Annals of Agricultural and Environmental Medicine 2023, Vol 30, No 1, 148–155
www.aaem.pl

ORIGINAL ARTICLE

Euthanasia in opinions of students of medicine

Stanisław Lachowski[1,A,C-F] ✉, **Jarogniew Łuszczki**[2,B,E-F], **Bogusława Lachowska**[3,A,D-F], **Magdalena Florek-Łuszczki**[2,A,D-F]

[1] *University of Maria Curie-Skłodowska, Lublin, Poland*
[2] *Witold Chodźko Institute of Rural Health, Lublin, Poland*
[3] *The John Paul II Catholic University of Lublin, Poland*
A – Research concept and design, B – Collection and/or assembly of data, C – Data analysis and interpretation, D – Writing the article, E – Critical revision of the article, F – Final approval of the article

Lachowski S, Łuszczki J, Lachowska B, Florek-Łuszczki M. Euthanasia in opinions of students of medicine. Ann Agric Environ Med. 2023; 30(1): 148–155. doi: 10.26444/aaem/160085

Abstract

Introduction and Objective. Euthanasia assumes the deliberate deprivation of life of another human being for the good of that person. At present, euthanasia is legally practiced in Holland, Belgium, Luxemburg, Columbia and Canada. In Poland, euthanasia is strictly prohibited. The aim of this work is to present the opinions of medical students about euthanasia. An anonymous questionnaire was conducted among first-year students of medicine at the Medical University of Lublin, Poland.

Materials and method. The anonymous questionnaire consisted of 35 questions that concerned three components of euthanasia attitude: knowledge, evaluation, and acceptance of its use. The study included 281 students of medicine (77.6% of all first-year students).

Results. Although euthanasia in Poland is legally prohibited, almost one-fifth of students of medicine expressed a positive attitude towards euthanasia, and over a quarter of students opted for its legalization. Only two independent variables, i.e., family size (number of children) and religious involvement of the respondents, differentiated both the overall assessment of euthanasia and the level of acceptance for its legalization. Non-religious people more often (43.3%) than religiously engaged people (6.4%) expressed positive opinions about euthanasia.

Conclusions. The attitudes of students towards euthanasia are often inconsistent. There is a need to evaluate medical study programmes in the context of creating the right attitudes of future doctors towards euthanasia.

Key words

attitude, medical students, euthanasia

INTRODUCTION

One of the characteristics of human life is its dynamism and constant change. In literature, more or less detailed typologies of the stages of human development are presented [1]. Nowadays, there is a sharp increase in interest in factors related to the life of the elderly and contemporary research focuses mainly on these factors [2]. Not all people enter the period of adulthood, however, all experience death, which is obvious and most common, but at the same time mysterious and not recognized to the end. Death is seen as the part of natural life [3]. Patients in the end-of-life phase die in specialized hospice care units, in hospitals, hospice facilities, as well as in non-palliative care facilities [4]. This presents employees of all these types of facilities with major challenges [5]. Saunders [6] points out that negative feelings, such as the feelings of guilt, failure, and rejection, which accompany the dying, often also accompany their caregivers. Many caregivers, both professionals and laymen, experience a level of burden from their duties during end-of-life care [3].

In contemporary medicine, a lively discussion concerns the terms of euthanasia and assisted suicide [7]. The meaning of 'euthanasia' derives from the ancient Greek word meaning 'good death' or 'gentle death' [8]. In modern times, the concept of 'euthanasia' was first used by F. Bacon, but in a slightly different context. He stated that among the duties of a doctor is also to ensure that the patient has a gentle and peaceful death, when there is no hope left of recovery [9]. Bacon perceives the role of doctors in such situations as the alleviation of pain and accompanying the dying person until the natural end of life. Despite the fact that many researchers consider Bacon as a precursor of contemporary euthanasia, in his works there are no recommendations to hasten the death of severely ill patients, but advocating a complex palliative care [10]. The etymological understanding of euthanasia as a 'good death' generally functioned until the first half of the 19th century. Characteristic for this period are the views of A. Schopenhauer, who defined euthanasia as a natural death of advanced age with a mild course [10].

