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ACCEPTANCE OF EUTHANASIA AND RELIGIOUSNESS IN THE OPINION OF STUDENTS OF A MEDICAL SCHOOLS IN UKRAINE

In March 2005 information on dramatic dying of Terri Schiavo circled the world. This 41-year old woman, living for 15 years with the partially dead brain, by the power of the ruling of the Supreme Court of the USA was disconnected from a feeding tube. Such ruling was fought for by the sick woman's husband with a radical opposition of her parents, who were convinced that their daughter would have never agreed to such a form of dying. Despite all efforts of defenders of life as well as the Florida State authorities and even involvement of the President of the United States, the woman's life could not be saved. In the eyes of the whole world she died of hunger and thirst.

Terri's case stirred anew a discussion on a licence to make a decision on a human's life. Such a discussion has been conducted for a long time. In recent years it has been fuelled by legalization of euthanasia in Holland and Belgium and acceptance of assisted suicide in the State of Oregon.

The presented article engages in a conscious discussion on euthanasia. It has an empiric character and is based on research carried out among Ukrainian youth studying in medical vocational schools in Czartków. The impact of religiousness on attitudes to euthanasia was subject to a more detailed analysis.

A PHENOMENON OF EUTHANASIA

Euthanasia is not a new phenomenon. Causing death to old and very ill people on economic grounds and out of mercy was practiced already in ancient times. Some cultures explained such practices by social ratio-

nalism, stressing their opinion that a value of an individual is measured by his/her usefulness for society and a state. These views in consequence became the basis for a Nazi action *Gnadentod*, realizing a program of race purity. Others, absolutising freedom, conceded a right to a human being to decide on a moment of his/her death, or citing *the value of life* stated that a human being does not have a duty to live, especially when in a vegetative state, unconscious and devoid of awareness.

Modern dispute around euthanasia has been going on around the whole world. In the USA euthanasia supporting associations work very actively. They shape the public opinion, using media to propagate euthanasia. Spectacular acts of euthanasia, e.g. by Kevorkian, legal approval for assisted suicide in the state of Oregon forecast a necessity of further discussion on this subject in the future¹. In Germany the situation is a little different due to past bad inheritance. Although in that country the discussion on the prospective legalization of euthanasia takes place, most often the subject is taken up in a context of prolonging life at any cost and legal possibilities are sought for a physician to make sovereign decision on the end of a patient's life².

In 2001 the French Parliament rejected a bill allowing for assisted suicide and active euthanasia. Three years later the French National Assembly almost univocally passed the act on "the dignified ending of life" The act precisely defines in which cases further treatment of terminally ill may be ceased³. In Great Britain, despite many legislative initiatives postulating legalization of euthanasia, causing death to another human being, independently from a perpetrator's motivation and circumstances, is treated as a murder and punished even by life sentence. Despite of reports on single cases of euthanasia in Japan, also in that country it is banned and does not enjoy social support⁴.

In the Republic of South Africa there are many organizations opposing procedures of putting terminally ill to death earlier. Legalization per-

¹ Cf. D. Morris, *Older Adults' Perceptions of Dr Kevorkian in Middletown, USA*, "Omega" 4:1997, p. 405–412; U. Benzenhöfer, *Der gute Tod? Euthanasie und Sterbehilfe in Geschichte und Gegenwart*, München 1999, p. 158–163; M. Szeroczyńska, *Eutanazja i wspomagane samobójstwo na świecie*, Kraków 2004, p. 370–373.

² Cf. U. Benzenhöfer, *Der gute Tod? Euthanasie und Sterbehilfe in Geschichte und Gegenwart*, München 1999, p. 189–193; P. Schmucker, *The Role of Euthanasia in Intensive Care*, [in:] *Lebensverkürzung, Tötung und Serientötung: eine interdisziplinäre Analyse der Euthanasie*, hrsg. von M. Oehmichen, Lübeck 1996, p. 85–96.

³ Cf. *Krok w stronę eutanazji? We Francji uchwalono ustawę „o godnym zakończeniu życia”*, „Katolicka Agencja Informacyjna” 50:2004, p. 25.

⁴ Cf. M. Hayashi, T. Kitamura, *Euthanasia Trials in Japan: Implications for Legal and Medical Practice*, "International Journal of Law and Psychiatry" 6:2002, p. 559; S. O. Long, *Life is More than a Survey: Understanding Attitudes toward Euthanasia in Japan*, "Theoretical Medicine" 23:2002, p. 308–309.

taining to euthanasia proposed by South African Legal Committee did not become effective⁵. Such associations supporting euthanasia do not exist in Poland. Also here causing euthanasia is forbidden by law. Research of public opinion on possibility of shortening life of the terminally ill show significant support of such activities. A fact of a bill allowing for euthanasia, which came to be considered by the Parliament on February 18, 2005, merits the particular attention. Although this proposed bill has not been entered into the schedule of the Parliamentary works it is a sign, though, that similar proposals may take place numerous times in the future⁶.

In Holland, where euthanasia is legal, six thousand people a year choose such a way of dying. Law allowing for euthanasia is supported by 90% of citizens. A result of the research carried out in 2001 shows that physicians perform euthanasia on the sick who are unable to express their will, and also on those who are able to make decisions, but were not asked for their consent⁷. In Belgium allowing for active euthanasia is conditioned by a situation with no way out, caused by an accident or a terminal disease, and also a case of constant and unbearable physical or mental suffering, which will not cause natural death in the foreseeable future⁸.

Religions fulfill a significant role in shaping attitudes to euthanasia. Neither Jews⁹ nor Muslims¹⁰, Hindu or Buddhists agree to euthanasia¹¹. Christians condemn it. Christians think that euthanasia is unacceptable due to a moral point of view. Catholics think that euthanasia is a violence to Divine right, an insult to the dignity of a human being, a crime against life, an action against humanity and the alarming degeneration. A human being cannot command life at hi/her free will, because he/she is not its owner. Only God is a Master of life¹²

⁵ Cf. H. Oosthuizen, *Doctors Can Kill-Active Euthanasia in South Africa*, "Medicine and Law" 22:2003, p. 553.

