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The opinions on euthanasia expressed by followers of various religions

SUMMARY

The aim of this research was to investigate the views on euthanasia expressed by followers of various religions.

Material and methods: It was a qualitative, comparative study conducted in the period between February and March 2016. The respondents were representatives of three religions – Catholicism, Judaism and Islam. The method used was a categorised interview.

Results: Generally, the respondents express the opinion that euthanasia is not a good solution and negate it. They consider euthanasia to be a form of murder, manslaughter or suicide. They refuse people the right to decide about the time of their own death, as well as that of their relatives. Nevertheless, the respondents following Islam and Judaism accept euthanasia in some specific circumstances. Those attitudes correspond to the assumptions of their religions.

Conclusions: The respondents representing different religions express general opposition to the idea of euthanasia. Thus, one can conclude that the respondents' values stem not only from their faiths but also from other ideas of humanitarianism. Euthanasia and death constitute issues that will probably never be fully grasped by the human mind, but nursing staff should be prepared for different questions asked by patients staying in terminal care, palliative care and end-of-life care units.

Key words: euthanasia, religion, opinions.

Background

The advance of medicine in the 21st century, higher level of life and better economic conditions resulted in a substantial increase of the length of human life, and at the same time created new problems related to the process of aging. The lengthening of life in a global scale

and the results of epidemiological studies suggest an increase in the population of incurably ill patients[1]. The desire to experience a calm, good death started to clash with ethical rules followed by doctors, which in the name of basic medical standards require continuing treatment in order to sustain life as long as possible[2] (Błaszczuk, 2005).

The solutions brought by the modern world are very complex from a bioethical point of view. Euthanasia is one of them. The sanctity of human life is more and more often disputed, which leads to attempted evaluations of patients' suffering which would authorise the doctor to bring their death[3].

Introduction

Euthanasia is an ambiguous and controversial term. All disputants agree as to the three elements that characterize it: it is a shortening of human life, it is practised by doctors and it is based on an assumption that bringing a sooner death is more beneficial for the patient or is a "lesser evil" than waiting until natural death[4]. Thus, the term "euthanasia" means the act of causing a painless, quicker death of a terminally ill patient, performed by a doctor who is motivated by the benefit of the patient[5].

The meaning of the word "euthanasia" has been continuously changing over the centuries.

The first notion of euthanasia comes from the 5th century B C. A Greek comic poet Cratinus used a term *euthanatos* which meant "to have a good death." At the end of the 4th century B C Epicurus's friend Menander described "uncomplicated, painless and quick death"[6], and Suetonius wrote about Augustus Ceasar that he "was blessed with an easy death and such a one as he had always longed for" and used the term *euthanasia*[7].

In modern times the word euthanasia was used by Francis Bacon in 1605, in his work "On the dignity and augmentation of Sciences". He used the term *euthanasia exteriore*, and by that exterior euthanasia he meant assisted, calm and pleasant death, used in illnesses without any hope for curing[8].

For two centuries "exterior euthanasia" remained without an echo. Only in the 1930s in the US and the UK societies promoting euthanasia were set up. However, the abnormalities of national socialism in Germany and mass murdering of people perceived as antisocial or unworthy of living ended the discussion on positive aspects of euthanasia[9].

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[1] Eurostat, *Healthy life years statistics*, http://ec.europa.eu/eurostat/statistics-explained/index.php/Healthy_life_years_statistics, may 2017.

[2] J. Błaszczuk, *Eutanazja – mity*, „Onkologia Polska" 2005, nr 8(3), s. 193–194; *Chorzy w stanach terminalnych a etyka zawodowa w medycynie*, red. J. Bogusz, Bydgoskie Towarzystwo Naukowe, Bydgoszcz 1985; B. Graham, *Śmierć – a co dalej?*, Wydawnictwo Słowo Prawdy, Warszawa 1992.

[3] J. Błaszczuk, op. cit.(j.w.)

[4] R. Tokarczyk, *Prawa narodzin, życia i śmierci*, Kantor Wydawniczy Zakamycze, Zakamycze 2000.

