Nurses' views on voluntary, active euthanasia and its legalization in Nigeria

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Abstract

This study seeks to determine the knowledge, perception and attitudes of nurses towards voluntary active euthanasia.

A descriptive cross-sectional survey was conducted at the University of Ilorin Teaching Hospital where 160 nurses participated. The mean age was 33.2 years. Majority of the participants were female (n=137, 85.6%) Christians (n=97, 60.6%) with a mean year of experience of 8.13. Nurses have a low basic knowledge, poor perception and negative attitudes towards voluntary active euthanasia. It was mainly motivated by their moral and religious beliefs. It is important that a conversation on the euthanasia is initiated among healthcare professionals. This will allow for debates for and against euthanasia and may lead to the legalization of voluntary active euthanasia or other forms of euthanasia.

Keywords: Euthanasia knowledge and perception, Voluntary active euthanasia, Nurses, Bioethics

Introduction

Euthanasia (or assisted dying or medical assistance in dying) can be defined as "the legal prescription and/or administration of a lethal dose of medication by an authorized health professional with the intention of ending a patient's life, at the request of a mentally competent patient at end of life where eligibility and procedural requirements are met" (Wilson, Oliver, & Malpas, 2019). This definition emphasizes that euthanasia must be a voluntary request from a patient; hence it excludes involuntary and non-voluntary cases, but it can either be passive or active(Terkamo-Moisio, Gastmans, Ryynänen, & Pietilä, 2019). Active euthanasia involves the introduction of a lethal drug with the intention of causing death; while passive euthanasia involves the withdrawal or withholding of life-sustaining support from a terminally-ill person (Oniha, 2017). The focus of this study is voluntary active euthanasia which means the introduction of a lethal drug with the intention of causing patient's death at his/her request. For many decades, there have been conflicting opinions and interests about euthanasia; while some see it as an act of compassion to relieve sufferer's pain; and others see it as a violation of God's commandment (Nwankwo et al., 2017). Whilst some healthcare professionals view euthanasia as a violation of their professional oath, others struggle to synchronize it with their moral beliefs (Dierckx de Casterlé, Verpoort, De Bal, & Gastmans, 2006; Nwankwo et al., 2017).

There has been a rapid increase in the legislation of euthanasia in various countries. At least, there are 16 countries in North America and Europe, including the Netherlands, Belgium, Luxembourg, Colombia and Canada which has legalized euthanasia and some states in the

United States of America (Nys, 2017). Belgium became the first country to remove the age restrictions on euthanasia in 2014 (Oniha, 2017). It is worth noting that these laws have conditions. For instance in Netherlands; euthanasia is considered an un-punishable act, only if the following criteria are met: the patient's request, the patient's suffering (unbearable and hopeless) and there is absence of a reasonable alternative (Gomez, 1991; Government of Netherlands, n.d.). In all the countries except Canada, physicians must be the ones to perform euthanasia. However, Canada went further by permitting nurse practitioners to perform euthanasia (Terkamo-Moisio et al., 2019). This action has drawn attention to the role of nurses in euthanasia; and the significant impact that their participation can have on the process of euthanasia.

Like many other countries, euthanasia is not legalized in Nigeria. Sections of the Criminal code applicable in Southern Nigeria and the Penal code applicable in Northern Nigeria strongly indicate that it is a punishable offence by the Nigerian law (Oniha, 2017). According to both codes, consent from the patient is not a justification for euthanasia. Even it is legalized, Edogiawerie & Edogiawerie (2015) opined that the commitment and love for family, and the belief in miraculous healings may hinder the support of the family, even when the patient makes a request for euthanasia. It is worth referring to the controversial court case of Medical and Dental Practitioners Disciplinary Tribunal versus John Nicholas Okonkwo, where in a patient who is a Jehovah Witness (a religious sect that does not permit blood transfusion) refused to take blood transfusion which led to her death. The Supreme Court stated that "if a competent adult patient exercising his right to reject lifesaving treatment on religious basis thereby chooses a path that may ultimately lead to his death, in the absence of judicial intervention overriding the patient's decision, what meaningful option is the practitioner left with, other than to give the patient the comfort?" An analysis of this judgement shows that the Supreme Court of Nigeria has directly or indirectly approved passive euthanasia (Oniha, 2017).

As major stakeholders in the practice of euthanasia, it is important to assess the knowledge and attitude of various health professionals on euthanasia. A study by Nwankwo et al. (2017) showed that 72% of 300 doctors believed that euthanasia was not acceptable under any circumstance. Nurses have a significant role to play in the process of euthanasia; both in the fight for its legalization and actual implementation in hospitals. Hence, it is important to assess the attitudes of nurses towards euthanasia. This study chooses to focus on voluntary active euthanasia because it is a more controversial issue and acquiring nurses' beliefs on it can greatly influence the general conversation on euthanasia in Nigeria. This study sought to determine nurses' attitudes on voluntary active euthanasia. To achieve the key objectives of this study, four research questions were raised and two hypotheses were formulated.

