

# A Thematic Assessment of Medical Students' Approaches to the Phenomenon of Euthanasia

## *Bir Grup Tıp Fakültesi Öğrencisinin Ötanazi Olgusuna Yaklaşımlarının Tematik Açıdan Değerlendirilmesi*

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### Anahtar Sözcükler:

Biyoetik, Mezuniyet Öncesi Tıp Eğitimi, Etik Eğitimi, Ötanazi, Doktor Ölüm

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### ABSTRACT

**Objective:** Film screenings are important tools of education in preparing students for their career and they found a place in the curriculum of the discipline of medical ethics, which deals mainly with the value-related problems that arise during medical practice. This study presents the viewpoints of the students of Hacettepe University, Faculty of Medicine on one of the most controversial issues in the field of medical ethics, euthanasia, by examining their ideas on the movie titled "You Don't Know Jack". The purpose of this research was to review the elective course "Representations of Physicians in Cinema" in terms of the competency areas proposed in the National Undergraduate Medical Core Curriculum in Turkey.

**Method:** A total of 145 papers prepared by the students on the movie "You Don't Know Jack" was analyzed by using the thematic analysis method. An approval from the Hacettepe University Ethics Commission was obtained prior to the commencement of analysis (No, 3861; Date: 26.05.2017).

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**Findings:** Themes and sub-themes were elicited from the student papers. The themes found regarding the approaches of the students to the phenomenon of euthanasia were labelled as “professional responsibility”, “ethical dilemma” and, “the discipline of medicine”.

**Results and Recommendations:** Data obtained from the student papers was found to be mostly corresponding to the competency areas specified in the National Undergraduate Medical Core Curriculum.

We hold that the data acquired from this study can be considered as a guideline in developing the curriculum of medical ethics education. We also believe it is of paramount importance that developing critical thinking skills and conducting case discussions focusing on resolving value conflicts are given wider space in medical ethics education.

## ÖZET

**Amaç:** Film gösterimlerinin öğrencilerin meslek hayatına hazırlanırken önemsenen bir eğitim aracı olması, tıbbın uygulanması sırasında ortaya çıkan değer sorunlarını inceleyen tıp etiği disiplininin eğitim programında bir karşılık bulmuştur. Bu çalışmada Hacettepe Üniversitesi Tıp Fakültesi’nde okuyan bir grup öğrencinin “Doktor Ölüm [ing: You Don’t Know Jack]” başlıklı film üzerinden tıp etiğinde sıklıkla tartışılan konulardan biri olan ötanazi hakkındaki bakış açıları ortaya konmuştur. Bu makalenin yazılma amacı, film tartışmalarıyla yürütülen “Sinemada Hekim Temsilleri” seçmeli dersini Türkiye’de Mezuniyet Öncesi Tıp Eğitimi Ulusal Çekirdek Eğitim Programında önerilen yeterlik alanları doğrultusunda gözden geçirmektir.

**Yöntem:** “Doktor Ölüm” filmine ait 145 öğrenci ödevi tematik içerikli analiz yöntemiyle değerlendirilmiştir. Öğrenci ödevleri değerlendirilmeden önce Hacettepe Üniversitesi Etik Komisyonu’ndan izin alınmıştır (Sayı: 3861; Tarih: 26.05.2017).

**Bulgular:** Öğrenci ödevlerinden elde edilen veriler ana ve alt temalara ayrılmıştır. Öğrencilerin ötanazi olgusuna yaklaşımları doğrultusunda oluşturulan temalar; “mesleki sorumluluk”, “etik ikilem” ve “ tıp kurumu” bağlamlarında değerlendirilmiştir.

**Sonuç ve Öneriler:** Öğrenci ödevlerinden elde edilen veriler; Türkiye’de Mezuniyet Öncesi Tıp Eğitimi Ulusal Çekirdek Eğitim Programının yeterlik alanlarıyla büyük oranda örtüşmektedir. Bu çalışmadan elde ettiğimiz verilerin tıp etiği eğitim müfredatını geliştirebilmemiz açısından yol gösterici olduğunu düşünüyoruz. Bu bağlamda öğrencilerin eleştirel düşünme becerilerinin geliştirilmesi ve değer çatışmalarının çözümüne yönelik vaka tartışmalarının tıp etiği eğitiminde daha çok yer almasının önemli olduğuna inanıyoruz..

