Changing attitudes towards euthanasia among medical students in Austria

Willibald J Stronegger, Christin Schmölzer, Éva Rásky, Wolfgang Freidl

Institute of Social Medicine and Epidemiology, Medical University of Graz, Graz, Austria

Correspondence to
Professor Willibald J Stronegger, Institute of Social Medicine and Epidemiology, Medical University of Graz, Universitätsstrasse 6/I, A-8010 Graz, Austria; willibald.stronegger@medunigraz.at

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ABSTRACT

Background In most European countries the attitudes regarding the acceptability of active euthanasia have clearly changed in the population since World War II. Therefore, it is interesting to know which trends in attitudes prevail among the physicians of the future.

Methods The present study analyses trends in the attitudes towards active euthanasia in medical students at the Medical University of Graz, Austria. The survey was conducted over a period of 9 years, enabling us to investigate trends regarding both attitudes and underlying motives.

Results Acceptance of active euthanasia increased from 16.3% to 29.1% to 49.5% in the periods from 2001 to 2003/04 to 2008/09.

Conclusions The survey period from 2001 to 2009 reveals a massive change in medical students' attitudes towards active euthanasia under medical supervision. Ethical convictions of medical doctors seem to fall back behind a higher valuation of the autonomy of the patient.

INTRODUCTION

Active euthanasia with the aim of shortening the dying process of a terminally ill and suffering person by ending his life was as a rule prohibited by European legal systems up to the 20th century. The underlying legal concept considers human life as an inalienable legal interest which must basically be protected irrespective of the carrier's will, in order to safeguard the public interest. In countries devoid of a legal corpus on euthanasia (such as Austria), life is in general protected until its 'expiration' by the general provisions of the penal law via criminal offences against life and limb.

The first isolated reflections on euthanasia for the incurably ill (eg, see Sir Thomas More[1]) emerge at the turn from the Middle Ages to Modern Times. The first medical doctor to write about it was John Gregory, who in 1772 considered that it was 'as much the business of a physician to alleviate pain and to smooth the avenues of death, when unavoidable, as to cure diseases' in his *Lectures on the Duties and Qualifications of a Physician*.[2] By the beginning of the 20th century people increasingly claimed concrete legal permission for the ending of so-called 'unworthy' lives.[3] In Nazi terminology, the term 'euthanasia' was officially abused to justify the killing of unwanted people under medical supervision.

In most European countries the attitudes regarding the acceptability of active euthanasia have clearly changed since World War II. In a regularly conducted Dutch survey the rejection of euthanasia fell from approximately 50% cent in 1966 to approximately 10% in the 1990s.[4] The execution of euthanasia is invariably considered a task of the medical profession. Scattered surveys however show that the majority of physicians favour a clear 'no' to legalising euthanasia, regardless of whether an illness is a terminal or not.[5 6]

Against this backdrop it is interesting to know which attitudes regarding euthanasia prevail among the physicians of the future. The present study analyses the attitudes towards active euthanasia in medical students at the Medical University of Graz. The survey was conducted over a period of 9 years, enabling us in particular to investigate trends regarding both attitudes and underlying motives.

METHODS

A replicative cross-sectional study was conducted among students of human medicine within the framework of compulsory 'tutorials in social medicine' at the Graz Medical University by means of an anonymous questionnaire about their attitudes towards euthanasia and their experience in patient care and terminal care. The questionnaires were filled out on site upon request, and thus yielded a very high response rate of 91.7%. Three survey phases which repeated the same cross-sectional study design at three time periods (years 2001, 2003/04 and 2008/09) allowed us to compile statements on active euthanasia from 694 out of a total of 757 medical students. The distribution of age and sex has remained comparable throughout the three phases: from phase one to three the average age and percentages of women were: 25.4, 25.6 and 27.5 years, and 60.8, 62.2 and 63.6% respectively.

The questionnaire contained both the usual 'abstract' questions regarding the acceptance of types of euthanasia common in population surveys (with response categories 'pro', 'con' and 'undecided'), and concrete case reports for which the interviewees were free to formulate their motivation regarding acceptance or objection. The abstract question about active euthanasia was:

> Are you personally for or against fulfilling the wish of incurably ill or strongly suffering persons to die by administering these ill persons a substance which causes their death.

Based on the frequency of the arguments mentioned, the motivations were allocated to the following eight categories: illegal act, unethical act, other treatment options, beneficence, respect for the patient's autonomy, palliative terminal care, risk of abuse and other reasons.