From the middle of the 19th century, the period of understanding euthanasia, called the eugenic period, begins, within which the Nazi sub-period is distinguished (in the years from 1933 to 1945, until the fall of the Third Reich) [11]. Within this trend, euthanasia is the active assistance to enable the patient to shorten suffering on his/her demand. One of the first philosophers advocating these views was Samuel Williams, who was the first to express his approval for the active assistance of the caregiver/physician in granting the requested death [11]. Williams proposed that a physician could administer to suffering and terminally ill patients, on their demand, anaesthetics which would cause a painless and quick death. At the same time, he did not regard such conduct as a manifestation of mercy towards the suffering person, but as a rational choice, or even the duty of a caregiver – usually a physician. The eugenic trend was developed by the representatives of Nazi Germany who, based on these views, led to the extermination of groups of citizens or specified national groups considered as 'unwanted'.

✉ Address for correspondence: Stanisław Lachowski, University of Maria Curie-Skłodowska, 5 M. Curie-Skłodowskiej Square, 20-031 Lublin, Poland
E-mail: stlachowski@wp.pl

Received: 28.12.2022; accepted: 30.01.2023; first published: 28.02.2023

At present, the term euthanasia most often refers to the situation when one person (physician or medical staff) undertakes actions resulting in accelerating or facilitating the quick and painless death of another person. M. Truszczyński pays attention to two important characteristics of this act: 1) euthanasia assumes the deliberate deprivation of life of another human being; 2) the reason for the termination of life of another human being is for the good of that person [12]. This usually concerns a person (patient) who is terminally ill, and to whom the illness causes great suffering. A comprehensive and all-encompassing definition of euthanasia was formulated by M. Szeroczyńska, who stated that euthanasia consists in the deprivation of life – through directly or indirectly causing death, not preventing it, or possibly assisting in the taking of one's own life – of a person suffering (physically or mentally) by the perpetrator motivated by compassion, acting for the good of the person in order to ensure a dignified death through deliverance from suffering, and acting according to this person's will (explicit or implied), and not against the person's will [13].

Many authors clearly distinguish euthanasia from assisted suicide. Euthanasia is treated as an activity undertaken only by a doctor, which deliberately ends a person's life at the request of the patient [14]. In this case, the doctor administers a lethal substance to the patient. In contrast, in physician-assisted suicide, the patient concerned personally administers a lethal substance prescribed by a doctor. Euthanasia may be active or passive, or take the form of assisted suicide [15]. It may be of a voluntary or involuntary character [16].

Currently, euthanasia or suicide assisted by a physician may be legally practiced only in Holland, Belgium, Luxemburg, Albania, Columbia and Canada (Quebec from 2014, in the whole country from June 2016). In 2021, New Zealand joined the countries where euthanasia is allowed. Legislation is currently being prepared to allow euthanasia in Portugal [17]. Suicides assisted by a physician, excluding euthanasia, are legal in Switzerland, and in five states in the USA: Oregon, Washington, Montana, Vermont and California [18, 19].

In the Polish legal system, euthanasia – both active and passive – is prohibited. A person committing this act is punishable by from three months to five years imprisonment (Criminal Code, Article 150) [20]. The Code of Medical Ethics refers directly to the problem of euthanasia, and Article 31 states that a physician cannot apply euthanasia nor assist a patient in committing suicide. In addition, Article 31 of the Code defines the duties of a physician with respect to patients in a terminal state, providing them with care and dignified conditions for death. According to this Article, a physician should alleviate the suffering of patients in a terminal state to the end, and maintain, as far as possible, the quality of life to its end.

Some researchers have paid attention to the fact that legalization of euthanasia causes a change in the professional role of a physician which, as it is commonly adopted, refers to the activities related with the restoration of health and prolongation of life, whereas in the countries where euthanasia is legal, a physician participates also in the deprivation of life [21]. Such a situation may cause an intrinsic role conflict, and additionally decrease the motivation of a physician for undertaking the effort of treatment, especially in difficult cases of diseases, and for the improvement of qualifications, in order to acquire skills of effective treatment of such diseases.

Due to globalization and changes in the health care delivery system, there are gradual changes in the attitude of both the medical community and laymen towards euthanasia as an option for terminally ill and dying patients [22]. Sociological studies conducted in many countries demonstrate that irrespective of legal regulations in effect in individual countries, in the last decades, an increase has been observed in the acceptance of the use of euthanasia procedures [23, 24]. Analyses performed by the Centre for Public Opinion Research (CBOS) have also confirmed the presence of such a tendency in Poland. In the study of 1988, nearly one-third of Polish respondents (30%) agreed with the opinion that a doctor should fulfil the wish of a terminally ill patient who demands administration of agents causing death, while in 2009, nearly a half of the examined Poles agreed with this opinion [25]. However, a study carried out in 2012 showed a decrease in the percentage of respondents who accept euthanasia by five percentage points (down to 43%). Simultaneously, it should be mentioned that in the 2009 study, a nearly two-fold decrease was observed in the percentage of indecisive persons (13.0%), compared to the 1988 study (23.0%).

