

CLINICIANS APPROACH TO EUTHANASIA IN THE PROVINCE OF KHYBER PAKHTUNKHWA

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Date Received:

August 23, 2015

Date Revised:

September 15, 2015

Date Accepted:

November 18, 2015

ABSTRACT

Objective: To determine the knowledge of clinicians and their opinion about legalization, obstacles in practicing euthanasia and factors that may compel them to practice euthanasia.

Methodology: A questionnaire based descriptive study was conducted at public and private hospitals of Khyber Pakhtunkhwa. A questionnaire was distributed randomly to 540 doctors of different specialties and general practitioners. Questions were related to their knowledge, views about legalization, factors and obstacles in practicing euthanasia. The questionnaire was collected from the doctors who filled the form and consented to participate in the study.

Results: The response rate was 55%, among them 79% were males. Only 61% (185) knew the meaning of euthanasia, whereas 36% (109) knew about its guidelines and 2% (6) had no knowledge of euthanasia.

Amongst clinicians who knew about euthanasia, 84% did not and 16% agreed with its legalization. Reasons mentioned for disagreement with its legalization were religion 95%, moral 61%, ethical 44%, emotional 41% and social 37%.

Of those clinicians who agreed with its legalization, 90% would and 10% would not practice it on their patients. Out of them 40% would adopt no resuscitation method, 40% would administer lethal drugs and 20% would withhold or withdraw the treatment.

Conclusion: Majority of responding clinicians were not aware of euthanasia and any related guidelines. They disagreed with the practice as well as legalization of euthanasia.

Key Words: Euthanasia, Euthanasia Legalization, Mercy Killing

This article may be cited as: Khan MA, Javaid A, Sajjad H, Ahmad F, Khattak A, Khan N, Adnan MAR. Clinicians approach to euthanasia in the province of Khyber Pakhtunkhwa. *J Postgrad Med Inst* 2015; 29(3): 184-8.

INTRODUCTION

"Euthanasia is the intentional killing of a totally dependent human being or otherwise willing individual (sick) by act or omission by relatively painless way for his or her alleged benefits"¹.

Netherland became the first country to legalize euthanasia in year 2002². This brought the issue of euthanasia back on the world map and serious debates about its moral, ethical and religious authenticity were argued^{3,4}.

Euthanasia comes in several different forms, each of which brings a different set of rights and wrongs. In total there are three types based on the character of patient's consent. It may be voluntary – with the competent consent of the patient who will die from the action, involuntary – when the person's competent wishes regarding

euthanasia are not known and non-voluntary – when the person who will die due to euthanasia has competently refused euthanasia, but it occurs anyway. On the basis of means used to cause death, euthanasia may be either active or passive euthanasia. This is the more common and known classification of the euthanasia. Active euthanasia is when a person directly and deliberately causes the patient's death i.e. the act of euthanasia is the direct cause of patient's death. Passive euthanasia is when death is brought about by an omission. Essentially it involves either not providing (withholding) or discontinuing (withdrawing) treatments that would be reasonably effective in preventing the patient's death.

Euthanasia is a highly debatable and controversial societal issue. In the past there had been many studies conducted in order to know the physicians attitude towards euthanasia¹. A study conducted among 176

British doctors suggests that majority of them do not support legalizing assisted dying, either in the form of euthanasia or physician-assisted dying. A strong religious belief was independently associated with opposition to assisted dying⁶. In another multi-center study carried out in USA it was suggested that attitudes of 3299 oncologists who responded to questionnaire, 22.5% supported physician-assisted suicide for a terminally ill patient who had unremitting pain despite optimal pain management of which 15.6% said they themselves would be willing to provide physician-assisted suicide¹. Cohen et al a study in 1994 among Washington physicians found that out of 938 (69%) respondents, 48% agreed that euthanasia cannot be justified ethically and 42% disagreed. 54% suggested that euthanasia should be legal in some circumstances, while only 33% stated that they would be willing to perform euthanasia. Surprisingly of the groups surveyed in this study oncologist and hematologist were more likely to oppose these practices while psychiatrists were in favour⁷. A survey among the members of German Association of Palliative medicine, carried out in 2002 suggested that, 90% of the 251 respondents opposed the practice of euthanasia and 75% physicians assisted suicide. The decision was mainly based on personal ethical values, professional experience with palliative care, knowledge of alternative approaches, and knowledge of ethical guidelines⁸.

In another multi-cultural study among doctors of Pakistan and Indian origin, it was shown that 26.8% of the 52 participants in Pakistan agreed with the concept of euthanasia as an acceptable option for the terminally ill patients. 51.6% of the total 60 doctors from India supported euthanasia for similar patients. The religion of the doctors did not appear to be the determining factor². A survey among Pakistani doctors about palliative care suggested that 54% of the doctors had some experience of palliative care and most doctors had no training on end of life issues.

