

Araştırma Makalesi/ Research Article

# The Relationship Between the Attitudes of Midwifery Students Towards Euthanasia and Their Religious Attitudes: A Cross-Sectional Study in Türkiye

## Ebelik Bölümü Öğrencilerinin Ötenaziye Karşı Tutumlarının Dini Tutumları ile İlişkisi: Türkiye’de Kesitsel Bir Çalışma

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### ABSTRACT

**Objective:** This study was carried out to determine the relationship between the attitudes of midwifery students about euthanasia and their religious attitudes.

**Methods:** The universe of this cross-sectional study consisted of students studying in the midwifery department of a university in eastern Türkiye. The study was carried out with 284 volunteer midwifery students between November and December 2021. Descriptive statistics such as frequency, percentage, mean and standard deviation values were used in the evaluation of the data. Independent samples t-test and one-way analysis of variance (ANOVA) were used for normally distributed variables, and Spearman correlation analysis was used for non-normally distributed variables. The study data were collected through Google Form. Participants were asked a consent question via the Google form to confirm whether they wanted to participate in the study.

**Results:** The mean total Health Professional Euthanasia Attitude Scale (HPEAS) score of the participants was found as 83.04±16.07, while their mean total Ok-Religious Attitude Scale (ORASI) score was determined as 34.01±6.00. Accordingly, the participants had moderate attitudes about supporting euthanasia, while their religious attitudes were positive.

**Conclusions:** As a result of this study, it was observed that most of the students had negative attitudes towards euthanasia, and one of the factors that affected these attitudes was religious belief.

**Keywords:** Euthanasia, midwifery, religion, Türkiye

### ÖZ

**Amaç:** Bu araştırma, ebelik öğrencilerinin ötenaziye yönelik tutumları ile dini tutumları arasındaki ilişkiyi belirlemek amacıyla yapıldı.

**Yöntem:** Kesitsel nitelikte yapılan bu araştırmanın evrenini, Türkiye'nin doğusunda bir üniversitenin ebelik bölümünde öğrenim gören öğrenciler oluşturmuştur. Araştırma, Kasım-Aralık 2021 tarihleri arasında 284 gönüllü ebelik öğrencisi ile gerçekleştirildi. Verilerin değerlendirilmesinde frekans, yüzde, ortalama ve standart sapma değerleri gibi tanımlayıcı istatistikler kullanıldı. Normal dağılım gösteren değişkenler için bağımsız örneklem t testi ve tek yönlü varyans analizi (ANOVA), normal dağılım göstermeyen değişkenler için Spearman korelasyon analizi kullanıldı. Araştırma verileri Google form ile toplandı. Katılımcıların, araştırmaya katılmak isteyip istemediklerini teyit etmek için Google formu ile kendilerine bir onam sorusu soruldu.

**Bulgular:** Katılımcıların Sağlık Profesyoneli Ötenazi Tutum Ölçeği (SP-ÖTÖ) toplam puanı 83.04±16.07 olarak bulunurken, Ok-Dini Tutum Ölçeği (Ok-DTÖ) toplam puanı 34.01±6.00 olarak belirlendi. Puan ortalamalarına göre, katılımcıların ötenaziye desteklemeye yönelik tutumları orta düzeydeyken, dini tutumları olumluydu.

**Sonuç:** Bu çalışma sonucunda öğrencilerin çoğunun ötenaziye yönelik olumsuz tutumlara sahip olduğu ve bu tutumları etkileyen faktörlerden birinin de dini inanç olduğu görüldü.

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## Introduction

Euthanasia refers to the medical termination of the life of a patient who has to live with an untreatable disease that raise feelings of sympathy in others by the demand of the patient (Zeydi et al., 2022). Euthanasia is divided into two categories based on its method of implementation as active and passive euthanasia. Active euthanasia means actively or directly terminating the person's life with or without medical support. Passive euthanasia involves giving up on the support that will prolong the life of a patient or an injured person or the withdrawal of this support (Cayetano-Penman et al., 2021).

