

# BELÇİKA'DA YAŞAYAN TÜRKLERİN ÖTANAZİYE YAKLAŞIMI

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## ÖZET

### Amaç:

Ötanazi henüz Türkiye'nin gündeminde olmasa da tüm dünyada tartışılmakta olan bir kavramdır. Günümüzde yalnızca Hollanda, Belçika ve Lüksemburg'da aktif ötanazi yasal durumdadır. Ötanaziye ilişkin düzenlemelerde, ülkenin yapısı ve yaşayanların konuya yaklaşımı etkilidir. Bu bağlamda hekimlerin, hukukçuların ve halkın yaklaşımı çok önemlidir. Bu çalışmanın amacı; Belçika'da yaşayan Türklerin ötanazi kavramına yaklaşımlarını araştırmaktır.

### Yöntemler:

Gözlemsel-kesitsel nitelikteki araştırmada, Türkiye'den giderek Belçika'da yaşayan 220 kişinin verileri irdelenmiştir. Veriler 24 soruluk anket formu ile toplanarak SPSS 12.0 programıyla analiz edilmiştir.

## Bulgular:

Katılımcıların yaş ortalaması 32,11±17,69 ve Belçika'da kalış süreleri ortalama 23,56±9,45 yıldır. Katılımcıların %13,7'si ötanazi sözcüğünü hiç duymadıklarını belirtirken, %17,5'i ötanazi talebiyle karşılaştıklarını belirtmiştir.

## Sonuç:

Kültürel yapı ve yaşanan yer ile ötanaziye yaklaşım arasındaki ilişki önemlidir ve bu konuyu araştıran çalışmalara adli literatürde ağırlık verilmelidir.

**Anahtar Kelimeler:** ötanazi, yardımcı intihar, kültürel özellikler

# ATTITUDES OF TURKISH POPULATION LIVING IN BELGIUM TOWARDS EUTHANASIA

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## ABSTRACT

### Objective:

Euthanasia is being discussed in the world, but it has not been put in the agenda of discussions in Turkish population yet. Currently it has become legal only in Holland, Belgium and Luxembourg. The structure of the country and attitudes of people living in that country towards euthanasia are effective on euthanasia regulations. From this point of view; physicians, lawyers and public attitudes to euthanasia are very important. The aim of this study is to reveal the attitudes of Turkish population living in Belgium towards euthanasia.

### Methods:

This is an observational-cross-sectional study and included 220 Turkish people living in Belgium. Data were collected with a questionnaire composed of 24 questions and obtained data were analysed with SPSS 12.0.

## Results:

The mean age of the participants was 32.11±17.69 years. The mean period of residence in Belgium was 23.56±9.45 years. Thirteen point seven percent had not heard euthanasia yet and 17.5 % had met people demanding euthanasia.

## Conclusion:

The relation between culture – the place of residence and attitudes towards euthanasia is important and should be a focus of interest in forensic literature.

**Key words:** euthanasia, assisted suicide, cultural characteristics

## INTRODUCTION

Euthanasia is being discussed in the world, but it has not been put in the agenda of discussions in Turkey yet. Currently active euthanasia has become legal in Holland, Belgium and Luxembourg only. There are attempts to draft euthanasia laws in many other countries. Physicians, patients, lawyers and all health staff illuminate the public discourse by contributing their views and experiences (1-4). As for Turkey, according to the new criminal law passed in 2005, there is no specific definition of euthanasia, but it is expected that euthanasia will be considered either a murder or assisted suicide depending on how it is performed. Although euthanasia is defined in dictionaries as "putting to death painlessly a person with an incurable, painful disease", there is no agreement on its definition in modern medicine. It is still debatable which patients should be euthanatized, how it should be performed and whether patients should give informed consent (5-9).

By 2008, the population of Türkiye was 71.5 million, the annual rate of increase was 1,31% and gross national product per capita was 10,000 \$. Primary education was lasting for 8 years and compulsory, the literacy rate was 88.1%, proportion of health expenditures in the public sector was 18% and the unemployment rate was 9.9% in Turkey (10,11). According to the results of a comprehensive study on Turkish population living in Belgium published by

King Bauodin Foundation in 2008, there were 200 thousand Turkish people living in Belgium. The country composed of federations of three provinces had a population of about 10 million and has been under a parliamentary rule since 1830. The official languages of the country have been Flemish, French and German. The rate of foreigners living in Belgium were 10%. The study also revealed that 74.5% of the Turkish people living in Belgium had obtained Belgium citizenship, 41% had come to Belgium since their families had been living in Belgium and, 22% had come to Belgium for employment(12,13).

