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Knowledge and Attitude of a Sample of Iraqi Physicians in Baghdad Regarding Mercy-Killing (Euthanasia)

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Abstract: Background: The moral and ethical issues surrounding medical termination of life have been openly and extensively discussed over the past 25 years. As medicine has increasingly enabled the chronically ill to live longer lives of dubious quality, euthanasia has become a more actively debated issue. Although the primary focus of medical care is saving life and treating diseases to enhance the quality of life, requests for medical practitioners to end life are not rare. Although euthanasia and assisted suicide are illegal in most countries, they are legal in Belgium, the Netherlands, and the state of Oregon in the United States of America. In Iraq, euthanasia and assisted suicide are illegal. Neither the lay community nor the medical profession has been exposed to the international debate on these issues. Subjects and methods: A cross-sectional survey using an anonymous self –administered questionnaire, which consists of 25 items was conducted among 456 physicians working in 5 selected governmental hospitals and primary health care centers. The method of data collection was a self-administered questionnaire consisting of 3 main sections. The first section, composed of 7 questions, covered the physician's characteristics. The second section elicited physicians' knowledge about euthanasia through 3 questions. The third section focuses on the attitude of physicians through 15 questions. Results: Out of 600 physicians (study population) who received the questionnaire, only 456 physicians responded with a response rate of 76%. Two-thirds of the respondents (66%) were unfamiliar with the term euthanasia (mercy-killing), and most of the familiar other third reported that their source of knowledge about euthanasia was the internet 40%, professional magazines 33%, and press/ media 27%. About 95% of doctors stated that there was no formal teaching or extra-curriculum sessions about the end–of–life decisions and euthanasia at their medical colleges. The majority (92%) of all the respondents did not support the provision of means for terminally ill patients to commit suicide, while 8% did. A considerable proportion favored providing painkillers and comfort even if this hastens the death of the patient. About 13% of doctors felt the Authority or the Ministry of Health should allow euthanasia under certain restricted conditions. Nearly 10% of Muslim physicians agreed to the legalization of euthanasia, while 49% of non-Muslim doctors agreed to the same issue. Approximately 27% of physicians who were frequently exposed and 10% of those who were rarely exposed to terminally ill patients reported that they had been asked to hasten death. Physicians in Iraq have not dealt with mercy–killing as much as physicians in other countries such as Australia and are much less favorable towards it. Conclusions: The majority of the study population reported that they received no formal teaching or extra-curricular sessions about euthanasia. The findings of this survey indicate that a minority of doctors in Iraq believe that euthanasia should be legalized under certain restricted conditions. Modernization of the curriculum of our medical schools to thoroughly cover the issues of end–of–life decisions is indicated. Also, there is a need for the medical community and the Ministry of Health to recognize and deal with this controversial topic, and there is a necessity to initiate a medico-legal debate in order to clarify related issues and choose or decide what is best.

Keywords: Knowledge and attitude, Iraqi physicians, Euthanasia

INTRODUCTION

Euthanasia is defined as an intentional intervention to end a life without hope of a cure. Dythanasia is delaying the coming of death, even if there is no hope. Rather, medically assisted suicide is an explicit request from the terminally ill patient and the intellectual and/or physical means to be able to end his or her life (Knight, R. 2006).The arguments raised in favor of euthanasia are that the suffering is unbearable, and the maintenance of these patients represents a prohibitive cost in the health sector. Those who oppose it believe that life is an inalienable right, and one must strive to preserve it (Ahmed, A. *et al*., 2001; Askar, A. H. G. *et al*., 2000). Death is generally considered a negative topic and even excluded from everyday conversations. However, the topic is increasingly integrated into everyday dialogues when people are elderly or seriously ill (Baume, P. *et al*., 1995). The practice of euthanasia is highly controversial, mainly in social, ethical, and religious areas. Although euthanasia can be an alternative until a person's life stops suffering, Lack of information, religious beliefs, or such changing and contradictory views create conflicts that directly affect people with incurable diseases (Sachedina, A. 2005). Among the characteristics present in Iraqi legislation are the protection of life, which is supported by a constitution where the word euthanasia is not conceived in this way, as a crime against life (Www. Islamset. Com; en.wikipedia.org; Porterfield, D. *et al*. 2006).

In recent years, the debate on euthanasia has increased, and the points involved are allowing voluntary active euthanasia and assisted suicide for terminally ill patients (Hagelin, J. *et al*., 2004;

