Perception of Palliative Care and Euthanasia Among Recently Graduated and Experienced Nurses

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Palliative care and euthanasia have become the subject of ethical and political debate in Poland. However, the voice of nurses is rarely heard. The aim of this study is to explore the perception of palliative care and euthanasia among recent university bachelor degree graduates and experienced nurses in Poland. Specific objectives include: self-assessment of the understanding of these terms, recognition of clinical cases, potential acceptability of euthanasia, and an evaluation of attitudes towards palliative care and euthanasia. This is an exploratory study. A convenience sample of 206 recent graduates and 252 experienced nurse practitioners were interviewed. A structured questionnaire was used for collecting and interpreting data. Subjective perception of the terms 'palliative care' and 'euthanasia' was high and consistent with the recognition of clinical cases. The majority of the nurses excluded euthanasia from palliative care. They recognized personal philosophy of life as the most influential factor affecting attitudes towards euthanasia. The importance of the law was valued more highly by the experienced nurses.

Background

Palliative care and euthanasia have become the subjects of a multidisciplinary ethical debate in Poland. Sometimes, differences between the meaning of the term 'euthanasia' and the margins between 'passive' or 'active' euthanasia and discontinuing active treatment are blurred.[1–3] Opinions differ widely. Some people retain a complete acceptance of the commandment 'Thou shalt not kill' and the Hippocratic Oath, which according to some ethicists are accepted by medical society and patients, both religious and secular.[4] Others have declared either that there is a need

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to include euthanasia practices in the whole range of actions used in terminal care, claiming that they have been recognized by physicians and bioethicists, or they have even openly recommended euthanasia.[5,6]

Szawarski[7] concluded that euthanasia has become a political debate in Poland rather than a discussion about a moral problem. Five national surveys conducted between 1999 and 2005 demonstrated that around 50% of interviewees supported legalization of euthanasia, while 38% were against. Euthanasia supporters prevailed in the younger age group (below 40 years), but decreased to half among people aged over 59 years.[8] A random survey of 1000 people performed in February 2007 demonstrated that 50% of Poles were in favour, 36% were against and 14% were undecided on whether euthanasia for incurable patients should be legally allowed in Poland.[9]

The views of Polish health care professionals directly involved in the care of terminally ill patients is rarely heard in the bioethical and political debate about euthanasia. Care for incurable and terminally ill patients and personal relationships with dying patients and with their families can cause moral problems for carers.[10] Whether this situation is related to individual moral attitudes and emotions or remains under professional control depends on several factors. A study performed among physicians demonstrated that their background and attitudes towards euthanasia have an impact on the way in which their patients die.[11]

Care is an integral part of the nursing profession. A direct or indirect 'euthanasia request' from a patient may change the interpersonal and professional relationship between nurses and the patient and the family. An earlier publication demonstrated that the majority of a sample of 319 nurses working in seven countries could not ethically justify active voluntary euthanasia.[12] Another publication claimed that nurses' reaction to a euthanasia request involved feelings of powerlessness and frustration.[13] Nurses show various attitudes towards euthanasia.[14] Some even actively perform euthanasia in both institutions and patients' homes, sometimes even without a patient's explicit request.[15,16]

Nurses' attitudes towards palliative care and euthanasia are possibly related to legal regulations, the professional code of ethics, professional experience, personal value systems, religion and age.[10,12] It is important for nurses to take part in discussion about euthanasia; however, their views are rarely heard. A few studies on nurses' attitudes towards euthanasia have been performed in Poland and the findings published.[17,18]

The aim of this study was to explore the perception of palliative care and euthanasia by two groups of Polish nurses: recent university bachelor's degree graduates and experienced nurse practitioners. The specific objectives were: (1) analysis of the nurses' self-assessment of their understanding of the terms 'palliative care' and 'euthanasia'; (2) assessment of their understanding of clinical cases presented; (3) exploration of the potential acceptability of euthanasia; and (4) evaluation of factors that could influence nurses' standpoints on palliative care and euthanasia.

