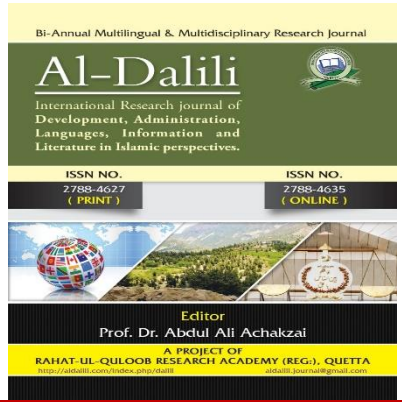

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TOPIC

Impact of Religiosity on Attitude towards Euthanasia: A Myth or a Fact

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Impact of Religiosity on Attitude towards Euthanasia: A Myth or a Fact

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ABSTRACT:
The study was primarily aimed to explore the impact of level of religiosity one's have on his/her attitude towards euthanasia. It also compared the attitude of medical personnel (doctors and nurses), terminal patients and their significant others, and general population towards euthanasia. The sample of 300 respondents was divided into four groups including: medical personnel (*n*= 50 for doctors and *n*= 50 for Nurses); terminal patients and their significant others (*n*=50); and the general population (*n*=150). The study following the cross-sectional correlational research design indicated significant correlation between level of religiosity and the attitude towards euthanasia. Results also indicated that religiosity have significant predictive impact on one's attitude towards euthanasia but only its religious faith and religious influence subscales significantly predict this. Findings further indicated that general population showed relatively more favorable attitude towards euthanasia than medical personnel and terminal patients and their significant others.

Keywords: Euthanasia, religiosity, religious faith, religious influence.

Introduction

The controversy that surrounds euthanasia has significantly intensified over the past two decades, and it has become a topic of discussion among academics and philosophers in a variety of scientific fields, including medicine, psychology, psychiatry, ethics, sociology, and philosophy, to name just a few[1]. The question of whether or not a patient who is suffering from a terminal illness should be allowed to have their life intentionally ended by a medical professional has received a lot of attention in recent years. Research on euthanasia has been prompted by personal accounts of distress, which in turn have stoked public curiosity about the it[2].

Euthanasia is the intentional killing of a person for the individual's benefit. The term euthanasia derives from the Greek words eu, meaning "good," and thanatos, meaning "death"[3]. Hence, euthanasia denotes a good or simple death. Also known as the merciful hastening of death, euthanasia often refers to the deliberate and humane killing of a person who is wounded or terminally sick. In other terms, euthanasia is the end of terminally sick people' lives at their request or in their best interests[4].

There are several types of euthanasia. Active euthanasia is the deliberate use of lethal injections to end the patient's life[5]. Passive Euthanasia is the intentional withdrawal of all treatments and medications in order to cause death[6]. Voluntary Euthanasia occurs when a patient requests euthanasia with full awareness and understanding that it will end his life[7]. Involuntary Euthanasia is defined as killing a patient without his or her consent or awareness[8].

The practice of euthanasia is seen in a variety of ways within several religions, each of which has its own unique perspective.Before delving into the religious side of euthan-

asia, it is necessary to define religiosity.

The concept of religiosity is complex and can be understood from a variety of perspectives, depending on the area of study[9]. Religion is an idea that, when firmly believed, may direct an individual's behavior throughout their whole life. Belief in supernatural creatures, such as God, heaven and hell, angels and demons, and other such beings, is an essential component of religion[10]. It refers to the extent to which a person adheres to the teachings of his or her religious tradition, not just in terms of belief but also in terms of actions[11]. There are four main ideas that make up religious practice. First, giving up one's will to a higher power. Second, following the rules of the faith as they are written down. Third, staying away from or attempting to control carnaldesires that go against religious rules. Andfinally,the faith in a life after death[12].

In short, Religiosity can be described generally as any feelings, ideas, experiences, and actions that originate from a desire for the 'sacred,' with religion emphasizing collective or societal rituals and doctrines and spirituality often referring to personal experiences and beliefs[13]. It refers to the degree to which an individual is committed to and practices a particular religion or religious beliefs[14]. It encompasses a person's religious beliefs, rituals, practices, and behaviors, as well as their level of devotion and commitment to their faith.

It's important to talk about euthanasia from a religious point of view because, almost every religion is strongly against it. According to Islam, human life is immensely important and is kept in the hands of the highest authority (the almighty Allah). As a result, it is our responsibility to respect human life. According to Quran, do not take life, which Allah made sacred, save in the course of justice"[15]. Another passage in the Quran adds, "Whoever kills a person, it is as though he has killed all mankind"[16].