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Sprung, Charles L. *et al*., 2007). This topic has become controversial in recent decades because it equates to power over life and evasion of divine authority (Burge, F. *et al*., 2000). Although euthanasia in our country is illegal, it is done through the application of palliative care; that is, it is done indirectly through practices that consist of helping to relieve pain (Schiold, B.P. *et al*., 2000). This type of euthanasia can be carried out by family members or the individual himself. In this way, we see that every person is the natural custodian of his or her health, whether physical, mental, emotional, or spiritual (Rodríguez, R. 2000). People have always had doubts and fear because they do not know what will happen after death. This is why they may oppose euthanasia and why health professionals have limited themselves to talking about this issue because it can cause legal problems (Fekete, S. *et al*., 2002). The application of euthanasia is taken into consideration for people who suffer from terminal diseases and suffer from suffering that does not allow them to enjoy a good life, so they choose medications to relieve pain or end their suffering and provide a dignified death (Kinlaw, K. *et al*., 2005). However, each person has his own standards and his own beliefs. , which must be respected, but depending on the degree of the person's suffering, euthanasia is considered, either on oneself or through family members (Macer, D. 2009). So, euthanasia will no longer be suicide or medical killing but will be taken as what euthanasia means. The study aims to evaluate Iraqi doctors' knowledge and attitudes towards euthanasia, determine if factors like religion, qualifications, and treatment frequency influence their behavior towards mercy-killing and physician-assisted suicide, and initiate a medico-legal debate.

METHODOLOGY

Study Design: The study is descriptive one of cross- sectional survey variant.

Sampling Technique: The sampling technique is a convenient sampling type. We selected five governmental health facilities comprising one teaching hospital, two general hospitals, and two family practice health centers. Specialties of physicians were chosen to select doctors who are frequently exposed to terminally ill patients and those who are not.

Setting: The study was led in Baghdad City, including five wellbeing settings. AL-Kadhimya Teaching Hospital is one of the teaching hospitals; two general hospitals, Al-Sadr General Hospital in the district of AL-Rusafa and Al-Nour General Hospital in the district of Al-Kara. Lastly, there are two family practice clinics in AL-Rusafa District, also known as Al-Shaheed Al-Kaabi, and AL-Karkh District, also known as Al-Shaheed Abdel-Sahib.

Population under Study:
During the time of data collection, a list of all physicians working in the selected hospital and health centers was compiled, excluding those on extended leave (such as maternal leave).

The total number of physicians on the list was 600, and they were asked to complete the self-administered questionnaire either by phone or email.

Season of Information Assortment:
Information assortment was done for three hours per day, two days per week, over the time of Spring, April, and May 2009.

Apparatus of Information Assortment:
A self-administered questionnaire with three main sections was used to collect the data. The characteristics of the physician were the focus of the first section, which consisted of seven questions. The subsequent segment evoked the doctor's information about willful extermination through three inquiries. Through fifteen questions, the attitude of physicians is the focus of the third section. A portion of the inquiries were acquired from a poll utilized in a review done by Askar A. H. furthermore Nakhi M. B. in Kuwait at 2000 (3). Ten postgraduate doctors studying family and community medicine in AL-Nahrain University's College of Medicine in Baghdad, Iraq, served as the subject of the questionnaire's pre-test. A question about how frequently physicians saw terminally ill patients was used to validate the assumption regarding the exposure status of various types of physicians. As a rule, the poll was left with the doctor or his/her partners to be gathered later and given verbal or potentially composed confirmation (on the survey) that the data gave was completely private (mysterious survey) and would be utilized exclusively for scholastic purposes and that no ID data would be uncovered to anybody.

Information Examination
SPSS version 15 (Statistical Package for the Social Sciences) was used for all calculations. Frequency Tables for all variables were run after the data were entered. All variables' distributions were tabulated, and percentages were calculated. The chi-square test was used to look for associations

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between categorical variables. Results were thought of as critical for a p-esteem < 0.05.

RESULTS

Table 1: Distribution of the study population according to specialty.

Specialty	Number	Percentage %
Anesthetics	40	8.7
Neurosurgeons	4	0.8
Neurologists	11	2.4
General surgeons	40	8.7
Internists	45	7.6
Urosurgeons	8	1.7
Gynecologists	35	7.6
Radiologists	10	2.1
ENTists	20	4.2
Dentists	11	2.4
Family physicians	19	4.1
General practitioners	20	4.2
Resident doctors	129	28.2
Psychiatrists	6	1.3
Emergency doctors	11	2.4
Dermatologists	19	4.1
Rheumatologists	38	8.3
Total	456	100

Table 2: Characteristics of the study population.

Characteristic	Number	Percent %
Sex		
Male	298	65.4
Female	158	34.6
Age		
28-37years	160	35.1
38-47years	152	33.3
48years and older	144	31.6
Religion		
Muslim	417	91.4
Non –Muslim	39	8.6
Postgraduate training Yes		
No	426	93.4
	30	6.6
Place of training		
Iraq	388	90.1
Abroad	38	9.9