## INTRODUCTION

For the last three decades, visual materials like films or videos have been frequently used for educational purposes in the field of health (1,2). The films that stirred up controversy upon their release, in particular, have been utilized as course materials as long as they correspond to the learning objectives of the relevant academic discipline. The films that are closely related to their field of study have been used to prepare service providers in the healthcare systems including medical students, family practitioners, nurses or mental health specialists for their future career or to support them in their professional development (3-5).

Bioethics has been a developing area as an academic discipline since 1950’s around the world and it has drawn attention in Turkey, too, since 1980’s (6). Studies conducted in the departments of Medical History and Ethics in Turkish medical schools emphasize many common facets of the discipline of medicine and

social sciences. It is of paramount importance that the students in the field of healthcare, especially medical students, are prepared for their future profession with an awareness of moral and ethical problems. As members of a professional community that touches the lives of people, healthcare professionals should be intellectually competent in order for them to be able to recognize, comprehend and offer solutions to the ethical problems they may face in their professional lives.

Film screenings do not only contribute to the professional development of the students but they also support the learning objectives of the courses on medical ethics – a discipline that studies the value-related problems that arise during medical practice. Most of the compulsory and elective courses in the undergraduate curriculum of the Department of Medical History and Ethics of Hacettepe University Faculty of Medicine (HUFM) include film/documentary screenings and lay emphasis on ethical problems (Table 1).

Table 1: HUFM Department of Medical History and Ethics, Undergraduate Curriculum

Films that are directly related to the issues of medical ethics and bioethics started to be screened in HUFM Department of Medical History and Ethics in 2013-2014 Academic Year (Table 2). The film screenings are often followed by a discussion on ethical problems with active participation of the students.

Table 2: Movies screened as part of the Elective Lectures given by HUFM Department of Medical History and Ethics, themes and distribution by years

The aim of this study is to analyse the opinions of students on the phenomenon of euthanasia by using the papers they prepared on the movie “You Don’t Know Jack, YDKJ”. This kind of an analysis was deemed necessary to provide an insight on how to elicit the issue of euthanasia in the compulsory course “Clinical Ethics” (Phase 3) and elective clerkship course “Clinical Ethics Case Analysis” (Phase 5), and to determine the basic and secondary competency criteria, regarding the issue of euthanasia, in the undergraduate medical education.

## METHODS

Between 2013-2014 and 2016-2017 academic years, 1172 papers were evaluated within the scope of the elective courses given by the Department of Medical History and Ethics. As this study aimed to assess the readiness levels and viewpoints of the students regarding the issue of euthanasia which is present in the curriculum of the compulsory course “Clinical Ethics” and to review the undergraduate curriculum of the medical ethics programme, the papers that were assessed in this study included those 145 prepared by the students on the film “You Don’t Know Jack” which was screened as a part of the elective course “Representations of Physicians in Cinema”.

### Approval of the Ethics Commission

An approval from the Hacettepe University Ethics Commission was obtained prior to the commencement of analysis of the papers available in the educational archive of the Department of Medical History and Ethics of Hacettepe University Faculty of Medicine (No, 3861; Date: 26.05.2017).

### Assessment and Evaluation of the Course

Students were asked the following structured

questions: i) Can you briefly explain why you chose this film? ii) How would you describe the physician identity of the character in the film you chose and what do you think about the medical practices he performs? iii) Can you briefly explain the prominent bioethical problems in the film?

In the end of year evaluation, total score is calculated as the sum of 75% of the scores received from the papers submitted and 25% of the attendance. All the papers analysed in this study had been marked and the grades had been announced.

### **Analysis of the Papers**

Thematic analysis, a method frequently used for evaluating data in qualitative researches, is a form of analysis performed in order to categorize repetitive concepts or common themes. The biggest strength of thematic analysis is that it allows for finding relations between concepts and interpreting these relations, as well as categorizing (7-8). In this sense, we reviewed ethics- and value-based data in student papers, defined repetitive concepts, and set the themes, sub-themes and contexts in accordance with these concepts. With the data obtained, thematic tables were generated and patterns in these tables were defined.

While reviewing the papers, themes, sub-themes and contexts were defined in seven steps:

- I. Initial reading: Papers were pre-read. During this process, general discursive lines were noted down.
- II. Structuring the Data: Expressions in the papers were roughly separated. Prominent concepts were defined.
- III. Establishing thematic framework: Thematic

framework was established in accordance with the repetitive concepts found in the papers.