It is seen that euthanasia attracts both criticism and support. In the United States of America, while active euthanasia is prohibited, passive euthanasia is practiced in some states. While euthanasia is legally allowed in the Netherlands, Belgium and Luxembourg, it is an illegal practice in many countries (Karaarslan et al., 2014; Manav, 2016). In Türkiye, it is completely prohibited by law (Azizoglu, 2014; Uysal et al., 2013).

In some studies, it has been found that midwives and nurses do not think positively about euthanasia and they think that patients' right to life cannot be taken away. (Babaheydari et al., 2019; Cayetano-Penman et al., 2021; Hosseinzadeh and Rafiei, 2019; Ray and Raju, 2017; Zeydi et al., 2022). On the other hand, some other studies have reported that nurses are aware that patients request euthanasia due to the pain they are suffering, and they state that euthanasia should be provided to patients who have a terminal disease (Francke et al., 2016; Vijayalakshmi et al., 2018; Zenz et al., 2015). Euthanasia-related attitudes are affected by age, gender, legal regulations, personal values and religious beliefs (Dag and Badir, 2017; Yang et al., 2018). Many studies carried out with nurses in different cultures have found a positive relationship between religious devotion and euthanasia (Abohaimeda et al., 2019; Saadeh et al., 2021; Sabriseilabi and Williams, 2020; Yildirim, 2020; Zaccaria et al., 2019).

Although the midwifery profession is perceived as being associated with life and the beginning of life, the undeniable fact of life is also related to death. Loss of an unborn baby, and postpartum maternal or infant mortality are situations faced by midwives. Half a million women in the world die every year from causes related to pregnancy and childbirth. Almost all maternal deaths occur in developing countries (Ay and Gencturk, 2013). According to these data, the concept of death is one

of the subjects that should be included in the midwifery education curriculum.

When the literature is examined, no sufficient research findings have been found about the perceptions of midwifery students, who are interested in death or an individual approaching death, regarding the concept of death. For this reason, there is a need for studies in our country that examine the views of midwives and midwifery candidates on the subject. This study was conducted to determine the relationship between midwifery students' attitudes towards euthanasia and their religious attitudes.

## Method

### Design and Sampling

The descriptive and cross-sectional study was administered between November and December 2021. The population of the research consists of students studying in the Midwifery Department of the Faculty of Health Sciences of a university in the east of Türkiye. Based on the percentage measurement values of the methods to be studied in the literature review, the total sample size was calculated as  $n=250$ , with an effect size of 0.18, a power of 95%, and a margin of error of 0.05, using the G-POWER program. The research was completed with 284 volunteer midwifery students. Department students were sent online (e-mail, WhatsApp) and those who volunteered to participate in the research were asked to fill out the forms. Inclusion criteria for research: (1) being a midwifery student, (2) agreeing to participate in research.

### Data Collection Tools

Research data will be collected using the "Descriptive Information Form", "Health Professional Euthanasia Attitude Scale (HPEAS)" Ok-Religious Attitude Scale (Islam)(ORASI)".

**Descriptive Information Form:** This form was prepared by the researchers by scanning the literature (Babaheydari et al., 2019; Cayetano-Penman et al., 2021; Hosseinzadeh and Rafiei, 2019; Karakus et al., 2012; Ozer et al., 2015; Tanhan, 2013; Zeydi et al., 2022). Form is contains demographic information that is thought to be related to religious attitudes and euthanasia. In this form, there are questions where they can express their views on age, gender, place of residence, euthanasia and religious attitude.

**Health Professional Euthanasia Attitude Scale (HPEAS):** HPEAS was developed by Karadeniz et al. (2008) to evaluate the attitudes of health professionals towards individuals' end-of-life

decisions. Validity and reliability studies of the scale were carried out by Karadeniz et al. "Euthanasia Attitude Scale" consists of 30 items. It is a Likert-type 5-point scale. The total scoring ranges from 30 to 150. HPEAS consists of six sub-factors: approach to euthanasia, approach to the right to end of life, participation of the family in the euthanasia decision, social cost, the right to a good life, and the effect of religion. The Cronbach's alpha internal consistency coefficient of the scale was found to be .87 (Karadeniz et al., 2008). In this study, the Cronbach's alpha coefficient of Health Professional Euthanasia Attitude Scale (HPEAS) was calculated as 0.89.