⁶ Cf. *Eutanazja – nie nas*, „Polityka” 26 luty 2005, p. 14–15.

⁷ Cf. A. Erdemir, O. Elcioglu, *A Short History of Euthanasia Laws and Their Place in Turkish Law*, "Eubios Journal of Asian and International Bioethics" 2:2001, p. 49; H. Hinterhuber, *Die Psychiatrie darf nicht schweigen: Gedanken zu den Euthanasiegesetz in Belgien und Niederlanden*, "Neuropsychiatrie" 1:2003, p. 30–31.

⁸ Cf. J. Dinkerman, *Königreich Belgien erlässt Lizenz zum Töten. Neue Solidarität*, "Neuropsychiatrie" 22:2002, p. 8–12.

⁹ Cf. J. Sternbuch, *Medizinische Ethik im Judentum am Beispiel der Euthanasie*, Zürich 1980, p. 90.

¹⁰ Cf. N. Sarhill, *Muslim Beliefs Regarding Death and Bereavement*, "European Journal of Palliative Care" 10:2003, p. 35

¹¹ Cf. *Choosing Death. Active Euthanasia, Religion and The Public Debate*, ed. R. P. Hamel, Philadelphia 1991, p. 61–62.

¹² Cf. Jan Paweł II, *Evangelium vitae. O wartości i nienaruszalności ludzkiego życia*, Rzym 1995, 2.

The intended performance of euthanasia must be differentiated from a permission to die. Euthanasia is not equivalent to resignation from extraordinary or excessive steps. Conscious giving up or not taking up of disproportional means in relation to a patient whose suffering in dying would only be prolonged is not euthanasia. In a situation where a patient's condition does not prognosticate improvement, a physician is not morally bound to employ intensive care and resuscitation.

Orthodox church condemns euthanasia. Existence of all people is in God's hands, since he is the Giver of life. The only good death is a quiet acceptance of the end of one's life in faith in God and trust in the promise of resurrection. Euthanasia is also rejected by the Protestant churches. Their argumentation is based on theology of creation, redemption and sanctification¹³

Shortening of the life by euthanasia is a proposition of a manner of dying. This manner is unacceptable, especially for those who want to die with dignity. Such dying, *ars moriendi*, was taught already in the 15th century; today this role has been taken over by hospices. Christian *ars moriendi* taught the art of dying. To possess it one must first learn to live according to principles which will remain even in the face of the approaching death, i.e. such values as faith, hope, patience, humility and poverty¹⁴. Hospices stresses relief in suffering. It is not only easing of pain and caring for the sick, but accompanying the dying person. Elements joining these two schools dealing with dying are, among others, a perception of death as the crowning glory of life and spiritual caring for the dying people¹⁵

¹³ Cf. S. Harakas, *Health and Medicine in The Eastern Orthodox Tradition*, New York 1990, p. 156–157.

¹⁴ Cf. R. Schönberger, *Ars moriendi. Kann man das Sterben lernen?*, "Politische Studien" 3–4:1995, p. 11; S. J. Kozikowski, *The Three Medieval of Hamlet: Psychomachia, Ars Moriendi, Memento Mori*, "Hamlet Studies" 1/2:1998, p. 63–69. P. Keeley, *Now and at The Hour of Our Death: The Ars moriendi and Modern Dying*, "European Journal of Palliative Care" 5:2001, p. 208–211; A. Nassehi, S. Brüggen, I. Saake, *Beratung zum Tode. Eine neue ars moriendi?*, "Berliner Journal für Soziologie" 1:2002, p. 63.

¹⁵ Cf. B. Hirsch, R. Ebersberger, *Schmerztherapie und Symptomkontrolle*, [in:] G. Everding, A. Westrich, *Würdig leben bis zum letzten Augenblick. Idee und Praxis der Hospiz-Bewegung*, München 2000, p. 23–31; G. Saunders, *Hospicjum św. Krzysztofa*, [in:] *Sens choroby, sens śmierci, sens życia*, ed. H. Bortnowska, Kraków 1984, p. 233–241. J. Łuczak, *Towarzystwo umierającym chorym w ich cierpieniach duchowych*, [in:] *Ból totalny*, ed. J. Łuczak a. o., Lublin 1998, p. 73–78; K. de Walden-Gałusko, *U kresu. Opieka psychopaliatywna, czyli jak pomóc choremu, rodzinie i personelowi medycznemu środkami psychologicznymi*, Gdańsk 2000, p. 23–28; J. Makselon, *Fatum czy szansa? Postawy wobec własnej śmierci*, [in:] M. Machinek, *Śmierć w dyspozycji człowieka. Wybrane problemy etyczne u kresu ludzkiego życia*, Olsztyn 2004, p. 35–44.

