

## Attitudes of Intensive Care Units' Women Nurses towards Euthanasia; Case Study of Ahvaz Hospitals, Iran

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### Abstract

**Aims:** Due to the nature of their occupation, nurses are more likely to face dying patients and their demand for euthanasia than other people. This study aimed was to evaluate the nurses' attitude in the ICU of Ahvaz educational hospitals towards euthanasia in 2018.

**Instrument & Methods:** This study was conducted in 2018 in nurses of CCU, NICU, and ICU wards of Ahvaz teaching hospitals. 132 nurses were randomly entered into the study and their views on euthanasia and its types were assessed in the form of a questionnaire. Data were analyzed using independent T and Chi-square tests.

**Findings:** 58.3% of nurses were against euthanasia and 41.7% were in favor. In voluntary passive euthanasia, the mean age of dissenting nurses was significantly higher than that of agreeing with nurses ( $p=0.003$ ). In involuntary passive euthanasia, the average service history of dissenting nurses was significantly higher than that of agreeing with nurses ( $p=0.005$ ). The average length of service in the intensive care units of anti-euthanasia nurses was significantly higher than the nurses who agreed with ( $p=0.002$ ). Single nurses were significantly more in favor 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 a person with a specific disease in their family were significantly more in favor of euthanasia than other nurses ( $p>0.001$ ).

**Conclusion:** More than half of the nurses in the intensive care unit are against euthanasia and with increasing age, total service history and service history in the intensive care unit, the rate of opposition to euthanasia increases and if there is a terminally patient in the nurse family, the rate of opposition to euthanasia decreases.

### Keywords

Euthanasia [<https://www.ncbi.nlm.nih.gov/mesh/68005065>];

Nurses' Attitude [Note Found];

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## Introduction

Euthanasia refers to prescribing medication or taking measures to end a patient's life<sup>[1]</sup>, which is done with compassion and without personal gain. Although preventing or skipping vital therapies is widely accepted, euthanasia is practiced by physicians and nurses is illegal in Iran and most countries<sup>[2, 3]</sup>. Voluntary and involuntary active euthanasia, voluntary passive euthanasia, and involuntary euthanasia are some types of euthanasia. Regarding voluntary active euthanasia, the patient consciously decides to end his or her life with the intervention of the treatment team and suffers unbearable pain with no hope of recovery. Concerning voluntary passive euthanasia, the patient decides to end life by discontinuing vital maintenance therapy to expedite his or her death. Involuntary active euthanasia is a deliberate and lethal injection into a patient who does not have the authority to decide. This decision is made by the medical team, the medical ethics committee, the patient's family, or the judge. Regarding involuntary passive euthanasia, ending the life of a patient who cannot decide is done by alternative people to the treatment team to discontinue vital therapies<sup>[4-6]</sup>.

Nurses' attitudes and perceptions about euthanasia, especially those in intensive care units (ICUs), are very important because nurses are more and longer involved in caring for dying patients and their families than health care providers<sup>[7, 8]</sup>. It has been reported that at least one in four nurses encounters a request for euthanasia from patients; thus, understanding their attitude towards euthanasia is of great importance in this regard<sup>[9]</sup>.

Previous studies on nurses' attitudes toward euthanasia have declared a collective disagreement about euthanasia<sup>[10]</sup>. In Iran, limited studies have been conducted to evaluate the attitudes of nurses working in ICUs about euthanasia and their socio-demographic characteristics and occupational characteristics on their beliefs and attitudes about euthanasia. Because nurses working in the ICU face increasing demand from patients and their families for euthanasia, they are recognized as a core part of the patient care team. This study aimed to determine the attitudes of ICU nurses toward euthanasia and its related factors.

## Instrument and Methods

This descriptive epidemiological study was performed on the nurses of the ICU, CCU, and NICU wards of Ahvaz teaching hospitals in the first half of 2018. The minimum sample size was estimated to be 123 people using Cochran's formula; however, because of the possible attrition, questionnaires were distributed among 160 randomly selected nurses, and finally, 132 nurses who answered the

questionnaire completely were included. Inclusion criteria were at least six months of work experience in one of the ICUs of the hospitals.