Studies in other countries also indicate that the level of acceptance for this type of practice is still not high. For example, studies conducted on a random sample of adult citizens in the Republic of Croatia showed a low level of acceptance for withholding or withdrawing life-prolonging treatment, euthanasia, assisted suicide and physician-assisted suicide [26]. Results from a poll conducted in the UK by the Royal College of Nursing indicated that 40% of nurses were against assisted suicide, while 49% of nurses supported this action [27]. Additionally, in a nationwide survey of Canadian oncologists on attitudes toward MAID (Medical Assistance In Dying), it was found that many of the oncologists believed that it is appropriate, under certain circumstances, to present MAID as a therapeutic option at the end of life, [28]. However, any conclusions from this study are certainly limited by the extremely low response rate among the oncologists surveyed – response rate only 32.4% [28].

In the context of discussion between supporters and opponents of euthanasia and legal regulations with respect to this type of practice, the attitude of physicians towards this phenomenon is a very interesting problem. It seems that a physician who almost every day has contact with suffering and dying people, in a special way understands the complexity and dramaturgy of euthanasia. The objective of the presented study is to provide an answer to the question about opinions of students of medicine concerning euthanasia who, although not yet physicians, are preparing for this profession.

METHOD AND STUDY GROUP

In January 2018, a survey was conducted among students of the first year of the Faculty of Medicine at the Medical University in Lublin concerning their attitudes towards euthanasia. Out of the total number of 362 first-year students, an auditory questionnaire was completed by 281 students (77.6%), who participated in classes on the day of study and expressed their consent to take part. The anonymous questionnaire consisted of 35 items, including six questions which required providing a reply (open) and 29 with a ready list of answers (closed). The study covered three components

of attitudes: knowledge concerning the phenomenon of euthanasia, evaluation of this phenomenon, and a declaration of readiness of behaviours towards euthanasia. The questionnaire also contained questions pertaining to respondents' demographic characteristics, and assessment of their religious engagement.

Table 1. Characteristics of students in the study

Characteristics of students in the study		No.	%
Gender	Female	184	65.5
	Male	97	34.5
	Total	281	100.0
Permanent place of residence	Urban	201	71.8
	Rural	79	28.2
	Total	280	100.0
Number of siblings	Only child	43	15.4
	One	151	54.1
	Two or more	85	30.5
	Total	**279**	**100.0**
Grandparents living with the family	Cohabitate	64	22.9
	Cohabitated in the past	53	18.9
	Do not cohabitate	163	58.2
	Total	280	100.0
Age	Younger (18-19 years)	143	50.9
	Older (20 years and over)	138	49.1
	Total	281	100.0
Attitude towards religion	Believers – practicing	187	67.3
	Believers - not practicing	57	20.5
	Non-believers	34	12.2
	Total	**278**	**100.0**

Lack of data not considered

There were 184 women (65%) and 97 men (35%) among the respondents. Urban residents accounted for 71.8% of all respondents, and rural residents were 28.2%. (Tab. 1). Despite the fact that all respondents were first-year students, their age relatively varied: a half of them (50.9%) were aged 18–19, while the reminder were aged 20–24. The respondents' environment and family origin also differed. The majority of students (69.5%) came from families with a small number of children (one or two), including 15.5% of the total number of respondents who had no siblings at all – they were the only children. Nearly 1/3 of respondents came from large families (30.5%). The majority of families of the students (58.2%) were two-generation families (parents and children). The others come from multi-generational families, having the experience of living together with their grandparents. In the families of more than one-fifth of the total number of respondents (22.9%) lived with a grandmother or grandfather, and in a slightly lower number of households they had cohabitated in the past (18.9%).

The respondents were also asked about their attitudes towards religion, assuming that these characteristics may be related with their attitudes towards euthanasia. The majority of students (67.3%) mentioned that they were practicing believers. Every fifth respondent (20.5%) reported that he/she was a believer, but not practicing, and 12.2% of the examined students identified themselves as non-believers.

Considering the above-presented declarations, the respondents were divided into two groups: persons who were religiously engaged (67.3%) and those not religiously engaged (32.3%).

