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# Opinions on Euthanasia among Czech Seniors and University Students

Jana VLCKOVA<sup>1</sup>, Milan KUBIATKO<sup>2</sup>, Muhammet USAK<sup>3</sup>, Halil AYDIN<sup>4</sup>

## Abstract

The research is focused on finding differences in opinions on euthanasia between seniors and university students. The influence of independent variables on euthanasia, namely the influence of gender, religion and health, was examined. In addition, the research concentrates on the influence of study fields, i.e. the difference between students at a faculty of medicine, students who chose humanities and the seniors' education. The questionnaire with 31 Likert-type five point scale items was used for the research. The data analysis was made with the test of inductive statistics (ANOVA) and post-hoc tests (Fisher's LSD post-hoc test). In sum, 209 questionnaires were included in the analysis (84 seniors and 125 university students). Cronbach's alpha coefficient was applied to verify the reliability of the questionnaire. The attitude of all respondents was, in general, moderately positive. The results also showed that the opinions on euthanasia between seniors and university students differed only in some areas of the topic. Religion is a very important factor which influences opinions on euthanasia. There were differences in opinions between students of faculty of medicine and students of humanities. In contrary, the health of seniors and their education did not have influence on their attitudes towards euthanasia.

*Keywords:* Czech Republic, euthanasia, quantitative analysis, questionnaire, seniors, university students.

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## **Introduction**

The increasing average age of people represents a problem in many countries all over the world (Saad & BouJaoude, 2012; Sengupta, 2013; Prokop, & Kubiato, 2014). The information about decreasing amount of people in productive age, about increasing length of life and similar indicators occur more often in media than in the past. This new situation brings new problems, which concerns everyone. The situation with population which grows older reveals topics which have been sometimes a taboo so far. In many societies it is still so. One of these topics is euthanasia. It is discussed among laic and expert society and there is a need to react to this situation. Questions have been arising among people: Why do the requests on the legalization of euthanasia still grow? Is it a reaction on the increasing amount of older and ill people, who, in many cases, suffer from incurable diseases or insufferable pain? These questions appear more and more in countries where euthanasia is not legal. The discussions are often and lively, mainly in the field of medicine and law (i.e. in the specialized fields). Yet it is important that not only doctors but also other professions (e.g. social workers) take care of terminally ill patients. The social work with a dying person is a topic which should be more open and continually developing. The most important fact is that everybody has to have the possibility of a free choice.

## **Theoretical background**

In the following chapter, we briefly introduce the basic concept of euthanasia, its history and laws concerning euthanasia in the Czech Republic. For the purpose of the study, the euthanasia is understood as an active ending of another person's life in order to prevent the person's continuing suffering or indignity (sometimes called "active euthanasia"). A similar definition is possible to be found in many studies (Teisseyre, Mullet & Sorum, 2005). When we shortly look at the history of euthanasia, the work of Emanuel (1994) brings important information. Debates about the ethics of euthanasia date back to ancient Greece and Rome. After the development of ether, physicians began advocating the use of anaesthetics to relieve the pain of dying. In 1870, the use of anaesthetics and morphine was first proposed in order to end a patient's life intentionally. Over the next 35 years, discussions about the ethics of euthanasia raged in the US and Great Britain, culminating in 1906 with the Ohio bill (the aim of which was to legalize euthanasia). The bill was ultimately defeated. Nevertheless, there were efforts to legalize euthanasia in the next years. It was successful in some countries. For example, Switzerland legal system does not consider suicide a crime or assisting suicide as a complicity in a crime. It views suicide as possibly rational. However, it does not give physicians a special status in assisting it. When an assisted suicide

