



Care of Critically Ill Adults

Attitudes towards euthanasia among Greek intensive care unit physicians and nurses

Georgios Kranidiotis, MD^{a,*}, Julia Ropa, RN^a, John Mprianas, RN^b,
Theodoros Kyprianou, MD^c, Serafim Nanas, MD^a^a First Critical Care Department, Evangelismos Hospital, National and Kapodistrian University of Athens, 45–47 Ypsilantou Str, Athens 10675, Greece^b Sixth Respiratory Medicine Department, “Sotiria” Hospital for Diseases of the Chest, 152 Mesogeion Ave, Athens 11527, Greece^c Critical Care Department, Nicosia General Hospital, 215 Old Road Nicosia-Limassol, Nicosia 2029, Cyprus

ARTICLE INFO

Article history:

Received 30 September 2014

Received in revised form

27 February 2015

Accepted 7 March 2015

Available online 1 April 2015

Keywords:

Euthanasia

Limitation of life-sustaining treatment

End-of-life decisions

Quality of life

Shared decision-making

ABSTRACT

Objectives: To investigate the attitudes of Greek intensive care unit (ICU) medical and nursing staff towards euthanasia.**Background:** ICU physicians and nurses deal with end-of-life dilemmas on a daily basis. Therefore, the exploration of their stances on euthanasia is worthwhile.**Methods:** This was a descriptive quantitative study conducted in three ICUs in Athens. The convenience sample included 39 physicians and 107 nurses.**Results:** Of respondents, 52% defined euthanasia inaccurately, as withholding or withdrawal of treatment, while 15% ranked limitation of life-support among the several forms of euthanasia, together with active shortening of the dying process and physician – assisted suicide. Only one third of participants defined euthanasia correctly. While 59% of doctors and 64% of nurses support the legalization of active euthanasia, just 28% and 26% of them, respectively, agree with it ethically.**Conclusions:** Confusion prevails among Greek ICU physicians and nurses regarding the definition of euthanasia. The majority of staff disagrees with active euthanasia, but upholds its legalization.

© 2015 Elsevier Inc. All rights reserved.

Introduction

Euthanasia is defined as administering medication or performing other interventions with the intention of causing a patient's death.¹ Unlike the practice of withholding or withdrawing life-sustaining treatments, which is widely accepted,² euthanasia is prohibited by professional medical and nursing codes^{3,4} and remains illegal in Greece and in most other countries of the world.

Intensive care unit (ICU) physicians and nurses constitute a group of health care professionals who deal with end-of-life dilemmas on a daily basis. Therefore, the exploration of their attitudes towards euthanasia could valuably contribute to the relevant debate.

Specifically, nurses' opinions are of great importance. Nurses are closer to patients and their suffering, and more deeply involved in end-of-life care than physicians. However, the debate about

euthanasia is usually focused on the physicians' perspective. The voices of nurses are scarcely heard.^{5,6}

The objective of this study was to investigate the attitudes of Greek ICU medical and nursing staff towards euthanasia, and to evaluate the possible association of these attitudes with socio-demographic and professional variables.

Methods

This was a descriptive quantitative study conducted in three multidisciplinary ICUs, affiliated with two general hospitals in Athens, from March to December 2010. Of these ICUs, the first one was medical/surgical and comprised of 12 beds, while the other two were medical/respiratory and consisted of 8 and 12 beds, respectively. The convenience sample included 39 physicians and 107 nurses who volunteered to participate in the survey.

Data were collected by means of a structured self-administered questionnaire, which was created by the researchers for the purposes of this study on the basis of relevant literature, and consisted of two parts. The first part recorded sociodemographic characteristics of participants, such as age, gender, educational level, years of experience, and religious beliefs. The second part comprised eleven

Abbreviations: ICU, intensive care unit; SD, standard deviation; CPR, cardiopulmonary resuscitation.

* Corresponding author. Tel.: +30 6974071547.

E-mail address: a.icusn@gmail.com (G. Kranidiotis).

Table 1
Sociodemographic characteristics of participants.

Characteristic	Doctors (n = 39) No. (%)	Nurses (n = 107) No. (%)	Total (n = 146) No. (%)	p-Value
Age (years)				
20–29	0 (0.0)	25 (23.4)	25 (17.1)	0.004
30–39	22 (56.4)	48 (44.9)	70 (47.9)	
40–59	17 (43.6)	34 (31.8)	51 (34.9)	
Gender				
Male	21 (53.8)	36 (33.6)	57 (39.0)	0.027
Female	18 (46.2)	71 (66.4)	89 (61.0)	
Marital status				
Single	11 (28.2)	27 (25.2)	38 (26.0)	0.278
Married	27 (69.2)	64 (59.8)	91 (62.3)	
Divorced	1 (2.6)	11 (10.3)	12 (8.2)	
Widowed	0 (0.0)	5 (9.1)	5 (3.4)	
Experience (years)				
1–5	10 (25.6)	26 (24.3)	36 (24.7)	0.259
6–10	16 (41.0)	27 (25.2)	43 (29.5)	
10–15	6 (15.4)	25 (23.4)	31 (21.2)	
≥16	7 (17.9)	29 (27.1)	36 (24.7)	
Religious affiliation				
Greek orthodox	34 (87.2)	102 (95.3)	136 (93.2)	0.085
Non-religious	5 (12.8)	5 (4.7)	10 (6.8)	

closed questions (seven of them with a Likert response scale) about their opinions and views on specific items concerning euthanasia. To ensure content validity and readability (i.e. adequate understanding of the meaning of the questions, and sufficiently short time to be required for answering them), the questionnaire was tested and discussed by a small number of participants ($n = 10$) in a pilot study.