RAPORT FROM OWN RESEARCH

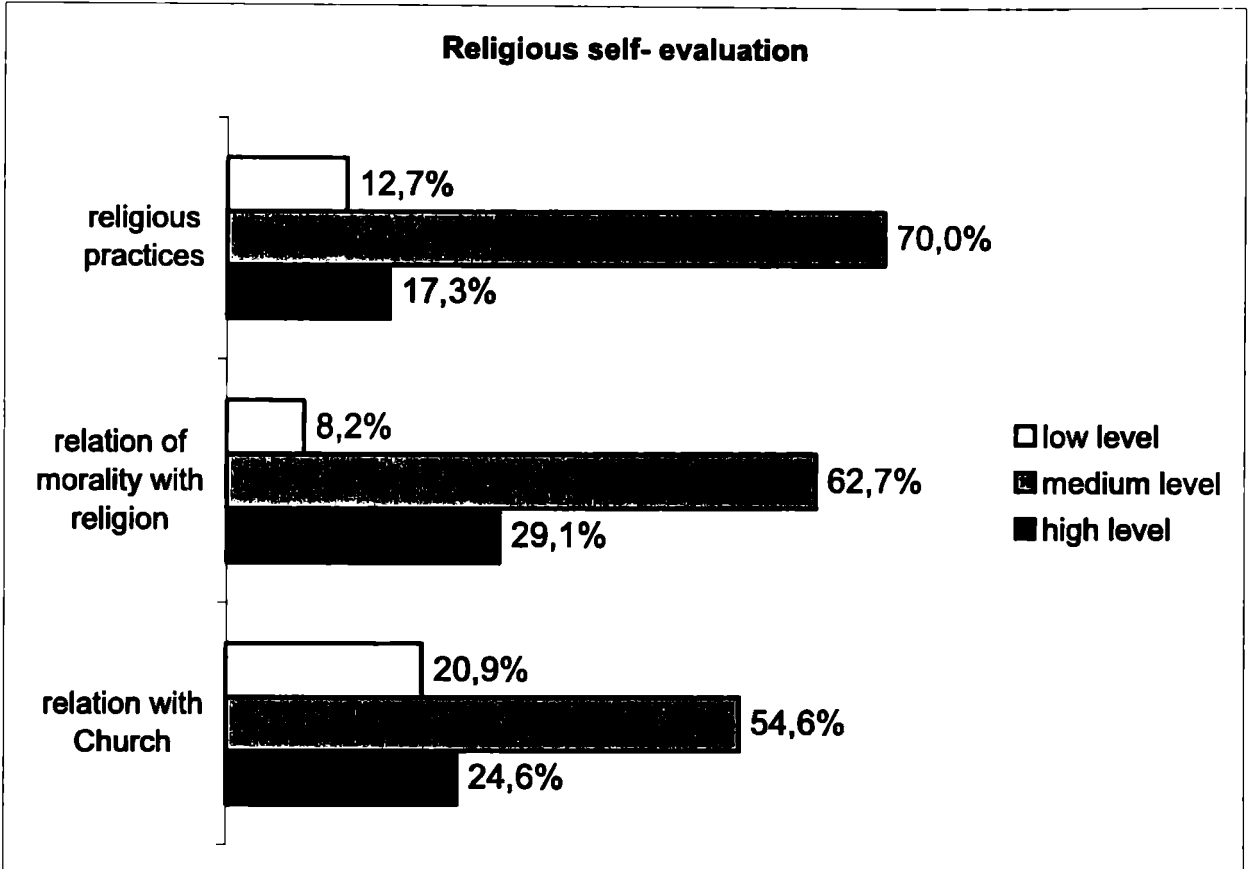
The presented article is an attempt of answering the question: Does acceptance of euthanasia depend on religiousness of respondents? The proposed article is an extension of a range of research that had been conducted already for years by the Chair of Psychology of Religion at the Pontifical Academy of Theology, and which had appeared in various publications. Opinions of the youth from the Ukraine seems to be an interesting addendum to the results received earlier which had been based on the research among students of medicine and nursing of the Collegium Medicum of the Jagiellonian University as well as the school youth of Małopolska.

Acceptance of euthanasia was researched on the basis of *The Questionnaire of attitudes towards euthanasia*, prepared for a seminar on psychology of religion at the Pontifical Academy of Theology in Krakow and translated into Ukrainian. The Questionnaire consists of 30 questions. To examine a religious context, R. Jaworski's *Scale of Religious Self-Evaluation* was used. Three parameters of this scale were taken into consideration: a level of religious practices, a relation of moral life to religion, the ties with the Church. Also a question on the role of religion in shaping attitudes to euthanasia turned out to be helpful in diagnosing religiousness. Research was carried out in autumn 2000 among students of medical secondary school in Czartków in the Ukraine. Generally, 150 persons were evaluated, (113 women and 37 men), aged 17 to 19.

Religious self-evaluation

Responding students of medical secondary high school most often evaluate their religiousness on the medium level in all three parameters of religious self-evaluation quoted above, i.e. a level of religious practices, (70%), a relation of moral life to religion (62,7%), the ties with the Church (54,6%). The second largest group of respondents are persons with high religious self-evaluation. It is confirmed by particular components of the discussed scale: a level of religious practices, (17,3%), a relation of moral life to religion (29,1%), the ties with the Church (24,6%). Last are the persons with low religious self-evaluation, what is visible in three dimensions of the discussed scale: a level of religious practices, (20,9%), a relation of moral life to religion (8,2%), the ties with the Church (54,6%).

