

ATTITUDE OF BULGARIAN DISABLED PATIENTS TO EUTHANASIA - A CONTEMPORARY STUDY

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ABSTRACT

PURPOSE: The objective of this study is to examine the attitude to euthanasia of polymorbid disabled (PD) patients, residents of Varna region.

MATERIAL AND METHODS: The study includes 305 PD patients certified by the General Territorial Expert Medical Commission (TEMC) of St. Marina University Hospital of Varna.

RESULTS: The results indicate that PD patients assume active euthanasia as a humane act and as an act of compassion (49,6%) rather than of murder. Its approval decreases (in 49,5% of respondents) when it comes to make a decision for active euthanasia of a sick family member. More than half of PD respondents take the view that severely and incurably ill subjects in our country require qualitative palliative care rather than legalization of euthanasia. The present results reveal a decrease of trust in the public health system in our country, whereas the reasons for disapproval of legalization of euthanasia reported by 31,6% of respondents are related to a potential risk of abuse and distrust of Bulgarian physicians. Some 70,5% of respondents report an absent adequate access to supportive treatment and qualitative palliative care as a major problem in our country. A total of 70,1% of PD patients declare that our society is not ready for adopting the law about legalization of euthanasia since there are no appropriate circumstances for this act.

Key words: *euthanasia, attitude, polymorbid disabled patients, palliative care, inquiry*

INTRODUCTION

The discussion of public attitudes to euthanasia in the Republic of Bulgaria marked its beginning in 2004 followed by a legislative initiative for its legalization in 2011 (9). Euthanasia is a multifaceted phenomenon, which requires the solution of this dilemma to be preceded by empirical research among the vulnerable groups of the society in order to achieve maximally reliable results. Modern technologies

offer advanced possibilities for continuation of life in individuals in the last stage of the disease, when the patient loses his human dignity and gradually turns into a vegetative biological organism (2,7). In such cases, medicine supports the vital functions of the organism by technical means despite the serious damage to basic life centres in the absence of consensus on the moment of the possible termination of life of incurably ill patients. The realization of human rights under these new circumstances (3,5,6) changes the content of the phenomenon 'euthanasia' and poses it more often due to several reasons:

- ❖ progress of modern medicine and pharmacy prolonging the human lifespan, however, at the same time increasing the medical resources consumption;

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Received: September 5, 2013

Accepted: October 7, 2013

- ❖ improving the quality of life and its expectancy and increasing the number of severely and chronically ill patients;
- ❖ a changed understanding of man and society concerning the meaning of life and the right to dispose of death.

Moreover, Bulgarian society is subject to its inevitable evolution in this direction as a result of its full membership in the European Union. The changes in our health care system during the past decade and the wide publicity of the European Charter of Human Rights require application of an adapted interdisciplinary approach in the realization of the right to life and the right to dignified death (4).

On the other hand, the truthful presentation of the legal reality requires legislative studies about implementation of euthanasia among groups of the society that might be potential users of the specific legislative outcome (1,8,10). Polymorbid disabled (PD) patients are a contingent with growing importance in the Bulgarian society because of the looming increase in their number and the pending health and social issues. Predicted potential inclination to suicidal intents and euthanasia decision define them as a vulnerable group of the society, whose attitude to the legislative solution to this issue is of crucial importance in our country.

The objective of the study is to examine of the attitude towards euthanasia of PD patients, residents of Varna region.

MATERIAL AND METHODS

An inquiry examination was carried out among polymorbid contingent of patients certified in October, November and December, 2011 by the General Territorial Expert Medical Commission (TEMC) at St. Marina University Hospital of Varna. A direct individual questionnaire containing 28 questions about the legal awareness of euthanasia such as knowledge, attitude and readiness to behaviour was used. The reliability of the questionnaire was 80,7% (Cronbach coefficient alpha of 0,55). A total of 2058 PD were included. The representative sample was elaborated based on the selection criteria. It covered 305 PD that represented 15% of the whole contingent. The confidence interval ensuring the representativeness of the sample was 14,83% and the representational error was 3,98%.

The statistical data processing was conducted by means of SPSS statistical package, v. 17.0 for Windows, correlation analysis and χ^2 -analysis as values of $p < 0,05$ were considered significant.

