest negative correlation found on the analysis was between the participants' attitudes and their religious beliefs.

The participants' percentage of agreement (or agreement under certain circumstances) to abortion was, again, quite high, reaching 76%.

The analysis of the gender's effect on the participant's opinion about abortion proved that women were more in favour of abortion than men. This finding does not agree with the literature.³⁰ However, the most powerful arguments in favour of abortion are made by the feminist movement which stands for women's right for self-determination of their bodies. Hence, this result seems reasonable.^{31,32}

Age did not have an important effect on attitudes regarding abortion, even though there was a small, but statistically significant difference, similar to the difference found in euthanasia. The scientific literature is not clear about whether the age has a role to play in supporting or rejecting the termination of pregnancy.^{30,33}

The correlation analysis, also, showed a significant agreement between the attitudes towards euthanasia and physician assisted suicide with the attitudes towards abortion, confirming our original hypothesis. As supported by the existing literature that categorizes people in a liberal or a conservative position, this finding can also be interpreted accordingly.³² Supporters of euthanasia, physician assisted suicide and abortion

probably express a more progressive position, that appreciates the values of freedom and the right to live and die. On the other hand, the opponents of these practices place more meaning in the value of life and are taking a more conservative stance.

In conclusion, the results of this study indicate that in Greece the idea of a possible legalization of euthanasia and PAS has begun to settle in the social conscience and

is being understood as an expression of freedom and self-determination. The same can also be said about accepting legal abortions, and women's right to control their bodies. The purpose of this study was to study attitudes and ideologies on bioethical issues that concern society. More studies are needed in order to support the creation of a modern legislative design, closer to social perceptions.

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Ερευνητική εργασία

Σύγχρονα βιοηθικά ζητήματα: Ευθανασία, ιατρικώς υποβοηθούμενη αυτοκτονία και άμβλωση. Συγκριτική μελέτη των στάσεων ιατρών και νομικών

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ΙΣΤΟΡΙΚΟ ΑΡΘΡΟΥ: Παραλήφθηκε 3 Μαρτίου 2021/Αναθεωρήθηκε 2 Ιουνίου 2021/Δημοσιεύθηκε Διαδικτυακά 26 Νοεμβρίου 2021

ΠΕΡΙΛΗΨΗ

Η παρούσα έρευνα είχε σκοπό να μελετήσει και να συγκρίνει τις στάσεις ιατρών και νομικών επιστημόνων, για σύγχρονα βιοηθικά ζητήματα που απασχολούν το κοινωνικό σύνολο. Συγκεκριμένα, η ευθανασία, η ιατρικώς υποβοηθούμενη αυτοκτονία και η άμβλωση επιλέχθηκαν για την έρευνα, καθώς αποτελούν περιπτώσεις σύγκρουσης της ανθρώπινης ζωής ως θεμελιώδους αξίας, με το δικαίωμα στην ελευθερία αυτοκαθορισμού. Η ευθανασία και η ιατρικώς υποβοηθούμενη αυτοκτονία εκφράζουν το δικαίωμα στην επιλογή της ζωής και του θανάτου, ενώ η νομιμοποίηση της άμβλωσης καθορίζει το δικαίωμα αυτοδιάθεσης του σώματος. Πρόκειται για σύνθετα ζητήματα με ηθικές, θρησκευτικές και κοινωνικές προεκτάσεις, που τείνουν να διχάζουν την κοινή γνώμη. Ιατροί διαφόρων ειδικοτήτων και νομικοί από όλη την Ελλάδα κλήθηκαν να συμμετάσχουν στην έρευνα προκειμένου να διερευνηθούν οι στάσεις τους. Συνολικά, 220 επαγγελματίες ανταποκρίθηκαν στο κάλεσμα για συμμετοχή στην έρευνα και αποτέλεσαν το σύνολο του δείγματος. Οι επαγγελματίες που συμμετείχαν εμφάνισαν υψηλά ποσοστά συμφωνίας σε όλα τα ζητήματα που μελετήθηκαν. Βρέθηκε, όμως, σημαντική διαφορά στα αποτελέσματα όταν τέθηκε ως κριτήριο το επάγγελμα των συμμετεχόντων: οι ιατροί ήταν πιο αρνητικοί από τους νομικούς επιστήμονες απέναντι στην ευθανασία, την ιατρικώς υποβοηθούμενη αυτοκτονία και την άμβλωση. Η θρησκευτικότητα, η ηλικία και το άρρεν φύλο του δείγματος συσχετίστηκαν αρνητικά με την ευνοϊκή στάση απέναντι στην ευθανασία, την ιατρικώς υποβοηθούμενη αυτοκτονία και την άμβλωση. Επιπλέον, η στάση των συμμετεχόντων απέναντι στην ευθανασία και την ιατρικώς υποβοηθούμενη αυτοκτονία βρέθηκε πως προέβλεπε τη στάση τους απέναντι στην άμβλωση και αντίστροφα, γεγονός το οποίο υποδεικνύει μία ενιαία ιδεολογική κατεύθυνση συμφωνίας ή διαφωνίας, κατά περίπτωση. Οι στάσεις και οι ιδεολογίες των ατόμων συνιστούν σύνθετα θέματα και είναι δύσκολο να κατηγοριοποιηθούν. Η μελέτη τους, ωστόσο, παρουσιάζει μεγάλο επιστημονικό ενδιαφέρον και είναι χρήσιμη στη διαμόρφωση ενός νομοθετικού πλαισίου που τοποθετείται κοντά στον κοινωνικό παλμό, συμβαδίζει με την ιδεολογική εξέλιξη και ανταποκρίνεται επιτυχώς στις κοινωνικές και ηθικές ανάγκες. Η παρούσα έρευνα επιδιώκει να ανοίξει τον δρόμο για μία σύγχρονη αντιμετώπιση των ζητημάτων της ευθανασίας, της ιατρικώς υποβοηθούμενης αυτοκτονίας και της άμβλωσης.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Ευθανασία, ιατρικώς υποβοηθούμενη αυτοκτονία, άμβλωση, ιατροί, νομικοί επιστήμονες, έρευνα στάσεων.