The aim of this study is to reveal attitudes of the Turkish population living in Belgium towards euthanasia and to investigate effects of culture and social environment on attitudes towards euthanasia.

## MATERIALS AND METHODS

This is an observational and cross-sectional study and data were collected with a questionnaire composed of 24 questions. The questionnaire was conducted to 220 Turkish people living in Belgium. Obtained data were analysed with SPSS 12.0 and Chi-square tests.  $P < 0.05$  was considered to be statistically significant.

The independent variables tested were age, gender, marital status, occupation, place of birth, period of living in Belgium and family

structure. The dependent variables tested were definition of euthanasia, attitudes to euthanasia, number of euthanasia requests, and expectations about euthanasia.

## RESULTS

Out of 220 participants, 49.5% were females and 50.5% were males. The mean age of the participants was  $32.11 \pm 17.696$  years. The mean number of siblings was  $4.22 \pm 1.77$ .

Fifty-three point two percent of participants were single, 44.1 % were married and 2.7 % did not respond to this question.

Of all the participants, 30.5 % were students and 27.7 % were working in private sector (Table 1).

Fifty-four point five percent of 220 participants were born in Belgium, 42.3 % were born in Türkiye and 3.2 % did not respond to this question.

The mean period of residence in Belgium was found to be  $23.56 \pm 9.45$  years.

As for the languages known by the participants except for Turkish, 5.5 % of the participants indicated that they knew English, 18.2 % French, and 12.3 % Flemish. Sixty-one point three percent of the participants indicated that they knew more than one language and 2.7 % indicated that they did not know a language other than Turkish.

Eighty-six point three percent of the participants had heard about euthanasia before and 13.7 % had not heard about euthanasia before.

Two-hundred and three participants responded to the question related to the definition of euthanasia. Sixty-five point nine percent of the participants marked the item, "It is the performance of death upon the request of a patient, who has a progressive, unbearable and fatal disease after a long and painful period with no hope of recovery in today's medicine, with the assistance of a physician, in better conditions and without pain."

In response to the question "who would decide for euthanasia when it was considered for an adult who is unconscious and has a fatal and painful disease", 43.6 % of the participants agreed with the statement "No one could decide euthanasia for a patient without patient's request (Table 2).

The question whether euthanasia should be legally allowed or not was answered positively by 28.2 % of the participants (Figure 1).

Thirty-three point six percent of the participants did not object to euthanasia and 59.1 % opposed euthanasia due to some reasons (Table 3).

Twenty-six point four percent of the participants agreed, but 66.4 % of the participants disagreed with the statement "euthanasia is a practice which needs to be

punished". Seven point three percent of the participants did not respond to the statement.

Only 17.5 % of all the participants mentioned that they had met people demanding for euthanasia, while 82.5 % of them said they had not.

The question "Do you believe that euthanasia is practiced in Belgium?" was answered positively by 42.3 % (Figure 2).

Eighty-one point eight percent of the participants thought that it was worthwhile to publicly debate euthanasia.

## DISCUSSION AND CONCLUSION

Definitions, contents and experiences about euthanasia have been discussed widely in many countries, especially in Holland, Belgium, Austria and the USA. Most of the answers of our participants (65.9 %) for the question about the definition of euthanasia were just the same as the definition widely accepted in the world (1,2,8,14).

At the beginning of the study, we estimated that religious factors would play a significant role in attitudes towards euthanasia. In fact, 34.5 % (n=76) of the participants declared religious factors as a reason for becoming an opponent for euthanasia. Türkiye is a secular country with a population of over 70 million people, the majority of whom are Muslim. It is

governed by secular laws, which means that everybody is free in their religious beliefs. The result is significant in that it indicates an inconsistency between what Turkish people living in Belgium and Turkish physicians think about euthanasia (18.7 %) (15).

The most frequent reason for objections to euthanasia was religious reasons in Turkish people living in Belgium (34.5 %). However, studies performed in Turkey revealed a concern about abuse of euthanasia. Indeed, 80.7 % of the health staff, 36 % of the nurses and 42 % of the physicians were worried that euthanasia could be abused (9,14,15). The difference in the most frequent reason of objections to euthanasia between the studies can be attributed to education. Health staff is more interested in euthanasia for occupational reasons. The finding that Turkish population living in Belgium objected to euthanasia for religious reasons shows that traditions and religious elements still have an influence on life styles of these people.