Method

This explorative study involved two different groups of nurses: recent bachelor's degree graduates and experienced nursing practitioners. Only graduates with a bachelor's degree obtained in 2006 and who had not yet been employed as nurses were

included in the first group. The second consisted of nursing practitioners with at least five years' professional experience.

The data were collected at five centres in public universities with a bachelor's degree programme: Bialystok, Lublin, Katowice, Poznan and Krakow. Their participation in the project was approved by the deans of the respective faculties. The data concerning experienced professionals were obtained from five groups of nurses: participants at the national conference of the Polish Nursing Society, and nurses working in the regions of Bielsko-Biala and Poznan, in various institutions in southeast Poland, and the Krakow regional hospital.

The questionnaire contained nine questions. Six were closed questions (with a 5-level Likert response scale). Two questions were aimed at objectifying the understanding of palliative care and euthanasia and were based on clinical cases published in the bioethical literature.[19] One question asked respondents to rank factors that influenced attitudes towards palliative care and towards euthanasia. The final part concerned demographic data (Appendix 1).

The study was approved by the Bioethics Committee of the Jagiellonian University. The questionnaire was presented to nurses in the institutions whose heads or presidents had earlier approved the initiative to participate in the project. The response rate was 82% in the group of recent graduates and 63% in the group of experienced practitioners. All questionnaires were collected in 2006.

The answers were coded by an independent person and the correctness of the coding was then checked. Statistical analysis was performed using the Excel Statistical Program for Fisher's exact $\varkappa^2$ statistic, Pearson's $\varkappa^2$ statistic ($P\varkappa^2$) and the Mann–Whitney (Wilcoxon) test for comparison between groups.

Results

Recent graduates with a university bachelor's degree

Two hundred and six recent graduates from five university centres (Bialystok, Lublin, Katowice, Poznan and Krakow) participated. The chi-squared test analysis of responses from all participating institutions did not reveal any statistical differences and finally allowed the researchers to perform a joint analysis for the whole group of recent graduates. The respondents' mean age was 22. + 6 1.2 years. There were six men in the group; the rest were women.

Eighty-four recent graduates (41%) subjectively assessed their understanding of the term 'palliative care' as very good, 104 (50%) as good, 15 (7%) as fair, one as poor; one graduate indicated lack of understanding and another did not answer this question. Seventy-one graduates (34%) indicated self-assessment of the term 'euthanasia' as very good, 102 (50%) as good, 23 (11%) as fair, three as poor; two indicated lack of knowledge and five did not answer this question.

One hundred and fifty-six graduates (76%) recognized the first presented case as an example of palliative care, 26 (13%) as an example of euthanasia; 15 (7%) marked the option 'other' and nine graduates did not give any answer.

One hundred and sixty-four (80%) recognized the second case as an example of euthanasia, 21 (10%) as an example of palliative care; six graduates marked the answer 'other' and 15 (7%) did not answer this question.

The majority of the recent graduates (77%) answered that euthanasia and palliative care are mutually exclusive; 106 (51%) indicated total and 53 (26%) partial opposition. Of the other graduates, 13 (6%) partially and 11 (5%) totally disagreed with the statement that euthanasia and palliative care are exclusive. Twenty-three (11%) were undecided.

The majority of the graduates rejected potentially giving permission to perform euthanasia on close relatives; this was accepted only by 15%. When asked if they would accept euthanasia on themselves 38% disagreed while 26% agreed. The remaining graduates were undecided (Table 1).

When the recent graduates were asked to rank a list of factors influencing their attitude to palliative care, the highest ranking factor (i.e. rank 5; see Table 2) was having a philosophy of life, followed by their experience and knowledge, keeping to a professional deontological code, and the law. The rankings for euthanasia were similar (Table 3). Between 20 and 23 graduates did not answer these questions.

