A Survey of Attitudes of Physicians at Bangna Hospital toward PAS (Physician-Assisted Suicide) and Euthanasia

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Abstract

This study is to assess the attitudes of Thai physicians at Bangna Hospital (Samutprakarn province, Thailand) toward euthanasia and PAS (physician-assisted suicide). The study utilized cross-sectional and non-random quota sampling, by manually distributing questionnaires to physicians at Bangna Hospital, until the number equaled thirty. Then the data was manually collected, after the participants had finished their answers, whether immediately or a few days later.

In terms of findings, the larger group of participants agreed on the justification for euthanasia, but not for PAS. Although they did not want to participate in either euthanasia or PAS, they thought that both should be legal. In addition, they agreed that patients might request PAS, because of concerns about being a burden or financial pressures and that competent, terminally ill patients, had the right to terminate their lives.

This study not only reflected attitudes according to the objectives planned, but also implied some characteristics of Thai physicians and the developing stages of Thai legal and medical environments, involving the issues that needed further extensive research. Finally, there remains a lot of work to be done before euthanasia and PAS can be justifiably managed--both in principle and practice.

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Background

Due to modern medical technology, terminally ill patients' lives can be prolonged far more than in the past. Consequently, the severe pain and the state of disability and suffering are prolonged as well. Can a terminally ill patient make his/her own choice to live or die in that certain condition? If so, PAS (physician-assisted suicide) and euthanasia play an important role in this controversy.

PAS (physician-assisted suicide) and euthanasia have been debated widely in many developed countries and are getting a lot of attention in the medical practice. However, there are not such debates in Thailand, even though the same medical problems, as in those developed countries, are encountered in Thailand. Yet the attitudes of Thai physicians have not been probed.

Objective

The objective of the study is to find out the attitudes of Thai physicians at Bangna Hospital (Samutprakarn Province, Thailand) toward euthanasia and PAS.

Scope

The study is cross-sectional and will include nine items about attitudes of physicians at Bangna Hospital toward euthanasia and PAS.

Definitions

Physicians (at Bangna Hospital): physicians of all fields--both full-time and part-time employment--currently working at Bangna Hospital (Samutprakarn Province, Thailand).

(Active) Euthanasia: deliberate administration of an overdose of medication to a terminally ill patient at his or her request, with the primary intention to end his or her life.

PAS (Physician-Assisted Suicide): prescription of medication (e.g. narcotics or barbiturates) or the counseling of a terminally ill patient, so he or she may use an overdose to end his or her own life.

Attitude: opinion of physicians about questions involving euthanasia and PAS in degree of agreement or disagreement.

(Terminally Ill) Patient: one who has an incurable or irreversible condition that is highly likely to cause his or her death, within a relatively short time (six months or less) with or without treatment.

Significance

1. To know and understand these attitudes as a pilot study in Thailand.
2. To provide primary information for establishing protocols, guidelines, procedures, and regulations on this issue.
3. To stimulate further research–even to hold a referendum.
4. To bring the issues to the consciousness of the public and Thai physicians.

Review of Literature

Even though we have heard about euthanasia for quite a long time, we have hardly heard that it is divided into many categories. Here are the updated categories of euthanasia.

Beauchamp (as cited in Regan, 1993, p. 31) explains that the meaning of euthanasia originated in two Greek words (eu + thanatos) that means, literally, "good death" or "happy death." Yet etymology is not a dependable guide to meaning. As the word is used today, it means much more than only a good death. It refers to a death that is deliberately brought about for humane reasons. An alternative term, perhaps, is **mercy killing.**

In addition, there is another term that we should define before we go on. The term is **"Terminally Ill Person,"** which McDonald (1998, p. 159) defines as "one who has an incurable or irreversible condition that is highly likely to cause his or her death within a relatively short time (six months or less) with or without treatment."

Different criteria have been used by scholars in separating euthanasia into categories. MacKinnon (2001, pp. 132-133) describes three types of euthanasia. Firstly, **Passive Euthanasia** refers to withholding or withdrawing certain treatment and letting a (terminally-ill) patient die. In other words, it is to stop or not to start some treatment, which allows the patient to die. Thus, the patient's condition itself causes his/her death. Then, Mackinnon goes on with her second type--**Active Euthanasia**--which is to apply certain death-causing methods to bring about or cause the death of a (terminally-ill) person. In other words, it is to do something, such as administering a lethal drug or using other means that cause the person's death. Basically, drugs are the most common means. Finally, Mackinnon claims that **Physician-Assisted Suicide** should be addressed as the third type. In this type, the doctor does not actually inject a (terminally-ill) patient with a death-causing drug as in active euthanasia, but rather provides patients with drugs that they take themselves. It is thus primarily a form of suicide, with the physician providing the means to carry it out.