Research questions

1. What is the basic knowledge of registered nurses about voluntary active euthanasia?
2. What are the attitudes of registered nurses towards voluntary active euthanasia and its legalization?
3. What are the perceptions of registered nurses towards the legalization voluntary active euthanasia?

Hypotheses

1. There is no significant association between designation of respondent and perception about voluntary active euthanasia.

2. There is no significant association between years of experience of respondents and perception about voluntary active euthanasia.

Methods

Design

A cross-sectional, descriptive survey was conducted at the UITH, Ilorin, Kwara State.

Population, sample and sampling procedure

The study participants were registered nurses in all the wards in the hospitals.
160 questionnaires were distributed, all the questionnaires were returned; that is a response rate of 100%. Table 1 shows the socio-demographic data of the respondents. The mean age is 33.2 years. Majority of the participants were female (n=137, 85.6%) Christians (n=97, 60.6%) with a mean year of experience of 8.13.

The respondents were conveniently selected using the following criteria. Data collection occurred from 11th to 25th June, 2018. Participation in the study was strictly voluntary. To ensure confidentiality, no personal information was requested from the participants, and they were informed to avoid writing any form of identification on the questionnaires.

Table 1: Socio-demographic data of the respondents

Variables		Frequency	Percentage
Age	20-29years	74	46.2%
	30-39years	46	28.8%
	40-49years	27	16.9%
	50years and Above	13	8.1%
Gender	Male	23	14.4%
	Female	137	85.6%
Religion	Christianity	97	60.6%
	Islam	57	35.6%
	Traditional	6	3.8%
Marital status	Single	70	43.8%
	Married	80	50.0%
	Divorced	0	0.0%
	Widowed	10	6.2%
Tribe	Yoruba	133	83.1%
	Hausa	8	5.0%
	Igbo	9	5.6%
	Others	10	6.2%

Rank	ACNO	7	4.4%
	ADNS	5	3.1%
	CNO	6	3.8%
	NO	24	15.0%
	NO1	29	18.1%
	NO2	45	28.1%
	PNO	4	2.5%
	SNO	40	25.0%
Years of experience	1-5years	84	52.5%
	6-10years	28	17.5%
	11-15years	18	11.2%
	16-20years	20	12.5%
	21-25years	4	2.5%
	26-30years	6	3.8%

Instrumentation

The data collection instrument was a structured self-developed questionnaire. The 23-item questionnaire consists of 4 sections. Section A is on the respondents' socio-demographic data. Section B assessed the nurses' knowledge on voluntary active euthanasia. Section C to assess the nurses' attitudes towards voluntary active euthanasia. Section D sought to determine the nurses' perception to legalization of voluntary active euthanasia. The questionnaire is written in English. The questionnaire was evaluated by a team of nursing researchers for face and content validity and the necessary corrections were made based on their recommendations. A pilot study was conducted at General Hospital, Ilorin, to determine the reliability of the questionnaire. A reliability coefficient of 0.743 was found and it was considered satisfactory. The findings of the pilot study were not included in this article. The respondents were approached at their various wards. One of the authors waited for the nurses to complete and submit their questionnaire. Other nurses requested to submit at a later time; so the author went back at the appointed time and collected the filled questionnaire.

The data was analyzed using Statistical Product Service Solution (SPSS) version. Data were presented in frequency tables, percentages and charts; and inferential statistics, precisely chi-square was used to test the hypotheses.

Results

1. What is the basic knowledge of registered nurses about voluntary active euthanasia?

Table 2 shows that majority 151 (94.4%) of the respondents had heard about voluntary active euthanasia. The major sources of information are the media (n=57, 37.3%) and books (n=54, 35.3%). More than one third of the respondents (n=58, 36.2%) correctly stated that voluntary active euthanasia as mercy killing of patients at their request. Two respondents (1.2%)

correctly stated that it is an illegal practice. Forty-one percent (n=67) choose wrong responses to describe voluntary active euthanasia. Less than half of the nurses believed it is the patient who facilitates the euthanasia process.

