

Euthanasia

A survey of nurses' attitudes and practices

BY HELGA KUHSE BA, PhD and PETER SINGER MA, B Phil

In 1987 we surveyed Victorian doctors in order to discover their practices and attitudes regarding voluntary euthanasia. In this article we report on a similar survey carried out among Victorian nurses. Our survey of doctors found that among those who had treated incurably ill adult patients, almost half had been asked by a patient to hasten death, of these doctors 29% said they had on at least one occasion taken active steps to bring about the death of a patient who had requested this. The survey also found that a majority of respondents thought that the law should be changed to allow this to be done.

What are the attitudes and practices of Victorian nurses regarding hastening the death of a patient who asks for this to be done? In the typical health care situation, the common goal of all concerned is to restore a patient to health. Doctors prescribe treatment designed to do this, and nurses carry it out. In this common situation the decision to prescribe treatment is based entirely on medical considerations and implementing such treatment raises few problems for nurses. If, however, the decision to give or withhold treatment involves ethical judgement nurses may be in a difficult position. In order to throw some light on the latter situation nurses were surveyed in a way that paralleled the 1987 survey of doctors. Identical questions were asked where that was appropriate and some new questions related to the specific roles of nurses were added.

Method

The sample was selected from the May 1991 Victorian Nursing Council (VNC) register by a computerised random production of address labels of 1,942 nurses with current practising certificates. These labels were used by the researchers to

send questionnaires; to ensure anonymity no record of the addresses was made. An accompanying letter explained the aims of the project - to investigate nurses practices in relation to euthanasia and their attitudes to it - in the following terms:

We wish to investigate the question of whether, and if so when, terminally or incurably ill patients request that they be allowed, or helped, to die. We are also interested to find out how nurses deal with those requests and whether they believe that nurses should be involved in legalized physician-assisted active voluntary euthanasia.

The questionnaire consisted of six sections:

- A. General information
- B. Patients' requests for euthanasia
- C. Nurses' responses to patients' requests for passive euthanasia
- D. Nurses' responses to patients' requests for active euthanasia
- E. Nurses' responses to requests by doctors to be involved in active euthanasia
- F. Nurses' attitudes to active euthanasia

Results

The 49% response rate was a pleasing return for a mail questionnaire and suggests that nurses have a keen interest in the subject. (It remains possible that respondents hold different views to those who did not respond; there is no way of overcoming this problem in a mail survey.)

In order to focus on the practices of nurses who may have been confronted by the issue the 2.3% of respondents who stated that they had never treated terminally or incurably ill patients aged 12 years or older were instructed to proceed to Section F. The remaining 97.7% of nurses who had, on at least some occasions, dealt with patients from whom a competent request for euthanasia might be expected were asked:

In the course of your work, has a patient ever asked you to hasten his or her death (whether by withdrawing treatment or by taking active steps to hasten death)?

Those who answered *No* (45%) were instructed to proceed to Section E. This meant that the subsequent questions were intended to be answered by only 55% (502) of the respondents. In the following reporting of results percentages were calculated on the basis of the number of respondents who answered specific questions.

Participants were invited to rank order six listed reasons, or to write in an unlisted reason, for why a patient/s had asked them to hasten death. *Persistent and unrelievable pain* was ranked first by 165 nurses, it was followed by *Terminal illness* (71 first rankings), *Infirmities of old age* (54), *Incurable condition* (42), *Not wanting to be a burden on others* (22) and *Being afraid of a slow dying process* (21). Only five nurses wrote in an additional, unlisted reason for wanting death hastened. In response to a subsequent question, 95% of respondents indicated that in their experience a patient's request to have death hastened can sometimes be rational.

Almost 66% of respondents had been asked by a patient to hasten her or his death by permitting the patient to forego life-sustaining treatments i.e. passive euthanasia. The other 33% were asked to go to Section D, leaving 369 nurses to answer the remaining questions on passive euthanasia. Ten percent of those nurses indicated that they had complied with a patient's request to hasten death by permitting the patient to forego life-sustaining treatment without having been asked by a medical doctor to do so. Seven nurses replied that they had done so once, 19 two or three times, and nine more frequently. All nurses who had done this believed that their action was morally right.

H. KUHSE and P. SINGER are respectively Director and Deputy Director of the Centre for Human Bioethics, Melbourne.

To leave no doubt that the focus was now on active euthanasia, Section D. began with the statement:

In the following we wish to focus on the use of direct and active steps (e.g. an overdose of a drug, or a lethal injection) to bring about death, as distinct from the foregoing of life-sustaining treatment.

In a response that was very similar to that for the parallel question almost 66% of those passive euthanasia almost 66% of those who had been asked by a patient to hasten death had been asked to do so directly.