Figure 1. Religiousness of examined respondents



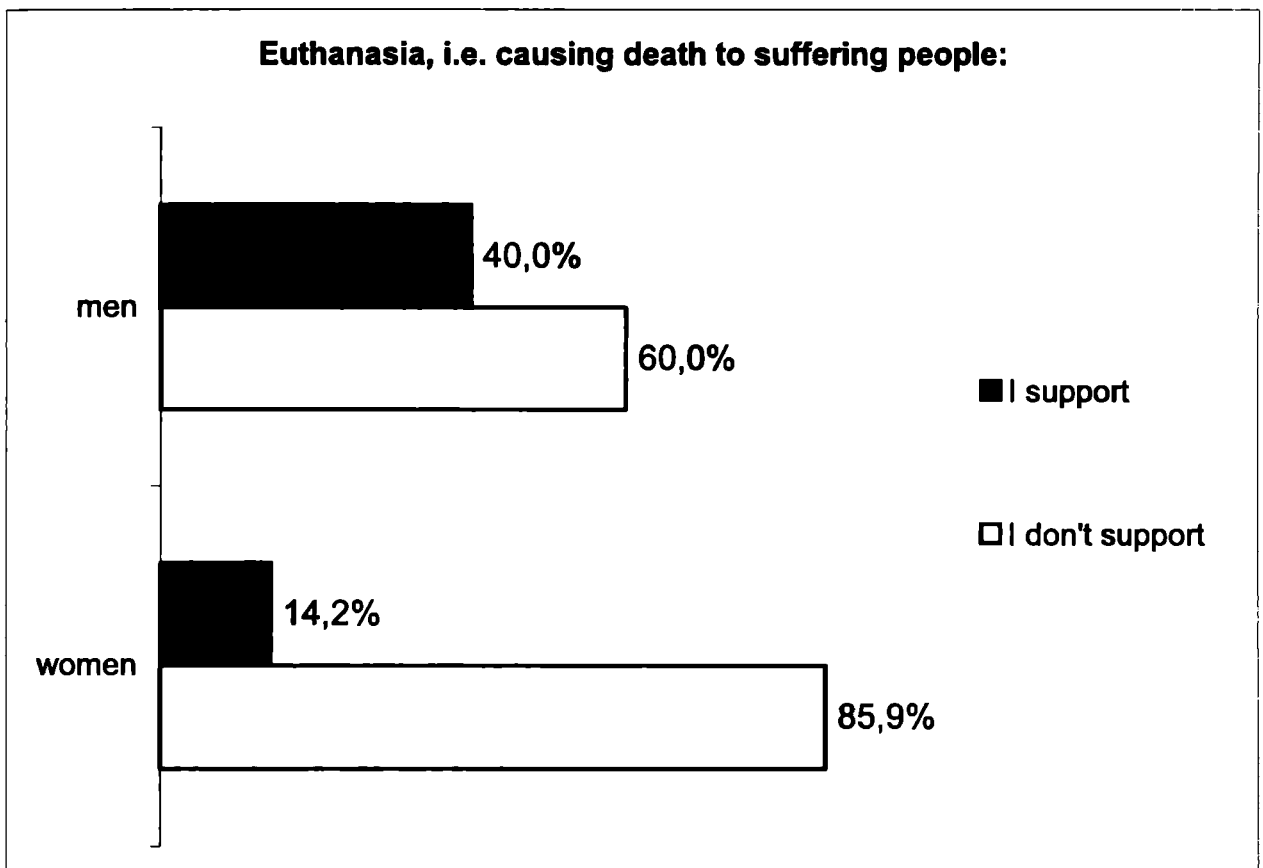
Data from the above graph indicate a significant role of religion in forming attitudes of opponents to euthanasia. Upbringing in religious spirit instilled in them a conviction of inviolability of human life. It has also decided on the system of values based on Ten Commandments. Faith, present in everyday life of those respondents verifies itself in medium and strong ties to the Church, what allows them to strengthen their argumentation in defense of every, even fading, life. Supporters of euthanasia do not appreciate significance of religion in modeling their stance towards death of suffering people. They are not convinced to religious truths and they do not believe in God's influence on human life. Neither on a daily basis are they connected with the Church, therefore most often they will declare weak connection with her and they will not identify themselves with ethical principles preached by the Church.

Euthanasia perceived as causing death of a suffering person

On the basis of received results one may generally find out that a great deal of respondents (80%) do not support euthanasia. Life for this group is sacred and nobody has a right to interfere with it. Supporters of

euthanasia, who are in significant minority (20%), by presenting their stance cite mainly the freedom of choice for the sick. It is the sick person – in those respondents' opinion – who has the full autonomy in making decision on ending his/her own life. Taking into consideration the respondents' gender one may more often observe euthanasia approving attitudes among men (40%). As many as 85,9% of women reject such a manner of dying. Differentiation of support for euthanasia can be clearly observed in relation to gender ($p < 0,0093$), (compare figure 2).