RESULTS

Nearly a half of first-year students at the Faculty of Medicine (47.9%) evaluated the practice of euthanasia in negative terms, including 26.8% of the total number – definitely negatively, and 21.1 % – rather negatively. An almost twice as low percentage of students evaluated this phenomenon positively (18.2%), including only four persons (1.4% of the total number) definitely positively. Every third respondent could not provide an unequivocal opinion (33.9%), and stated that euthanasia can be ascribed neither a positive nor negative evaluation.

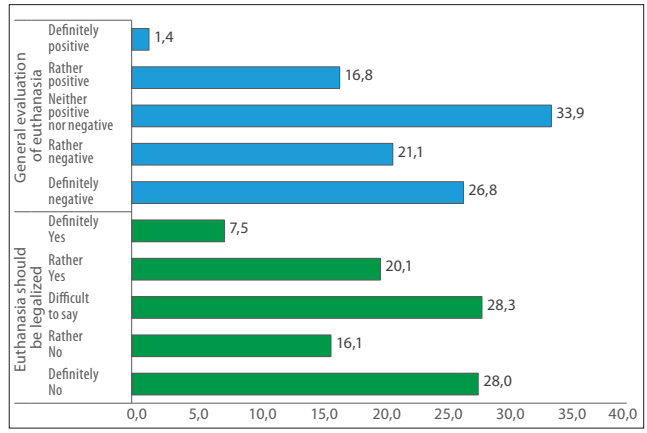

Figure 1. General attitude of students towards euthanasia

Euthanasia is prohibited in many countries worldwide, including Poland. Respondents were asked about their opinion concerning the need for legalization of this practice in the countries where it is prohibited. More than one-quarter of students (27.6%) opted for legalization of euthanasia. However, it may be presumed that the majority of them had some doubts, because they indicated the reply 'Rather Yes' (20.1% of the total number of respondents). In turn, 7.5% of students of medicine definitely supported the legalization of euthanasia, whereas 28.3% of the students were unable to respond to this problem.

A strong relationship was observed between general evaluation of euthanasia and the acceptance of practices in this respect (Tab. 2). In the group of respondents who positively evaluated euthanasia, more than four-fifths were for the acceptance of its legalization (84.0%), while only four students (8.0%) were against legalization. In the group of students who negatively evaluated euthanasia, the proportion of those who were for and those against its legalization were opposite: approximately 80% of respondents in this group rejected the possibility of legalization of euthanasia, and only 3.8% accepted it.

The results obtained demonstrated that positive evaluations of the phenomenon of euthanasia co-occurred with attitudes of acceptance of this type of practice in the countries where euthanasia is prohibited, and on the contrary, negative evaluations of euthanasia co-occurred with rejection of the possibilities of its legalization.

Table 2. Acceptance of legalization of euthanasia acc. to the general evaluation of this phenomenon

Acceptance of legalization of euthanasia	General evaluation of euthanasia						Total	
	Positive, rather positive		*Difficult to say*		*Negative, rather negative*			
	N	%	N	%	N	%	N	%
Yes. rather Yes	42	84.0	30	31.6	5	3.8	77	27.7
Difficult to say	4	8.0	54	56.8	20	15.0	78	28.1
No. rather No	4	8.0	11	11.6	108	81.2	123	44.2
Total	**50**	**100.0**	**95**	**100.0**	**133**	**100.0**	**278**	**100.0**

Chi^2 =207.332, p<0.001

Interesting declarations were observed in the group of students who were indecisive – unable to unequivocally evaluate the phenomenon of euthanasia (Tab. 2). Although the majority of these students had no opinion concerning legalization of euthanasia (56.8%), nearly one-third accepted the need for its legalization, whereas 11.6% of students were against it. It may be presumed that among students who were unable to unequivocally evaluate euthanasia, the largest group were those who more inclined towards a rather positive than a rather negative opinion.

The general evaluation of euthanasia and the degree of its acceptance in the countries where it is prohibited was compiled with variables characterizing the examined students, such as: gender, age place of permanent residence, experience of living together with grandparents, size of the family of origin (number of children), and the respondents' religious engagement. Differences in both general evaluation of euthanasia and level of acceptance of its legalization were found only according to the last two characteristics: size of the family of origin (number of children), and the respondents' religious engagement.