**Ok-Religious Attitude Scale (Islam)(ORASI):**

It was developed by Ok in 2011. Arrow Religious Attitude Scale is a 5-point Likert-type scale consisting of 8 questions. The scale consists of 4 sub-dimensions: cognitive, emotional, behavioral and relational.

The first two questions in the cognition sub-factor are reverse coded. The lowest score that can be obtained from the scale is (8x1=8) and the highest score is (8x5=40). A high score indicates a high religious attitude level of individuals, and a low score indicates a low religious attitude level. The Cronbach's alpha internal consistency coefficient of the scale was found to be .81 and .91 in two different samples (Ok, 2011). In this study, the Cronbach's alpha coefficient of Ok-Religious Attitude Scale (Islam)(ORASI) was calculated as 0.90.

**Data analysis**

The SPSS (Statistical Package for the Social Sciences) 23.0 package program was used to analyze the collected data. First, the normality of the distribution of the data was tested. The descriptive statistics of the data such as frequency, percentage, mean and standard deviation values were calculated. Independent-samples t-test and one-way analysis of variance (ANOVA) were used for the normally distributed variables, while Spearman's correlation analysis was used for the non-normally distributed variables. The results were interpreted in a 95% confidence interval and on a significance level of  $p < 0.05$ .

**Results**

The distributions of some of the participants' sociodemographic characteristics and their characteristics related to patient care and loss are presented in Table 1. The mean age of the participants was  $20.64 \pm 1.67$  years. While 63% of the participants were living in cities, 32.4% were

1st-year students, 59.5% had income equivalent to their expenses, 84.9% had no provided care for a terminal patient, 87% had no relative at home requiring care, and 70.8% had lost a sick relative. The mean total HPEAS score of the participants was found as  $83.04 \pm 16.07$ , while their mean total ORASI score was determined as  $34.01 \pm 6.00$  (Table 1). Accordingly, the participants had moderate attitudes about supporting euthanasia, while their religious attitudes were positive.

**Table 1.** Some sociodemographic characteristics of the participants and their characteristics related to patient care and loss and mean scores (n=284)

Characteristics	n	%
<b>Place of living for the longest time</b>		
Village/town	34	12.0
District	71	25.0
City	179	63.0
<b>Class year</b>		
1	92	32.4
2	58	20.4
3	58	20.4
4	76	26.8
<b>Family income status</b>		
Income lower than expenses	85	29.9
Income and expenses equivalent	169	59.5
Income higher than expenses	30	10.6
<b>Has provided care for a terminal patient</b>		
Yes	43	15.1
No	241	84.9
<b>Has a relative at home requiring care</b>		
Yes	37	13.0
No	247	87.0
<b>Has lost a relative to disease</b>		
Yes	201	70.8
No	83	29.2
<b>Total</b>	<b>284</b>	<b>100</b>
	<b>X</b>	<b>SD</b>
<b>The mean age of the participants (year)</b>	20.64	1.67
<b>HPEAS</b>	83.04	16.07
<b>ORASI</b>	34.01	6.00

n: frequency; %: percentage; X±SD: Mean±Standard Deviation

The distributions of some views of the participants about euthanasia are given in Table 2. While 85.2% of the participants stated that they would not want to have euthanasia, 87.7% said they would not want a relative to have euthanasia. Additionally, respectively 37.7% and 43% of the participants were against active and passive

euthanasia, whereas 46.8% of those who were against active euthanasia or undecided about it and 42.3% of those who were against passive euthanasia or undecided about it reported that these views were based on their considering of these issues as “conscientiously disturbing” (Table 2).