is declared, a police inquiry is started, as in all cases of “unnatural death” (Hurst & Mauron, 2003). The first country where euthanasia was legalized was Netherlands in 2002. Even before the act, it was socially accepted and openly practiced in the Netherlands for about two decades (Emanuel, 2001). After that, euthanasia has been legalized in Belgium since 2002 (Cohen *et al.*, 2012) and in Luxembourg since 2008. Assisted suicide is legal in Switzerland (as it was mentioned above) and in the U.S., in the states of Washington, Oregon, Vermont and Montana. In the conditions of the Czech Republic, euthanasia is not legalized, legal norms do not include the term “euthanasia”, but it is indirectly regulated by numbers of norms, particularly by the Criminal Code and the Civil Code. The Criminal Code says: “If the culprit kills another person out of compassion to accelerate his unavoidable near death and thereby liberates this person from cruel pain caused by incurable illness, the court can exceptionally mitigate the sentence or can refrain from punishment”. However, an interesting fact exists in the conditions of the Czech legal system - though euthanasia is not legalized, according to the Criminal Code, it depends on the court and the judge who decides whether to punish a doctor who helped his patient or not. Some studies exist in the Czech Republic which the issue of euthanasia is investigated in. The sample is created, in most cases, by students of medicine or future nurses. Nevertheless, these studies are simple opinion pools or final thesis of university students. But nearly all of these studies are written in Czech language. However, it is also possible to find studies written in an international format (e.g. Kure, 2011), where broader context, as well as arguments why euthanasia should be legalized (in the Czech Republic), are presented.

### **Current state of literature**

The studies concerning the issue of euthanasia have different characters. For example, Parpa *et al.* (2010) focused on the comparison of opinions on euthanasia between doctors and laic society. The research was done in Greece. Authors found out that both groups did not differ in their opinions; approximately half of respondents from both groups had positive opinions on euthanasia. The similar result showed Chong & Fok (2007) among public society and doctors from Hong-Kong. The laic society and doctors were the aimed sample groups in the study of Fok, Chang & Tang (2000). However, their results differ from those of the previous study. According to them, the laic society had more positive attitudes towards euthanasia than the doctors. Dickinson *et al.* (2002) showed doctors from UK had got positive attitudes toward euthanasia. But this study took into account another factor – religion. The believers had negative attitudes towards euthanasia; this trend was found out in the both groups of sample size. The question if religion influences euthanasia is discussed in the study of Stempsey (2010). The study of

Smets *et al.* (2011) showed the influence of age and religion on the attitudes and practising of euthanasia among Belgian doctors. Younger doctors and atheists had positive attitudes towards euthanasia and they were more open to practice it. Some authors investigated the change of opinions on euthanasia with time. Authors registered the change of attitudes in positive way with time (Cohen *et al.*, 2006; Emanuel, 2002; Materstvedt & Kaasa, 2002; Radulovic & Mojsilovic, 1998; Van der Maas, Pijnenborg & Van Delden, 1995). Students of medicine were often sample size in these studies. For example Fekete, Osvath & Jegesy (2002) found out that students who had got experiences with terminally ill patients had more positive attitudes towards euthanasia in comparison with students who did not have such experience. Gabel *et al.* (2005) found out positive perception of euthanasia among medicine students. They also compared younger and older students, but their perception of euthanasia did not differ. On the other hand, Karlsson, Strang & Milberg (2007) found out negative attitudes towards euthanasia among medicine students. Juth, Nilsonne & Lynoe (2013) explored the reasons pro and contra euthanasia among medicine students through students' written text. The doctors and medicine students belong among the most frequent respondents in the research studies concerning opinions and attitudes towards euthanasia (except above mentioned studies e.g. Chattopadhyay & Simon, 2008; Gielen *et al.*, 2011), but it is also possible to find some studies with other groups. Authors of these research works found out more positive attitudes towards euthanasia among other professions in comparison with future doctors and doctors (Cohen *et al.*, 2006; Radulovic & Mojsilovic, 1998). A small amount of research works investigated terminally ill patients and their attitudes towards euthanasia. All research works presented positive attitudes towards euthanasia among terminally ill patients (Breitbart *et al.*, 2000; Elliott & Olver, 2008; Emanuel, 2001; Tiernan *et al.*, 2002; Varelius, 2007; Wilson *et al.*, 2000). Cohen *et al.* (2012) found out relatively positive attitudes among public. The study of these authors was focused on the comparison of nations in Belgium, so it is irrelevant for our study. Some studies (Aghababaei, 2014; Aghababaei, Wasserman & Hatami, 2014) showed relatively negative attitudes toward euthanasia. The research was done among Iranian university students and as it was mentioned, the students had not positive opinions on euthanasia.