[5] Ibidem.

[6] A. Marcol, *W kręgu wartości chrześcijańskich. Wybór artykułów*, Redakcja Wydawnictw Wydziału Teologicznego Uniwersytetu Opolskiego, Opole 2006.

[7] N. Aumonier, *Eutanazja*, Instytut Wydawniczy Pax, Warszawa 2003.

[8] Ibidem.

[9] Ibidem.

In the second half of the 20th century euthanasia become a subject to debate due to articles that discussed it[10]. It also became defined by law. Euthanasia was treated either as suicide or murder, as third parties were involved in the act of life shortening.

Euthanasia is one of the most complex and troublesome issues related to the moral, spiritual and economic sphere.

Religion as a cultural fact is at the same time something more than a model of life connected to what is considered sacred and absolute. From a single person's point of view it is a set of attitudes – beliefs and motives – which induce the individual to different types of actions[11].

Religion is anchored in the culture as a philosophical system, first via created myths, and then codified doctrines and ideas developed into a theory explaining basic problems of human life[12]. As a cultural system, religion strongly influences many areas of human life, as well as points of view and attitudes. For believers, religion is often the point of reference also for manifesting opinions on ethical problems[13].

Therefore, the problem of euthanasia should not be discussed without describing its cultural correlations, including religious, the legal system for a given country, but also the code of ethics for medical professions[14].

The "sanctity of life" is a view almost unanimously manifested by representatives of various churches. They are also absolute opponents of "euthanazism", although their opinions sometimes differ. The perception of ethical and moral aspects has been shaped by churches in a principled way, therefore the authors would like to discuss the doctrines of three religions – Catholicism, Judaism and Islam – and their view on euthanasia

AIM

The aim of the study was to find out the opinions on euthanasia perception by respondents representing different religions.

The three religions presented in this study are all pro-life. Therefore, the aim of the study was not to emphasise the differences, but to show those common features in those religious systems that could be used by nurses in taking care of patients from different cultural backgrounds. Thus it would be possible to consider cultural distinctness of a terminal patient, while preserving mandatory procedures in nursing.

Methods

The study was a pilot study of a project related to nursing care in case of a culturally different patient in a terminal state.

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[10] Ibidem.

[11] J.M. Yinger, *Religia, kultura i społeczeństwo* [w:] *Socjologia religii. Antologia tekstów*, red. W. Piwowarski, Nomos, Kraków 1998.

[12] E. Ciupak, *Socjologia religii*, IWZZ, Warszawa 1989.

[13] A. Skura-Madziała, *Religie świata i ich stanowisko wobec eutanazji*. „Annales. Ethics in Economic Life" 2009, Published by Lodz Archdiocesan Press, nr 12, 2, s. 25–34.

[14] E. Krajewska-Kułak, I. Wrońska, K. Kędziora-Kornatowska, *Problemy wielokulturowości w medycynie*, PZWL, Warszawa 2010.

Qualitative, comparative study was conducted in February-March 2016. The respondents were representatives of three religions – Catholicism, Judaism and Islam. This design allowed us to gain a preliminary understanding of the respondents' views and perceptions of euthanasia.

The research problem that the authors chose to answer was formulated as follows: Are there any similarities (and if so, what are they) in the opinions on euthanasia among representatives of different religions?

To answer this question, the authors used a phenomenological approach, which involves a consistent attention placed on the subject and describing them as they really are, with full and engaged awareness of the subject.

Setting

The research subjects were 3 persons, following Catholicism – a person of a Polish origin, Islam – a person of a Turkish origin, and Judaism – a person of a Jewish origin. During the study all the respondents were staying in Poland.

Data Collection

A qualitative study was conducted with the use of a categorised interview.

Development of the survey and procedures:

The survey was created by the first author with questions based on key themes drawn out of published literature within the field of euthanasia, and the discussion with students during classes on the sociology of medicine. The survey consisted of standalone open-ended questions. Due to the exploratory nature of the study design, it was not possible to calculate measures of reliability.