Islam forbids euthanasia, however in rare cases, passive euthanasia may be practiced if the patient has a terminal illness or if it does not conflict with one's religious beliefs. According to Islamic *fiqah*, passive euthanasia is permissible and permitted for terminal patients in Makkah al Mokrma[17]. One justification for legalizing passive euthanasia is that if someone can't artificially lengthen or shorten their life, they shouldn't do it either[18]. In general, no religion supports euthanasia since God views life as a precious gift that a man is not permitted to take voluntarily.

The pain of terminally ill people is a major concern for everyone in society, not just their families. Although being a divisive concept, euthanasia is catching the attention of several experts in the medical sector, psychology, and other social sciences. It is crucial to investigate attitudes about euthanasia in the particular culture of society. Euthanasia is a method of ending a person's life in order to save him from suffering as a consequence of an illness. When a person has little prospect of survival due to an illness or a life-threatening disease, euthanasia should not be contentious, but it should be debated, that is what this article has attempted to accomplish. It, too, in a culture where relatively few people are aware of it. Study has further explored if religiosity or various components of religiosity (like faith or practices) influence one’s attitude towards euthanasia or not.

Method

The study was primarily aimed to explore the impact of one's level of religiosity on their attitude towards euthanasia. The attitude of medical personnel (doctors and nurses), terminal patients and their significant others, and general population towards euthanasia was also compared in the study.

Objectives of the Study

1. To assess the relationship between level of religiosity and attitude towards euthanasia among medical personnel, terminal patients and their significant others, and general population of Quetta.
2. To explore the predictive impact of level of religiosity on the attitude towards euthanasia among medical personnel, terminal patients and their significant others, and general population of Quetta.
3. To compare the attitude of medical personnel, terminal patients and their significant others, and general population of Quetta towards euthanasia.
4. To compare the attitude of groups based on gender and age towards euthanasia.

These objectives were achieved through a cross-sectional correlational research design.

Tools

Two scales along with informed consent and demographic information sheets were used as our research tools.

Attitude towards Euthanasia Scale (ATE)

The translated Urdu version of Attitude towards Euthanasia (ATE) Scale was used. The original scale is developed by Wasserman and his colleagues[19] to assess the attitude towards euthanasia. The scale has 10 items with a Likert type scale having five response options from 1 (strongly disagree) to 5 (strongly agree). Item number 6 and 9 were scored in reverse. High score is indicative of favorable attitude towards euthanasia.

Having terminal patients or their significant others in our research sample compelled us to translate the scale into Urdu. For translation of the scale, first the scale was translated into Urdu following the forward translation approach and then a committee comprising of three faculty members decided for the final translated version.

Religiosity Measure

For measuring religiosity, a 17-item scale adapted in Urdu by Fayyaz, Kamal, and Ambreen (2020)[20] was used. Respondents have to give the opinion on a 5-point Likert type scale from 1 to 5. The scale has four sub-scales including religious involvement, religious faith, religious influence, and religious optimism. High score indicates higher level of religiosity. Overall, the scale reported to have good reliability ($\alpha = .75$).

Participants and Data Collection

Following purposive sampling 300 research participants consented to participate in our study. The sample was divided into four groups including: medical personnel (n= 50 each for doctors & Nurses); terminal patients and their significant others (n=50); and general population (n=150). The sample was further separated into two gender groups of men (n = 113); and women (n=187) and three age based groups of 18 to 30 years (n=190), 31 to 45 years (n=83), and 46 and above years of age (n=27). Medical

personnel and terminal patients were contacted from various government hospitals of Quetta, whereas general population includes teachers and university students.

For collecting information first permission was taken from hospital authorities to access terminal patients, their significant others and the medical personnel. Then informed consent was taken from all the research participants. Instruments were administered and their responses were recorded and entered in SPSS data sheet for further analysis.

Results of the Study

Initial analyses revealed appropriate score distribution and good internal reliability coefficients for both research tools. These descriptive values along with alpha reliability estimates are given below in table 1.

Table 1 Descriptive Statistics and Reliability Coefficients for Attitude towards Euthanasia Scale and Religiosity Measure (*N*=300)

Ser. No.	Scale	No. of Items	M	SD	α	Range		Skew	
						Min.	Max.	Statistic	Std. Er.
1.	EU	10	19.82	7.58	.87	10	50	.75	.14
2.	RL	17	60.74	9.44	.79	29	84	-.29	.14

Note. EU = Euthanasia Scale; R = Religiosity Measure.