Figure 2. Gender and support for euthanasia



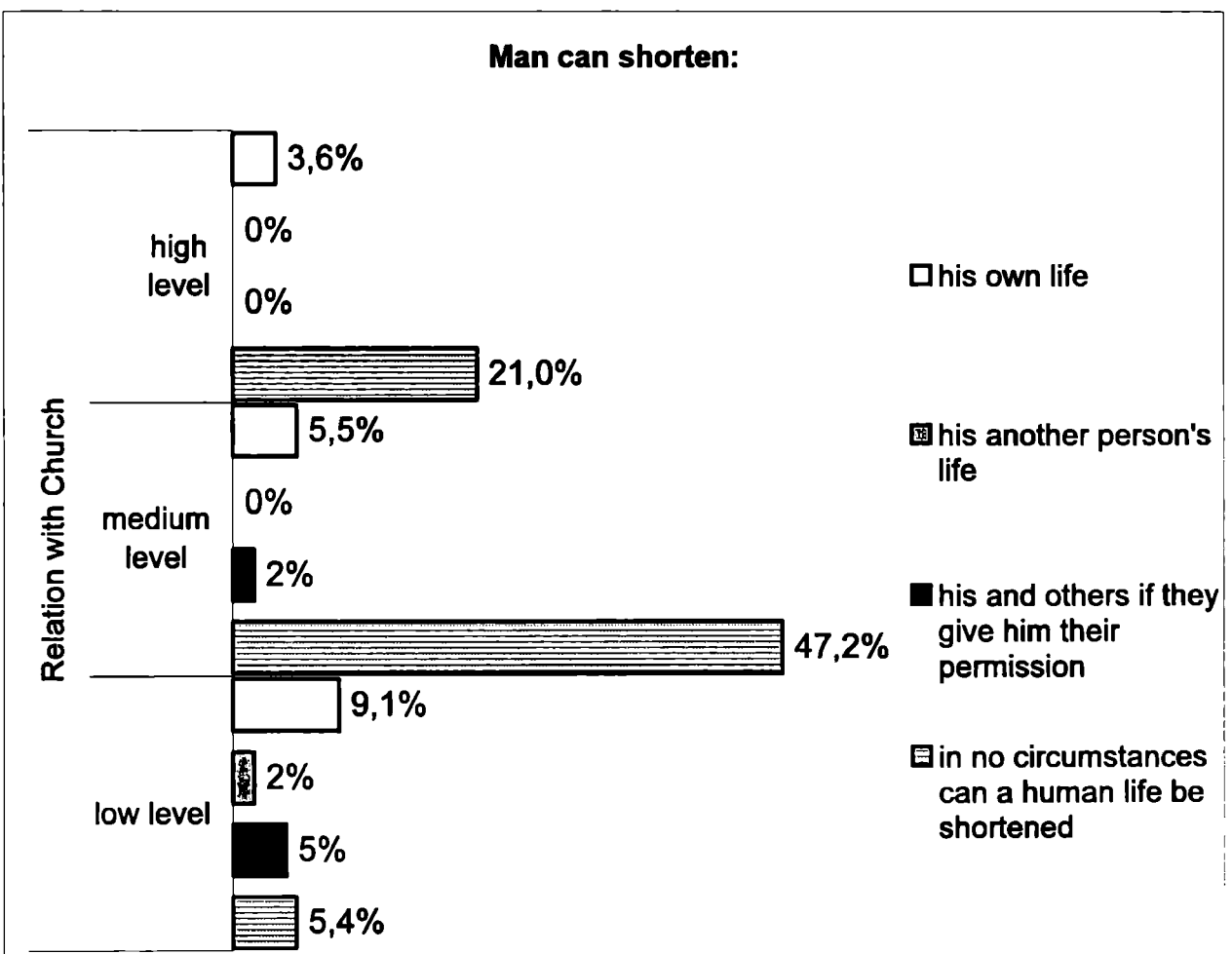
Right of a human to shorten life

Deciding on shortening of a terminally sick person is very difficult. It arouses many discussions, especially in situations, when a sick person balances on borderline between life and death, and a perspective of improvement on the quality of life seems minimal. It is also mentioned that a sick person may experience so called overwhelming suffering, which destroys a human being on a psychosomatic level to such an extent that even this person tends to ask for death in such an extreme situation. Persons accompanying the sick, most often tired with an everyday caring for

a dying individual, more and more often ask questions pertaining to the end of human existence. A question appears whether such fading life can be ended sooner. From research carried so far one may learn that there are both supporters and opponents of shortening of human life. However, decision of euthanasia is based on different grounds both in the former and in the latter group.

Taking into consideration the context mentioned above respondents talked on three subjects: 1) rights to end human life 2) competence in deciding on euthanasia 3) influencing physicians to hasten death of a loved one. Tally of data on the right to have life at one's disposal is shown on Figure 3.

Figure 3. Decision on shortening life



Respondents with medium and strong ties to the Church more often than persons with weaker ties to the Church ($p < 0,1$) declare the defense of human life with no exceptions. Therefore a decision on the death of a terminally ill person cannot belong to any entity, even to a sick person him/herself. God is the Master of life and death. We received life as

a gift, and one does not destroy gifts. We cannot pronounce the illness with the whole certainty as incurable. Persons with stronger religious involvement say:

Man should die a natural death. God decides when to free a sick person from suffering and sends the death himself (a man).

Since an incurably sick person is still alive it means he/she is still needed in this world. God does not take away his/her life, since by his/her presence wants to tell us something (a woman).

Please think if there is anybody who does not want to live. I think everybody wants to live, and that at any cost (a man).

Even the most sick person "in the depths of his/her soul" desires to live. He/she may lose hope for a moment and even ask for death, but the time will come that faith in life shall return to him/her (a woman).

Persons with weaker ties to the Church shall more often than the rest grant the right to decide on the end of life. A human being has unlimited competences in commanding his/her life. Everybody has the right to follow one's conscience. A person who wants to commit suicide cannot be stopped. Respondents supporting euthanasia justify it in the following manner:

Every human life belongs to a given person. Only this person decides on its end (a man).

If a person suffers, then he/she must be helped regardless of the religion (a man).

A physician did not take an oath to God but undertook to follow his vocation in accordance with the Hippocrates oath (a man).

Evaluation of euthanatic actions

In the view of American research carried out by Caplan, pertaining to, among others, to evaluation of euthanatic actions, a patient's autonomy is an important factor. Respondents more often tend to accept such action if it is a free decision of a sick person and not only a proposition of a physician.

In the opinion of those respondents causing death to persons experiencing emotional suffering and physical pain is more moral, legal and acceptable than to persons who do not undergo such experiences. Also, euthanasia in a case of a prior discussion of such a decision between a physician and a patient is more often approved. A physician's attitude who actively supports a sick person's decision to end his/her life enjoys less support. Participants of research fear such medical actions, which encourage a depressed patient to commit suicide. A physician's reaction to a patient's request is psychologically important. Participants of research fear of a physician encouraging a depressed patient to take away his/her own life more than eventually of the very act of euthanasia or assisted suicide.

Legal approval of euthanasia always has some objective and brings out definite results. Its acceptance may, among others, affect positive or negative evaluation of a health care system, which directly takes care of its patient. First and foremost, legitimization of such the end of life puts a sick person in a new situation. A patient meets a physician, who not only saves lives but may also shorten them as well. Finally, acceptance of such practices brings out some social consequences. Society in such a situation may accept or reject a patient.