Therefore, it may be concluded that most of the studies used quantitative approach in order to find out attitudes of respondents towards euthanasia. Authors of this study used some of the studies as a source for their own research tool (see subchapter Research tool). Most of the studies concerning euthanasia had sample respondents from medical environment (doctors and students). Not so often, other working groups were the object of research. Some studies also showed the influence of different variables. Religion of respondents seems an important variable. The disunity of the current state complicates the situation with the analysis of research studies and also comparing the results of realized investigations.

Moreover, different authors used different groups of respondents, different research tools, different variables, which makes the comparison of the results harder.

### **Purpose of the study**

The aim of this study is to bring new findings in the perception of euthanasia. In the Czech Republic, there is a relatively big gap in this issue. The situation is also similar in surrounding countries. Stronger voices about the legalization of euthanasia grow in the Czech Republic as well as in many other countries. Therefore, one of the first steps is to find out whether there are more supporters or opponents of the legalization. In our study we chose the variables which occur in the studies concerning euthanasia and our aim is to find out the influence of these variables. Our research is focused on the opinions of seniors and students on the euthanasia issue. These two groups were chosen because of their relatively big age difference and because they are likely to have different attitudes due to different life experience. The research studies with samples of seniors exist (Bowman & Singer, 2001), as well as research work where students are the sample (see previous chapter). However, the comparison of opinions of these two groups is very rare. Moreover, our study does not include only medicine students but also students from the faculty of education. These students were chosen because of their future work where they may influence their pupils and students.

The main aim of the study was to find out opinions of seniors, medicine students and future teachers on the euthanasia. Other aims were to find out whether and how their opinions on euthanasia are influenced by religion, seniors' state of health and the educational level.

The research questions are following: (1) Is there any difference between opinions of seniors and university students on euthanasia? (2) Is there any difference between opinions of medicine students and future teachers on euthanasia? (3) Are opinions on euthanasia influenced by religion? (4) Does the state of health influence seniors' opinions on euthanasia? (5) Does the level of education influence opinions on euthanasia?

## Methodology

### *Research tool*

A questionnaire was used as the research tool. This method was chosen on the basis of literature research. The same research tool was chosen by other research works dealing with this topic (Fok, Chong & Tang, 2000; Chidoori, 2009; Smets *et al.*, 2011). The questionnaire contains Likert-type five items scale. The questionnaire is divided into two parts. The first part includes demographic items. This part was considered to contain independent variables. There are two versions of the questionnaire (one version for seniors and one for students). Demographic items in both versions are: gender, age, religion, educational background and state of health. In addition, seniors are asked about their profession and their current residence. Students are asked about their field of study. The second part, focused on attitudes and opinions on euthanasia, consists of 31 five scale items of Likert type. This part of the questionnaire is the same for both students and seniors. The items in the second part are divided into 6 categories (inspired by questionnaire of authors introduce higher). These categories are: (1). Euthanasia (6 items); (2). Conditions of euthanasia (8 items). (3). Who makes decision about euthanasia (5 items); (4). Perception of personal euthanasia (3 items); (5). Person who carries euthanasia out (4 items); (6). Legalization and realization of euthanasia in the Czech Republic (5 items). Some items of the second part are constructed positively and some were constructed negatively. Generally, there are 17 items constructed positively and 14 negatively. Validity of the questionnaire was provided by consultation with specialists on questionnaire design and specialists in the social field. The specialists commented on the comprehensibility of each item and they proposed changes. Authors have modified items according to the specialists' comments. All the comments were stylistic.

### *Respondents*

Respondents are divided into two groups. The first group includes seniors ( $n = 84$ ) and the second group is represented by students ( $n = 125$ ). Questionnaire was filled in by students at a faculty of medicine and students at a faculty of education. The distribution of respondents is presented in *Table 1*.

Table 1 Distribution of respondents

		Seniors	Students	In total
Religion	Believer	65	56	121
	Atheist	19	69	88
State of health	Healthy	12	101	113
	With small health complication	47	24	71
	Limiting health complication	25	0	25
Field of study	Medicine		60	
	Pedagogy		65	
Age	60-74	47		
	75-89	35		
	90 and more	2		
Current residence	Alone	21		
	With husband or wife	36		
	Home for the elderly	18		
	Extended family	9		
Educational background	Elementary school	10		
	Vocational school	34		
	High school	25		
	University	10		
	Postgraduate	5		