Further analyses indicated significant negative association ($p \leq .001$) of religiosity with the attitude towards euthanasia. Considering the subscales of religiosity measure, though all subscales show negative coefficients but only religious faith and religious influence seem to have significant correlations ($p \leq .001$ & $p \leq .05$ respectively) with attitude towards euthanasia. The inter correlation coefficients of all the research variables are displayed in table 2.

Table 2

Inter-correlational Matrix of Raw Scores on Attitude towards Euthanasia Scale; Religiosity Measure and its Sub-Scales; and Emotional Regularity Scale (N= 300)

Ser. No.	Scale	1	2	a	b	c	d
1	EU	-					
2	R	-.20***	-				
a	RI	-.06$^{n.s}$	.57***	-			
b	RF	-.23***	.72***	.24***	-		
c	RIn	-.14*	.84***	.36***	.45***	-	
d	RO	-.02$^{n.s}$	.48***	.06$^{n.s}$	.37***	.17**	-
M		19.82	60.74	10.71	12.55	20.74	9.59
SD		7.58	9.44	2.51	2.44	4.79	2.67

Note. EU = Euthanasia Scale; R = Religiosity Measure; RI = Religious Involvement; RF = Religious Faith; RIn = Religious Influence; RO = Religious Optimism; *** = $p \leq .001$; * = $p \leq .05$; ** = $p \leq .01$

Considering the second objective, the multiple linear regression analysis indicated a significant impact of one's religiosity on their attitude towards euthanasia. Religiosity level predicted more than 4% of variance in the score of attitudes towards euthanasia

scale. Regression analysis of religiosity subscales further revealed that religious faith and religious influence may impart substantial impact on one's attitude towards euthanasia. They showed a significant predictive influence of approximately 5% and 2% respectively on attitude towards euthanasia. The regression analyses religiosity, subscales of religiosity and attitude towards euthanasia are given in table 3.

Table 3 Multiple Linear Regression Analysis (N= 300)

Variables	B	*β*	*t*	Sig.	R^2	$F_{(1, 298)}$	Sig. *(F)*
1. R =► EU	-.163	-.203	-3.57	.000	.041	12.75	.000
2. RI =► EU	-.168	-.056	-0.96	.336	.003	0.93	.336
3. RF =► EU	-.711	-.228	-4.05	.000	.052	16.41	.000
4. RIn =► EU	-.217	-.137	-2.39	.018	.019	5.71	.018
5. RO =► EU	-.069	-.024	-0.42	.673	.001	0.18	.673

Note. EU = Euthanasia Scale; R = Religiosity Measure; RI = Religious Involvement; RF = Religious Faith; RIn = Religious Influence; RO = Religious Optimism.

Other objectives of the study are about the comparison of attitude of various groups towards euthanasia. Results revealed non-significant mean differences among the groups based on gender and age for the current sample, so gender and age may not influence one's attitude towards euthanasia significantly.

Results based on Analysis of Variance (ANOVA) indicated significant mean differences among groups based on type of the respondents. Post-Hoc analysis was run through Hochberg procedure due to having vastly different sample size. This further revealed that general population have shown more favorable attitude toward euthanasia than the terminal patients and their significant others, and the medical personnel (doctors and nurses). Medical personnel have shown least favorable attitude towards euthanasia. Moreover, the mean scores differ significantly only for general population and medical personnel. These results are displayed in table 4.

Table 4 Mean Differences with Post Hoc Analysis and F ratio on Attitude towards Euthanasia Scale for the Type of Respondents (*N* = 300)

(I) Profession	(J) Profession	M (SD) of i	F	*p*	i-j	Mean D	SE	95% CI LL	95% CI UL
Terminal Patients (TP)	MP	19.36 (8.09)	6.67 (2, 297)	.001	TP > MP	1.53	1.28	-1.56	4.62
	GP				TP < GP	1.95	1.21	-4.86	0.97
Medical Personnel (MP)	TP	17.83 (6.94)			MP < TP	1.53	1.28	-4.62	1.56
	GP				MP < GP	3.48**	0.96	-5.78	-1.17
General Population (GP)	TP	21.31 (7.53)			GP > TP	1.95	1.21	-0.97	4.86
	MP				GP > MP	3.48**	0.96	1.17	5.78

Note. TP = Terminal Patients and their significant others; MP = Medical Personnel; GP = General Population; ***p* < .01

Discussion

Euthanasia is one of those topics that are not at all simple to have a conversation about. There are some who believe it would be beneficial while others do not. Some people take it as a religious affair, while others think its independent of religion. In fact, the most essential thing is getting it discussed, regardless of whether those discussing it have a reactionary mindset or are in favor of it. The current research has attempted to study attitude towards euthanasia in relation to one's level of religiosity. Overall, 300 participants sampled through purposive sampling gave their consent to take part in our study. The sample was split into four groups including medical professionals (doctors and nurses); terminal patients and their significant others; and the general population. The sample was further divided into two gender groups and three age groups (from young to old).