Table 1 Potential permission by recent graduates for performing euthanasia on close relatives or on themselves

	Potential permission for performing euthanasia on close relatives: no. (%)	Potential permission for performing euthanasia on themselves: no. (%)
Totally agree	9 (4)	29 (14)
Partially agree	23 (11)	25 (12)
Neither agree nor disagree	51 (25)	68 (33)
Partially disagree	22 (11)	10 (5)
Totally disagree	96 (47)	68 (33)
Did not answer	5 (2)	6 (3)
Total	206	206

Table 2 Factors influencing attitudes towards palliative care ranked by recent graduates

Rank[a]	Factor				
	Having a philosophy of life	Experience and knowledge	Keeping to a professional deontological code	Law	Other
1	21	19	14	33	32
2	29	33	42	59	0
3	27	35	47	45	6
4	49	51	47	30	4
5	57	45	33	16	31
Total	183	183	183	183	73

[a]Rank 1 = the lowest and rank 5 = the highest impact.

Table 3 Factors influencing attitudes towards euthanasia ranked by recent graduates

Rank[a]	Factor				
	Having a philosophy of life	Experience and knowledge	Keeping to a professional deontological code	Law	Other
1	40	21	13	42	27
2	27	42	44	49	3
3	23	43	60	49	5
4	45	46	51	33	4
5	51	33	18	13	34
Total	186	185	186	186	73

[a]Rank 1 = the lowest and rank 5 = the highest impact.

One hundred and thirty-three recent graduates (65%) declared themselves to be religious. Another 58 (28%) said they were partially religious, nine were not sure and six declared themselves to be not very religious. All the graduates responded to this question.

Experienced nurse practitioners

Two hundred and fifty two experienced practicing nurses also participated in the study. The chi-squared analysis of their responses, gathered in five different locations, did not show any statistical differences, thus allowing us to perform joint analysis for the whole group of experienced nurses. All the respondents were women, whose mean age was 39.9 $\pm$ 7 years. Two hundred and thirteen experienced nurses (85%) had obtained a nursing degree at a secondary or post-secondary professional school and only 15% had a university degree. The majority (77%) were employed in hospitals, 10% worked as community nurses and the remaining 13% in hospices, nursing homes, private practice and education.

In total, 124 (49%) experienced practitioners assessed their understanding of the term 'palliative care' as very good, 116 (46%) as good, nine (4%) as fair. Three did not answer. One hundred and seven (42%) believed their understanding of the term 'euthanasia' was very good; 116 (46%) assessed this as good, 24 (10%) as fair, and one as poor. Four practitioners did not answer this question.

One hundred and seventy-two experienced nurses (68%) recognized the first case presented as an example of palliative care and 31 (12%) as an example of euthanasia. Thirty-eight (15%) marked the option 'other' and eight did not give any answer. One hundred and ninety-three nurses (77%) recognized the second case as an example of euthanasia and 34 (13%) as an example of palliative care. Sixteen (6%) indicated the answer 'other' and seven did not give any answer.

Two hundred and six experienced nurse practitioners (82%) indicated that euthanasia and palliative care are mutually exclusive; 162 (64%) indicated total opposition and 44 (18%) partial opposition. A further 32 (13%) disagreed that the

two practices excluded each other: 17 partially and 15 totally. Twelve experienced nurses (5%) were undecided and two did not answer this question.

More than half of the experienced practitioners (57%) said they would not give potential permission for performing euthanasia on close relatives and 36% on themselves. Only 13% said they would agree to euthanasia being performed on relatives and 24% on themselves. A significant number of practitioners were undecided (Table 4).

When the experienced nurse practitioners were asked to rank a list of factors influencing their attitude to palliative care, the highest ranking factor (i.e. rank 5; see Table 5) was having a philosophy of life. Ranked next was their experience and knowledge, followed by keeping to a professional deontological code, and the law. When asked to rank the list of factors according to their attitudes towards euthanasia, their philosophy of life was ranked in first place, followed by the law and following a professional deontological code, while their experience and knowledge remained the fourth influential factor (Table 6).