Participants

Population: Physicians of all fields (both full-time and part-time employment) currently working at Bangna Hospital (Samutprakarn Province, Thailand).

Sampling: Applied non-random quota sampling, with a size of thirty (the questionnaires were manually distributed to physicians at Bangna Hospital, until the number equaled thirty).

Materials

The study was cross-sectional with instrument asking questions in two parts:

1. Open-ended questions asking demographic information and frequency of PAS and euthanasia involvement
2. Closed-ended questions measuring attitude toward PAS and euthanasia in Likert's scale (ordinal or ranking scale)

The instrument was translated into Thai and was tested as a pilot study before launching.

Procedure

The data was manually collected after the respondents finished their answers, whether immediately or a few days later.

Data Analysis

The data applied descriptive statistics. The frequency, means and standard deviation were mainly used to describe data.

Results

1. Gender: Male = 23 (77%)
   Female = 7 (23%)
2. Age (year): Mean = 35.83
   SD (Standard Deviation) = 7.45
   Median = 35
   Range = 23
3. Religion: Buddhist = 30 (100%)
4. Race: Thai = 29 (97%)
   Chinese = 1 (3%)
5. Medical Specialty:

Table 1. Medical specialty

Specialty	Frequency	%
General practitioner	9	30
Internist	6	20
Surgeon	3	10
Obstetrician & Gynecologist	3	10
Orthopedist	3	10
Pediatrician	2	7
Ophthalmologist	1	3
Otorhinolaryngologist	1	3
Radiologist	1	3
Forensic doctor	1	3
Total	**30**	**100**

Note: Percentages do not sum to 100 because of rounding.

Based on Table 1, the largest group of responding Bangna physicians were general practitioner (30%). The second were internist (20%). The third (10%) were obstetrician & gynecologist, surgeon, and orthopedist. The fourth (7%) were pediatrician and the last (3%) were ophthalmologist, otorhinolaryngologist, radiologist and forensic doctor.

6. How many patients have requested from you a prescription for medication to use with the primary intention of ending his or her own life?

Table 2. Frequency of experience in lethal-prescription requests

No. of requests	Frequency	%
0	23	77
1	1	3
3	3	10
5	1	3
7	1	3
10	1	3
Total	**30**	**100**

Note: Percentages do not sum to 100 because of rounding.

Based on Table 2, most Bangna physicians (77%) had not been requested for lethal prescription. 10% of physicians had been requested three times. 3% of physicians had been requested one time, five times, seven times, and ten times.

In other words, only 23% of participants had been requested for lethal prescription while 77% had not (as shown in Figure 1).

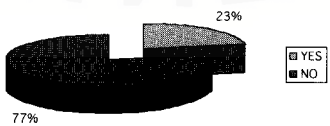

Figure 1. Percentages of experience in lethal-prescription requests

7. How many patients have requested that you inject him or her with a lethal dose of a medication?

Table 3. Frequency of experience in lethal-injection requests

No. of requests	Frequency	%
0	29	97
2	1	3
Total	**30**	**100**

Based on Table 3, most Bangna physicians (97%) had not been requested for lethal injection. Only 3% of physicians had been requested two times.

In other words, only 3% of participants had been requested for lethal injection while 97% had not (as shown in Figure 2).

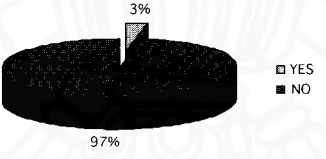

Figure 2. Percentages of experience in lethal- injection requests

8. First three questions about euthanasia attitudes and last six questions about PAS attitudes are shown in Table 4.

Table 4. Results of nine questions (questions 1-3 ask about euthanasia; questions 4-9 ask about PAS)

Questions:	agree		uncertain		disagree		Total	
	no.	%	no.	%	no.	%	no.	%
1. Euthanasia is never ethically justified.	8	27	9	30	13	43	30	100
2. There are some situations in which euthanasia should be legal.	21	70	3	10	6	20	30	100
3. There are some situations in which I would be willing to participate in euthanasia.	6	20	11	37	13	43	30	100
4. Physician-assisted suicide (PAS) is never ethically justified.	15	50	4	13	11	37	30	100
5. There are some situations in which PAS should be legal.	14	47	5	17	11	37	30	100
6. There are some situations in which I would be willing to participate in PAS.	6	20	6	20	18	60	30	100
7. Patients may request PAS because of concern about being a burden.	23	77	3	10	4	13	30	100
8. Patients may request PAS because of financial pressure.	15	50	7	23	8	27	30	100
9. Competent terminally ill patients have the right to commit suicide.	16	53	10	33	4	13	30	100

Note : 1. Strongly agree and agree are summed up into "agree."
2. Strongly disagree and disagree are summed up into "disagree."
3. Percentages may not sum to 100 because of rounding.