The primary objective of this study was to investigate how a person's religious beliefs influence his attitude towards euthanasia. Following the objectives of the study, the results have revealed that there is significant negative relationship of religiosity with the attitude towards euthanasia, which is in line with other studies. One such study revealed a significant relationship between religiosity and attitude towards euthanasia[21]. But study findings revealed further that only religious faith and religious influence aspects (measured through two of the subscales of the religiosity measure) had a significant relationship with attitude towards euthanasia. According to Gielen et al., (2009)[22] majority of the publications found support for the theory that opinions (of nurses) on euthanasia and physician-assisted suicide are impacted by their faith and worldview, also it appears that placing more value on religion makes support for euthanasia and assisted suicide less likely.

According to regression analysis, more than 4% of the variation in the score on the attitude towards euthanasia scale have been explained by the participant's degree of religiosity. Considering the complex issue of euthanasia, this seems quite substantial predictive influence. Furthermore, both religious faith and religious influence depicted the potential to have a significant effect on a person's perspective about euthanasia. They showed a significant predictive influence of around 5% and 2% on people's attitude towards euthanasia, respectively. Both religious faith and influence can easily be justified as influencing one's attitude towards euthanasia. The intentional or planned death out of any possible reason is in contradiction to the basis of faith in most religions. But this is not clear yet that why other domains of religiosity do not seem to associate significantly with attitude towards euthanasia. It is evident that euthanasia has not been researched much in relation to religiosity or other contextual factors which is much needed.

The secondary objective of the study includes comparing the euthanasia attitude among diverse groups. The current results revealed non-significant mean differences between the groups based on gender and age, suggesting that gender and age may not significantly influence one's attitude towards euthanasia. Further analyses on group

comparison revealed statistically significant mean differences between groups based on respondent type including medical professionals (doctors and nurses); terminal patients and their significant others; and the general population. Results from post-hoc analyses asserted that the general public had a more favorable attitude towards euthanasia than terminal patients/ their significant others, and medical professionals (doctors and nurses). Regarding euthanasia medical personnel seem to have the least favorable attitude. In addition, only the mean scores for the general population and medical personnel differ significantly. These results are consistent with other research assertions. A latest study conducted by Lau and Wong (2022)[23] showed that about 58% of medical students did not support euthanasia. A cross-sectional study of the doctors working in the city of Mangalore's four medical colleges also reported that 51.4% of doctors responded that they thought euthanasia was not justifiable[24]. According to another research, 60% of the general public felt that people with severe dementia ought to be allowed for euthanasia[25] which is in agreement with our results. Similarly, around 50% of the population thought that euthanasia was appropriate for people with severe dementia, according to study from Finland (2002)[26] that looked at attitudes of general population about this practice.

These findings seem quite valuable in order to gain some understanding of dynamics of euthanasia, but are not enough. It is impossible to deny the impact of religion on attitudes towards euthanasia but it seems that many other factors should be researched that can influence our attitude towards it. Moreover, we have used self-report method for data collection, which could lead to less reliable information owing to the social desirability on the part of the respondents. So, in future investigating euthanasia and associated factors using a variety of data collection method and a larger sample may lead to more in depth and generalizable findings.

Conclusion

It is exceedingly challenging to talk about euthanasia in a nation where the practice is outlawed and is seen as reactionary in general. Accepted or not, it is still in practice in the medical field under certain conditions. So, it’s why, how, and when needs to be understood. Our study attempted to tackle this issue a bit and highlighted findings that have implications not only in medical/ clinical field but also for future research. Our research indicated that the doctors and other medical professionals are not in favor of euthanasia and the indicated general populace's favorable attitude towards it is new finding. Moreover, our findings also point out that one’s level of religiosity not only is associated with his/her attitude towards euthanasia but can even predict it substantially. The current findings about euthanasia in this part of the world can play a major role in gaining some insight and beginning of thoughtful discussions about euthanasia.

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