The data gathering tool consisted of two sections: demographic information and attitude towards euthanasia, prepared in the Research Center of Ethics and Medical History of Tehran University of Medical Sciences. Its reliability (Cronbach's alpha: 0.76) and validity were confirmed<sup>[11]</sup>. The euthanasia attitude assessment section had 14 questions in four sections: active voluntary (3 questions), voluntary active (5 questions), voluntary inactive (2 questions), and involuntary inactive (4 questions). It was answered on a 3-point scale: "I disagree" (1 point), "I have no opinion" (2 points), and "I agree" (3 points), and the option I disagree was considered as a negative attitude. "I agree" was considered as a positive attitude towards euthanasia. Regarding voluntary active euthanasia, the score ranged 3 to 9 (3 to 6: disagreement and 7 to 9: agreement), for voluntary active euthanasia 5 to 15 (5 to 10: disagreement and 11 to 15: agreement), for voluntary passive euthanasia it ranged 2 to 6 (2 to 4: disagreement and 5 to 6: agreement), and for voluntary active euthanasia, it ranged 4 to 12 (4 to 8: disagreement and 9 to 12: agreement). The total score range of the questionnaire was 14 to 42, with a score of 14 to 28 indicating being disagreed with euthanasia and a score of 29 to 42 indicating agreement with euthanasia.

After obtaining the necessary permissions and obtaining the ethics code from the Ethics Committee in the Research of Ahvaz Jundishapur University of Medical Sciences, Golestan and Imam Khomeini (RA) were selected for sampling and were referred. After collecting the questionnaires and preliminary review, it was found that 132 questionnaires were fully answered, and 74 nurses were working in the ICU, 43 nurses in the CCU and 15 nurses were working in the NICU. Incomplete questionnaires or those without the answer to any of the participants' personal information were excluded. The subjects' information in the questionnaires was completely confidential and anonymous (writing the hospital's name was optional), and only the final report was made available to the authorities. Because euthanasia is illegal in Iran, nurses were explained about voluntary participation in the study and assured that the results would be completely confidential.

After data collection, SPSS 21 software using an independent t-test was used to examine nurses' attitudes toward euthanasia according to their age, total work experience, and work experience in ICUs. A Chi-square test was used to examine nurses' attitudes toward euthanasia regarding marital status, level of education, ward, and history of a person with a specific disease in the family.

## Findings

The mean age of 132 female nurses participating in the study was  $33.57 \pm 6.69$  years, the mean work experience was  $9.87 \pm 6.97$  years, and the meaningful work experience in ICUs was  $72.46 \pm 9.64$  months (Table 1).

**Table 1)** Personal information of nurses working in intensive care units in selected hospitals of Ahvaz (n=132)

Variable	Number	Percentage
<b>Marital status</b>		
Single	38	28.8
Married	94	71.2
<b>Education</b>		
Bachelor's degree	107	81.1
Master's degree	25	18.9
<b>Ward</b>		
ICU	74	56.1
CCU	43	32.6
NICU	15	11.4
<b>The presence of a person with a terminal illness in the family</b>		
Yes	25	18.9
No	107	81.1

Of nurses studied, 58.3% were against euthanasia, and 41.7% favored it. The disagreement rate to

voluntary active, involuntary active, voluntary passive, and involuntary passive euthanasia was 70.5, 45.5, 51.5, and 66.7%, respectively. The mean age of nurses opposed to euthanasia was significantly higher than that of nurses in favor of euthanasia ( $p=0.041$ ). Regarding voluntary passive euthanasia, the mean age of nurses opposed to euthanasia was significantly higher than those in favor of euthanasia ( $p=0.003$ ). There was no significant relationship between other types of euthanasia and age ( $p>0.05$ ). The mean total work experience of nurses opposed to euthanasia was significantly more than those in favor of euthanasia ( $p=0.002$ ). Regarding involuntary passive euthanasia, the average total work experience of nurses against euthanasia was significantly more than those in favor of euthanasia ( $p=0.005$ ). There was no significant difference between nurses' total mean work experience opposed to or in favor of euthanasia and other types of euthanasia ( $p>0.05$ ). The average length of work experience in the ICU of nurses against euthanasia was significantly more than nurses who agreed with euthanasia ( $p=0.002$ ). Regarding different types of euthanasia, there was no significant difference between the level of agreement and disagreement of nurses working in ICUs in terms of work experience in the ICU ( $p>0.05$ ; Table 2).