Students from large families (three or more children) significantly more often evaluated the phenomenon of euthanasia in negative terms, compared to those from families with one or two children. Negative evaluation of this phenomenon were expressed by 40.0% of students from large families, and by a half lower percentage of students from small families (21.2%). Simultaneously, the respondents from small families more often evaluated euthanasia positively or rather positively, than those coming from large families (21.8% and 10.6%, respectively).

Different size of the family of origin of the students was also related with their acceptance of legalization of euthanasia in the countries where it is prohibited. Acceptance of such actions was significantly more frequently declared by students from small rather than large families (Tab. 4). Legalization of euthanasia was accepted (definitely or rather) by 32.9% of students from small families, and more than twice fewer of students from large families (15.3%). At the same time, the majority of students from large families were against legalization of euthanasia (52.9%), whereas a significantly lower percentage of students from small families presented such an attitude (40.6%).

Significant differences in general evaluations and opinions concerning euthanasia were observed according to the students' religious engagement (Tab. 3,4). The majority of students who were religiously engaged (62.1%) evaluated euthanasia negatively or rather negatively (Tab. 3). In the group of respondents who were not religiously engaged, the percentage of students who indicated such evaluations was three times lower (20.0%). Simultaneously, in the group of students who were religiously engaged, only 6.4% evaluated euthanasia positively or rather positively, while such evaluations were expressed by 43.3% of students who were not religiously engaged (a nearly seven times higher percentage).

A relatively low percentage of students who were religiously engaged (12.3%) accepted legalization of euthanasia in the countries where it is prohibited (Tab. 4), and only one person

Table 3. General evaluation of euthanasia according to the number of children in the family of origin and religious engagement

	Number of children in family of origin*				Religious engagement**			
	One - two		*Three or more*		*Engaged*		*Not engaged*	
	N	%	N	%	N	%	N	%
Definitely or rather positive	42	21.8	9	10.6	12	6.4	39	43.3
Neither positive nor negative	65	33.7	28	32.9	59	31.6	33	36.7
Rather negative	45	23.3	14	16.5	48	25.7	11	12.2
Definitely negative	41	21.2	34	40.0	68	36.4	7	7.8
Total	193	100.0	85	100.0	187	100.0	90	100.0

*Chi^2 =13.024, p<0.01, ** Chi^2=68.946, p<0.001

Table 4. Acceptance of opinions that euthanasia should be legalized, according to the number of children in the family of origin and religious engagement

	Number of children in family of origin*				Religious engagement**			
	One - two		*Three or more*		*Engaged (a)*		*Not engaged*	
	N	%	N	%	N	%	N	%
Definitely Yes	17	8.9	4	4.7	1	0.5	20	22.5
Rather Yes	46	24	9	10.6	22	11.8	33	37.1
Dificult to say	51	26.6	27	31.8	54	28.9	23	25.8
Rather No	33	17.2	12	14.1	39	20.9	6	6.7
Definitely No	45	23.4	33	38.8	71	38.0	7	7.9
Total	192	100.0	85	100.0	187	100.0	89	100.0

*Chi^2 =12.503, p<0.05, ** Chi^2= 84.432, p<0.001

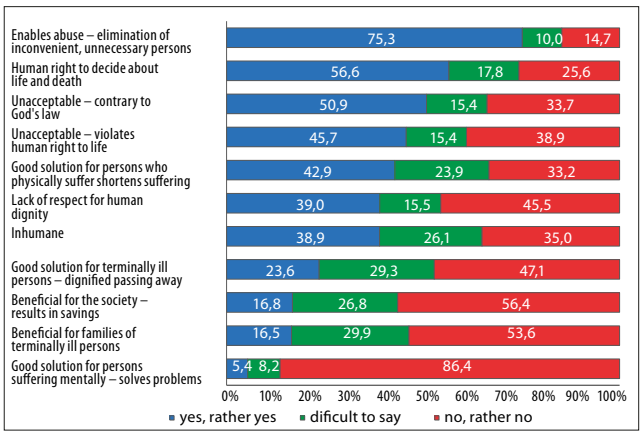

Figure 2. Acceptance of opinions concerning euthanasia

definitely supported legalization. Acceptance of such actions was declared by the majority of students who were not religiously engaged (59.6%).