A total of 179 experienced practitioners (71%) declared themselves to be religious and 62 (25%) partially religious; five declared themselves as being not sure and

Table 4 Potential permission by experienced nurse practitioners for performing euthanasia on close relatives or on themselves

	Potential permission for performing euthanasia on close relatives: no. (%)	Potential permission for performing euthanasia on themselves: no. (%)
Totally agree	5 (2)	20 (8)
Partially agree	27 (11)	40 (16)
Neither agree nor disagree	75 (30)	97 (38)
Partially disagree	14 (6)	5 (2)
Totally disagree	128 (51)	87 (35)
Did not answer	3 (1)	3 (1)
Total	252	252

Table 5 Factors influencing attitudes towards palliative care ranked by experienced nurse practitioners

Rank[a]	Factor				
	Having a philosophy of life	Experience and knowledge	Keeping to a professional deontological code	Law	Other
1	25	16	17	27	28
2	37	40	40	38	2
3	43	38	37	51	4
4	33	51	58	44	4
5	72	62	45	43	20
Total	210	207	197	203	58

[a]Rank 1 = the lowest and rank 5 = the highest impact.

Table 6 Factors influencing attitudes towards euthanasia ranked by experienced nursing practitioners

Rank[a]	Factor				
	Having a philosophy of life	Law	Keeping to a professional deontological code	Experience and knowledge	Other
1	41	46	23	26	29
2	26	38	51	43	0
3	35	43	51	54	1
4	47	35	39	53	5
5	54	42	34	28	29
Total	203	223	198	204	64

[a]Rank 1 = the lowest and rank 5 = the highest impact.

another four as not religious or not very religious. The remaining two nurses did not answer this question.

Comparison between the two groups of nurses

The group of experienced nurse practitioners was on average 17 years older (39.9 ± 7 versus 22.9 ± 1.2; $P < 0.0001$) and only 15% had obtained a university degree.

Differences in the nurses' perceptions of palliative care and euthanasia between the two groups are presented in Tables 7 and 8.

Both of the clinical cases (Appendix 1) presented were well recognized by the two groups. However, the recent university graduates recognized more frequently the first clinical case, in agreement with already published literature,[19] while experienced nurses were twice as often undecided. These differences were statistically significant.

The recent graduates totally agreed less frequently with the statement 'euthanasia and palliative care exclude each other' and the option 'neither agree nor disagree' was more frequently chosen by this group than by the experienced nurses ($P = 0.01$).

The two groups attached different significance to the law as a factor that influences nurses' attitudes towards both palliative care and euthanasia. The experienced nurses ranked the law more highly as an influencing factor on their attitude to palliative care significantly more frequently than the recent graduates. The experienced nurses considered the law as the second most important factor influencing their attitude towards euthanasia, while the recent graduates considered it as the fourth most important factor. Having a deontological code was important to more of the experienced nurses than the recent graduates.

Potential agreement to perform euthanasia on close relatives or on themselves was disapproved of more often by the experienced nurses, but the differences were not significant.

Table 7 Differences in perception of palliative care and euthanasia between recent university graduates with a bachelor's degree (G) and experienced nurse practitioners (E); questionnaire items 3, 5, 6 and 7 (Appendix 1)

Questionnaire item	Group	Answer choice					Sum	χ^2	*P*-value	Mann–Whitney test
		a	b	c	d	e				
3) Recognition of the first case	G	156	26	15	–	–	197	7.05	0.03	0.05
	E	172	32	38	–	–	242			
5) Euthanasia and palliative care exclude each other	G	106	53	23	13	11	206	13.02	0.01	0.01
	E	162	44	12	17	15	250			
6) Potential agreement to perform euthanasia on close relatives	G	9	23	51	22	96	201	7.69	0.10	0.28
	E	5	27	75	14	128	249			
7) Potential agreement to perform euthanasia on oneself	G	29	25	68	11	68	201	9.23	0.06	0.31
	E	20	40	97	5	87	249			

–, not applicable.

a-e, distribution of answers in the questionnaire (Appendix 1).

