

Euthanasia as a pathway for patients:

Healthcare professionals' characteristics which may form their attitude towards euthanasia in Greece.

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INTRODUCTION & AIM

Euthanasia and assisted suicide have long been subjects of historical and ethical debate, primarily due to their intersection with the broader and enduring principle of the right to life. Euthanasia is defined as the deliberate act by one individual to end the life of another, using the most humane and painless means available, with the primary intention of serving the best interests of the person who dies. Previous research indicates that approximately 10% of terminally ill patients report a moderate to strong desire for an early death. Over the years, numerous arguments have emerged both in favor of and against assisted dying; nonetheless, public support for the legalization of euthanasia and assisted suicide is currently at an unprecedented level.

In Greece, most people are against euthanasia as a result of tradition and religion [1]. A growing body of international literature suggests that attitudes toward euthanasia are shaped by sociocultural factors, religious beliefs, professional background, age, and individual perspectives on death—all of which evolve over time [2].

The present study aimed to examine the attitudes of healthcare professionals in Greece toward euthanasia. Furthermore, it sought to investigate the extent to which individual and professional characteristics, religiosity, and views on death predict these attitudes.

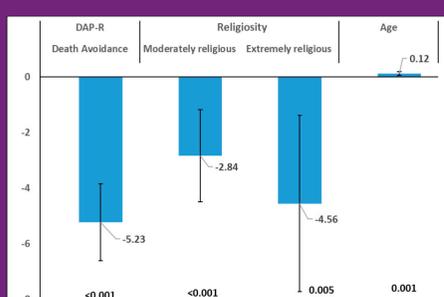
METHOD

A total of 465 healthcare professionals employed in Greek health services participated in the study. Data were collected on socio-demographic characteristics, attitudes toward euthanasia (ATE) [3], and perspectives on end-of-life issues (DAP-R) [4]. Multiple linear regression analysis was conducted to examine the associations between attitudes toward euthanasia and (1) demographic and professional variables, and (2) perceptions of death.

RESULTS

Female healthcare professionals constituted the majority of the sample (74.8%). The age distribution showed a higher percentage of personnel >41 years old were (54.2%). The mean age of the personnel is 42.6 ± 10.9 with a range from 20 to 79. Regarding marital status, 241 were married. 43.4% of the total sample held a master's degree or a PhD. 92 persons have professional experience ranging from 21–30 years. Most of the participants were social workers (39.8%), followed by physicians (26.2%). 57.2% were working in a hospital, and 55.1% were working with end-stage patients. 35.7% of the participants were "moderately religious," 30.8% "slightly religious," and there is a percentage of 18.5% who self-reported as "atheists." Attitudes toward euthanasia (ATE) scale showed a median or mean total score (around 24), indicating a low acceptance of euthanasia.

Table 1: Multiple regression model of ATE vs. Personal Characteristics and DAP-R (Beta and 95% CI).



Religiosity was found to influence the total ATE score; specifically, ATE was associated with both moderate and high levels of religiosity. We also identified a positive correlation between healthcare professionals' age and their attitudes toward euthanasia. Specifically, older healthcare professionals were more likely to express favorable attitudes toward the practice of euthanasia.

Table 2: ATE score of Healthcare Personnel's Target group

Target group of Healthcare Personnel	ATE score
Adults	25.1 ± 9.6
Elders	20.7 ± 8.6
Minors	24.5 ± 8.8
>1 target group	23.6 ± 5.5

Healthcare professionals working with older adults showed the lowest ATE scores compared with other target groups (Tbl. 2).

Table 3: Correlation of ATE scale vs. DAP-R scale.

ATE	FoD	DaV	Nac	Aac	Eac
R	0.010	-0.358	0.099	0.092	-0.173
P	0.829	0.000	0.032	0.048	<0.001

r: Spearman's r; List of Abbreviations: FoD: Fear of Death, DaV: Death Avoidance, Nac: Neutral Acceptance, Aac: Approach Acceptance, Eac: Escape Acceptance.

There is a significant correlation of the ATE scale with most of the DAP-R subscales. We found a correlation of positive attitudes towards euthanasia with lower acceptance of death or neutral acceptance (Tbl.3).

DISCUSSION

Religiosity was found to influence the total ATE score, with both moderate and highest levels of religiosity demonstrating a significant association. One possible explanation for the observed association between the target group of work and healthcare professionals' attitudes toward euthanasia is that those working with older adults may hold more favorable views toward palliative care. Moreover, it has been suggested that attention may shift from euthanasia to concerns regarding homicide, as the legalization of euthanasia could have substantial implications for marginalized populations, including individuals who are economically disadvantaged, socially excluded, or living with disabilities [5]. In the present study, elder healthcare professionals were more positioned in favor of euthanasia practice, which aligns with findings from several international studies indicating an association between age and attitudes toward euthanasia [2]. Furthermore, positive attitudes toward euthanasia were associated with lower or neutral acceptance of death, a finding consistent with evidence from comparable research [6].

CONCLUSION

Euthanasia remain highly debated due to their complex ethical and legal implications. For healthcare professionals, addressing competent patients' requests for hastened death goes beyond legal compliance. Educating future healthcare professionals in patient care and bioethics is essential to prepare them for these ethical challenges as well as the challenge that euthanasia may become a pathway for the patient.

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