**Table 2.** Some euthanasia-related views of the participants (n=284)

Views		n	%
<b>I would want to have euthanasia.</b>	Yes	42	14.8
	No	242	85.2
<b>I would want a relative to have euthanasia.</b>	Yes	35	12.3
	No	249	87.7
<b>Active euthanasia should be practiced.</b>	Yes	89	31.3
	No	107	37.7
	Undecided	88	31.0
<b>Reasons for being against active euthanasia or being undecided about it*</b>	Conscientious discomfort	133	46.8
	Religious reasons	91	32.0
	Thinking that medicine exists to keep people alive	91	32.0
	Expectation of new developments in medicine	34	12.0
	Legal obligations	9	3.2
<b>Passive euthanasia should be practiced.</b>	Yes	88	31.0
	No	122	43.0
	Undecided	74	26.1
<b>Reasons for being against passive euthanasia or being undecided about it*</b>	Conscientious discomfort	120	42.3
	Religious reasons	76	26.8
	Thinking that medicine exists to keep people alive	89	31.3
	Expectation of new developments in medicine	33	11.6
	Legal obligations	10	3.5

\*Multiple options were allowed. n: frequency; %: percentage

Table 3 presents the results of the comparisons of the mean total HPEAS and ORASI scores of the participants based on some socio-demographic characteristics, their characteristics related to patient care and loss and their views about euthanasia. The euthanasia related attitudes of the participants who would want euthanasia for themselves or their relatives and those who thought active or passive euthanasia should be practiced were significantly more positive than the levels of those who would not want euthanasia for themselves or their relatives and those who thought active or passive euthanasia should not be practiced, respectively (p<0.05).

Religious attitudes were significantly more negative among the participants who were last-year students than those in other years of their study, among the participants who did not have a relative at home requiring care than those who had such a relative, among the participants who would want euthanasia for themselves or their relatives than those who would not want euthanasia, and among the participants who thought active or passive euthanasia should be practiced than those who thought it should not be practiced and those who were undecided (p<0.05) (Table 3).

**Table 3.** Comparison of the mean total HPEAS and ORASI scores of the participants based on some sociodemographic characteristics, their characteristics related to patient care and loss and their views about euthanasia (n=284)

Characteristics		HPEAS X±SD	Test; p	ORASI X±SD	Test; p
Place of living	Village/town	79.76±14.14	F=1.218	35.17±5.94	F=1.178
	District	82.02±13.28	0.29	34.42±5.72	0.30
	City	84.07±17.34		33.62±6.10	
Class year	1	81.90±15.39	F=1.015	34.17±6.16 <sup>a</sup>	F=6.108
	2	81.58±16.60	0.38	35.65±4.66 <sup>a</sup>	<b>0.00</b>
	3	82.82±16.40		35.10±4.94 <sup>a</sup>	
	4	85.71±16.21		31.72±6.80 <sup>b</sup>	
Family income status	Income lower than expenses	83.34±16.18	F=0.065	34.61±6.11	F=0.912
	Income and expenses equivalent	82.77±15.52	0.93	33.89±5.86	0.40
	Income higher than expenses	83.73±19.08		32.96±6.44	
Has provided care for a terminal patient	Yes	85.13±16.65	t=0.927	33.86±7.00	t=-0.178
	No	82.67±15.97	0.35	34.03±5.82	0.85
Has a relative at home requiring care	Yes	81.67±16.77	t=-0.555	36.37±3.78	t=3.699
	No	83.25±15.99	0.57	33.65±6.19	<b>0.00</b>
Has lost a relative to disease	Yes	82.97±16.69	t=-0.115	34.10±5.69	t=0.410
	No	83.21±14.56	0.90	33.78±6.72	0.682
I would want to have euthanasia.	Yes	101.59±10.19	t=9.228	28.95±8.86	t=-4.232
	No	79.82±14.67	<b>0.00</b>	34.88±4.86	<b>0.00</b>
I would want a relative to have euthanasia.	Yes	99.48±11.47	t=6.986	29.14±9.84	t=-3.281
	No	80.73±15.27	<b>0.00</b>	34.69±4.90	<b>0.00</b>
Active euthanasia should be practiced.	Yes	95.49±12.18 <sup>a</sup>	F=67.106	30.94±7.64 <sup>a</sup>	F=21.191
	No	73.49±14.92 <sup>b</sup>	<b>0.00</b>	36.11±3.63 <sup>b</sup>	<b>0.00</b>
	Undecided	82.06±12.12 <sup>c</sup>		34.55±5.15 <sup>b</sup>	
Passive euthanasia should be practiced.	Yes	93.02±14.62 <sup>a</sup>	F=32.577	30.95±7.59 <sup>a</sup>	F=19.902
	No	76.74±15.51 <sup>b</sup>	<b>0.00</b>	35.86±3.92 <sup>b</sup>	<b>0.00</b>
	Undecided	81.56±12.61 <sup>b</sup>		34.59±5.28 <sup>b</sup>	