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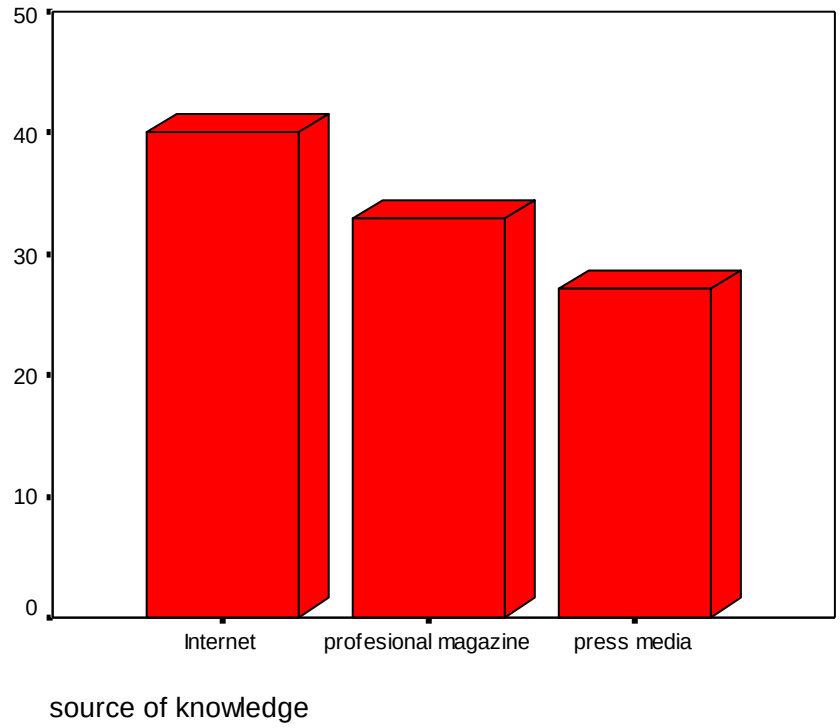

Figure 2: the distribution of the study population according to their source of knowledge about euthanasia.

Table 3: Distribution of the study population according to their reception of formal teaching or extra-curricular sessions on euthanasia and end-of-life decisions.

Formal teaching or extra-curriculum sessions on euthanasia	**Number**	**Percent**
Yes	9	2
No	433	95
Don't know	14	3
Total	456	100%

In the following Table, the attitudes of physicians regarding various questions related to euthanasia in general are shown.

Table 4: Attitudes of the study population toward euthanasia in general.

Question	**Physicians**	
	N	%
Whether pain medication should be given to relieve suffering even if it hastens the death.		
Agree	256	56.1
Neutral	68	14.9
Disagree	132	28.9
Whether comfort is the primary objective rather than prolonging the life of terminally ill pt.		
Agree	318	69.7
Neutral	68	14.9
Disagree	70	15.4
Whether it is sometimes right to provide the means to commit suicide		
Yes	38	8.3
No	418	91.7
Agreement on whether euthanasia may sometimes be right		
Agree		

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Neutral Disagree	74 58 324	16.2 12.7 71.1
Total physicians	456	100.0

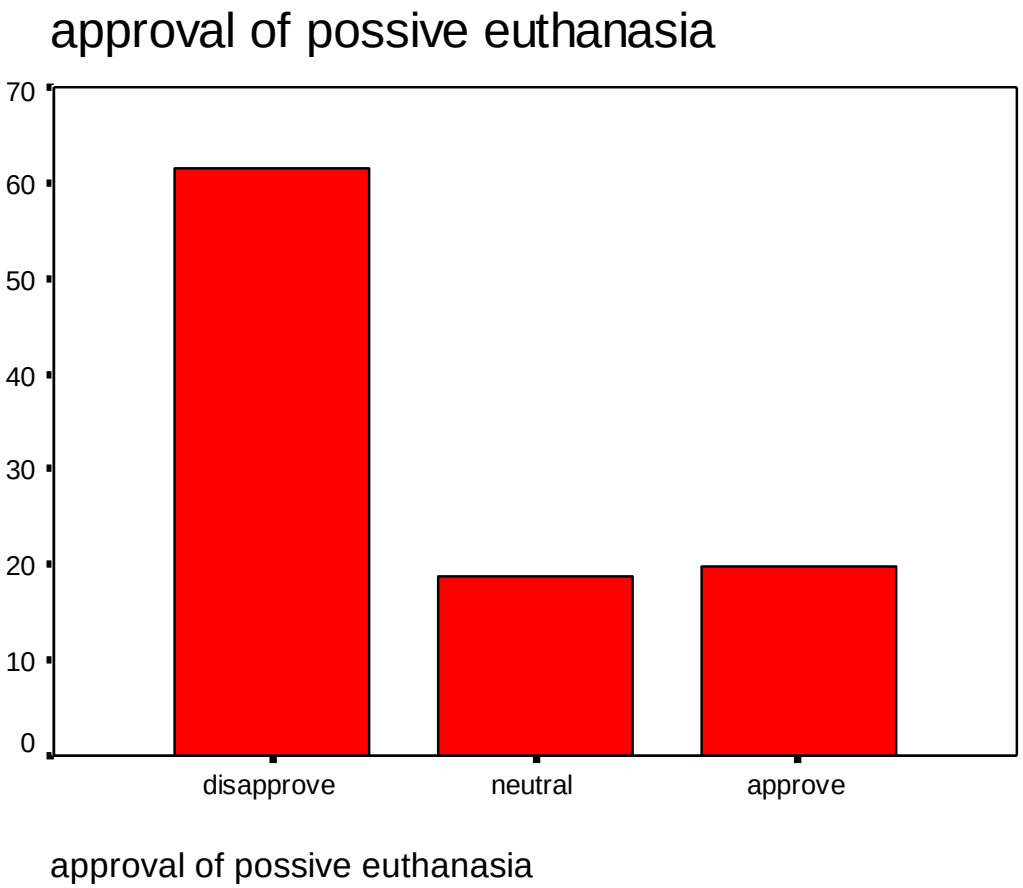

Figure 3: the distribution of the study population according to their approval or disapproval of passive euthanasia.