There are many opinions concerning euthanasia which present either a positive or a negative attitude towards this phenomenon. The examined students were asked to express their attitude with respect to 11 such opinions defining the level of acceptance of their contents, according to a five-degree scale: 1) definitely 'No', 2) 'rather No', 3) 'difficult to say', 4) 'rather Yes', 5) 'definitely Yes'. The highest percentage of respondents agreed with the opinion that euthanasia creates possibilities for abuse in the form of the deliberate, groundless disposal of persons who are inconvenient or useless. Such an attitude was shared by the majority of respondents (75.3%), while only 14.7% of students were against it (Fig. 2). More than a half of respondents (56.6%) considered that each person has a right to decide about own life and its termination; thus, euthanasia is the exercising of this law. Every fifth respondent was against this opinion. About half of the respondents agree with the opinion that euthanasia is unacceptable, pointing to two justifications: euthanasia is contrary to God's law (50.0%) and also violates the human right to life (45.7%). About 1/3 of the respondents oppose these opinions. Two other definitions are of a similar nature, indicating that euthanasia is disrespectful for human being and inhumane. The subsequent two statements were of a similar character and indicated that euthanasia is lack of respect for human beings and is inhumane. Approximately 40% of respondents agreed with these opinions. The remaining opinions concerning euthanasia pertain to its positive aspects and justify the possibility of its legal application. More than two-fifths of students agreed with the opinion that euthanasia is a good solution for persons who suffer greatly physically, because it shortens their suffering (42.9%). Nearly ¼ of respondents (23.6%) considered euthanasia as a good solution for terminally ill persons, because they have an opportunity to depart from this world while still in a relatively good condition.

A relatively low percentage of students shared the opinion that euthanasia is beneficial for others, or even for institutions. The beneficiaries of euthanasia include family members of terminally ill patients (16.5%), the health care system, and the social insurance system (16.8%). Benefits for the latter two systems result from savings accrued from the discontinuation of treatment and care of terminally ill patients, and a shorter time of payment of social benefits to these persons. The least accepted opinion was that euthanasia is a good solution for mentally ill persons, because it is a solution to their problems. This attitude was shared by 5.4% of respondents, while 8.2% were unable to express an opinion.

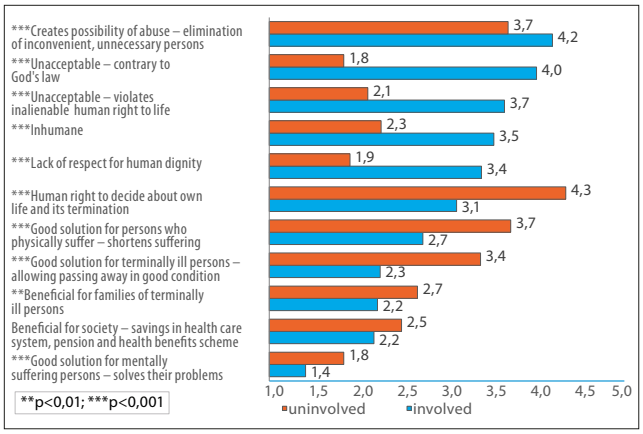

Figure 3. Mean evaluations of acceptance of opinions concerning euthanasia according to respondents' religious engagement

Evaluation of the degree of acceptance of individual statements concerning euthanasia was approached as an ordinal scale, ascribing values to the evaluation categories: from 1 – 'I definitely disagree with the statement', to 5 – 'I definitely agree with the statement'. The mean value calculated for each statement specifies the degree of its acceptance according to ascale from 1 – 5. The statement most accepted by the respondents was that it creates the possibility for abuse by the elimination of the unwanted (M=4.0). The least accepted was the opinion that euthanasia is a good solution for mentally ill persons because it solves their problems (M=1.6). The order of individual statements considering the mean evaluations is consistent with that presented in Figure 2.

Analysis of the mean values specifying the degree of acceptance of statements concerning euthanasia in the subgroups selected with respect to variables defining the characteristics of the examined adolescents, showed that there were no differences in evaluations of this phenomenon according to the respondents' gender, age, place of permanent residence, and experience of living with grandparents. However, statistically significant differences were observed between the subgroups of students coming from small and large families[1], and those who were religiously engaged or not engaged[2].

The degree of acceptance of euthanasia was significantly different in the group of students coming from small and large families with respect to six statements (Tab. 5). Students from small families, to a greater degree than the remainder, shared the opinion that euthanasia is a good solution for terminally ill persons (passing away in a relatively good condition), and also to a greater degree accepted that euthanasia is a good solution for people who suffer greatly physically (shortens suffering). Students from large families, to a greater degree, accepted statements indicating the lack of acceptance of euthanasia. This concerned the statements that euthanasia violates the inalienable human right to life, and is contrary to God's law, and that it is an expression of the lack of respect for human dignity and it is inhumane.