The questionnaires were distributed by the researchers to participants hand to hand at their workplace. Personal contact with the respondents allowed us to inform them about the study's aim, and assure them of the confidentiality and anonymity of the process. We suggested that the questionnaire be completed at home, to ensure, as much as possible, honest and reliable answers, not affected by external factors (e.g. workload, presence of seniors or other colleagues). We were available for clarifications whenever needed. After 2–3 days, the questionnaires were returned, enclosed in sealed envelopes. Of the 200 questionnaires handed out, 146 were returned completed; this represents a response rate of 73%.

Statistical procedures included descriptive statistics, chi-square (χ^2) and Fisher's exact tests for analysis of categorical variables, and t -test for analysis of continuous variables. Differences were accepted as statistically significant when $p < 0.05$. Data analyses were performed using the Statistical Package for Social Sciences (SPSS) version 14.0.

The study protocol was approved by the Scientific Council and the Ethics Committee of Evangelismos Hospital, Athens, Greece. Since the respondents volunteered to partake in the survey, filling out the questionnaire automatically implied consent for participating in the research.

Table 2
Definitions of quality of life.

Definition	Doctors (n = 39) No. (%)	Nurses (n = 107) No. (%)	Total (n = 146) No. (%)
1. Absence of pain and distressing symptoms	3 (7.7)	8 (7.5)	11 (7.5)
2. Mental well-being	0 (0.0)	7 (6.5)	7 (4.8)
3. Social well-being	0 (0.0)	0 (0.0)	0 (0.0)
4. Life with dignity	9 (23.1)	16 (15.0)	25 (17.1)
5. Autonomy	1 (2.6)	4 (3.7)	5 (3.4)
6. All of the above	26 (66.7)	72 (67.3)	98 (67.1)

Table 3
Definitions of euthanasia.

Definition	Doctors (n = 39) No. (%)	Nurses (n = 107) No. (%)	Total (n = 146) No. (%)
1. Active shortening of the dying process	0 (0.0)	10 (9.3)	10 (6.8)
2. Physician-assisted suicide	0 (0.0)	3 (2.8)	3 (2.1)
3. Withholding or withdrawal of treatment	23 (59.0)	53 (49.5)	76 (52.1)
4. 1 and 2	8 (20.5)	27 (25.2)	35 (24.0)
5. 1, 2, and 3	8 (20.5)	14 (13.1)	22 (15.1)

Results

The sociodemographic characteristics of participants are shown in Table 1. Their mean age was 37 ± 7 (SD) years. Doctors were older than nurses (mean age 41 ± 9 vs. 36 ± 7 years, $p = 0.001$). Women represented a higher proportion of the responding nurses than of the doctors.

Doctors and nurses were asked to give the definitions of quality of life and euthanasia, choosing them from among a list of prespecified meanings (Tables 2 and 3). No statistically significant differences were determined between doctors and nurses, in regards to the definitions given.

Concerning the acceptability of active euthanasia, 28% of doctors and 26% of nurses ($p = 0.755$) approve of it, whereas 16% of all staff is undecided. On the contrary, withholding or withdrawal of treatment, when the patient's illness is irreversible, and life – sustaining therapy just prolongs the dying process, is endorsed by 82% of doctors and 73% of nurses ($p = 0.429$) (Table 4). Among ICU team members, women were more likely to oppose active euthanasia than men ($p = 0.023$). Also, Greek – orthodox nurses rejected active euthanasia more often than non-religious ones ($p = 0.019$). No other associations of euthanasia support with sociodemographic and professional variables were found.

When asked whether a patient had ever asked them to hasten his or her death with active euthanasia, 38% of doctors and 18% of nurses ($p = 0.009$) answered affirmatively. Of them, 70% had received more than one request.

Participants were invited to record on a Likert five points scale their agreement or disagreement with four statements expressing attitudes towards euthanasia. Physicians' and nurses' responses, as presented in Table 5, did not differ significantly from each other.

When asked whether they would consider practicing active euthanasia if it was legal, 20% of doctors and 10% of nurses ($p = 0.183$) stated that they would do so. Forty nine per cent of doctors and 47% of nurses responded negatively. The remainder of the staff was undecided.

Regarding the question who must decide on the performance of active euthanasia, the majority of physicians and nurses (82% and

Table 4
Agreement with active euthanasia, and withholding/withdrawal of treatment.

Agreement with	Doctors (n = 39) No. (%)	Nurses (n = 107) No. (%)	Total (n = 146) No. (%)
Active euthanasia			
Yes	11 (28.2)	28 (26.2)	39 (26.7)
No	23 (59.0)	60 (56.1)	83 (56.8)
Undecided	5 (12.8)	19 (17.8)	24 (16.4)
Withholding or withdrawal of treatment			
Yes	32 (82.1)	78 (72.9)	110 (75.3)
No	6 (15.4)	22 (20.6)	28 (19.2)
Undecided	1 (2.6)	7 (6.5)	8 (5.5)

Download English Version:

<https://daneshyari.com/en/article/2650397>

Download Persian Version:

<https://daneshyari.com/article/2650397>

[Daneshyari.com](https://daneshyari.com)