**Table 2)** Comparison of attitudes of nurses in intensive care units of Ahvaz hospitals towards euthanasia based on age, work experience, and work experience in intensive care units

Variable	Disagree		Agree		p-value
	Number	Mean	Number	Mean	
Age					
Total score	77	34.57±6.78	55	32.16±6.37	0.041
Voluntary active	93	33.24±6.84	39	34.36±6.35	0.381
Involuntary active	60	33.93±5.32	72	33.26±7.68	0.557
Voluntary passive	68	35.24±5.67	64	31.80±7.26	0.003
Involuntary passive	88	34.24±6.68	44	32.23±6.59	0.104
Total work experience					
Total score	77	11.40±7.69	55	7.73±5.15	0.002
Voluntary active	93	9.77±7.16	39	10.10±6.58	0.806
Involuntary active	60	10.02±6.07	72	9.75±7.68	0.828
Voluntary passive	68	11.03±5.71	64	8.64±7.97	0.051
Involuntary passive	88	10.90±7.68	44	7.82±4.73	0.005
Work experience in intensive care units (months)					
Total score	77	79.69±5.70	55	44.20±40.63	0.002
Voluntary active	93	70.17±82.93	39	52.33±34.87	0.084
Involuntary active	60	58.25±44.44	72	70.44±89.32	0.311
Voluntary passive	68	67.49±44.69	64	62.16±93.69	0.681
Involuntary passive	88	72.02±82.82	44	50.66±42.49	0.052

Single nurses were significantly more in favor of euthanasia than married nurses ( $p=0.005$ ). Regarding different types of euthanasia, there was no significant difference between the level of agreement and disagreement of ICU nurses based on marital status ( $p>0.05$ ). Nurses with a bachelor's degree were significantly more opposed to euthanasia than those with a master's degree nurses ( $p=0.047$ ). There

was no significant difference between the level of agreement and disagreement of ICU nurses towards different types of euthanasia based on the level of education ( $p>0.05$ ). Nurses who had a person with a specific disease in their family were significantly more in favor of euthanasia than other nurses with no family member with a terminal illness ( $p>0.001$ ; Table 3).

**Table 3)** Comparison of attitudes of nurses in intensive care units of Ahvaz hospitals towards euthanasia based on marital status, education, and presence of a person with a specific disease in the family

Parameter		Agree		Disagree		p-value
		Frequency	Percentage	Frequency	Percentage	
Marital status						
Total score	Single	15	39.5	23	60.5	0.005
	Married	62	66	32	34	
Voluntary active	Single	24	63.2	14	36.8	0.293
	Married	69	73.4	25	26.6	
Involuntary active	Single	13	34.2	25	65.8	0.087
	Married	47	50	47	50	
Voluntary passive	Single	15	39.6	23	60.5	0.148
	Married	53	56.4	41	43.6	
Involuntary passive	Single	25	65.8	13	34.2	0.892
	Married	63	67	31	33	
Education						
Total score	Bachelor	19	76	6	24	0.047
	Master	58	54.2	49	45.8	
Voluntary active	Bachelor	75	70.1	32	29.9	0.851
	Master	18	72	7	28	
Involuntary active	Bachelor	45	42.1	62	57.9	0.105
	Master	15	60	10	40	
Voluntary passive	Bachelor	52	48.6	55	51.4	0.165
	Master	16	64	9	36	
Involuntary passive	Bachelor	68	63.6	39	36.4	0.116
	Master	20	80	5	20	
The presence of a person with a terminal illness in the family						
Total score	Yes	5	20	20	80	<0.001
	No	72	67.3	35	32.7	
Voluntary active	Yes	10	40	15	60	<0.001
	No	83	77.6	24	22.4	
Involuntary active	Yes	2	8	23	92	<0.001
	No	58	54.2	49	45.8	
Voluntary passive	Yes	5	20	20	80	<0.001
	No	63	58.9	44	41.1	
Involuntary passive	Yes	8	32	17	68	<0.001
	No	80	74.8	27	25.2	

Nurses working in the NICU were significantly ( $p=0.025$ ) opposed to voluntary passive euthanasia compared to other wards. In other cases, the difference was not significant (Table 4).

**Table 4)** Comparison of the attitude of nurses in the intensive care unit of Ahvaz hospitals towards euthanasia based on the ward

Parameter		Disagree		Agree		p-value
		No.	%	No.	%	
Total score	ICU	39	52.7	35	47.3	0.18
	CCU	30	69.8	13	30.2	
	NICU	8	53.3	7	46.7	
Voluntary active	ICU	53	71.6	21	28.4	0.289
	CCU	32	74.8	11	25.6	
	NICU	8	53.3	7	46.7	
Involuntary active	ICU	31	41.9	43	58.1	0.621
	CCU	22	51.2	21	48.8	
	NICU	7	46.7	8	53.3	
Voluntary passive	ICU	45	60.8	29	39.2	0.025
	CCU	15	34.9	28	65.1	
	NICU	8	53.3	7	46.7	
Involuntary passive	ICU	45	60.8	29	39.2	0.212
	CCU	15	9	28	65.1	
	NICU	8	53.3	7	46.6	