Considering the acceptance of statements concerning euthanasia, even greater differences were found according to the religious engagement of students (Tab. 5). Statistically significant differences were noted according to almost all statements. Only in the case of one statement – euthanasia is beneficial for society – no significant difference in acceptance was observed. The respondents who were religiously engaged, to a greater degree than those not engaged, shared the view that euthanasia is an undesirable, or even unacceptable phenomenon. This concerned such statements as: it violates the human right to life, is contrary to God's law, it is inhumane, and is an expression of the lack of respect for human dignity and creates the possibility for abuse. The

1. Considering the unequal sizes of the subgroups and distributions of many variables significantly different than the normal distribution the Mann-Whitney U test was applied.

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Table 5. Mean level of acceptance of statements concerning euthanasia according to the family of origin and religious engagement

Opinions concerning euthanasia	Size of family		Mann-Whitney U test		Religious engagement		Mann-Whitney U test	
	Small	Large			Yes	No		
	Mean	Mean	U	p<	Mean	Mean	U	p<
Right to decide about own life and its termination	3.6	3.3	7085	0.054	3.1	4.3	4328.0	0.000
Good solution for terminally ill persons – allows passing away in good condition	2.8	2.3	6292	0.001	2.3	3.4	4286.0	0.000
Unacceptable – violates inalienable human right to life	3.0	3.5	6590	0.008	3.7	2.1	3337.0	0.000
Good solution for persons who physically suffer - shortens suffering	3.2	2.8	6690	0.012	2.7	3.7	4725.5	0.000
Unacceptable - contrary to God's law	3.1	3.9	5839	0.000	4.0	1.8	2069.5	0.000
Good solution for persons suffering mentally – solves their problems	1.6	1.5	7604	0.284	1.4	1.8	6499.0	0.000
Inhumane	3.0	3.5	6429	0.003	3.5	2.3	3961.0	0.000
Beneficial for families of terminally ill persons	2.4	2.2	7394	0.220	2.2	2.7	6504.0	0.004
Lack of respect for human dignity	2.7	3.3	6362	0.005	3.4	1.9	3479.5	0.000
Creates possibility for abuse – elimination of the unwanted	4.0	4.0	7877	0.618	4.2	3.7	6189.0	0.000
Beneficial for society – savings in health care system, pension and health benefits scheme	2.3	2.2	7930	0.644	2.2	2.5	7341.0	0.072

remaining statements pertaining to euthanasia were, to a greater degree, accepted by students who were not religiously engaged than those religiously active, and indicated a positive view of euthanasia.

DISCUSSION

The conducted research on euthanasia or suicide assisted by a physician shows that these issues are controversial in medical ethics, both among medical students and physicians themselves. In many international studies a larger support for euthanasia or assisted dying (EAD) has been reported among the general public, but a lower and often minority support among physicians. [29, 30, 31].

Studies conducted both in Poland and other European countries show that the level of social acceptance for self-determination of life span in illness, suffering, and disability is relatively high. In the countries where freedom of the individual is also identified with the right to terminate life, e.g. in the countries of Western Europe, increasing support has been observed for euthanasia and suicide assisted by a physician, with a simultaneous decrease in this support in the countries of Central and Eastern Europe [18]. This, to a great extent, is the result of a change of attitudes to death as such, as well as the desire to maintain control over how and when to die [32].

Despite the fact that euthanasia is legally prohibited in Poland, the attitude towards this phenomenon among students of medicine at the Medical University in Lublin varies. Nearly 20% of students expressed a positive attitude towards euthanasia, and more than one-quarter were in favour of its legalization. Similar results were obtained in studies conducted among students of medicine at other universities in Poland, as well as in other European countries, where there is a lack of legal permission for euthanasia and assisted suicide. Support for the legalization of euthanasia was expressed by 26% from among 401 the examined students of the third year of medicine at the Faculty of Medicine of the Poznań University of Medical Sciences in Poland, and 19% of respondents considered that this is a permissible form of termination of life in patients with incurable diseases [33], despite the fact that a considerable percentage of students expressed a positive attitude towards legalization of this phenomenon, although 82% of the total number of respondents would not personally commit euthanasia or provide assistance with suicide. A study by Anneser et al., who examined 241 German students, showed that 19.2% of them expressed their acceptance of the phenomenon of euthanasia, and 51.4% supported physician assisted suicide [34]. Simultaneously, as many as 83.8% of the total number of respondents were for palliative sedation.