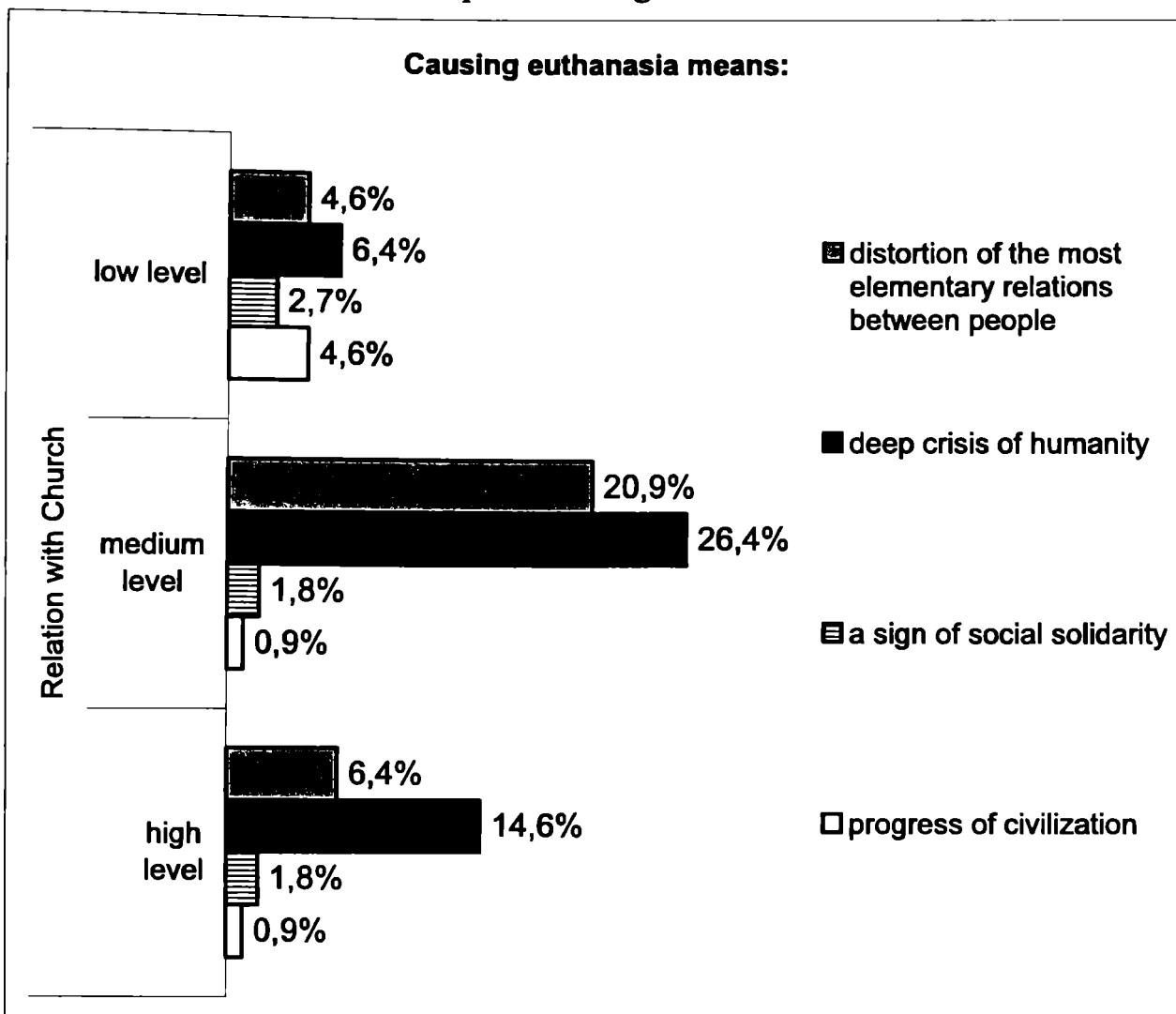
Youth from the Ukraine, declaring stronger ties with the Church, accepts a perspective of legalization of euthanasia with great anxiety. Performing euthanasia itself in their opinion bespeaks a deep crisis of humanity and degeneration of the most elementary relations between people (compare graph 4) They justify their opinion in the following way:

If a physician has once performed euthanasia he/she will be always doing it disregarding a patient's opinion (a woman).

The society begins to show willingness to get rid of persons whose suffering frightens and embarrasses us. We do not want to make sacrifices to take care of others (a man).

The weaker the relation to a religion and especially to the Church, the stronger a tendency to evaluate legalization of euthanasia as the progress of civilization and a show of social solidarity. In the opinion of its supporters, acceptance of euthanasia will guarantee development of democracy as well as freedom and it will facilitate realization of the last will of a patient.

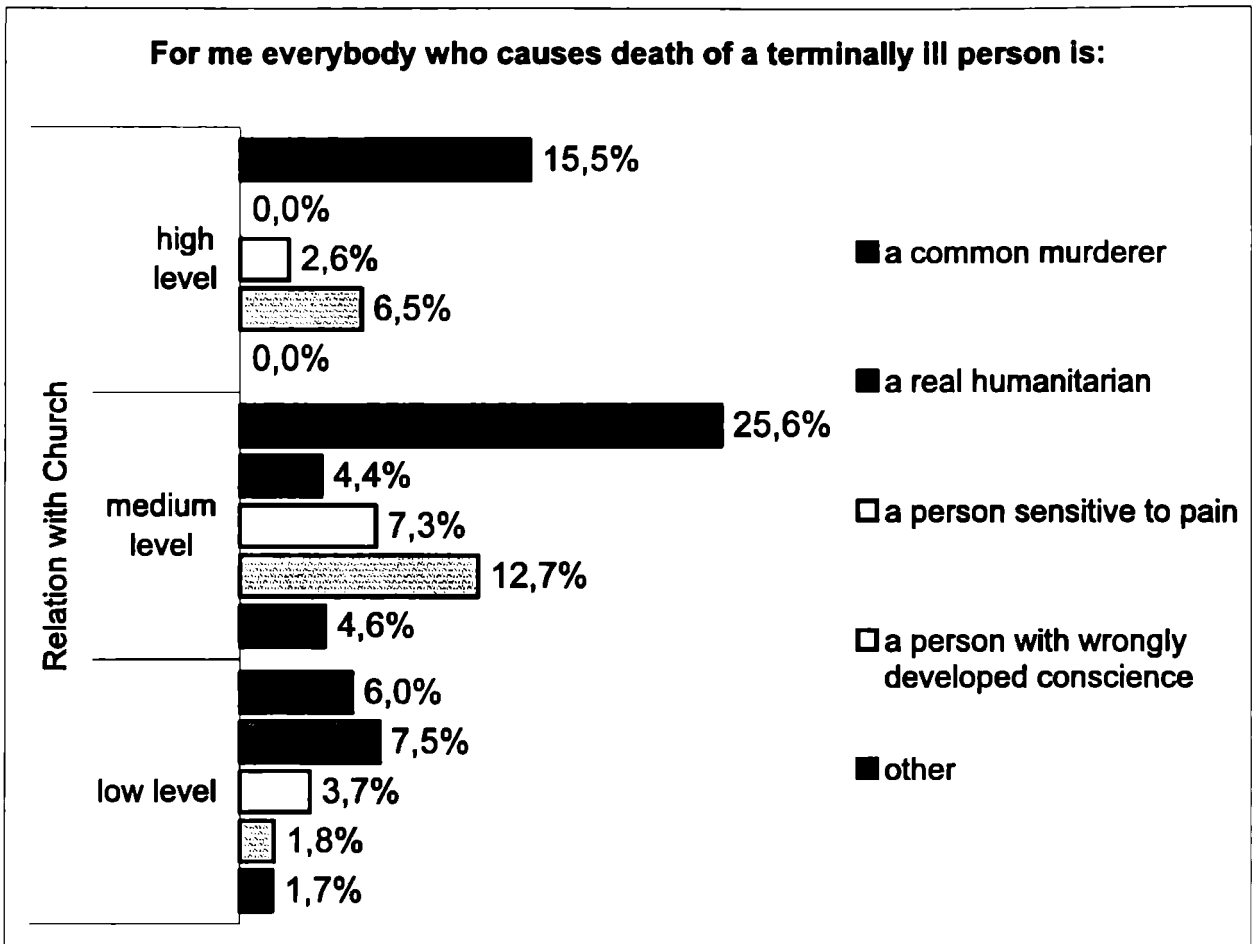
Figure 4. Consequences of legalization of euthanasia