## Discussion

This study was conducted to investigate the attitude of nurses in the ICUs of Ahvaz hospitals towards euthanasia showed that the number of nurses opposed to euthanasia was more than nurses who were in favor of euthanasia, which is consistent with the results of Moghaddas *et al.*, who reported that most nurses in the ICU are opposed to euthanasia [12]. Altai *et al.* in Sudan also found that most participants opposed euthanasia due to religious beliefs and the law [13]. However, Inghelbrecht *et al.* in Belgium assessed nurses' attitudes toward end-of-life decisions. They found that most nurses agreed with "discontinuing life-prolonging treatments", "decisions to relieve symptoms with possible life-prolonging side effects", and "performing euthanasia" [14]. In Belgium, Gielen *et al.* found that most nurses partially agreed or strongly agreed with euthanasia [15]. The discrepancy between the findings may be due to cultural-religious differences between communities, the role of law, sample size, and differences in the research tools.

In our study, the mean age of nurses who opposed euthanasia was significantly higher than that of

nurses in favor of euthanasia. Regarding voluntary passive euthanasia, the mean age of nurses opposed was significantly higher than the mean age of nurses in favor of euthanasia. Other studies have shown that younger nurses have a more positive attitude toward euthanasia than their older colleagues [15, 16]. Moghaddas *et al.* showed that nurses' opposition to euthanasia increases [12], which can be the work experience of older nurses and the care of dying patients, and the strengthening of religious beliefs at older ages. Also, cultural differences of different generations can affect their attitude toward euthanasia.

We found that nurses with a bachelor's degree were significantly more opposed to euthanasia than nurses with a master's degree, which is inconsistent with other studies. With increasing education, opposition to euthanasia increased [11]. Because the average age and work experience of nurses with a bachelor's degree in this study was higher than nurses with a master's degree. These two factors possibly affected the results. Regarding different types of euthanasia, it was found that there was no significant difference between nurses' attitudes toward different types of euthanasia and education level, which has been confirmed in other studies [13, 17].

The present study results showed that the average work experience in the ICU of nurses who were against euthanasia was significantly higher than nurses who agreed with euthanasia. Regarding different types of euthanasia, it was found that there is no significant difference between work experience in the ICU and nurses' attitudes toward different types of euthanasia. Najafabadi *et al.* showed that work experience in the ICU has a significant relationship with a positive attitude towards euthanasia and its types, and with increasing work experience, the level of agreement with euthanasia increases [18]. However, other relevant articles have reported similar results to the present study [12].

We found that nurses who had a person with a specific disease in their family were significantly more in favor of euthanasia and its types than other nurses who did not have such a person in their families. Lack of adequate support for families with a member with a terminal illness, as well as the potential costs and difficulties of caring for patients with incurable diseases, and the lack of hope for recovery are some reasons for this view. No similar study was found in this regard.

The present study results showed that there was no significant difference between the level of agreement and agreement of ICU nurses with euthanasia based on the ward, which has been confirmed in similar studies [18]. Regarding different types of euthanasia, it was found that NICU nurses were significantly more opposed to voluntary passive euthanasia than ICU and CCU nurses. The average total work experience of nurses who were against euthanasia was significantly higher than nurses who favored

euthanasia. With the increasing clinical experience of nurses in the clinic and care of dying patients, accepting and performing euthanasia is a difficult task. Concerning different types of euthanasia, it was found that only involuntary passive euthanasia had a significant relationship with the total work experience. The opposition to involuntary passive euthanasia increases with increasing work experience. These results are in line with those of Moghaddas *et al.* reported that nurses in the internship program had a more positive attitude toward euthanasia than experienced nurses. Nurses with a formal job had a more negative attitude toward euthanasia than those in the internship program [12]. Other studies have shown that increasing clinical work experience is associated with a negative attitude towards euthanasia [15, 19]. However, Najafabadi *et al.* showed that with increasing work experience, opposition to euthanasia decrease with age [18].

Given that increasing age and increasing nurses' clinical work experience are associated with an increase in opposition to euthanasia, this finding can be used to assign nurses to special wards.

## Conclusion

More than half of the nurses in the ICUs are against euthanasia. With increasing age, total work experience, and work experience in the ICU, the opposition to euthanasia increases, and the presence of a terminally ill patient in the nurse family decreases the rate of opposition to euthanasia.

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