Table 8 Differences in perception of palliative care and euthanasia between recent university graduates with a bachelor's degree (G) and experienced nurse practitioners (E); questionnaire item 8 (Appendix 1)

Questionnaire item 8	Group	Rank[a]					Sum	χ^2	*P*-value	Mann–Whitney test
		1	2	3	4	5				
Influence of the law on attitude towards palliative care	G	33	59	45	30	16	183	19.54	0.001	0.00004
	E	27	38	51	44	43	203			
Influence of the law on attitude towards euthanasia	G	42	49	49	33	13	186	16.52	0.002	0.01
	E	46	38	43	35	42	204			
Influence of the deontological code on attitude towards euthanasia	G	13	44	60	51	18	186	10.18	0.04	0.33
	E	23	51	51	39	34	198			

[a]Rank 1 = lowest value; rank 5 = highest value.

Discussion

This study presents the perception of attitudes towards palliative care and euthanasia among two groups of Polish nurses: recent university graduates and experienced practitioners. In order to understand the differences between the two groups it is important to know how the educational system for registered nurses has changed in Poland. Until 2003, registered nurses received their diplomas after attending a secondary medical school for five years (between 1961 and 1991), or a post-secondary medical college for two years (until 1992), three years (until 1999) or 2.5 years (last recruitment in 2003). All graduates from these schools could continue with a four-year extramural master's programme, or, since 2004, a part-time bachelor's programme. Between 1998 and 2002, full-time undergraduate studies were established at some Polish universities (Jagiellonian University was the first) and colleges. The current education system for nurses in Poland meets EU and Bologna Process requirements and consists of the three consecutive levels: three-year undergraduate, two-year postgraduate and four-year PhD programmes.

The data were collected at several university centres in Poland. However, random selection of participants or institutions was not used for this study and it must therefore be interpreted simply as observational research. In order to minimize the influence of current employment on recent graduates, only nurses who graduated in 2006 and were not yet employed at the time of the survey participated in the study. In 2006 there were about 2055 graduates studying at 14 universities providing nursing programmes in Poland, and a further approximately 2500 students graduated with a bachelor's degree from 37 professional colleges. Thus, the group of recent graduates presented in this study represented approximately 10% of the university trained nurses graduating and 5% of all nurses graduating in Poland in 2006. The 252 experienced practitioners who participated in the survey represented approximately 0.1% of the 243 606 professionally active nurses registered in Poland in 2006.

This study demonstrated a high level of self-assessment concerning the nurses' understanding about palliative care and euthanasia in both groups. The nurses' high subjective assessment correlated positively with their objective knowledge, as shown by their recognition of the clinical cases, which was in line with descriptions in the international literature.[19] In this study, the nurses' self-assessment of their understanding of the two concepts was related to their practical recognition of the clinical cases rather than to a theoretical definition of these terms. The practical approach referred to the ethos of nursing care and also coincided with practical bioethics education provided in Europe in recent years.[20]

The majority of nurses responding to the questionnaire differentiated euthanasia from palliative care practices; only 12% thought they were not mutually exclusive and less than 8% were undecided. This observation could be connected with two facts. First, the nurses recognized their philosophy of life as their most important attitude towards both palliative care and euthanasia. Second, 93% of the new graduates and 96% of the experienced practitioners declared themselves to be religious. A significant influence of religious belief on personal attitudes towards euthanasia has been indicated in several Polish and international studies.[18,21–24] In addition, Roman Catholic nurses are less likely to accept euthanasia than Protestant nurses or followers of other religions.[10]

The World Health Organization defines palliative care as an approach to improve patients' quality of life through the prevention, assessment and treatment of pain and other physical, psychological and spiritual problems. The intention is neither to hasten nor to postpone death.[25] The margins between understandings of the various terms used for euthanasia are blurred; this definition, therefore, has deliberately not been discussed in this article. We presupposed a particular understanding of euthanasia as the active, voluntary, considered, intentional termination of a patient's life performed at a free, explicit, repeated request, expressed by a patient who suffers unbearably, and who has no prospect of improvement. In one study, the majority of 319 nurses from seven countries viewed euthanasia as ethically unjustified.[12]

The present study also demonstrates that religious declaration was not the only factor that influenced the nurses' attitudes towards euthanasia. The importance of the situational context (e.g. personal autonomy) was raised by the fact that the nurses were more willing to accept euthanasia for themselves than for their close relatives: new graduates 26% versus 15% and experienced practitioners 24% versus 13%. A previous Polish study indicated that the majority of nurses and physicians questioned would prefer to have an influence on the time and way they would die if an incurable disease was diagnosed.[17] The balance between principles and context was also noticed in another Polish study, in which half of 646 nursing students agreed that God's law should be a decisive factor for human behaviour, although more than half stated that moral life depends on the circumstances.[18]