The aim of this study was to get a feedback of Pakistani doctors on the perception of euthanasia⁹. A study conducted by Pakistani doctors at Shifa Medical College and Army medical college concluded that 86% percent believe that the practice of euthanasia and assisted suicide was not ethically justified, while 2% were in its favor. These results reveal that majority of Pakistani physicians strongly disagree with the practice as well as legalization of euthanasia and assisted suicide in terminally ill patients; as they all strictly believe that only God should terminate their lives¹⁰. To the best of our knowledge, no study has been conducted in Khyber Pakhtunkhwa to elicit the views of health professionals, which has relatively conservative society with major religious influence.

METHODOLOGY

This multi-center descriptive study was conducted from January to March 2012 at public and private hospitals at three different districts of Khyber Pakhtunkhwa. The government hospitals included were Lady Reading Hospital, Peshawar (LRH), Hayatabad Medical Complex, Peshawar (HMC), Ayub Medical Complex, Abbottabad (AMC), King Abdullah District Headquarter Hospital, Mansehra (KADH) whereas the private hospital were Kuwait Teaching Hospital, Peshawar (KuTH), Mercy Teaching Hospital, Peshawar (MTH), Rehman Medical Institute, Peshawar (RMI) and Fauji Foundation Hospital, Peshawar (FFH). We selected both public and private sector hospitals to have a representative views of physicians across different settings. We adopted convenient sampling in view of the limited resources available.

A questionnaire was developed to elicit the views and knowledge of physicians. The questionnaire consisted of respondent characteristics, their knowledge about euthanasia or assisted suicide, willingness to participate in these practices, reasons for oppositions, and safeguards if practice is legalized.

The questionnaire was distributed to 540 doctors of different specialties including medicine, surgery and allied specialties along with general practitioners after obtaining an informed consent. These doctors had varied training experience trained both within the country and abroad.

RESULTS

Out of 540 doctors, 300 (55.56%) responded to the questionnaire. The majority of respondents were males 79% as compared to females 21%. Six (2.0%) clinicians out of 300 had no idea about euthanasia. 185 (61.7%) only knew what it meant, while 109 (36.3%) knew about the guidelines.

Out of 294 clinicians, who knew about euthanasia 246 (82.0%) did not agree while 48 (16%) agreed with the legalization of euthanasia. We further analyzed the legalization of euthanasia according to age gender and qualification of the clinicians. There were total of 238 male clinicians among whom 200 (84%) opposed the legalization whereas 37 (15.4%) agreed with its legalization. 46 (74.1%) of total 62 female clinicians did not agree with the legalization of euthanasia while 11 (17.74%) agreed with that. 5 (8%) females had no idea about it. The categorization of the ages is same as explained above. This division of ages also reflects the experience of the clinicians in different fields of medicine, surgery and their allied subjects.

Of 202 clinicians who were from 25 to 35 years of age 161 (79.7%) were against the legalization of euthanasia while 37 (18.3%) favored its legalization. 37 (80.4%) dis-

agreed with the legalization and 7 (15.2%) agreed with the legalization of euthanasia. Among those above 45 years of age, only 4 (7.6%) agreed when asked about legalization whereas 47 (90.3%) strongly opposed it.

Most respondents were young doctors with no post-graduate qualification, and a vast majority of them were postgraduate residents. Of them 160 (85.6%) were against legalization of euthanasia while 27 (14.4%) did not agree with that. 74 clinicians did their post-graduation from Pakistan (FCPS). 59 (79.7%) were against the legalization of euthanasia whereas 15 (20.3%) favored. 18 clinicians were foreign trained. Among them 17(94.4%) disagreed with the legalization of euthanasia and only 1 (5.6%) agreed with its legalization. 21 clinicians did other diplomas and courses. Among them 16 (76.2%) opposed the legalization of euthanasia and the rest 5 (23.8%) agreed with its legalization.

The respondents who did not agree with the legalization of euthanasia mentioned multiple reasons of which 234 (95.1%) cited religion as the most important factor, 152 (61.8%) moral reasons, 108 (43.9%) said it

contradicted doctors oath, 101 (41.1%) answered with emotional factors, while 91 (37.0%) chose social reasons.

48 (16%) clinicians agreed with the legalization of euthanasia, of those 43 (89.6%) agreed that they would practice it on their patient's, while 5 (10.4%) would not take such a step. Among those who agreed with the legalization and mentioned a single reason which would compel them to take such a decision, 12 said physical symptoms of the patient, 7 said psychological suffering, 6 answered fewer religious beliefs, 4 cited socio-economic factors of the patient and 2 said feeling patient a burden. 17 clinicians gave multiple replies to this question. Although 12 respondents singled out physical symptoms as the main reason but an extra 13 gave the same answer with other factors too and same is the case with the other reasons.

17 (39.5%) clinicians preferred to practice the Code do not resuscitate method, 17 (39.5%) would administer a lethal drug to perform euthanasia, while 9 (21.0%) would withhold or withdraw the treatment.