X±SD: Mean ± Standard Deviation

a,b,c: Differences based on Tukey's test—there is a significant difference between groups with different letters.

t: Independent-samples t-test; F: One-way analysis of variance

Table 4 shows the results of the correlation analysis between the HPEAS, ORASI total and subscale scores of the participants. A weak, negative and significant relationship was identified between the HPEAS total scores of the participants and their ORASI total and subscale scores (p<0.05). Moreover, there were weak and very weak, negative and significant relationships between the ORASI total scores of the participants and their HPEAS subscale scores (except for the effect of religion

subscale) (p<0.05). Weak and very weak, negative and significant relationships were identified between the scores of the participants in all subscales of HPEAS except for the participation of family in euthanasia decision and effects of religion subscales and their scores in all subscales of ORASI (p<0.05). Accordingly, as the religious attitudes of the participants became more positive, their positive attitudes in support of euthanasia decreased (Table 4).

**Table 4.** Correlation values about the HPEAS and ORASI total and subscale scores of the participants (n=284)

Scales and subscales*	HPEAS total	Participation of family in euthanasia decision	Views about the practice of euthanasia	Views about the end of life	Social cost	Living well	Effect of religion
<b>ORASI total</b>	r=-0.38 p=0.00	r=-0.14 p=0,01	r= -0.39 p=0.00	r=-0.33 p=0.00	r=-0.14 p=0,01	r=-0.33 p=0.00	r=0.07 p=0,20
<b>Cognitive</b>	r=-0.33 p=0.00	r=-0.10 p=0,09	r=-0.36 p=0.00	r=-0.34 p=0.00	r=-0.12 p=0,03	r=-0.27 p=0.00	r=0.07 p=0,19
<b>Emotional</b>	r=-0.29 p=0.00	r=-0.10 p=0,07	r=-0.32 p=0.00	r=-0.23 p=0.00	r=-0.12 p=0,03	r=-0.24 p=0.00	r=0.11 p=0,06
<b>Behavioral</b>	r=-0.36 p=0.00	r=-0.10 p=0,08	r=-0.37 p=0.00	r=-0.31 p=0.00	r=-0.13 p=0,02	r=-0.30 p=0.00	r=0.04 p=0,42
<b>Relational</b>	r=-0.38 p=0.00	r=-0.18 p=0,06	r=-0.38 p=0.00	r=-0.33 p=0.00	r=-0.14 p=0,01	r=-0.31 p=0.00	r=0.04 p=0,48

\*p<0.05; \*\*Spearman's correlation analysis; r: correlation coefficient (r=0.00-0.25 very weak, r=0.26-0.49 weak, r=0.50-0.69 moderate, r=0.70-0.89 high, r=0.90-1.00 very high)

**Discussion**

The purpose of this study is to determine the relationships between the attitudes of midwifery students towards euthanasia and their religious attitudes. The attitudes of the participants about euthanasia were found to be moderate in general. In this study, the rate of the participants who stated that they would not want to have euthanasia was 85.2%, while the rate of those who said they would not want a relative to have euthanasia was 87.7%. Similarly, in their study conducted with nursing students, Cetinkaya and Karabulut (2016) stated that 50.9% of the participants would not want to have euthanasia. Engin et al. (2017), who conducted their study with Faculty of Medicine students and Faculty of Nursing students, reported that 67.8% of the participants would not want a relative of theirs to have euthanasia. Hosseinzadeh and Rafiei (2019) found in their study conducted to identify the attitudes of nursing students in Iran towards euthanasia that 34.2% of the participants had negative views about euthanasia. The results of this study were similar to those in the literature.