**Data analysis**

The questionnaire was anonymous. Each respondent has been acquainted with its purpose. Likert scale questions comprise five points ranking: “strongly agree” (5 points), “slightly agree” (4 points), “neutral” (3 points), “slightly disagree” (2 points), and “strongly disagree” (1 point). Negatively constructed items are evaluated in reverse order. There is the same score for neutral possibility (3) in both positively and negatively constructed items. Low score means a negative attitude and high score means a positive. Demographic items represent independent variables. The second part of the questionnaire (Likert-type five point items scale) includes dependent variables. Cronbach’s alpha coefficient ( $\alpha$ ) was applied to verify the reliability of the questionnaire. The reliability of this research tool is high ( $\alpha = 0.93$ ). Cronbach’s alpha coefficient for data of students is  $\alpha = 0.94$  and  $\alpha = 0.91$  for data of seniors. The data analysis of independent variables was made with the test of inductive statistics (ANOVA) and post-hoc tests (Fisher’s LSD post-hoc test).



## Results

The authors did not revealed a statistically significant difference in the results between students and seniors ( $F = 0.01$ ;  $p = 0.93$ ) concerning their perception of euthanasia. Both groups had similar opinions on euthanasia, i.e. moderately positive. Students reached score  $\bar{x} = 3.40$ ;  $SD = 0,08$  and seniors  $\bar{x} = 3.40$ ;  $SD = 0,06$ .

### *Influence of independent variables*

Statistical difference between students of medicine and students of humanities was revealed ( $F = 3.97$ ;  $p < 0.05$ ). Students of medicine ( $\bar{x} = 3.53$ ;  $SD = 0.09$ ) had more positive opinions on euthanasia than students of humanities ( $\bar{x} = 3.28$ ;  $SD = 0.09$ ). This result is illustrated in *Figure 1*.

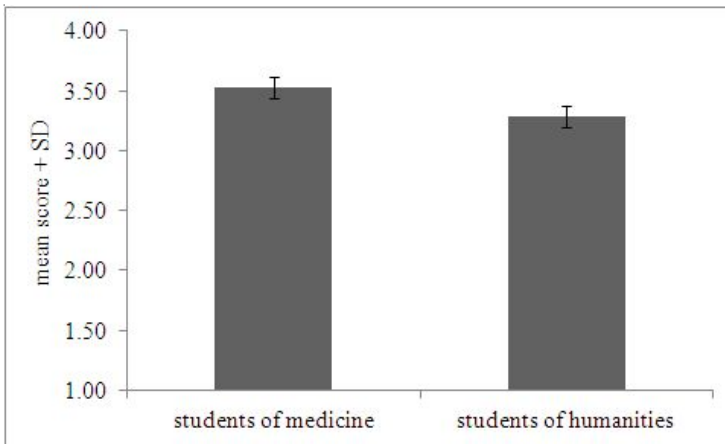


Figure 1. *Opinions on euthanasia according to the study field*

Religion represents a statistically significant difference influencing the opinions on euthanasia ( $F = 24.19$ ;  $p < 0.001$ ). Believers had lower score ( $\bar{x} = 3.21$ ;  $SD = 0.06$ ) than atheists ( $\bar{x} = 3.66$ ;  $SD = 0.07$ ). This result is illustrated in *Figure 2*.