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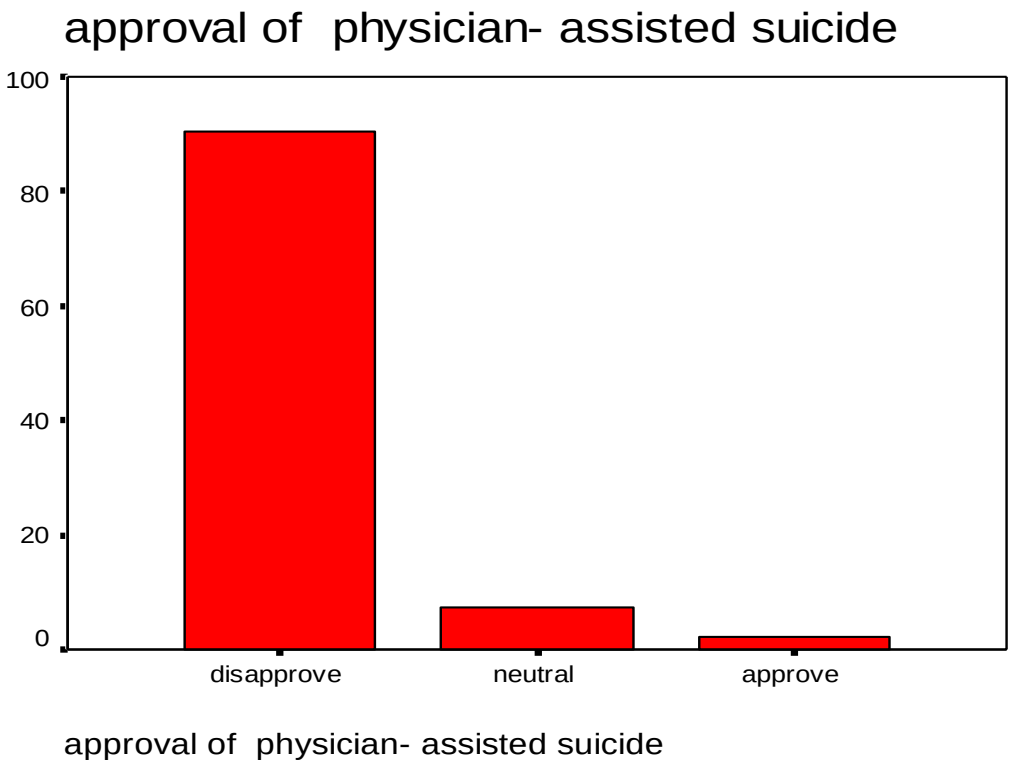

Figure 4: The distribution of the study population according to their approval or disapproval of physician-assisted suicide.

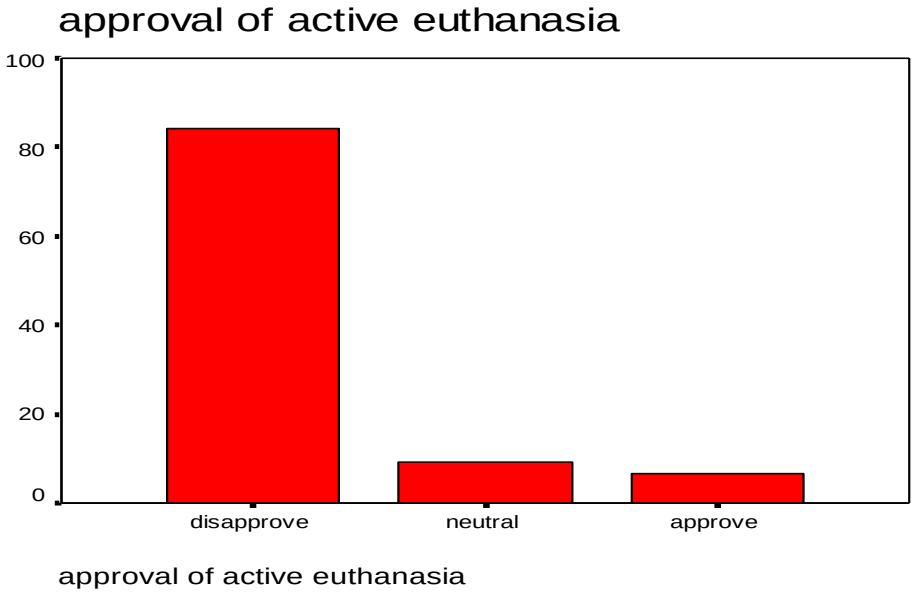

Figure 5: The distribution of the study population according to their approval or disapproval of active euthanasia.

Table 5: Attitudes of the study population toward legalization of euthanasia.