IV. Specifying the Content (Discussion and agreement on the themes): Repetitive concepts in the papers were combined according to their content. Main themes of the study started to emerge after the discussions among researchers.

V. Creating tables (Generating tables for contexts, themes and sub-themes): This step included breaking down the data into contexts, themes and sub-themes.

VI. Mapping (Defining the relations among the contexts, themes and sub-themes): Contexts, themes and sub-themes were associated in order to ensure an intelligible interpretation of the data.

VII. Interpreting (In-depth understanding): An assessment of the data was conducted in order to ensure a comprehensive and in-depth understanding.

Identities of the students were kept confidential and a protocol number was given to each paper. Here are how the protocol numbers were generated:

“Abbreviation of the Name of the Film. The year the paper was submitted. Sequence number.”

Abbreviation of the name of the film was specified as:

DD: Doctor Death, You Don’t Know Jack

For example, a protocol number coded as “DD.2014.01” means: “Doctor Death.2014.01st Paper”

### **Informed Consent**

Student papers had been assessed and graded during the academic year in which the paper was submitted. As the identities of the students who submitted the papers that were reviewed in present study were kept completely anonymous, researchers did not feel the necessity for

obtaining informed consent from students.

## FINDINGS

“Representations of Physicians in Cinema” is an elective course present in the Phase 2 of the undergraduate education programme of the Hacettepe University Faculty of Medicine. “Medical Ethics” (9 hrs) is a compulsory course given in the fall semester of the Phase 2. This course focuses on the basic concepts of medical ethics and basic principles of bioethics. The phenomenon of euthanasia is particularly touched upon during the “Clinical Ethics” compulsory course in Phase 3. It can therefore be said that the students of the Faculty of Medicine start to develop an awareness of medical ethics in Phase 2, following a structured education programme on relevant subjects.

Students submit papers on one of the films they watch during the course “Representations of Physicians in Cinema”. Papers submitted during four academic years and kept in the educational archive are presented in Table 3. The course structure includes a discussion on the prominent ethical controversies in the film screened and submission of a 300 to 500-word essay on the film. Papers were submitted in hard copy in 2013-2014 academic year but collected through Turnitin software in the following years.

Table 3: You Don't Know Jack, Academic Year, Phase and the Number of Students Who Submitted Their Papers

Expressions that supported each other in terms of their content were collected under the “professional responsibility”. Relevant main themes and sub-themes are presented in Table 4.

Table 4: Professional Responsibility Context and Related Themes

For the professional responsibility context, main themes were informing, providing benefits, developing empathy and respect for autonomy and sub-themes were informing the patient, prioritizing the benefit of the patient, not wanting to lead a painful life and competence. Students' definitions of their tasks in the professional responsibility context are similar. Most of the students see euthanasia as one of their professional responsibilities:

“What happens here (in euthanasia) is just the doctor's undertaking their responsibility towards the patient and the patient's life. After all, there is no such thing as compelling the patient to perform euthanasia or performing euthanasia against the patient's will.” DD.2013.34

Following excerpt deals with the issue of informing the patient and their relatives as a part of the concept of informed consent:

“We see that the document of informed consent – which is not only a document but a process encompassing physician-patient relationship – meets the requirements a document like that would necessitate. It is assured that the patient knows what's going to happen in the end and how it's going to happen.” DD.2013.3

The expressions below illustrate the ideas on the responsibility of the physician to provide benefits:

“I think it is quite acceptable and humane that the doctor sends the patients who have felt pain for a long time to a painless death, in the presence of their loved ones, by utilizing his/her medical

knowledge, legal and sufficient medicine and a proper approach.” DD. 2016.32

Most of the students who think that the basic motivation of the patient demanding for euthanasia is not wanting to lead a painful life, develop empathy with the patient as seen below: “If a conscious patient is in pain and living hurts them, it is their incontestable right to want to die. As you know, those patients mostly complain about the inexistence of the right to euthanasia. In the end, this is not a constraint or coercion, this is a right. And in an age like this where individualism prevails, it is inevitable that this right is given to the patients.” DD.2015.4

Most of the students emphasize that the demand for euthanasia should be considered as a part of the principle of respect for autonomy. They, however, think that this principle is closely connected to the competency of the patient:

“Euthanasia should be accepted as a right within the framework of the principle of autonomy. (...) It should be considered as a requirement that arises from a safe physician-patient relationship. On the other hand, it is debatable under which conditions euthanasia should be performed or what the effect of the emotional state of the patient on autonomy is.” DD.2013.18

According to students’ opinions on euthanasia in the context of ethical dilemma, it is possible that a conflict may arise among the interaction between the physician, patient and society; the professional identity of the physician and the identity of the physician as an individual. In Table 5 below are presented the themes that are based on the ideas on the dilemma between the right to euthanasia and religious commitments.