Earlier studies conducted simultaneously in 2008 among students of medicine at three universities in Europe, i.e. the Pomeranian Medical University in Szczecin (Poland), Ernst-Moritz-Arndt University Greifswald (Germany) and Lund University (Sweden) demonstrated that the acceptance of the phenomenon of euthanasia was on a higher level than in recent years. At that time, as many as 82% of the examined German students, 61% of Swedish, and 48% of Polish students, declared acceptance of euthanasia [35]. At the same time, these studies showed that Poles were more frequently against euthanasia (29%), compared to the Swedish (12%) and German students (3%). In turn, a growing support for active euthanasia was observed among students of medicine in Austria (an increase from 16.3% in 2001 to 29.1% in 2003–2004, and up to 49.5% in 2008–2009 [24]. A considerable acceptance of euthanasia was also confirmed by a study conducted among Greek students. More than a half of them (52%) approved euthanasia, and 70% supported physician assisted suicide [36].

A high level of acceptance of assisted suicide was noted in a study of students of medicine in countries where it is legally allowed. For example, in Canada, where from 2016 assisted suicide has been legal, the majority of students (88%) supported the decision by the Supreme Court concerning the legalization of assisted suicide, 61% would provide a patient the possibility to terminate life, and 38% would personally administer lethal drugs [23]. Similar results were observed in a study among students in Belgium [37].

Studies of medical students from New Zealand carried out in 2020, i.e. before the legalization of euthanasia in that country which took place in November 2021, showed the existence of a relationship between support for EAD and the stage of education [17]. Acceptance of EAD was supported by 65% of third-year students and only 39% of fifth-year

students. Among the factors influencing such a distribution of answers was the greater scope of professional knowledge obtained by students of higher years of study, and the very fact of education at a medical university, the mission of which is to save human lives.

The analysis of the results of our own study showed that differences in the overall assessment of euthanasia and the level of consent to its legalization were found only due to two independent variables – the size of the respondent's family of origin (number of children) and the respondents' religious involvement. Students from small families were more likely to rate euthanasia positively than those from large families (21.8% and 10.6% appropriately). So did the respondents who were not religiously involved more often expressed a positive assessment for euthanasia (43.3%) than religiously involved (6.4%). Such a distribution of replies confirms the regularity according to which religiously engaged people are more keen to accept religious moral norms. The majority of the Polish population are Catholics, and the attitude of the Catholic Church towards euthanasia is definitely negative, and indicates the inviolability of human life from conception to the day of death [38].

The relationship between religious engagement and acceptance of euthanasia has also been observed by other researchers. Such a relationship was indicated by an international study conducted in 2008 among 67,786 people in 47 European countries. The conducted analyses showed that the level of acceptance of euthanasia was significantly higher in the group of non-believers, compared to the groups of people who declared affiliation to one of the four churches (Catholic, Orthodox, Protestant or Muslim) [39]. The effect of religious beliefs as a factor deciding about the lack of acceptance of euthanasia or resigning from the procedure of assisted suicide was also confirmed in studies carried out among students of medicine in South Africa [40], Greece [36], and Canada [24].

CONCLUSIONS

The presented study conducted among students at the Medical University in Lublin demonstrated that their attitudes towards euthanasia varied and were frequently inconsistent. It may be presumed that this resulted from dilemmas, the basis of which was confrontation with the knowledge they acquired during their study, and their personal set of values. Despite the fact that the respondents were aware that Polish law does not permit euthanasia or physician assisted suicide, more than a half of them considered that every individual has the right to decide about own life and its termination, and euthanasia is the execution of this right. More than a quarter of the examined students expressed their support for the legalization of euthanasia in Poland. The most frequent arguments in favour of euthanasia were the opinion that it is a chance to end physical suffering and terminate life in the case of incurable illnesses. Such an attitude shows a conflict between own convictions and legal norms which, in the situation of performing in the future of the occupation of a physician, may create problems with making proper decisions related with the treatment of seriously ill patients. Nevertheless, it should be emphasized that the respondents were first-year students, thus at the beginning of medical study. It is therefore very important and interesting to trace the direction of changes in these students' attitudes towards euthanasia during the further course of their study, until they obtain the right to practise the profession.

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