The survey contained questions regarding defining of euthanasia and attitudes towards it. The respondents were also asked about the opinion on the living will. The questions were:

1. What do you associate euthanasia with?
2. Do you permit a situation when euthanasia could be performed?
3. Do people have the right to decide about the time of their own or their next of kin's death?
4. What do you think about so called "living will"?

The questions for respondents of Polish and Jewish origin were prepared in Polish. The survey was translated by two independent, professional translators into the Turkish language. The validation of the survey fulfilled the guidelines approach to translation and validation questionnaire[15]. The survey was adapted for comparative research by means of cultural adaptation.

Before the survey potential participants were informed of the aim of the survey, were given the name of the ethics committee/s which provided ethical approval for the study and were assured that participation was anonymous, confidential and voluntary. The respondents were also informed that their participation in the study is voluntary and that they would not be obliged to provide answers to any question(s) with which they were uncomfortable. The respondents were also informed that they could opt out from the study at any time without any consequences.

A survey was conducted at a time and place pointed out as convenient for the respondents.

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[15] Eurostat, *Guidelines for the Development and Criteria: for the Adoption of Health Survey Instruments*, European Commission 2011.

Data Analysis

After data collection, each questionnaire was checked visually for completeness.

Qualitative content analysis is a dynamic form of analysis of verbal data that is oriented toward summarizing the informational contents of that data. The statements of the respondents were collected and analyzed. Based on these analyses, the statements were classified into defined categories.

Ethical consideration

The study protocol and procedures were approved by the Committee of Bioethics. The participating co-researchers ensured that local country regulations were followed.

Results

Respondent No. 1 –Roman Catholic

A woman aged 52, from Poland, married, city-dweller, higher education, librarian.

Respondent No. 2 – Muslim

A man aged 27, from Turkey, single, city-dweller, higher education, teacher, visiting friends in Poland.

Respondent No. 3 – Jew

A man aged 47, from Israel, married, city-dweller, higher education, economist, living in Poland for 15 years.

Each of the respondents was an active follower of their religion, passed on with traditions and values from the earliest years.

The answers show individual attitudes of the respondents, which are not necessarily representative for all followers of a given religion, as they show individual opinions.

Table 1. The opinions of individual religion followers on euthanasia and related issues

	The answers of the respondent No 1 Catholicism	**The answers of the respondent No 2 Islam**	**The answers of the respondent No 3 Judaism**
Associations with euthanasia	Euthanasia is killing on demand. It is associated with loneliness, but also with personal convenience, because it is easier to kill someone than take care of them in sickness.	Euthanasia is suicide of a kind. The difference between euthanasia and suicide lies in euthanasia being a conscious decision, and suicide is often preceded by psychological problems experienced by a person.	Active euthanasia is murder. It is a hypocritical help for people losing the sense of meaning in life, seeing no hope or perspectives for further existence. It is a tragedy that puts economy over life, and also shows the change in the role of medical staff in the 21st century, from those who provide help to so called angels of death.

Situations in which euthanasia could be acceptable	There is no situation in which euthanasia would be acceptable. It is a Nazi method. Nobody can decide about another person's life.	The decision depends on the situation we are in. If there is no hope for survival, then euthanasia might be considered. However, if there is any chance then it is worth to try to deal with the illness.	Such situations exist and then it is passive euthanasia which is performed only in exceptional circumstances, because it is unethical to prolong dying. Also when the person is suffering and their life is sustained only thanks to equipment, then not only morality, but also Jewish law accepts such possibility.
The opinion on the possibility to make a decision about the time of one's own or next of kin's death	People have no right to decide about the time of their own death, and definitely about their family's or other people's. The legalisation of euthanasia in Albania, Luxembourg, the Netherlands or Belgium fills the portrayal of tragedy and fear of the citizens of those countries, fearing for their lives because of euthanazism's abuse.	Nobody but God has the right to decide about death. There is no chance for the existing or birth of a person with the power and abilities of God.	It is absolutely not acceptable to decide about anyone's or one's own death. It would be an act of murder. Only God may decide about the moment of death.
The opinions about the so called "living will"	The person that would like to make such will should be persuaded against it. It needs to be realized that the main and most important law is the natural, not statutory law..	The living will may be a solution to important problems, also those pertaining to life and death. This does not mean that one should easily give up. We should fight hard until the end and until we reach our goals.	The man should be obedient to God who is the master of both life and death. Nobody can plan when or how they will die. This decision does not depend on a person, nor belongs to them.