## Table 5: Ethical Dilemma Context and Related Themes

Following excerpt deals with the conflict that may arise in the relationships of the physician with the terminal patient and the society.

“There are various problems like (...) is it a right for the patient who is expected to die soon to end their life? (...) Let’s say they choose to die just because of the intolerable pain they feel but neither pain nor the will to live are not objectively measurable concepts (...) and consequently, which one will prevail: the individualistic or socialistic approach? Or how can we create a balance between them?” DD.2013.6

The expression below illustrates the physician’s dilemma: caught between their identity as a physician and as an individual:

“We are physicians but first and foremost, we are humans; we have conscientious feelings. As a physician candidate, I ask myself this question: Which feeling is worse; the one that I feel when patients lay on the bed in severe pain and I cannot do anything for them or the one that I feel when I help them die even if it’s they who want this?” DD.2013.18.

Following statement searches for the right response to the patient’s demand to end their life:

“Why doesn’t the wish of patient not to live take effect over the wish of physician to keep alive?” DD.2013.5

The expression below exemplifies the opinions on the conflict between religious values and the

acceptance of the right to die:

“(Euthanasia) is such an issue that when you are arguing about it, you can refer to religious books, numerous philosophers, physicians and religious scholars to prove your point. Religiously speaking, it is said that the life that’s given to you is sacred and it is wrong to take your own or anyone else’s life.” DD.2015.11

A number of different opinions were put forward by the students on the practice of euthanasia. The themes based on the students’ ideas on approving or disapproving of euthanasia by the discipline of medicine are presented in Table 6.

Table 6: The Discipline of Medicine and Related Themes

The viewpoints of the students who approve the performance of euthanasia in medical terms are collected under the sub-themes of right to end life, quality of life, fair allocation of the scarce resources, limitation by board decisions, and progress of humankind.

The expressions exemplifying the ideas of the students who believes euthanasia should be a right are presented below:

“I want to save lives during my life as a physician but I support the deliberative decision of euthanasia and I’d respect to the physicians who perform this” DD.2014.17.

The students who believe the quality of life matters more than the quantity of it express their ideas on the quality of life as follows:

“I believe living is not only to breathe but to lead a quality life.” DD.2015.32

There are also ideas on how euthanasia can be considered as an option when the treatment modalities chosen for the patient are not effective, which implies fair allocation of scarce resources:

“Leaving aside the cost burden of the ineffective treatments on the public and the individual, the key question here is whether an individual has the authority to end their life.” DD.2013.06.

Most of the students who believe a board of experts should decide which patients will receive euthanasia emphasize that this should be a decision made jointly by specialists from different medical fields and religious scholars. Besides, there are also students who believe it would be a pertinent decision to perform euthanasia under state supervision:

“Needless to say, not all patients can know what is best for them and under such circumstances, the most rational thing is that, in my opinion, there is a board to make the decision.” DD.2013.33

“Instead of ignoring the problem, is a form of euthanasia which has specified limits and standardizations and is supervised by professional boards possible?” DD.2013.4

“For example, a national center for euthanasia can be established. It can evaluate the applications of the patients who want to receive euthanasia, appoints physicians with different specializations and other health professionals together with experts from other fields and disciplines. Then, those people examine the patient, their disease and its stage, the relationship of the patient with the disease and how they are physically and mentally affected,

their living conditions, their social and emotional relationships with their family members, and their mental health and psychological condition. In short, it should be an individual right for the patient with a terminal disease to demand euthanasia until a method that is more positive and less “harmful” than euthanasia is found.” DD.2015.9

The statement below illustrates the ideas of the students who believe giving an individual the right to die will contribute to the progress of humankind:

“As this is a highly sensitive subject, if physician-assisted suicide is legalized, precautions should be taken to make sure there will be no exploitation. It should be certain that the patient makes this decision at their own will, under no pressure from their environment or society. I think this can be a big step for humankind if these precautions are taken and this application gain worldwide acceptance.” DD.2016.40

The viewpoints of the students who thinks the discipline of medicine should not approve the performance of euthanasia are collected under the sub-themes of euthanasia being open to abuse, violating the physicians’ ethics, disrespecting to human, being incompatible with the responsibility of the physicians towards patients’ relatives and society, having the risk of the widening of its scope and having the potential to disrupt the development of medical sciences.