Table 1 Attitude towards active euthanasia among students at the Medical University of Graz (in percentages accompanied with 95% CIs)

	Survey phase			
	2001	2003/04	2008/09	Total
Attitude towards active euthanasia:				
Number	n=208	n=296	n=190	n=694
Pro	16.3 (11.3–21.4)	29.1 (23.9–34.2)	49.5 (42.3–56.6)	30.8 (27.4–34.3)
Con	37.5 (30.9–44.1)	38.2 (32.6–43.7)	18.9 (13.4–24.5)	32.7 (29.2–36.2)
Undecided	46.2 (39.4–53.0)	32.8 (27.4–38.1)	31.6 (24.9–38.2)	36.5 (32.9–40.0)
Readiness to practice active euthanasia:				
Number	*	n=290	n=188	n=478
Yes	*	20.7 (16.0–25.4)	33.0 (26.2–39.7)	25.5 (21.6–29.4)
No	*	31.4 (26.0–36.7)	21.8 (15.9–27.7)	27.6 (23.6–31.6)
Undecided	*	47.9 (42.2–53.7)	45.2 (38.1–52.4)	46.9 (42.4–51.4)
Motivation:				
Number	n=75	n=217	n=125	n=417
Illegal act	13.3 (5.6–21.1)	15.2 (10.4–20.0)	13.6 (7.5–19.7)	14.4 (11.0–17.8)
Unethical act	34.7 (23.8–45.5)	32.7 (26.4–39.0)	12.8 (6.9–18.7)	27.1 (22.8–31.4)
Beneficence	6.7 (1.0–12.4)	12.4 (8.0–16.9)	16.0 (9.5–22.5)	12.5 (9.3–15.7)
Respect for the patient's autonomy	13.3 (5.6–21.1)	8.8 (5.0–12.5)	26.4 (18.6–34.2)	14.9 (11.4–18.3)
Other treatment options	20.0 (10.8–29.1)	18.4 (13.2–23.6)	22.4 (15.0–29.8)	19.9 (16.1–23.8)
Palliative terminal care	2.7 (0.0–6.3)	0.9 (0.0–2.2)	1.6 (0.0–3.8)	1.4 (0.3–2.6)
Risk of abuse	1.3 (0.0–4.0)	6.0 (2.8–9.2)	0.8 (0.0–2.4)	3.6 (1.8–5.4)
Other reasons	8.0 (1.8–14.2)	5.5 (2.5–8.6)	6.4 (2.1–10.7)	6.2 (3.9–8.6)

*Question was not included in the first phase survey.

RESULTS

The attitudes found were either not at all or only slightly associated with the age or sex of the students so that there was practically no need for adjustment regarding age or sex.

In the abstract question, the 'yes' to active direct euthanasia clearly increased over the three survey phases (see table 1). Stratification according to sex or age group yielded similar time gradients. Regarding the personal readiness to practice active euthanasia, there was also a significant increase from the second to the third survey phase (this question was not included in the first phase).

Regarding the motivation of the decisions made, we also found clear shifts in the three phases. Arguments relating to patient autonomy and beneficence appear more than twice as frequently in phase three as in phase one. Ethical arguments regarding the act itself or the role of the physician, still put forward by a third of the students in 2001, were used by only 12.8% in 2008/09 ($p<0.001$).

DISCUSSION

The survey period from 2001 to 2009 reveals a massive change in medical students' attitudes towards active euthanasia under medical supervision. The observed trend is in accordance with a change in public opinion in many European countries.[4] Surveys conducted in the general population of Austria in the years 2000 and 2009 using comparable questions also showed an increasing acceptance of active euthanasia from about 49% to 62%. The medical curriculum offered no tutorials specifically devoted to ethical issues such as end-of-life decisions. This medical curriculum remained unchanged during the investigated period. Thus, the observed trend cannot be due to a change in training content on euthanasia issues.

Simultaneously there are shifts in the motivations mentioned, which are probably associated with this change in attitude. Ethical convictions and an ethically marked role-understanding of medical doctors seem to fall back behind a higher valuation of respecting the autonomy of the patient and of beneficence aspects. In this respect, the attitudes of the future physicians seem to draw nearer to the approach prevailing in Dutch euthanasia practice of which van Delden *et al*[7] report:

> … that the request of the patient is not the only basis for the physician's decision … Euthanasia, therefore, is always based on both autonomy and beneficence … In such cases of extreme suffering, life might justifiably be terminated without the patient's explicit request.

In the last few decades there has been a shift in attitude towards more freedom and individual judgement based on a liberal view of the world, while religious convictions are declining. Recent studies have shown that this shift plays a decisive role in the rising acceptance of euthanasia.[5 8] The emphasis on an autonomous individual, free to choose between

What is already known on this subject

In most European countries the attitudes regarding the acceptability of active euthanasia have changed in the general population since World War II.

What this study adds

- The survey reveals a massive change in medical students' attitudes towards active euthanasia under medical supervision from 16.3% to 29.1% to 49.5% in the periods from 2001 to 2003/04 to 2008/09.
- Ethical convictions and an ethically marked role-understanding of medical doctors seem to fall back behind a higher valuation of the autonomy of the patient and beneficence aspects.

right or wrong irrespective of the life situation, is, however, an ideal concept that does not always apply to the life situation of terminally ill patients.

Competing interests None.

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