Source: own study.

Discussion

The statements of the respondents presented in this study unanimously show that euthanasia is not a good thing and negate it. They emphasise that euthanasia is murder, manslaughter and a type of suicide. The respondents to not grant the right to decide about the time of one's own death or about the death of their next of kin, although the followers of Islam and Judaism accept euthanasia in certain circumstances. Those attitudes are consistent with their religions.

In Islam, Judaism and Catholicism euthanasia is forbidden.

Islamic jurisprudence, based on a convincing interpretation of the holy Koran, does not recognize a person's right to die voluntarily. The Islamic arguments against euthanasia can be summarized in two main reasons, namely life is sacred and euthanasia and suicide are not included among the reasons allowed for killing in Islam, and secondly Allah decides how long each of us will live and two verses support this reason[16].

Jewish medical ethics as derived from Jewish law, has definitions for the four cardinal values of secular medical ethics: autonomy, beneficence, nonmaleficence, and justice, with the major difference between Jewish law and secular medical ethics being that orthodox or traditional Jews are perceived to limit their autonomy by choosing, with the assistance and advice of their rabbis, to follow God's law as defined by the Bible and post-Biblical sources[17].

In Jewish law and medical ethics the shortening of life through suicide, assisted suicide, or euthanasia is strictly forbidden. For patients who are terminally ill, treatments that are not potentially curative may be refused, especially when harm may result. Under certain circumstances, treatments may be withheld, but active treatment already started may not usually be withdrawn. While patients should generally not be lied to regarding their conditions, withholding information or even providing false information may be appropriate when it is felt that the truth will cause significant harm. Pain and suffering must be treated aggressively, even if there is an indirect risk of unintentionally shortening life. Finally, patients may execute advance directives, providing that the patient's rabbi is involved in the process.

Catholic ethics does not allow active or passive euthanasia, but accepts the right to good and calm death. The Catholic Church accepts discontinuing modern methods and techniques of medicine if the effects are not satisfying as regards the hopes for cure. Basic care and nursing must be continued, though, including providing nutrition, water, proper hygiene and sustaining breathing[18].

The Catholic Church does not allow the request for interference which would directly affect the life of a person involved or somebody else, either. This also includes the terminally ill and dying. The requests for active euthanasia are not accepted, regardless of a patient's state[19].

The life of a person is a gift from God, is given by God, is God's reflection, and also is involved in God's breath, therefore people cannot rule it on their own[20].

The catechism also includes the opinion about persistent therapy. Discontinuing medical treatment – which are expensive, uncertain, extraordinary and incomparable to the results and hopes – may be justified. Discontinuing treatment does not aim at killing the patient, but it is accepted that death cannot be prevented. In this respect the decision should be made

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[16] K. Aramesh, H. Shadi, *Euthanasia: An Islamic Ethical Perspective*, „Iranian Journal of Allergy Asthma and Immunology" 2007, 6 (Suppl. 5), s. 37.

[17] B. M. Kinzbrunner, *Jewish Medical Ethics and End-of-Life Care*, „Journal of Pallative Medicine" 2004, nr 7, 4, s. 558–573.

[18] B. Kleczewska, *Medycyna a prawa człowieka. Normy i zasady prawa międzynarodowego, etyki oraz moralności katolickiej, protestanckiej, żydowskiej, muzułmańskiej i buddyjskiej*, Wydawnictwo Sejmowe, Warszawa 1996, s. 90–93.

[19] Ibidem.