An example of the ideas of the students who disapprove the performance of euthanasia and think that it is open to abuse is presented below:

“We may think that this kind of a practice has

the risk of being abused. The first example that comes to my mind is a patient’s being forced to go through this practice as taking their care is hard.” DD.2016.46

Some students believe euthanasia is against physicians’ ethics and is incompatible with the roles physicians assume:

“I have to say that this is against at least my moral norms. There is no such thing as physician-assisted death, there shouldn’t be. A physician is a physician to keep people alive. Only breathing itself is a hope. We should keep this in mind as humans, as well as physicians. Any kind of acceptance of or wish for death is weakness. It is a precursor of abnormality. We, as physicians, should fight against such wishes if there are any.” DD.2016.14

Presented below is the statement exemplifying the viewpoint that considers practicing euthanasia as a disrespect to human life:

“No patient should be allowed to end their life even if it is what they want. This is a disrespect to the patient, to the discipline of medicine and even to the humanity.” DD.2016.22

Some students emphasize that the physician has responsibility not only towards the patient but also towards the patient’s relatives and society:

“Members of the society will frown upon this and the trust in physicians will be lost. Physician-patient relationship will be endangered. The role of the physician will be endangered consequently. I don’t find it right for a physician to interfere with the right to life.” DD.2013.24

The statement below illustrates the idea that the



scope of euthanasia practice may get wider if the it is once approved:

“We have the power to do, we have the power to think but we do not attempt because we are afraid of the consequences.” DD.2013.03

Some students state that the discipline of medicine should not give up its duty to heal people and that the practice of euthanasia could hinder the development of medical sciences:

“If a patient who cannot endure pain is considered medically hopeless and wants suicide, this leads to a decline in the medical sciences as science is endless and solving that medical mystery instead of suicide contributes to healing this kind of patients in the future. This means solving a medical mystery instead of resorting to physician-assisted suicide and this is what is ethically right.” DD.2016.16

In our study, medical students’ approaches to the phenomenon of euthanasia were grouped under the contexts of professional responsibility, ethical dilemmas and the discipline of medicine as seen above.

## DISCUSSION

We aimed to investigate the opinions of a group of medical students on the practice of euthanasia with the help of the film called “You Don’t Know Jack” and to develop an idea on how to incorporate the issue of euthanasia in the undergraduate curriculum of the discipline of medical ethics. We evaluated 145 student papers in our archive thematically for this purpose. Most of the students, who had no opportunity to deliberate upon the issue of euthanasia previously, had the chance to share their viewpoints through these papers and they provided their authentic ideas on how they

should approach the patients who demand euthanasia if they come across any.

Most of the students in our study reported to believe that euthanasia is a phenomenon related to certain systems like law, medicine and religion. They pointed out the importance of informing the patient, providing benefits to the patient, developing empathy and respecting autonomy as a part of the physician’s responsibility to obtain informed consent. Students looked for an answer to the question which approach the discipline of medicine should adopt in the face of the issue of euthanasia and they tried to open certain ethical dilemmas to discussion.

In undergraduate medical education institutions in Turkey, international developments are closely followed and available curriculums are periodically updated (9). In Turkey, education in medical schools is structured in accordance with the three basic competency areas. Data obtained from this study give ideas on how to structure the programmes related to medical ethics in a way that is compatible with these three basic competency areas.

In Turkey, the sub-competencies in undergraduate medical education that are based on the three basic competency areas are structured as follows:

- I) Establishing effective communication with patients and their relatives, and providing them with sufficient information
- II) Making decisions that are based on scientific knowledge and thinking critically
- III) Taking ethical and professional values into consideration while practicing medicine

We believe that the data obtained from

the student papers correspond to the sub-competency areas and they can be helpful in improving the curriculum of the discipline and medical ethics.

### **Effective Communication and Informing**

In accordance with the National Undergraduate Medical Core Curriculum, graduates of the medical schools are expected to “establish effective communication with patients and their relatives, and provide them with sufficient information”. Most of the students in our study stated that it is the physician’s professional responsibility to inform patients demanding euthanasia and their relatives. Our elective course named “Representations of Physicians in Cinema” helped students of our faculty develop awareness of the importance of informing patients and their relatives.