Question	***physicians***	
	N	%
Whether the Netherlands situation should be introduced in Iraq, i.e., the legalization of euthanasia?		
Yes		
Maybe	22	4.8
No	84	18.4

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	350	76.8
How often does the physician wish that euthanasia were legal in Iraq?		
Often		
Sometimes	18	3.9
Never	128	28.1
	310	67.9
Whether the authority or Ministry of Health should approve euthanasia under certain restricted conditions?		
Yes		
No	60	13.2
	396	86.8
Total physicians	456	100.0

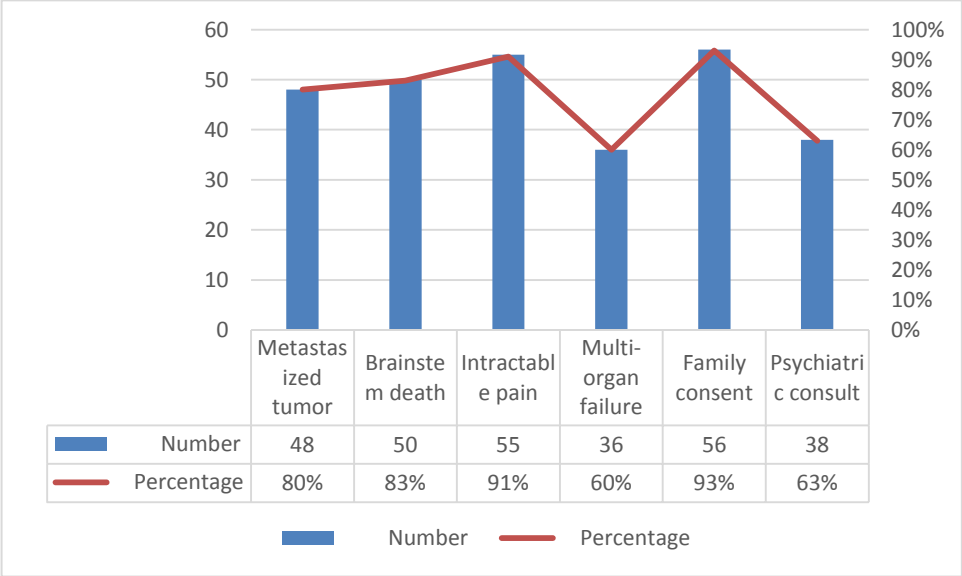

Figure 6: the distribution of the study population who accept euthanasia according to the certain safeguards they suggest to legalize euthanasia.

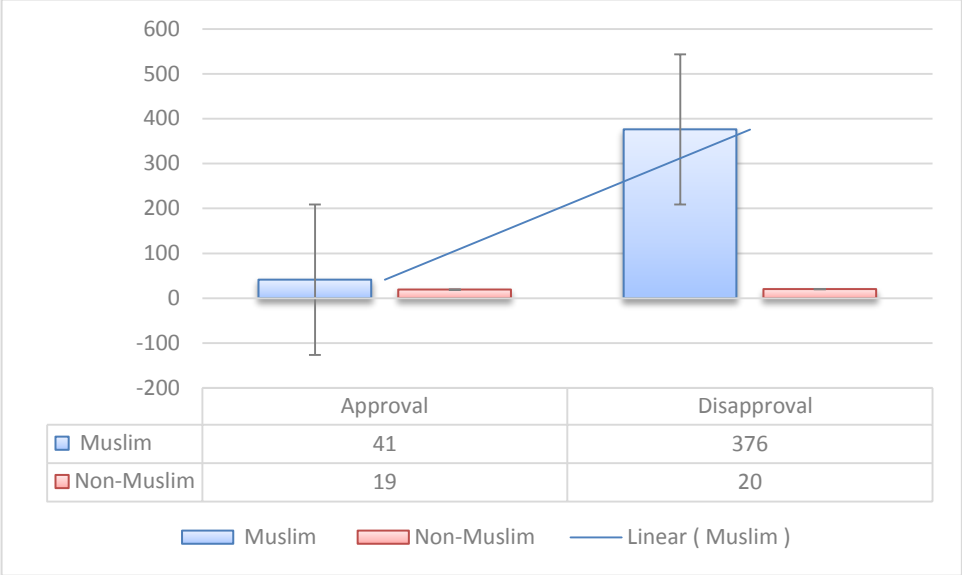

Figure 7: Opinions of the study population on whether the Authority or Ministry of Health should approve euthanasia under certain restricted conditions by religion