The attitude of young Polish graduate nurses towards potential acceptance of euthanasia did not reach statistical difference when compared with their experienced colleagues. This is not entirely surprising because the average age of all responding nurses was under 40 years. A Polish national survey demonstrated that, among the general population, euthanasia supporters were found in the younger age group (below 40), but this decreased to half among people aged above 59.[8] An Australian study demonstrated that younger nurses were more in favour of legalizing euthanasia than older colleagues.[21] A US study among 63 oncology professionals demonstrated an inverse relationship between agreement to euthanasia and number of years in the profession.[26]

The present study suggests that the Polish nurses responding to the questionnaire considered the law as a factor of relatively low influence when taking care of patients suffering from incurable and life-threatening diseases. Another Polish study demonstrated that patients' well-being and personal relationships were the basic values recognized by nursing students.[18]

Polish law (Penal Code, article 150) states that a person who kills someone at his or her request and on the basis of compassion, is subject to imprisonment for a period of between three months and five years. In exceptional cases a court may commute a sentence or even refrain from imposing punishment. The experienced nurse practitioners recognized the law as a more important factor influencing their attitudes towards euthanasia than did the recent graduates. It is difficult to conclude whether this observation could be related to a higher regard for legal responsibility among the experienced practitioners. It could reflect the priority given by recent graduates to the circumstances of a particular situation rather than to general principles or legal regulations. Wrońska *et al*. concluded that the fundamental values of slightly younger (18–22 years) nursing students than our graduates (mean 22.9 years) could be defined as 'in a state of creation'.[18]

The relatively low value of the law as a factor influencing attitudes to euthanasia has also been demonstrated by international studies. In one study, the majority of nurses (232 out of 319) would not ethically justify active euthanasia, even if the law changed and euthanasia were to be legalized.[12] The World Medical Association advised physicians to refrain from participating in euthanasia, even if it is decriminalized,[27] but the lack of legal acceptance of euthanasia did not deter nurses from performing active euthanasia as demonstrated by an earlier US study of critical care nurses and recent Dutch research.[15,16] Authors of the latter reported that nurses were engaged in euthanasia practices, and even actively performed euthanasia, both in institutions and at patients' homes, sometimes even without patients' explicit request.

It was surprising that keeping to a professional deontological code was recognized by the responding nurses in the present study only as the next to last important factor influencing their attitudes towards both palliative care and euthanasia, and was less important than their philosophy of life. The Polish nurses' code of ethics stresses the duty of care with respect to patients' rights. The recently amended International Council of Nurses code has even strengthened the importance of patients' right to make choices during the process of care and obliges nurses to respect patients' cultural rights. The Polish code obliges nurses to provide professional care for human life and health, while the protection of human life is stressed only in the Irish code.[28]

The reason why the participant nurses recognized their deontological code as a relatively minor factor influencing their attitudes towards palliative care and euthanasia could not be identified from this study. The World Medical Association believes that their resolution on euthanasia could influence medical practice. This resolution reaffirms that euthanasia is in conflict with the basic ethical principles of medical practice and strongly encourages all national medical associations and physicians to refrain from participating in euthanasia, even if their national law allows it or decriminalizes it.[27] However, professionals working at the palliative care clinic in Krakow claimed that palliative medicine needs specific ethical attitudes in its attempt to lessen patients' suffering. Special attention must be paid to holistic support, and to consideration of cultural, traditional and religious values, including negotiation on euthanasia.[29]

The results presented in this article suggest a need for more precise exploration of the different potential factors that could influence nurses' standpoint towards palliative care and euthanasia. It appears especially important to examine why the law and deontological codes are of relatively minor importance. This exploration should concentrate both on the importance of the university education process as well as longer-term education gained during nursing practice. Could the field of professional practice possibly have an influence on attitudes towards palliative care and euthanasia? This would require comparisons between nurses working in different hospital departments, such as internal medicine, surgery and oncology, with those working in nursing homes, hospices and community care. The influences of a person's age and years of professional experience have also to be considered. Also of special future interest would be a comparison of the standpoints on euthanasia and palliative care of nurses working in different EU countries.