Students in our study pointed out that they could understand the demand for euthanasia when they empathize with the patients who are at the end of their lives or trying to deal with excruciating pain. Some of the students expressed that euthanasia can be accepted as a right on the grounds of the principles of providing benefits and respecting to autonomy. They also remarked the importance of specifying related criteria and limits in legal and medical terms in order to prevent abusive approaches.

### **Ethical Decision Making and Critical Thinking**

In accordance with the National Undergraduate Medical Core Curriculum, graduates of the medical schools are expected to “make decisions that are based on scientific knowledge and think critically”. Within this vein, apart from having basic and clinical information about the patients, physicians also need to take the cultural

attributes of them into consideration.

Our study revealed that the relation of the patients with their relatives and the society is as important as the medical data about the patient. In accordance with the needs of students, the compulsory course “Medical Ethics” which is present in the curriculum of medical ethics aims at building awareness in students of ethical dilemmas, ethical analysis and clinical ethical decision making processes. In “Clinical Ethics”, a compulsory course taken during Phase 3, the issue of euthanasia is covered. This course also includes defining frequently encountered ethical problems in research processes and providing appropriate methods of solution for those problems. Moreover, the elective clerkship course “Clinical Ethics Case Analysis”, given during Phase 5, thoroughly covers the steps of clinical ethical decision making.

### **Ethical and Professional Values**

National Undergraduate Medical Core Curriculum sets the competencies regarding the values and behaviours to be adopted by graduates of the medical schools during medical practice. These competencies are specified in order to ensure that graduates of the medical schools practice medicine by taking ethical and professional values into consideration, have professional and legal responsibilities, pay regard to humanistic and social values, and are open to self-development.

All students in our study expressed their ideas on how the discipline of medicine should approach the phenomenon of euthanasia. In their statements, for or against euthanasia, they touched upon the professional values long present in the discipline of medicine.

Some of the students pointed out that euthanasia

is illegal in Turkey and that their legal responsibilities are as important as professional ones. Euthanasia is not defined as a concept in Turkish law (10). The approach of contemporary law to the issue of euthanasia differs from one country to another. Some countries accept euthanasia as a right, while others do not. In Turkey, as per article 13 of the Regulation on Patients' Right (1998), "Euthanasia is forbidden. On no accounts, medical or else, the right to life shall not be waived. Even in the presence of a demand from himself or anybody else, nobody's life shall be ended" (11). As per article 25 of the same regulation, "the patient has the right to refuse or discontinue treatment." However, consequences that may arise from not receiving treatment should be explained to the patients or their relatives and a written document should be obtained from these people to show they are informed about the relevant consequences. In Turkey, the existence of legal sanctions regarding euthanasia leads medical students to consider legal responsibilities as an inseparable part of their professional responsibilities (12-13).

On the other hand, some of the students argued that we should rethink about the issue of euthanasia, as a forbidden practice in Turkey. Although in minority, there were students in our study who suggested that euthanasia is a step forward in the progress of humankind. For these students, euthanasia is justifiable if no treatment modality is useful for the patient, considering the prioritization of the quality of life and scarcity of the resources.

Students who thought the practice of euthanasia does not comply with the professional values of physicians based their ideas on the principle stipulating that the aim of a physician is to heal

the patient and do no harm to them. Seeing the life as the greatest value, those students interpreted aiding somebody's death as a disrespect to humanity. Other prominent ideas included in the statements are that euthanasia is open to abuse and the very existence of the discipline of medicine is risked if the limits of this practice are not well-established.

## **CONCLUSION and RECOMMENDATIONS**

Most of the students who approved the practice of euthanasia shared their recommendations on what prerequisites will be looked for while choosing the people who will receive euthanasia. On the other hand, students who stated that the practice of euthanasia is against the very reason for the existence of the discipline of medicine based their ideas on the physician identity and society's value and belief systems. We believe that personal and cultural values of our students affected their approaches to the phenomenon of euthanasia.

The data we obtained from study imply that it is necessary to develop the critical thinking skills of our students on the issue of euthanasia. Our students are able to differentiate between the ethical problem and other issues but they fail to offer recommendations for the solution of the ethical problem in question. Therefore, we believe that there should be more case studies aiming to solve value conflicts incorporated in the medical ethics education and we recommend giving a wider space to them in undergraduate medical education programme.