Table 2: Basic knowledge of nurses on euthanasia

Variable	Responses	Frequency	Percentage
Have you heard about active euthanasia?	Yes	151	94.4
	No	9	5.6
If yes, how did u learn about voluntary active euthanasia?	Media	57	37.3
	Colleague	33	21.6
	Books	54	35.3
	Seminar	9	5.9
Which of the following statements best describe voluntary active euthanasia?	No response	33	20.6
	Ending patient life deliberately with the patient's workshop (Wrong)	2	1.2
	Ending patient's life and giving a lethal dose of drugs (Wrong)	20	12.5
	Illegal practice (Correct)	2	1.2
	Intentionally killing a man to relief pain or suffering (Wrong)	27	16.8
	It is withdrawal of life support from patient with terminal illness. (Wrong)	5	3.1
	Mercy killing of patients at their request (Correct)	58	36.2
	Right to request for termination of life. (Wrong)	13	8.1
How is voluntary active euthanasia carried out?	Withdrawal of life support	94	60.6
	Administration of drug's lethal dosage	54	34.8
	Smothering	7	4.5
Who facilitates the performance of voluntary active euthanasia?	Patient	72	46.5
	Relatives	22	14.2
	Nurses	42	27.1
	Doctors	19	12.3

2. What are the attitudes of registered nurses towards voluntary active euthanasia and its legalization?

Table 3 shows the responses of the nurses to statements assessing their attitudes. Majority (n=106; 66.2%) of the respondents strongly disagreed or disagreed that voluntary active euthanasia is a good practice. While majority (65.6%, n= 105) strongly agreed or agreed that voluntary active euthanasia ends patient's suffering, majority indicated that a nurse should not perform euthanasia (n=80, 50%) and it should not be legalized (n=106, 66.3%).

Table 3: Attitude of nurses towards euthanasia and its legalization

Variable		Frequency	Percentage
Voluntary active euthanasia is a good practice	Strongly agree	20	12.5%
	Agree	26	16.2%
	Disagree	57	35.6%
	Strongly disagree	49	30.6%
	Undecided	8	5.0%
Voluntary active euthanasia ends patient's suffering	Strongly agree	25	15.6%
	Agree	80	50.0%
	Disagree	25	15.6%
	Strongly disagree	16	10.0%
	Undecided	14	8.8%
Performance of voluntary active euthanasia has no disadvantage	Strongly agree	12	7.5%
	Agree	47	29.4%
	Disagree	61	38.1%
	Strongly disagree	28	17.5%
	Undecided	12	7.5%
A good nurse should not perform voluntary active euthanasia	Strongly agree	38	23.8%
	Agree	42	26.2%
	Disagree	33	20.6%
	Strongly disagree	29	18.1%
	Undecided	18	11.2%
Voluntary active euthanasia should be legalized	Strongly agree	15	9.4%
	Agree	27	16.9%
	Disagree	46	28.8%
	Strongly disagree	60	37.5%

	Undecided	12	7.5%
Voluntary active euthanasia makes the nurses' work easier	Strongly agree	6	3.8%
	Agree	18	11.2%
	Disagree	52	32.5%
	Strongly disagree	67	41.9%
	Undecided	17	10.6%

3. What are the perceptions of registered nurses towards the legalization voluntary active euthanasia?

Table 4 shows that majority (n=115, 74.2%) of the nurses stated that voluntary active euthanasia is a bad practice. The nurses wrote different reasons for their views; major themes include: religious beliefs (n=39, 24.4%) and it ends patient's suffering (n=24, 15%). Majority of the nurses (n=126, 80.3%) said they would not like to perform voluntary active euthanasia.

Table 4: Perception of nurses about euthanasia

		Frequency	Percentage
What kind of practice is voluntary active euthanasia?	Good	40	25.8%
	Bad	115	74.2%
If good, what is the reason for your answer in (13) above?	Because patient requests it	2	1.2%
	It ends patient's suffering	24	15%
	It helps in peaceful death and organ donation	2	1.2%
	It saves money	2	1.2%
If bad, what is the reason for your answer in (13) above?	No response	55	34.4%
	Because of the principle of Non-maleficence	3	1.9%
	Because we help patient to live not die	6	3.8%
	Because we should always nurse to peaceful death	7	4.4%
	God is the giver of life and will take it when he likes	2	1.2%
	It creates self-guilt on the person	2	1.2%
	It is murder no matter the reason	4	2.5 %
	It is not morally good	2	1.2%

	It is unethical	2	1.2%
	It shorten life span of a patient	4	2.5%
	Just don' t like it	2	1.2%
	Patient may live longer	2	1.2%
	Religious belief	39	24.4%
Would you like to perform voluntary active euthanasia?	Yes	31	19.7%
	No	126	80.3%

Hypothesis testing

Table 5 shows the results of testing the hypothesis. Hypothesis 1: There is no significant association between designation of respondents and perception about voluntary active euthanasia. This hypothesis was rejected because there was no significant association between the two variables (X^2=23.708, p=0.001)

Hypothesis 2: There is no significant association between years of working experience and perception about voluntary active euthanasia. This hypothesis was rejected because there was no significant association between the two variables (X^2=15.430, p=0.009)