Respondents who had never had a direct request were directed to the next section. Of the remaining 333 nurses, 5% said they had complied with a patient's request to directly end his or her life without having been asked by a medical doctor to do so. More than 50% of those who answered that they had not complied with the patient's request said that the belief that active euthanasia is morally wrong was *Not at all* a reason for their not complying with the request and 16% said that they had rejected the request *Primarily* or *Solely* for this reason.

When asked whether nurses thought it was sometimes right for a nurse to take steps to bring about the death of a patient who has asked her or him to do so, without having also been asked directly by a doctor to do so, 75% of respondents said *No* and almost 25% replied affirmatively.

Almost 25% of respondents said they had on at least one occasion been asked by a doctor to engage in an action that would directly and actively end the life of a patient who had requested that her or his death be hastened. Those who answered *No* were asked to go to Section F. The remaining respondents were asked whether they had complied with the doctor's request. In contrast to the small minority of nurses who had complied with a patient's request to directly end her or his life without consulting a doctor, 85% had engaged in such action when asked to do so by a doctor and 80% had done so more than once.

It is only in the Netherlands that voluntary euthanasia can openly be practised by doctors without fear of prosecution and the conditions for its practice are accepted by the courts and the medical profession. That country therefore provides a model by which health professionals' acceptance of active voluntary euthanasia can be assessed. Almost 50% of respondents were familiar with the situation which has developed in the Netherlands over the past decade. Participants were provided with the following description of the situation in the Netherlands:

In the Netherlands, doctors are now virtually certain not to be prosecuted if they

end the life of a patient under the following conditions:

- (a) this is the patient's well-considered wish;*
- (b) the patient has an irreversible condition causing protracted physical or mental suffering which the patient finds unbearable;*
- (c) there is no reasonable alternative (reasonable from the patient's point of view) to alleviate the suffering;*
- (d) the doctor has consulted with another professional, who agrees with his or her judgement.*

Participants were then asked: *Do you think it would be a good thing if such a situation were to exist in Australia?* Just over 75% of respondents ticked *Yes*, just under 25% *No*. This question was followed up by asking respondents whether they thought that it would be proper for nurses to assist doctors in actively and directly ending a patient's life under the above circumstances. Approximately two thirds thought that it was proper, and the remaining one-third thought it was not.

Since nurses may not think that the conditions developed in the Netherlands are the best possible set of conditions for permitting active voluntary euthanasia they were also asked whether they thought the law should be changed to allow doctors to take active steps to bring about a patient's death under some circumstances. Seventy eight percent of respondents favoured a change in the law. When asked whether they would be willing to be involved in the provision of active voluntary euthanasia if it were legal, 566 (65%) indicated they were willing, 310 (35%) indicated that they were not.

A comparison of the findings of this survey and the 1987 survey of Victorian doctors shows that among those working with incurably ill patients 12 years or older, roughly similar proportions have been asked by a patient to hasten death, whether actively or passively. Overwhelmingly, both nurses and doctors agreed that such a request can be rational. Of those nurses who had been asked by a patient to hasten death, 5% had taken active steps to do so without having been asked by a doctor. Almost all of the 25% who had been asked by a doctor to engage in active steps to end a patient's life had done so.

Introduction into Australia of voluntary euthanasia under conditions like those in the Netherlands and legalisation of voluntary euthanasia were supported by more nurses (approx. 75%) than doctors (approx. 60%). Nurses were also more willing to be involved in the practice of voluntary euthanasia (68%) than doctors (40%). This greater support for voluntary euthanasia among nurses may reflect the closer relationships they often form with incurably ill patients and the resultant

understanding of their plight. Recent data indicate that approximately 2% of all deaths in the Netherlands are the result of active voluntary euthanasia. Assuming that the figure would be similar in Australia if the law permitted it, the results of this survey indicate that there would be no shortage of nurses willing to assist in the provision of active euthanasia to incurably ill and suffering patients who earnestly and competently request it.

References

1. Kuhse, H. et al. 'Doctors' practices and attitudes regarding voluntary euthanasia', *The Medical Journal of Australia*, Vol. 148, June 20, 1988, pp.623-627.
2. Van der Maas, P.J. et al. 'Euthanasia and other medical decisions concerning the end of life', *The Lancet*, Vol. 338, September 14, 1991, pp.669-674. ■

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CORRECTION

In 'Why mepla no kaikai whiteman food?' by Beverley McDonald (*ANJ*, December/January 1992) the May 1991 comparative cost of food at Lockhart store should have been shown as the February costs and vice versa and the May cost of Sweets etc. should have read 2.85% not 28.57%.

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