A patient's request for euthanasia is not always his/her individual decision. It may be made under the influence of persons directly or indirectly suggesting such a solution. Health care workers often stress the fact that they hear requests for euthanasia very rarely and the requests are not directly expressed. These requests are usually a patient's call for help, for more attention, presence, tenderness, soothing fears and feelings of abandonment. Understanding them in a literal way would mean that we are unable to read properly a communiqué sent to us by such a person.

Getting to know the mentality of a suffering person, noticing his/her needs and concrete skills of bringing help are strongly stressed by persons rejecting euthanasia. They give negative evaluation to all those who aid a human being's death.

Figure 5. Moral evaluation of persons conducting to euthanasia



Students of secondary medical schools with strong and medium relation to the Church more often than the remaining respondents ($p < 0,05$) define those who conduce to euthanasia in such categories as a common murderer or a person with wrongly developed conscience. Argumentation focuses on negative consequences which will be brought by the legal approval of euthanasia. Loss of trust in health care system and fear of hospitals are mentioned here.

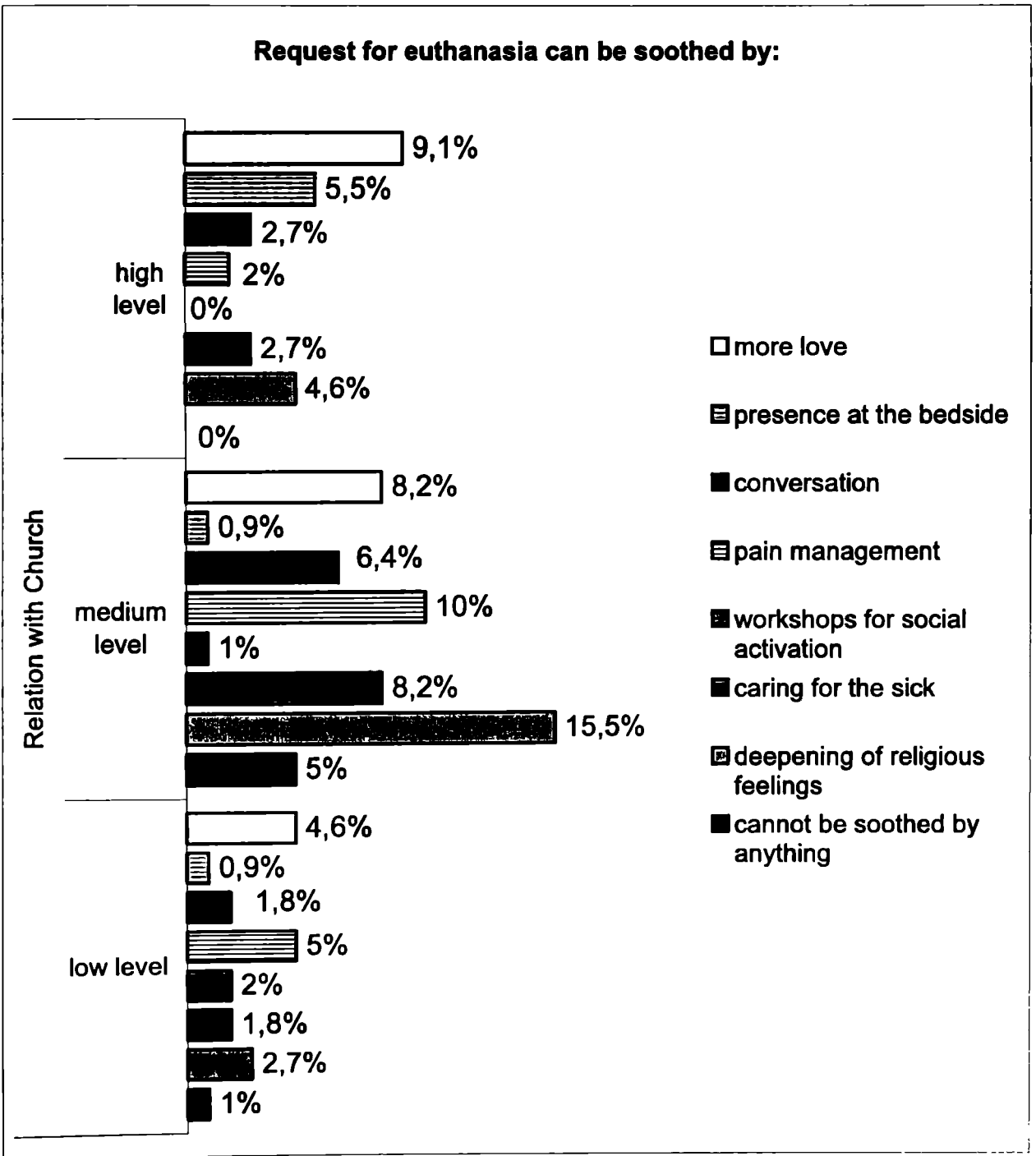
Respondents with lower involvement in the Church life most often will perceive a human being conducting to euthanasia as a genuine humanitarian. Performing euthanasia is only executing a patient's will. This is meeting the needs of the sick and empowering them to decide in a legal manner on the end of their own life (compare figure 5).