It has been revealed in the literature that attitudes towards euthanasia are influenced by several factors including culture, existing laws, ethical principles, and religious beliefs (Ozcelik et al.,2014; Smith, 2005). Most people in Türkiye are Muslims, and according to Islamic belief, only the Creator can end someone's life, not another person (Ozcelik et al., 2014). In this study, 32% of the participants stated that they did not approve of active euthanasia due to religious reasons, while 26.8% stated that they did not approve of passive euthanasia due to the same

reasons. Among the participants of the study conducted by Ozcelik et al. (2014), 35.5% of nursing students stated that they were against euthanasia based on their religious beliefs. In the study by Cetinkaya and Karabulut (2016), 74.9% of students believed that religious beliefs pose an obstacle to the implementation of euthanasia. In this study, attitudes towards euthanasia were more positive among the participants who would want to have euthanasia for themselves or a relative and those who thought that active or passive euthanasia should be practiced. This result may have occurred due to the views of the participants about the concepts of life and death and their values. The religious beliefs of the participants of this study who were last-year students and those who did not have a relative at home requiring care were more negative. This result may be explained by the individual beliefs, upbringing and religion-related perspectives of the participants. Previous studies have reported that views and attitudes about the concepts of life and death are affected by individuals' age, culture, personality characteristics and religious beliefs (Karakus et al., 2012; Ozer et al., 2015; Tanhan, 2013).

In this study, the religious attitudes of the participants who would want to have euthanasia from themselves or a relative and those who thought active or passive euthanasia should be practiced were more negative. Furthermore, it was concluded that as the religious attitudes of the participants became more positive, their attitudes towards euthanasia became more negative. These results show that the decisions and attitudes of students

about euthanasia are affected by their religious beliefs.

### Conclusion and Recommendations

As a result of the research, it was found that the students who said that active and passive euthanasia should be done had higher euthanasia attitude scores and lower religious attitude scores. However, it was seen that the majority of the students participating in the study had negative attitudes towards euthanasia and one of the factors affecting these attitudes was religious belief. Midwifery students are among the healthcare professionals of the future. Hence, it may be stated that there is a need for more studies about the factors that influence their attitudes towards euthanasia.

### Limitations

The limitation of this study is that it was conducted only in one city center and with midwifery students of only one faculty.

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**Ethics Committee Approval:** Before starting the research, ethical approval (No:20/13-30/09/2021) from the Social and Human Sciences Research Ethics Committee of a university and written permission (No: 22.10.2021/100804) from the faculty where the research would be conducted were obtained. Attention was paid to the volunteering and willingness of the students included in the research, and it was explained that they were free to participate in the research. Participants were asked a question on a Google form confirming that they wanted to participate in the research.

**Peer-review:** External referee evaluation.

**Author Contributions:** Idea/concept: ÖDY, ÖK; Design: ÖDY, ÖK, NB, HP; Consultancy: ÖDY, ÖK, NB, HP; Data collection and/or Data processing: ÖDY, ÖK; Analysis and/or Interpretation: ÖDY, ÖK; Source search; ÖDY, ÖK, NB, HP; Writing of the article: ÖDY, ÖK, NB, HP; Critical review: ÖDY, ÖK, NB, HP.

**Conflict of interest:** The authors declare that they have no conflict of interest.

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### What did the study add to the literature?

- It has been determined as literature knowledge that midwifery students have a negative attitude towards euthanasia.
- It has been determined that euthanasia and religious attitudes may affect the care process.

- As students have positive religious attitudes, positive attitudes towards supporting euthanasia decrease.

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