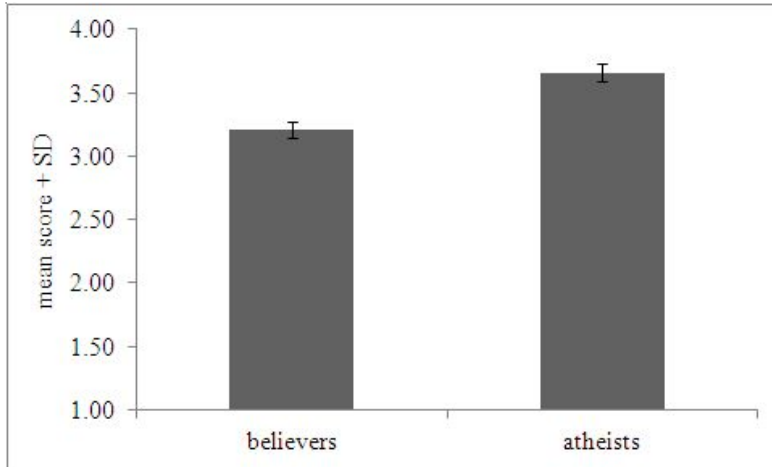


Figure 2. *Opinions on euthanasia according to religion*

Concerning students, a statistically significant difference concerning religion was proved as well ( $F = 46.76$ ;  $p < 0.001$ ). Atheist students ( $\bar{x} = 3.74$ ;  $SD = 0.07$ ) had more positive opinions than believers ( $\bar{x} = 2.98$ ;  $SD = 0.08$ ). On the other hand, religion was not a statistically significant independent variable among seniors ( $F = 0.001$ ;  $p = 0.98$ ). The score of believers was  $\bar{x} = 3.40$ ;  $SD = 0.08$  and the score of atheist was  $\bar{x} = 3.40$ ;  $SD = 0.15$ .

A statistically significant difference in the result between seniors according to their state of health was not revealed ( $F = 1.23$ ;  $p = 0.30$ ). Neither Fishers' LSD post-test showed the statistically significant difference. Seniors in the first group had the highest score (healthy,  $\bar{x} = 3.63$ ;  $SD = 0.19$ ). The score decreased along with deteriorating health (With small health complication  $\bar{x} = 3.41$ ;  $SD = 0.10$ ; Limiting health complication  $\bar{x} = 3.27$ ;  $SD = 0.13$ ).

A statistically significant difference in the results between seniors according to their educational background was not found ( $F = 0.86$ ,  $p = 0.49$ ). The score is presented in *Table 2*.

Table 2. Score according to the educational background among seniors

Educational background	$\bar{x}$	SD
Elementary school	3.19	0.21
Vocational school	3.47	0.11
High school	3.51	0.13
University	3.15	0.21
Postgraduate	3.35	0.30

***Influence of independent variables on given categories***

The second part of the questionnaire (Likert-type five point items scale) includes dependent variables which are divided into 6 categories. The score according to the categories is presented in *Figure 3*.

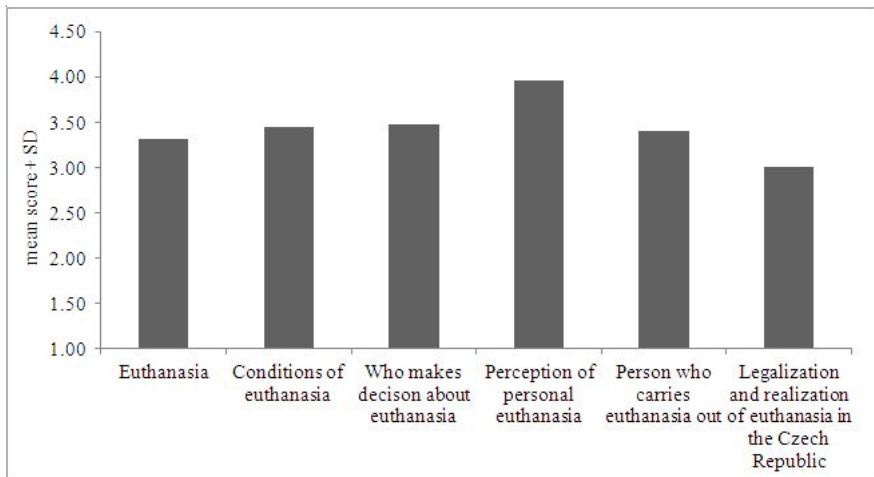
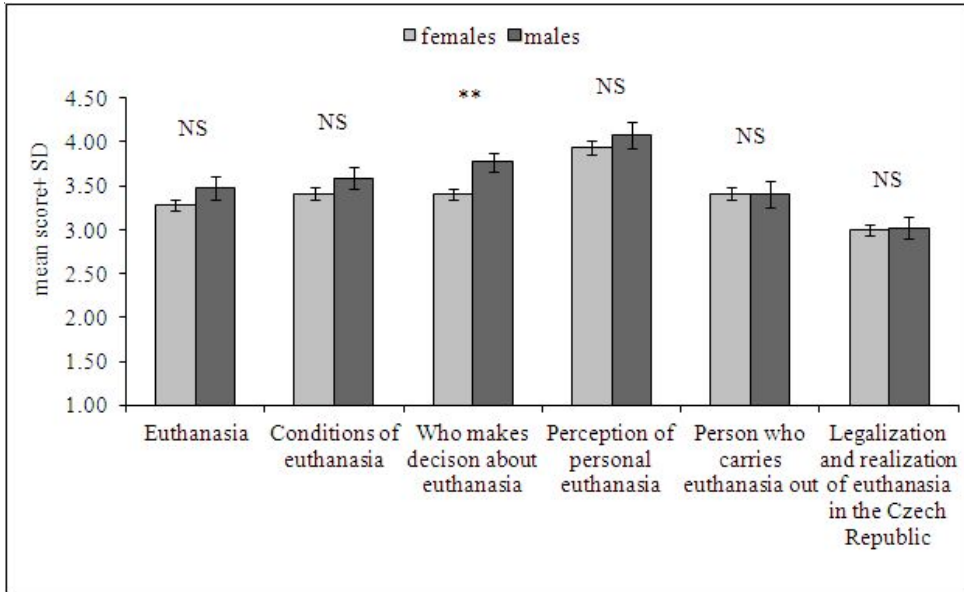