Alternative of euthanasia

Hospice movement declares itself distinctly against euthanasia. Here lies the beginning of a dynamic development of palliative medicine. Its

task is a complex help to a terminally ill person. First and foremost, here it is vital to manage physical indisposition, especially pain, and psychological support, necessary both to a patient and to his/her family. Outlining the idea of a hospice and getting acquainted with its activity may help terminally ill and their families to look at the end of human life from a different perspective. This idea does not reach everybody, though. For example, Australian research shows that only 43% of all cancer patients ever used palliative care.

Figure 6. Forms of help to the dying



In polling opinions of the youth from the Ukraine increasing love to a patient is stressed, and easing of pain is moved to the background. Persons with stronger ties to the Church more often than respondents with lesser religious involvement ($p < 0,01$) see the alternative to euthanasia in coexistence with a patient. For them the strongest alternative of all is more love and the presence at a dying individual's bedside. Here are two quotations:

It is the presence, the need of being with the dying, of support and love that counts, not slogans and empty promises of recovery (a woman).

A suffering human being becomes convinced that he/she is not left to his/her own devices, but there is somebody who cares about his/her fate.

Respondents with lower degree of involvement with the Church often draw the attention to occupational therapy.

* * *

The result of presented research is such that a strong majority of students of a medical secondary school in Czartków (80%) do not support euthanasia. These respondents declare strong or medium relation to the Church. For this group a human life is sacred. No human being is competent enough to decide when and how to end a life, since it is a gift coming from God. Performing euthanasia bespeaks on a deep crisis of humanity and degeneration of the most elementary relations between people. Persons conducing to performing euthanasia have wrongly developed conscience. They are even perceived as common criminals. A proposal of euthanasia should be replaced by loving presence at a patient's bedside. Every request for euthanasia is eliminated by fulfillment of psychological and spiritual needs of a patient.

A significant minority of respondents (20%) support legal acceptance of euthanasia. These are mostly persons with weaker ties to the Church. Respondents with lower attachment to the Church more often than the remaining respondents support autonomy in deciding about one's own life. They agree to empower a patient to shorten his/her own life and they see no obstacles in causing death to somebody who had expressed their consent. Performing euthanasia betokens a show of social solidarity, comes from mercy, compassion and sensitivity to the pain of a suffering person. Legalization of euthanasia will make it possible to maintain life

at any cost and ensure a free choice of the end of one's life without breaking the law. In some cases euthanasia may be prevented by occupational therapy. Lesser role is ascribed to the presence by a patient's bedside and love showered on him/her.

AKCEPTACJA EUTANAZJI A RELIGIJNOŚĆ W OPINII UCZNIÓW LICEUM MEDYCZNEGO NA UKRAINIE

Streszczenie

Prezentowany artykuł wpisuje się w światową dyskusję na temat eutanazji. Szczegółowej analizie został poddany wpływ religijności na postawy wobec eutanazji. Badania przeprowadzono jesienią 2000 roku wśród uczniów Liceum Medycznego w Czartkowie na Ukrainie. Ogółem badaniem objęto 150 osób (113 kobiet i 37 mężczyzn) w wieku od 17 do 19 lat.

Z przedstawionych badań wynika, że zdecydowana większość wypowiadających się osób (80%) nie popiera eutanazji. Respondenci przeciwni eutanazji deklarują silny albo średni związek z Kościołem. Dla tej grupy życie ludzkie jest święte. Nikt z ludzi nie posiada kompetencji, aby rozstrzygać, kiedy i jak zakończyć życie, gdyż jest ono darem pochodzącym od Boga. Dokonywanie eutanazji świadczy o głębokim kryzysie człowieczeństwa i wypaczeniu elementarnych relacji międzyludzkich. Osoby przyczyniające się do dokonywania eutanazji mają źle ukształtowane sumienie. Postrzegane są nawet jako pospoliccy mordercy. Propozycję eutanazji powinna zastąpić pełna miłości obecność przy chorym. Zaspokojenie potrzeb psychicznych i duchowych chorego eliminuje każdą prośbę o eutanazję.

Zdecydowana mniejszość badanych (20%) opowiada się za legalnym przyjęciem eutanazji. Są to w większości osoby o słabszym związku z Kościołem. Respondenci o niższym przywiązaniu do Kościoła częściej niż pozostali opowiadają się za autonomią w decydowaniu o swoim życiu. Zgadzają się na przyznanie choremu uprawnień do skracania życia i nie widzą przeszkód w uśmiercaniu kogoś kto wyraził na to zgodę. Dokonywanie eutanazji świadczy o przejawie solidarności społecznej, wynika z litości i współczucia oraz z wrażliwości na ból osoby cierpiącej. Legalizacja eutanazji umożliwi podtrzymywanie życia za wszelką cenę i zapewni wolny wybór końca życia bez naruszenia prawa. W niektórych przypadkach, eutanazji może zapobiec terapia zajęciowa. Mniejszą rolę pełni obecność przy chorym i okazywana mu miłość.