[20] John Paul II, *O życiu: aborcja – eutanazja – wojna*, Wydawnictwo M, Kraków 1999.

by the patient if he or she is able and competent to do it. Otherwise, the decision is left for the authorized person, with patient's will and best interest in mind[21].

Discussing euthanasia one should also take into account individual opinions of respondents, as it is possible that people who consider themselves as religious have some thoughts that are not consistent with their religions in this aspect.

There is an infinite variety of attitudes to euthanasia, each individual response to the concept being influenced by many factors.

Cohen Jet al. used the European Values Study (EVS) data of 1999–2000 with a total of 41125 respondents (63% response rate) in 33 European countries. The main outcome measure concerned the acceptance of euthanasia (defined as 'terminating the life of the incurably sick', rated on a scale from 1 to 10). Results showed that the acceptance of euthanasia tended to be high in some countries (e.g. the Netherlands, Denmark, France, Sweden), while a markedly low acceptance was found in others (e.g. Romania, Malta and Turkey). A multivariate ordinal regression showed that weaker religious belief was the most important factor associated with a higher acceptance; however, there were also socio-demographic differences: younger cohorts, people from non-manual social classes, and people with a higher educational level tended to have a higher acceptance of euthanasia. While religious belief, socio-demographic factors, and also moral values (i.e. the belief in the right to self-determination) could largely explain the differences between countries, our findings suggest that perceptions regarding euthanasia are probably also influenced by national traditions and history (e.g. Germany)[22].

Similar research was conducted by J. Cohen et al[23]. They examined how acceptance of euthanasia among the general public has changed between 1981 and 2008 in western and CEE countries using data of the EVS. Data were collected in 1981, 1990, 1999 and 2008 for 13 western European countries and in 1990, 1999 and 2008 for 10 CEE countries. Euthanasia acceptance increased each decade up until 2008 in 11 of 13 western European countries; in CEE countries, it decreased or did not increase between 1999–2008 in 8 of 10 countries. A number of explanations for and implications of this apparent east-west polarization are suggested. The authors emphasise that the earlier study[24] using data from the European Values Study, shows a strong increase between 1981 and 1999 in the acceptance of euthanasia by the general public in all western European countries except Germany, and this trend can be related to a decrease in religiosity and an increase in belief in the right to self-determination during that period. With the recent wave of EVS data (2008), further trends in euthanasia acceptance can be perceived, which may be used to evaluate how the legalization of euthanasia in some countries and the ensuing intensification of the debate in others has influenced acceptance of euthanasia across Europe. Additionally, the 2008 data release allows, for the first time, the describing of trends in CEE. The politico-historical and religious back-

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[21] A. Majda, M. Ogórek-Tęcza, J. Zalewska-Puchała, *Pielęgniarstwo Transkulturowe. Podręcznik dla studiówmedycznych*, PZWL, Warszawa 2009.

[22] J. Cohen, I. Marcoux, J. Bilsen, P. Deboosere, G. van der Wal, L. Deliens, *European public acceptance of euthanasia: socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries*, „Social Science & Medicine" 63, 3, 743–756.

[23] Ibidem.

[24] N. Ferreira, *Latest legal and social developments in the euthanasia debate: bad moral consciences and political unrest*, „Med Law" 2007, nr 26, s. 387–407; J. Cohen, I. Marcoux, J. Bilsen, P. Deboosere, G. van der Wal, L. Deliens, *Trends in acceptance of euthanasia among the general public in 12 European countries (1981–1999)*, „European Journal of Public Health" 2006, nr 16, s. 663–669.

ground of many parts of CEE is entirely different from that of western Europe, with indications of a growing difference in terms of public health [25], secularization [26] and political values, making it likely that completely different trends in terms of euthanasia acceptance will be observed.

The presented research is worth widening in the future, so that it includes the opinions of the followers of other religions and enables to look at the responses from different points of view, not only religious doctrine.

Conclusions

Euthanasia is a controversial issue because of conflicting ethical and religious views.