Contingent's socio-medical characteristics

A total of 309 PD patients at the average age of 60 ± 10 were covered. Of them, 52,8% were males and 47,2% were females. One individual did not submit any inquiry because of exitus letalis two days after its receipt and three patients - because of undisclosed reasons (response rate of 98,71%). The prevailing part (51%) of PD patients were in the age group of 41-60 years. As far as the employment rate of the contingent was concerned it was established that 50,8% of them were unemployed, 26,3% were pensioners in retirement and old age, while 22,9% were employed. Some 12,8% of PD patients had primary, 47,5% - secondary and 39,7% - higher and university education. Religious affiliation of respondents was heterogeneous. It was represented mainly by Orthodox Christians (73,8%) as 9,8% were Muslims and 2,6% were atheists.

RESULTS

The first stage of the study related to the evaluation of the attitude of PD patients to active euthanasia. According to a significant part of PD patients (38,2%), deliberate infliction of painless death to terminally ill and suffering people was possible only in cases when it was requested by the patient him/herself, who understood the meaning and consequences of their act. Some 36,7% of respondents accept the fulfillment of active euthanasia after both patient's and relatives' request when he/she is incapable of expressing his/her will. It should be noted that 25% of respondents disapprove deliberate termination of life under whatever circumstances.

The majority of PD patients share the opinion that euthanasia is a humane act and manifestation of compassion as only 20,1% consider it a murder. A considerable relative share of the contingent (30,3% of the cases) cannot give any specific answer to this question (Fig. 1).

PD patients believe that the application of active euthanasia represents respect for the right to dignified death (46,4% of the cases). Only 17,2% of them think that active euthanasia is an act of disrespect for human life as the highest value.

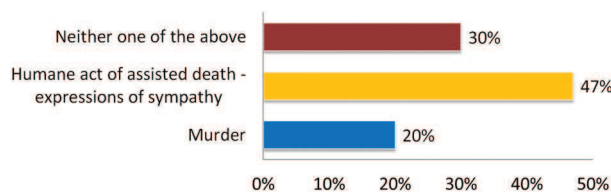


Fig. 1. Distribution of the answers to the question 'According to you, deliberate infliction of painless death by an explicit desire of terminally ill and suffering people is rather.'

The second stage of the study has targeted at investigating the attitude towards passive euthanasia. Respondents show stratification of attitude towards the problem, as 38,2% of them think that switching off of life-sustaining equipment is the right decision, 36,2% do not agree with that and 25,6% cannot make up their mind how to proceed in such a situation (Fig. 2).

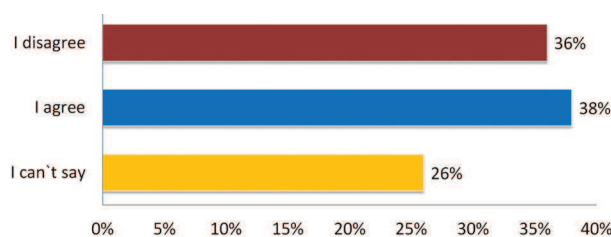


Fig. 2. Distribution of the answers to the question 'Life support systems should be stopped only after terminally ill patient's the request'

The majority of patients (64,0%) who have indicated that euthanasia is the right to dignified death and respect for fundamental human rights claim that life-sustaining equipment must be turned off in cases of terminally ill patients. Some 78,9% of the patients who have indicated that euthanasia is disrespect for human life as a fundamental value respond that they do not agree with the switching off of life-sustaining equipment in cases of severely ill patients ($\chi^2=93,83$; $p<0,001$ in low correlation - $r=0,27$; $p<0,001$). The share of these PD respondents who do not accept passive euthanasia and at the same time admit that it as a humane method to end patient's suffering is very low - 3,5% only.

Patients who have defined euthanasia as respect for fundamental human rights (83,2% of the cases) accept that this is an act of compassion, while 69,2% of those who have stated that euthanasia is disrespect

for human life have defined euthanasia as murder ($\chi^2=162,19$; $p<0,001$).

A total of 81,0% of the patients who agree with turning off of life-sustaining equipment define euthanasia as an act of compassion, while 44,0% of those who do not agree to turning off of life-sustaining equipment define euthanasia as murder ($\chi^2=114,55$; $p<0,001$ as $r=0,34$; $p<0,001$ and $r=0,34$; $p<0,001$, respectively).

The third stage of our study has dealt with the attitude of PD patients towards the availability of alternative opportunities rejecting the application of euthanasia. More than half of PD respondents (55,4%) point out that severely and incurably ill people in our country require qualitative palliative care, relieving the burden of pain and suffering rather than legalization of euthanasia (Fig. 3).