Conclusions

1) Self-assessment of the understanding of the terms palliative care and euthanasia was high and coherent with the proper recognition of clinical cases in both recent graduates and experienced nurse practitioners.
2) The majority of nurses believed that euthanasia and palliative care are mutually exclusive and were unwilling to agree to euthanasia practiced on close relatives, but more willing to accept it for themselves.
3) The nurses ranked their philosophy of life, their experience and knowledge, keeping the professional deontological code, and law as all being influential factors on their attitudes towards palliative care. The influence of law on attitudes was valued higher in the group of experienced nurses.

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Appendix 1

Questionnaire

1. Do you understand the term 'palliative care'?
a. Very well ☐
b. Well ☐
c. Fairly ☐

d. Poorly ☐
e. I do not understand ☐

2. Do you understand the term 'euthanasia'?
a. Very well ☐
b. Well ☐
c. Fairly ☐
d. Poorly ☐
e. I do not understand ☐

3. Read carefully the case and answer the following questions.
Ms X suffers from carcinoma of the breast with lymphangitic spread to lungs and bony metastases. She requires increasing narcotic dosage for relief of pain. Her pulmonary function deteriorates so that her PO2 is 45 and PCO2 is 55 when she is pain free. Ms X is now receiving two tablets of 15 mg slow-release morphine every 4 hours. She asks for further morphine. Her physician hesitates, fearing that further medication, given her already compromised respiratory ability, will cause Ms X's death. However, he orders 30 mg of oral morphine every 2 hours.[19]

3.1. Do you understand the above described case as an example of?
a. Palliative care ☐
b. Euthanasia ☐
c. Other ☐ (try to indicate)…….....…….

4. Read carefully the case and answer the following questions.
Ms X suffers from widely disseminated cancer and intense and implacable pain of bone metastases, even though she is receiving high doses of morphine. She remains conscious and alert. She begs her doctor 'to put her to sleep forever'. The physician administered 200 mg morphine sulphate intravenously.[19]

4.1. Do you understand the above described case as an example of?
a. Palliative care ☐
b. Euthanasia ☐
c. Other ☐ (try to indicate)…….

5. Do you agree with the following statement?
Euthanasia and palliative care exclude each other.
a. Totally agree ☐
b. Partially agree ☐
c. Neither agree nor disagree ☐
d. Partially disagree ☐
e. Totally disagree ☐

6. Would you permit euthanasia to be performed on your close family members?
a. Totally agree ☐
b. Partially agree ☐
c. Neither agree nor disagree ☐

d. Partially disagree ☐
e. Totally disagree ☐

7. Would you ask for euthanasia to be performed on yourself?
a. Totally agree ☐
b. Partially agree ☐
c. Neither agree nor disagree ☐
d. Partially disagree ☐
e. Totally disagree ☐

8. Which of the following factors have the most important impact on your attitudes towards palliative care and euthanasia? (Please rank 1 to 5 for each, where 1 means the lowest and 5 means the highest rank)

	Euthanasia	Palliative care
Having a philosophy of life		
Law		
Keeping the professional deontological code		
Experience and knowledge		
Other*		

*In case of 'other' please try to explain further.....

9. Are you a religious person?
a. Yes ☐
b. Partially ☐
c. I am not sure ☐
d. Not much ☐
e. No ☐

Age ☐☐ Gender M ☐ F ☐

Education:

– Higher ☐ Bachelor's degree ☐ Master's degree ☐
– Secondary ☐
– Year of graduation ☐☐☐☐
– Work experience (years) ☐☐
– Postgraduate studies ☐
– Specializations: .....

Workplace:

– Hospital ☐
– Community ☐
– Hospice ☐
– Nursing home ☐
– Private practice ☐
– Other (specify).....

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