All countries are struggling to draft ethical and practical laws governing euthanasia, seeking a practical way for dealing with above mentioned questions. However, the answers of existing philosophical and religious faiths to these questions are different [27].

The research and literature analysis show that the perception of euthanasia varies substantially in different countries and depends on many factors, not only religion. Therefore it will long stay unresolved.

Respondents from different religions express general opposition to consent to euthanasia. Thus, one can accept a cautious suggestion that respondents confessed values derive not only from the sources of their faith but also from other ideas of humanitarianism.

Today, in the era of open borders and opinions easily exchanged, the nursing staff should also possess the knowledge about those difficult issues related to the care in the terminal phase. It is important that the staff's attitudes and opinions should not cause any discomfort, misunderstanding or create barriers in the patient-nurse interactions.

Euthanasia and death are topics that probably will never be fully grasped, but it is worth to be prepared for different questions which are more often than not asked in terminal, palliative, end-of-life care.

Respondents express objections regarding consent to euthanasia. Thus, one can accept a cautious suggestion that respondents confessed values derive not only from the sources of their faith but also from other ideas of humanitarianism.

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[25] P. Carlson, *Self-perceived health in East and West Europe: another European health divide*, „Social Science & Medicine" 1998, nr 46, s. 1355–1366; P. Carlson, *The European health divide: a matter of financial or social capital?*, „Social Science & Medicine" 2004, nr 59, s. 1985–1992; M. Laaksonen, A. L. McAlister, T. Laatikainen, *Do health behaviour and psychosocial risk factors explain the European east-west gap in health status?*, „European Journal of Public Health" 2001, nr 11, s. 65–67.

[26] M. Tomka, *Religious restoration in Eastern Europe – introduction*, „Social Compass" 2002, nr 49, s. 483–495; M. Tomka, *Religious changes in central and eastern Europe*, „Revue D Etudes Comparatives Est-Ouest" 2004, nr 35, s. 11–35.

[27] K. Aramesh, H. Shadi, op. cit.

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Cohen J., van Landeghem P., Carpentier N., Deliens L., *Different trends in euthanasia acceptance across Europe. A study of 13 western and 10 central and eastern European countries, 1981–2008*, „European Journal of Public Health" 2013, nr 23,(3), s. 378–380.

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STRESZCZENIE

Małgorzata Lesińska-Sawicka, Joanna Żółtańska, Agnieszka Grochulska

Eutanazja w opiniach wyznawców różnych religii

Celem badań było poznanie opinii respondentów będących wyznawcami różnych religii na temat eutanazji.

Materiał i metody: Były to badania jakościowe, porównawcze prowadzone w lutym–marcu 2016 roku. Respondentami byli przedstawiciele trzech religii – katolicyzmu, judaizmu i islamu. Badanie przeprowadzone zostało za pomocą wywiadu skategoryzowanego

Wyniki: Wypowiedzi respondentów wskazują, że eutanazja nie jest zjawiskiem dobrym, negują ją. Podkreślają, że eutanazja to morderstwo, zabójstwo i rodzaj samobójstwa. Nie dają prawa decydowania o wyborze czasu śmierci własnej i najbliższych choć u respondentów będących wyznawcami Islamu i Judaizmu występują kwestie dopuszczenia do wykonania eutanazji w określonych okolicznościach. Postawy te są zbieżne z ich religiami.

Wnioski: Badani przedstawicieli różnych religii wyrażają ogólny sprzeciw w zakresie zgody na eutanazję. Można więc przyjąć ostrożną sugestię, iż respondenci wyznawane wartości wywodzą nie tylko ze źródeł swojej wiary, ale także innych, np. idei humanitaryzmu. Eutanazja, śmierć są tematami, których pewnie nigdy człowiek nie zgłębi, ale personel pielęgniarski powinien być przygotowany na różnorodne pytania, które padają w opiece terminalnej, opiece paliatywnej, opiece u schyłku życia, po to, aby lepiej sprawować opiekę nad tą grupą pacjentów.

Słowa kluczowe: eutanazja, religia, opinie.

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