Table 5: Hypothesis testing

		Perception about voluntary active euthanasia						
		Good	**Poor**	**Total**	**Pearson Chi-Square**	**P-value**	**Df**	**Results**
Designation of the respondents	ACNO	0	7	7	23.708	0.001	7	Significant H_0 is accepted
	ADNS	0	5	5				
	CNO	0	6	6				
	NO	8	16	24				
	NO1	2	27	29				
	NO2	19	26	45				
	PNO	0	4	4				
Total		45	112	157				
Years of working experience	1-5	23	61	84	15.430	0.009	5	Significant H_0 is accepted
	6-10	10	15	25				
	11-15	10	8	18				
	16-20	2	18	20				

	21-25	0	4	4				
	26-30	0	6	6				
Total		45	112	157				

Discussion

This study explored the knowledge, perception and attitude of nurses regarding voluntary active euthanasia. These findings contribute to the limited literature on the knowledge, perception and attitudes of nurses towards voluntary active euthanasia. Also, it gives an insight into the nurses' perspectives from a country where euthanasia remains illegal.

The nurses in this study associated euthanasia with killing a patient but did not accurately define euthanasia. This is probably because euthanasia is not extensively discussed in schools. Majority heard about euthanasia from either books or the media. Majority of the nurses have negative attitude towards euthanasia: they indicated that euthanasia is a bad practice and it should not be legalized. This is similar to the findings of Nwankwo et al. (2017); in which majority of their participating doctors believed that euthanasia is not acceptable under any circumstance. This negative attitude towards voluntary active euthanasia appears to be largely due to moral and religious reasons. Nigeria is a very religious country where the belief in miracles is common. There is a widely-accepted belief that God is the creator of life hence He is the only one that should take a life. Also, as established earlier, euthanasia is illegal in Nigeria. It is common to hear stories of ghosts haunting the person(s) that killed him/her. This is commonly seen in Nigerian movies. These fears, coupled with moral and religious belief, may account for the negative attitude towards euthanasia.

Majority of the participating nurses indicated that they would not perform euthanasia. This implies that Nigeria may not be ready for the legalization of euthanasia. If those who are expected to perform it are unwilling, definitely the applicability of such laws will be limited. Though it possible, that the legalization of euthanasia may encourage some nurses to change their attitude and perception about euthanasia. A Nigerian study of 300 doctors indicated that 30.8% had received request for varying types of euthanasia (Nwankwo et al., 2017). This shows that there is a desire for euthanasia from terminally-ill patients. It is important that a conversation on euthanasia is initiated among healthcare professionals. This will allow for debates for and against euthanasia and may lead to the legalization of voluntary active euthanasia or other forms of euthanasia. If not legalized, it may lead to the development of interventions to support terminally-ill patients and their families who request for euthanasia.

The participants' reasons for their poor perception towards voluntary active euthanasia include: religious beliefs and responses which highlighted guilt for causing a person's death and hope for a miracle. For nurses' who supported it, the major reason was to end the patients' suffering. As Nwankwo et al. (2017) rightly stated, the factors affecting the attitude and perception of doctors to euthanasia in this study are multi-factorial. It includes religious, moral, legal and medical factors. It is imperative for qualitative studies to be performed to further understand how these factors influence their perception and attitude towards euthanasia.

This study also discovered that age and job designation had a significant association with the nurses' perception about euthanasia. This is contrary to the findings by Nwankwo et al. (2017) in which no significant association was found between the variables. This is similar to

the findings by Terkamo-Moisio et al. (2019) where younger nurses agreed to participate in the euthanasia process than older nurses. They suggested that the reason for this disparity may be due to the fact that younger nurses were raised in more liberal society that their older colleagues. In this present society, there is a lot of advocacy for rights, and tolerance of personal life choices (Cohen, Van Landeghem, Carpentier, & Deliens, 2013). Hence, they are more receptive of the idea of voluntary active euthanasia. There is a need for further research to explore these relationships further.

This study has contributed to existing literature on voluntary active euthanasia. Despite the strengths of this study, it has the following limitation. This study was conducted in a single hospital; hence caution should be taken with generalizing the results to other settings. However, this does not in any way invalidate the findings of the current study

Conclusion and recommendations

Euthanasia remain illegal in Nigeria but research shows the patients often request for varying types of euthanasia. This study shows that nurses have low basic knowledge, poor perception and negative attitude towards voluntary active euthanasia. There is a need for universities and schools of nursing in Nigeria to include concept of euthanasia and implication for medical practice into their nursing curriculum for their students. It should be discussed when teaching courses such as cancer and palliative care. Nursing and Midwifery Council of Nigeria should explore legal framework on this bioethical issue. More research studies should be conducted to determine if nurses receive euthanasia requests and if they do, how to manage it in a country like Nigeria where euthanasia remains an illegal act.

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