One parameter concerning the spread of euthanasia is the rate of demand for euthanasia. Seventeen point five percent of the participants had met people demanding for euthanasia in this study. Studies from Turkey have revealed that 7.9 % of the health staff, 19 % of the physicians, 26.6 % of the intensive care unit nurses, 35.3 % of the intensive care unit doctors, 22.7% of the pneumologists and 33.7% of the oncologists is requested euthanasia (5, 6, 9, 15, 16,

17).

Health professionals more frequently encounter demands for euthanasia due to their jobs. In fact, some physicians specializing in several medical disciplines are more frequently requested euthanasia than others. It has been observed that health professionals working in intensive care units and oncology departments where the staff is more likely to encounter patients with diseases in the terminal stage can be more frequently asked to perform euthanasia. The rate of demands for euthanasia was 17.5 % in the present study. It was higher than that in Turkish health professionals in general. It may be that euthanasia is a better known and widely discussed topic in Belgium. However, the rate of demands for euthanasia found in this study is lower than that in Turkish physicians and nurses. This may be due to occupational reasons.

The mean age of the participants in the present study was 32.11 ± 17.696 years and the mean residence in Belgium was 23.56 ± 9.45 years. The majority of the participants (excluding 2.7 %) said that they knew one of the most frequently spoken languages. This might have helped them adapt to the lifestyle of the country. Education offered by family members during childhood cannot be disregarded. However, only adults who know the language used in their social environments can interact with the culture around. In the present study, 64.4 % of the participants agreed that euthanasia

shouldn't be punished and 42 % of the participants believed that euthanasia was performed in Belgium, which are not consistent with the results of the studies from Türkiye. In one study from Türkiye, 30 % of the physicians agreed that euthanasia shouldn't be punished and 56 % of the physicians believed that euthanasia was secretly performed (15). The difference in attitudes towards euthanasia between Turkish people living in Belgium and Turkish physicians might be due to Turkish people's adaptation to the life in Belgium. In addition the participant's age may effects this result. Because our study group consists of relatively young persons. Life quality is effecting the death and euthanasia attitude. Life quality and life expectancy is different between elderly and young persons (7,18). The majority of Turkish workers immigrating to Belgium came from Emirdağ and Afyonkarahisar districts of Turkey. They were found to live together in certain parts of the cities and attempt to make some adjustments in the districts they lived in so that their districts could suit their traditions and lifestyles. For example, they built schools, shopping malls and mosques. It was observed that the first Turkish population immigrating to Belgium had several adaptation problems, which decreased as Turkish people born in Belgium learned the language and culture of the country. At present, it has been reported that 42 % of the Turkish people living in Belgium were born in Belgium and 64 % of them had property in this country and that two thirds of them could

speaking French or Flemish, widely spoken in the country (12,13). On the other hand, elderly Turkish people in Belgium can not speak these languages adequately and they don't seem accommodate to Belgium life style as much as young Turkish people.

Currently, euthanasia is not in the agenda of public debate enough. As a matter of fact, the respondent Turkish people living in Belgium suggest that an open public debate on this issue will be useful. The study also revealed that attitudes to and expectations about euthanasia could be influenced by socio-cultural features.

\*A part of this study was presented at 1st International Eurasian Congress of Forensic Sciences, October 2008 Istanbul-TURKEY.

**Table 1:** Distribution of participants by work species

Work species	N	%
Civil servant	27	12.3
Private Business	61	27.7
Self-employed	31	14.1
Unemployed	25	11.4
Retired	4	1.8
Student	67	30.5
Missing Value	5	2.3
Total	220	100.0

**Table 2:** The answers of question "Who could euthanasia decide?".

Who could euthanasia decide?	n	%
No one could decide euthanasia for a patient without patient's request	96	43.6
Family and physician	76	34.5
Family	34	15.5
Physician	5	2.3
Missing value	9	4.1
Total	220	100.0

**Table 3:** The reasons for oppsing euthanasia

Reason	(n)	%
It is a crime	7	3.2
Religious factors	76	34.4
Not ethical	21	9.5
Maybe abused	22	10.0
Not answered and others	23	10.5
Total	149	100.0

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