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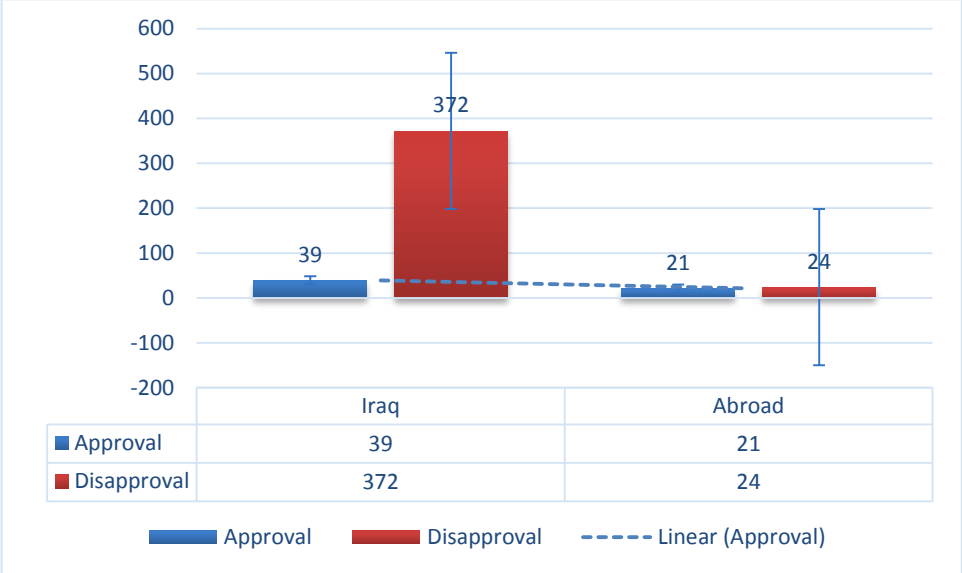
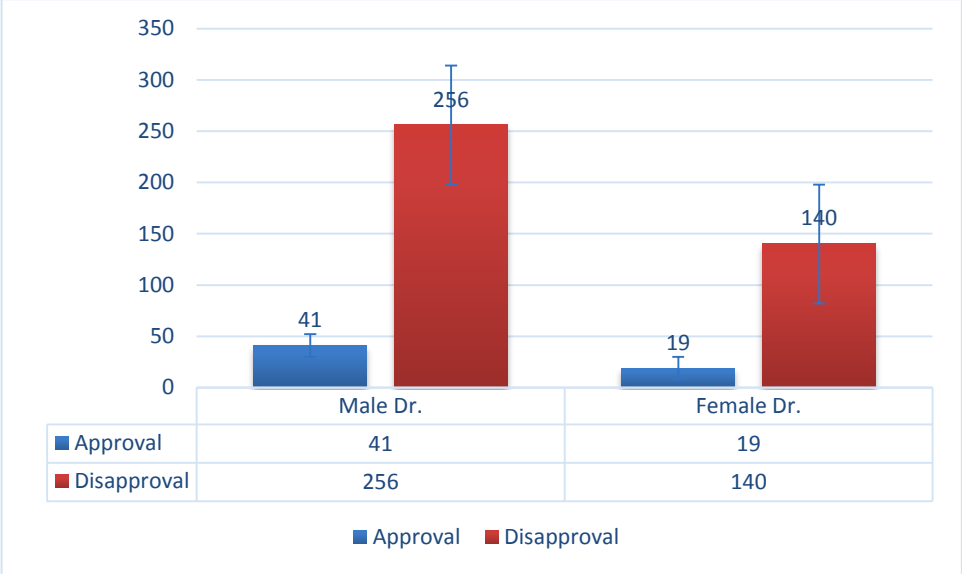


Chi-square=4.91, d.f.=1, P<0.05

Figure 8: Opinions of the study population on whether the Authority or Ministry of Health should approve euthanasia under certain restricted conditions by place of post-graduate training.



Chi-square=0.270 , d.f.=1 , P>0.05

Figure 9: Opinions of the study population on whether the Authority or Ministry of Health should approve euthanasia under certain restricted conditions by gender.