Figure 3. Distribution of score according to categories

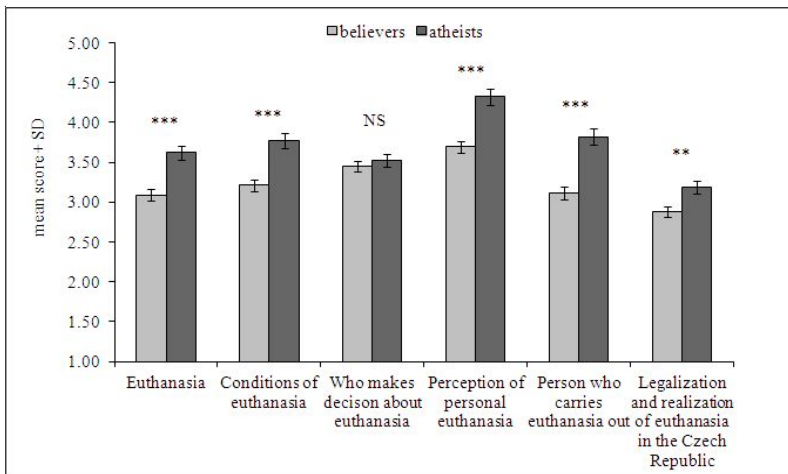
Male respondents reached a higher score than female respondents in all categories except for the category “Person who carries euthanasia out”, where the score was similar (see *Figure 4*). A statistically significant difference between gender has been revealed only in the category “Who makes the decision about euthanasia”. Male respondents perceived euthanasia more positively than female respondents. It may be caused by female personality which is more sensitive and emotional (Brody 1985).



(NS – non-significant difference ; \*\*  $p < 0.01$ )

Figure 4. Distribution of score according to category focused on gender

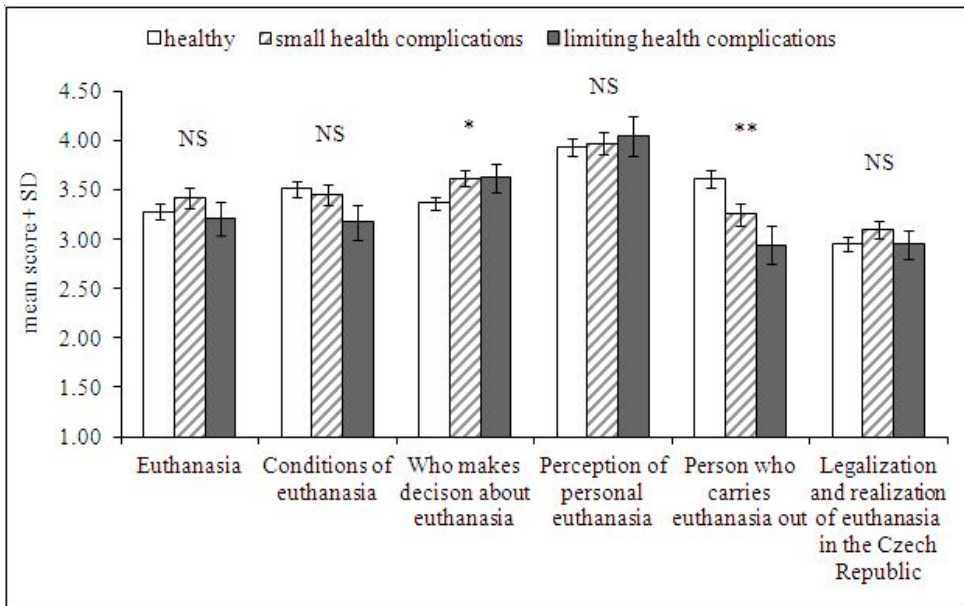
Religion has statistically significant influence on all categories except for the category “Who makes the decision about euthanasia” (Figure 5). The biggest difference appears in the category “Person who carries euthanasia out”. The atheists had more positive opinions than believers.