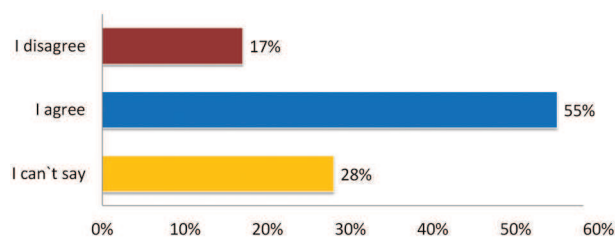


Fig. 3. Distribution of the answers to the question 'Severely and incurably ill people in our country require qualitative palliative care, rather than legalization of euthanasia'

Some 31,6% of the respondents consider that legalization of active euthanasia in our country would result in a risk of abuse and putting pressure on severely and incurably ill patients to choose death. Some 38,5% of PD patients cannot provide a response, which reflects their hesitant position on the question referred.

DISCUSSION

The evaluation of the psychological element of legal awareness reveals the attitudes and perceptions of respondents regarding euthanasia. The influence of their socio-demographic characteristics on forming their attitude towards euthanasia has been proved. In the age group of 41-60 years, there is a high approval of the application of euthanasia in the pronounced desire of the patient him/herself.

The approval declines significantly (down to 6,0%) in the patients under 40 years of age and reaches up to 38,0% among respondents aged 60 years and more. The approval in the age group of 41-60 years decreases down to 49,5% when it comes to decide for active euthanasia of a sick family member. The latter reveals respondents' attitude to another part of the centuries-old dilemma concerning the question of who has to make the decision for euthanasia and whether a given person is capable of deciding for another one. Perhaps it is more appropriate if the decision is made by the patient him/herself and to a much lesser extent by their relatives.

Our study establishes the importance of respondents' religious affiliation in determining their attitude towards euthanasia ($p < 0,05$). A large part of Adventists (62,6%) disapprove active euthanasia, while Protestants (75,0%) accept it. The analysis of the respondents' views concerning passive euthanasia reveals that Protestants completely agree with its application (100,0%). Adventists do not agree with such a measure in 80,1% of the cases. This can be attributed to the attitude of the Adventist Church that is not entirely against euthanasia and allows passive euthanasia in order to shorten inhuman sufferings and pains.

The study of the psychological element of legal awareness in the vulnerable group shows a significant degree (38,2%) of approval of active euthanasia requested by the patient him/herself who understands the meaning and consequences of this act. Some 36,7% of respondents express their positive attitude towards active euthanasia, including cases after the request of relatives in situations when the patient is unable to express his/her request. It has been established that 49,6% of PD patients accept active euthanasia as a humane act representing manifestation of compassion rather than murder. They perceive active euthanasia as respect for human rights and not as an act of disrespected human life.

A large part of PD patients (70,5%) consider that severely and incurably ill people in our country require quality of palliative care rather than euthanasia legalization. This result confirms the public expectations of the role of palliative medicine and justifies the need for its priority development as an alternative to euthanasia. The discussion of legislative

amendments concerning euthanasia remains in the second place. Unfortunately, a decreasing trust in the public healthcare system in Bulgaria has been established. The study indicates that in 31,6% of the cases the reasons for disapproval of euthanasia legalization relate to the potential risk of abuse and directly - to the distrust in Bulgarian physicians and health professionals. A similar concern has been expressed by other investigators (8), too, according to whom legal regulation of euthanasia, especially in societies with pending issues concerning delivery of the qualitative palliative care can distort the concept of its essence.

CONCLUSION

The results concerning the attitudes of PD patients to euthanasia reveal the complexity of the centuries-old debate 'pro' or 'contra'. Respondents' attitude is united around the view that the termination of the life of a patient who has requested it by him/herself, in clear consciousness, is a manifestation of compassion and respect for the right to dignified death as a part of fundamental human rights. However, despite this approving attitude, PD patients emphasize the potential risk of abuse and, therefore, they do not agree with euthanasia legalization at this stage of the development of our society. We draw a conclusion that severely and incurably ill people in Bulgaria really need quality of palliative care and hospice network development rather than any special law of euthanasia. Our results do not allow us to conclude about the preference of respondents to one or the other type of euthanasia, which may represent the objective of a future study.

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