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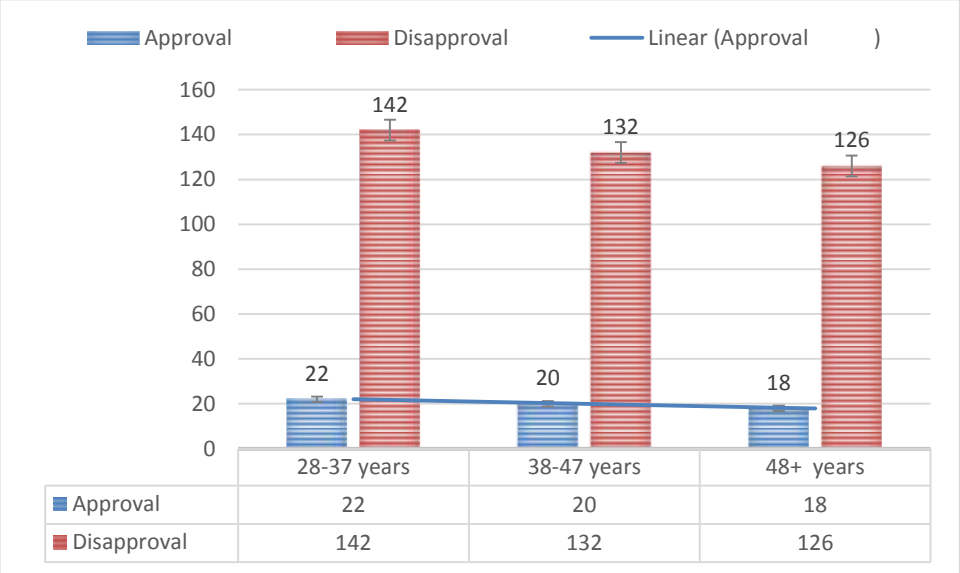
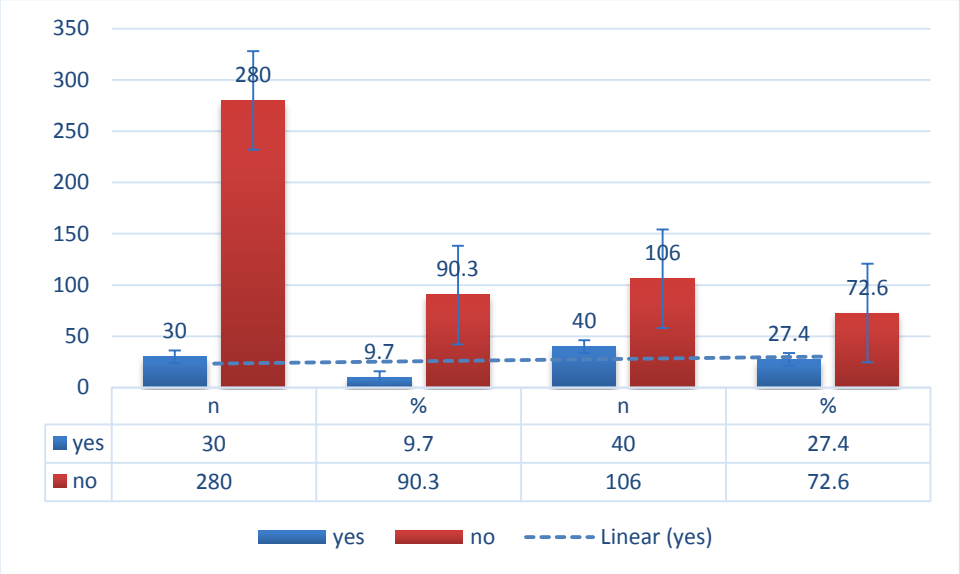


Chi-square=0.334, d.f.=1 , P>0.05

Figure 10: Opinions of the study population on whether the Authority or Ministry of Health should approve euthanasia under certain restricted conditions by age.



Chi-square=23.984, d.f.=1 , P<0.05

Figure: 11 whether the physician had ever been asked to hasten death, according to the frequency of exposure to terminally ill patients.

Concerning a question about the ethical justification of euthanasia, only 9% of physicians said (yes), 6.3% of them were undecided, and 84% of them refused any ethical justification for it (Table 12)

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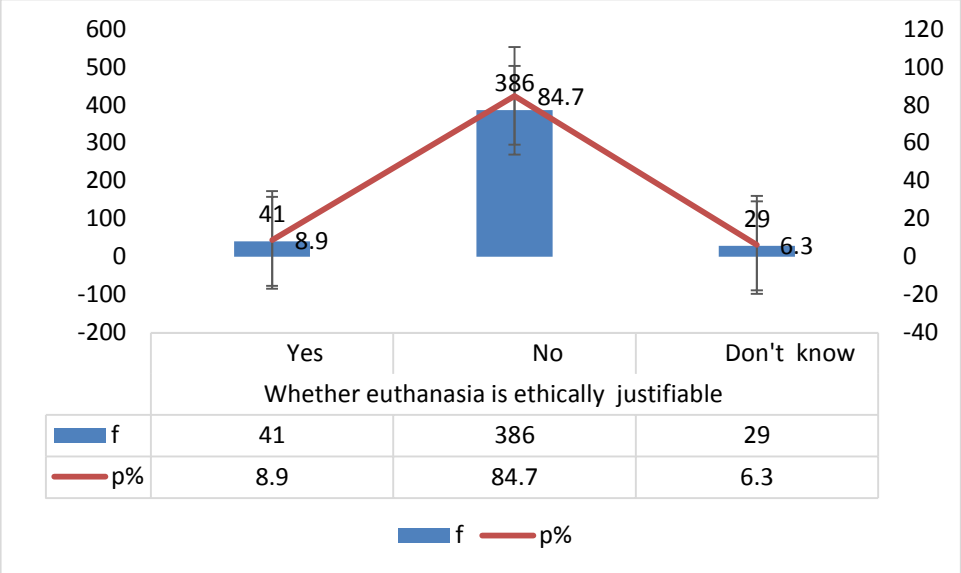

Figure 12: Distribution of the study population according to their opinions about the ethical justification of mercy-killing (euthanasia).

DISCUSSION

The study found a high response rate of 456/600 Iraqi physicians, with 76% interested in the international debate on euthanasia. This response rate is higher than that of Kuwaiti doctors and other international studies. However, 66% of the study population were unfamiliar with the term, possibly due to international sanctions or cultural differences. The majority of the population had not received formal teaching or extracurricular sessions about euthanasia or end-of-life decisions at their medical colleges. Iraq is a Muslim country where euthanasia is illegal and contrary to religious beliefs.