Based on Table 4:

1. The largest number of physicians (43%) disagreed that euthanasia was never ethically justified. 30% of physicians were uncertain and 27% of physicians agreed.
2. Most physicians (70%) agreed that there were some situations in which euthanasia should be legal. 20% disagreed and only 10% felt uncertain.
3. The largest number of physicians (43%) disagreed that there were some situations in which they would be willing to participate in euthanasia. 37% were uncertain and 20% agreed.
4. Half of physicians (50%) agreed that PAS was never ethically justified. 37% disagreed and only 13% felt uncertain.
5. The largest number of physicians (46%) agreed that there were some situations in which PAS should be legal. 37% disagreed and 17% were uncertain.
6. Most physicians (60%) agreed that there were some situations in which they would be willing to participate in PAS. 20% disagreed and the other 20% were uncertain.
7. Most physicians (77%) agreed that patients might request PAS because of concerns about being a burden. 13% disagreed and only 10% were uncertain.
8. Half of physicians (50%) agreed that patients might request PAS because of financial pressure. 27% disagreed and 23% were uncertain.
9. Most physicians (54%) agreed that competent terminally ill patients had the right to commit suicide. 33% were uncertain and only 13% disagreed.

Summary of the Results

The total respondents were thirty physicians at Bangna Hospital. Most of them were Thai (97%) and male (77%). All of them were Buddhist (100%). The mean age was 35.83 years with standard deviation of 7.45 years.

The largest groups of physicians were general practitioner (30%) and internist (20%). The groups of 10% were surgeon, orthopedist, and obstetrician & gynecologist. The rest 20% consisted of five medical specialties.

23% of all respondents had been requested for lethal prescriptions (PAS) and only 3% had been requested for lethal injections (euthanasia).

Although the largest respondents (43%) disagreed that euthanasia was never ethically justified, they (43%) did not want to participate in it. By the way they (70%) admitted that euthanasia should be legal in some situations.

Half of the respondents (50%) thought that PAS was never ethically justified and they (60%) did not want to participate in it. On the contrary they (47%) agreed that PAS should be legal in some situations.

Finally, most physicians agreed that patients might request PAS, because of concern about being a burden (77%) or financial pressure (50%). They (53%) also agreed that competent terminally ill patients had the right to commit suicide.

Conclusion

The study included attitudes of thirty physicians at Bangna Hospital, towards euthanasia and PAS. Although most physicians lacked direct experience, they agreed on justification for euthanasia but not for PAS; they did not want to participate in either euthanasia or PAS; they thought that both euthanasia and PAS should be legal.

In addition, being a burden and financial pressure might be the reasons for PAS, and competent terminally ill patients should have the right to commit suicide.

Moreover, the respondents' attitudes toward the topics varied and were not so polarized (the percentage of "uncertain" is rather high). This may imply some characteristics of Thai people--which are Buddhist, collectivist, compromising, and indecisiveness. However, the indecisiveness may occur from lack of information and knowledge due to the fact that these issues are not in current public and medical debates.

Limitations of the Study

1. Regarding limited time and budget, a small sample of thirty physicians at Bangna Hospital were questioned and might not represent all Thai physicians.

2. Most participants had few direct experiences or involvements in euthanasia and PAS.

3. The participants might not have much information, concern or knowledge in euthanasia and PAS, since these issues were seldom mentioned in Thailand--let alone the details of definitions, categories, guidelines, alternative cares, related philosophy and current situations in international settings.

Recommendations for Further Research

1. This study should be considered as a pilot study. After successfully bringing euthanasia and PAS to public and medical concerns, it needs successive research which probes more extensively in coverage, number and depth, in order to establish these vital issues for humane interests.

2. Since the issues affect all people, debates as well as forums or referendums may have to be organized among citizens and professionals, including patients, relatives, lawyers, philosophers and physicians.

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