Table 1

Variables		Govt. Hospitals	Private Hospitals	Total
Gender	Male	189	49	238
	Female	31	31	62
Age	25-35	163	39	202
	36-45	30	16	46
	46 and above	27	25	52
Qualification	MBBS	149	38	187
	FCPS	48	26	74
	MRCP	12	4	16
	American Board	2	0	2
	Others	9	12	21
Specialty	Internal Medicine	117	25	142
	Surgery	34	18	52
	General Practitioner	7	0	7
	Anesthesia	1	1	2
	Ophthalmology	5	6	11
	Gynae	11	7	18
	Paediatrics	10	12	22
	Oncology	1	0	1
	Pathology	0	1	1
	ENT	2	1	3
Others	32	9	41	

Table 2: Hospital distribution of respondents

Hospital	Questionnaires Distributed	Questionnaires Filled
Lady Reading Hospital, Peshawar	200	110
Hayatabad Medical Complex, Peshawar	40	25
Ayub Medical Complex, Abbottabad	135	64
King Abdullah District Head Quarter Hospital, Mansehra	30	21
Kuwait Teaching Hospital, Peshawar	50	37
Mercy Teaching Hospital, Peshawar	40	18
Fauji Foundation Hospital, Peshawar	30	19
Rehman Medical Institute	15	6
Total	540	300

DISCUSSION

Our study was conducted in four major cities of Khyber Pakhtunkhwa (KPK) Province of Pakistan. We divided the clinicians into two major groups, those who were recently graduated and those who had done post-graduation either from Pakistan or abroad. A study by Gruber et al¹² established a link between euthanasia and the length of training for a doctor and say that, euthanasia was less accepted with more years of training. This was evident to us by further investigating our study where we also found that with increasing age and experience of the doctors, their opposition to euthanasia increased.

Vast majority of the clinicians in our study knew about euthanasia. These results were consistent with the results of other studies done in Pakistan in a way that all of them showed that clinicians do not want euthanasia to be legalized. The views of the clinicians in our study were more conservative compared to another study in Pakistan by Afzal et al¹⁰, who although had a smaller sample size than ours comparing views of doctors towards euthanasia. They almost all disagreed with the legalization of it and only 2% were in favor of it compared to our figure of 16%.

In another study by Khan A et al¹¹ majority of their results are very much comparable to ours, 78.34% of participants did not agree with euthanasia with our figure at 82%. Legalization was accepted by 15.4%.

Those clinicians who were in favor of legalization of euthanasia were also willing to take part in practicing it. This contradicts with the study done by Cohen et al⁷ among physicians of Washington state which showed that although a major group of doctors (54%) was in favor of its legalization, still 33% of them were not willing to practice it themselves, where as our study shows that of the 16% that agreed with the legalization, 89.6% said that they would practice it on their patients. In the study

by Khan et al¹¹, only 17.3% of doctors would practice euthanasia but another staggering result from a study in Iran by Zarghami et al¹³ came up with figure of 49.3 % of doctors would want euthanasia to be legalized and they would practice it according to the guidelines.

Majority of our clinicians were not in favor of legalization of euthanasia. When asked about the reasons behind it, almost all of them opposing its legalization gave credit to the religion. We are living in a state where more than 95% of people are Muslims who strictly believe that only ALLAH should terminate their lives. Also an Islamic verdict (FATWA) stated that in case of unpredictable efficacy, a patient can choose to refuse the treatment by himself and it would not be a sin to him, but a doctor cannot opt to make such a judgment for the patient¹⁴. This result is consistent with the other such studies done in Pakistan by Khan A et al and Afzal MN. In our study, most of the people also pointed out other factors along with the religion like moral, social and ethical values. Also a few mentioned it contradicts the doctor's oath. Whereas Khan A et al said in their study that they came up with 77.9% believed it contradicts the doctor oath.

Among those clinicians who were in favor of legalization as well as practicing euthanasia, they mentioned multiple reasons. The most common reasons cited in our study, were physical symptoms, psychological suffering and socio economic status. This is because Pakistan is a developing country having inadequate resources available for poor to survive. Considering the fact a greater number of doctors in our study support euthanasia for miserable and poor patients under limited resources but is still a comparatively low percentage than other countries due to religious and cultural differences.

Those doctors who opted to perform euthanasia, were then asked which type of euthanasia would they practice and 17 (39.5%) clinicians preferred to practice

the "do not resuscitate" method, 17 (39.5%) would administer a lethal drug to perform euthanasia, while 9 (21.0%) would withhold or withdraw the treatment.

CONCLUSION

Majority of our clinicians strongly disagreed with the practice as well as legalization of euthanasia; as they strongly believe that humans must not be authorized to terminate the lives of other human beings.

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CONTRIBUTORS

MAK did data collection, analysis and wrote the manuscript. AJ conceived the idea and finalized the manuscript. HS, FA, AK, NK and MAA helped in data collection. All authors contributed significantly to the final manuscript.