In Iraq, 9% of physicians believe euthanasia is sometimes justifiable, and 28% wish it were legal. However, the current legal position is against euthanasia, as it would be considered a criminal offense. Only a small percentage of physicians condone euthanasia under restricted conditions. In contrast, Australian physicians deal with euthanasia less frequently, possibly due to stricter religious injunctions and lower exposure to terminally ill patients. A larger percentage of the study population supports passive euthanasia, possibly due to similarities with brain death termination and the physician's lack of direct responsibility. Similar findings were reported in Europe, where 54% of medical practitioners agreed with passive euthanasia and 36% with physician-assisted suicide.

The role of physician in Iraq, as elsewhere, is regarded to be that of providing comfort and cure. A physician faced with the question of performing euthanasia (mercy-killing) is naturally presented with a conflicting situation in which the doctor can provide comfort only by ending the life of a patient. While only a few (8%) of the study population agreed that it might sometimes be ethical to provide the means for a patient to commit suicide, a fairly large percentage (56%) of them agreed on giving pain medication to relieve suffering even if it hastens the patient's death.

Attitudes of the study population toward the legalization of euthanasia (mercy–killing) differed significantly by place of post-graduate training and religion of the doctor. About half of the study population who had their post-graduate training outside Iraq felt that the Authority or Ministry of Health should legalize euthanasia under certain restricted conditions, while only 10% of doctors who had their postgraduate training inside Iraq did so.

This reflects the influence of location of qualification rather than the qualification by itself in shaping the attitude of physicians toward euthanasia (mercy-killing) and other controversial issues, which is consistent with the findings of a Sudanese doctors' study performed by (Stevans, K.R. *et al*., 2006). When compared according to the religion of the physician, it is surprising to find that a larger percentage of non-Muslim doctors approved of the legalization of euthanasia (mercy-killing) than their Muslim peers, even though euthanasia is prohibited under Christian religious teaching (Bishop, J.P and Linnemann, J. 2006). It is possible that the Non –Muslim physicians in our sample were willing to express themselves more openly.

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However, we did not collect additional information, such as whether or not the physician is currently practicing his/her religion actively. Muslims, in general, strictly believe that only God should terminate their lives, and Islam even encourages believers to view pain and suffering as a potential blessing or even as a canceling of sins. However, there have been Islamic opinions (fatwa) that grant patients with an unbearable terminal disease the right to refuse medical treatment (6). The Roman Catholic and Lutheran churches also uphold the principle of "sanctity of life" and do not allow interventions to end the life of terminally ill patients (Gastmans, C. *et al*., 2004).

The role of the sex (gender) of a doctor in determining the attitude toward euthanasia has attracted the attention of some researchers. Some studies indicated that the male sex is significantly associated with a positive attitude toward euthanasia (mercy-killing) (Ganzini, L. *et al*., 2000). Some studies indicate the reverse. However, the majority of the studies indicated no significant gender difference, as the present study revealed. Also, the age of the physician and his/her qualification did not affect their attitude toward euthanasia (mercy-killing) as much as the current proposal discovered which is consistent with the findings of a Kuwaiti survey performed in 2000 where several of the physicians who were faced with the issue discussed the problem with other physicians and some with religious advisors.

Large differences are present in the attitudes of physicians from the two countries i.e., Iraq and Australia. A lower percentage of doctors in Iraq had been exposed to terminally ill patients or has been asked to hasten death. Only 7.9% of doctors in Iraq had ever considered any steps to bring about death, compared with 28% of Australian doctors. Also, 8% of the Iraqi doctors, compared to 56% of the Australian ones, thought that it is sometimes ethical for a doctor to provide a patient with the means to commit suicide. In terms of whether the Netherlands practice should be introduced, only 5% of the study population agreed, compared with 59% of the Australian doctors. Discussion with nursing staff was reported by a much smaller percentage of the study population (24%) than Australian physicians (64%), perhaps because nurses do not play on active role in decision-making in the health care system in Iraq and are not treated as part of the health care "team".

The majority of the study population (85%) refused any ethical justification of euthanasia (mercy-killing), which is consistent with the findings of another study performed on Sudanese doctors in 2000 where. This result is not unexpected because a common reaction to an ethically controversial issue is to immediately label it as "unethical. Despite the increasing importance of ethical reasoning and decision–making in clinical practice, teaching about end–of–life decisions such as palliative care and euthanasia is almost absent in Iraqi medical colleges.

Even internationally, teaching ethics suffers some deficiencies. There is a focus on teaching bioethical theories and concepts rather than using this knowledge in case-based teaching and in reducing the uncertainties at the bedside.

At present, euthanasia is not considered a major medical/legal issue in Iraq. There is a lack of a forum within hospitals or the Ministry of Health where he physician who might be faced with an ethical dilemma may share his/her concerns. For some physicians, this may be a cause for psychological distress that deserves attention. Therefore, it is wise that the Authorities or the Ministry of Health and the medical community address this controversial issue and provide mechanisms to deal with it.

CONCLUSIONS

The study found that most Iraqi physicians have no formal education on euthanasia, and their ethical views are influenced by religion and post-graduate training. Some physicians, like 13%, advocate for euthanasia under certain conditions. Ethical dilemmas arise when balancing religious beliefs with legal restrictions, particularly when life prolongation is considered futile.

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