## **DECLARATION of INTEREST**

The authors of this study have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

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Table 1: HUFM Department of Medical History and Ethics, Undergraduate Curriculum

<b>PHASE 1</b>			
Compulsory	<i>Medical History</i>		10 hours
Elective	2013-...	Bioethics and Cinema	16 weeks
	2013-2014	History and Philosophy of Science	16 weeks
<b>PHASE 2</b>			
Compulsory	<i>Medical Ethics</i>		9 hours
Elective	2013-...	Representations of Physicians in Cinema	16 weeks
<b>PHASE 3</b>			
Compulsory	<i>Clinical Ethics</i>		8 hours
Elective	2017-	Vulnerable Groups and Bioethics	16 weeks
	2013-2014 2018-2019	Justice In Medicine and Allocation of Scarce Resources	16 weeks
<b>PHASE 4</b>			
Compulsory	2013-2014 2014-2015 2015-2016	<i>Surgical Ethics</i>	2 hours 1 hour 1 hour
<b>PHASE 5</b>			
Elective	2013-...	Clinical Ethics Case Analysis	16 weeks
	2013-...	Ethics in Research and Publication	16 weeks

Table 2: Movies screened as part of the Elective Lectures given by HUFM Department of Medical History and Ethics, themes and distribution by years

Name of the Movie	Theme	Years and Phases in Which the Films Were Screened								Total
		2013 - 2014		2014 - 2015		2015 - 2016		2016 - 2017		
		P1*	P2**	P1	P2	P1	P2	P1	P2	
Wit	End of Life	-	97	-	16	-	60	-	53	236
Something The Lord Made	Ethics in Research and Publication	-	87	-	37	-	58	-	39	221
Gattaca	Genetics Bioethics	-	-	43	-	-	-	-	-	43
Never Let Me Go	Cloning and Organ Transplantation	-	-	35	-	91	-	73	-	199
Million Dollar Baby	Feminist Bioethics	-	-	24	-	-	-	-	-	24
Monday Mornings Episodes 1-2	Principles of Biomedical Ethics	-	-	-	-	19	-	41	-	60
Monday Mornings Episodes 3-4	Principles of Biomedical Ethics	-	-	-	-	8	-	11	-	19
My Child	LGBT+ discrimination					19	-	28	-	47
If These Walls Could Talk	Abortion	-	45	25	37	-	32	-	39	178
<b>You Don't Know Jack</b>	<b>Euthanasia</b>	-	<b>34</b>	-	<b>24</b>	-	<b>40</b>	-	<b>47</b>	<b>145</b>

\* Phase 1 (P1): 1st year of the undergraduate education programme in the Faculty of Medicine

\*\* Phase 2 (P2): 2nd year of the undergraduate education programme in the Faculty of Medicine

Table 3: You Don't Know Jack, Academic Year, Phase and the Number of Students Who Submitted Their Papers

Academic Year (Fall Term)	Phase	Number of Students
2016-2017	2	47
2015-2016	2	40
2014-2015	2	24
2013-2014*	2	34

\*In the Fall Term of 2013-2014 Academic Year, papers were submitted in hard copy.

Table 4: Professional Responsibility Context and Related Themes

Context	Themes	
	Main Theme	Sub-theme
Professional Responsibility	Informing	Informing the patient
	Providing benefits	Prioritizing the benefit of the patient
	Developing empathy	Not wanting to lead a painful life
	Respect for autonomy	Competence

Table 5: Ethical Dilemma Context and Related Themes

Context	Themes	
	Main Theme	Sub-theme
Ethical Dilemma	Physician - Patient interaction	Physician's desire to make the patient live - patient's wish to die
	Physician - Society interaction	Physician's duty to provide benefits for the patient - society's expectations from the physician
	Professional identity of the physician	Desperation of the physician at the end of his/her life

Table 6: The Discipline of Medicine and Related Themes

<b>Context</b>	<b>Themes</b>	
	<b>Main Theme</b>	<b>Sub-theme</b>
<b>The Discipline of Medicine</b>	<b>Approving Euthanasia</b>	Right to end life
		Quality of Life
		Fair allocation of the scarce resources
		Limitation by board decisions
		Progress of humankind
	<b>Disapproving Euthanasia</b>	Open to abuse
		Violate the Physicians' Ethics
		Disrespect to human
		Responsibility towards patients' relatives and society
		Risk of the widening of its scope
		Disruption to the development of medical sciences