NS – non-significant difference; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

Figure 5. Distribution of score according to category focused on religion

The influence of the state of health was different in each category (see Figure 6). A statistically significant difference has been revealed in the category “Who makes the decision about euthanasia” ( $F = 3.25$ ;  $p < 0.05$ ). It means that the respondents with only small health complications and the respondents with limiting health complications have more positive opinions on “Person who makes the decision about euthanasia”. Post-hoc test revealed a statistically significant difference in the category “Person who carries euthanasia out” ( $F = 6.67$ ;  $p < 0.01$ ). In this case, healthy respondents perceive euthanasia more positively than the respondents with small health complications and the respondents with limiting health complications. This finding is interesting in comparison with the findings about the category “Who makes the decision about euthanasia” mentioned above. Post-hoc test revealed a statistically significant difference between healthy respondents and respondents with small health complications ( $p < 0.05$ ) and between the respondents with limiting health complications ( $p < 0.01$ ).



NS – non-significant difference; \*  $p < 0.05$ ; \*\*  $p < 0.01$

Figure 6. Distribution of the score in the category focused on the state of health

## Discussion and Conclusion

The general attitude of all respondents on euthanasia was moderately positive. The main aim of the research (and the first research question) was to find out if the opinions of seniors and students differed. In spite of the generation gap and different life experience, the opinions of these two groups were not different. The second research question was: Is there any difference between opinions of medicine students and future teachers on euthanasia? The results revealed that the students of medicine had more positive opinion on euthanasia than students of humanities. The third research question focused on how religion influences opinions on euthanasia. Its influence is significant. The next research question was concentrated on the influence of seniors' the state of health. However, it was not a statistically significant independent variable. Health complications and other difficulties which resulted from the state of health did not influence the opinion on euthanasia. The education background did not have a significant influence on the opinions on euthanasia among seniors, as well.

On the other hand, religion was an important factor which influences opinions on euthanasia. The research revealed that the atheists had more positive opinions. The same results were showed in the research of Fok, Chong & Tang (2000) and Smets *et al.* (2011). This finding suggests that religion still influences people in our modern society to a great extent. The results of this study showed that students of medicine had more positive opinion on euthanasia than students of humanities. Similar studies were not found during the research. In contrast, the studies of Radulovic & Mojsilovic (1998) and Cohen *et al.* (2006) were quite similar. These authors compared opinion on euthanasia among different professions and they revealed more positive opinions on euthanasia among professions other than doctors. These results are in contradiction with our findings. It can be caused by inexperience of the students of medicine. They do not have so much experience with terminally ill patients from practice as the doctors. Fekete, Osvath & Jegesy (2002) present that students who have experience with terminally ill patients have more negative perception of euthanasia than students who do not have this experience.

Other studies are focused on perception of euthanasia among doctors. These studies do not compare opinions of doctors with different specializations. A positive attitude towards euthanasia among doctors was discovered in Belgium (Smets *et al.*, 2011). Moreover, a study from the Great Britain (Seale, 2009) showed the same results. A study realized in Hong Kong showed a more positive attitude of doctors towards passive euthanasia than towards active euthanasia. A more negative attitude was revealed among doctors from Hong Kong who had experience with taking care of terminally ill patients (Fok, Chong & Tang, 2000). Contradictory results were found in Greece. Less than a half of the doctors and

nurses agreed with the statement that the resuscitation should not be done to terminally ill patients during heart attack or respiratory failure (Parpa, 2010).

The results of this study revealed that seniors with worse state of health had more positive attitudes than healthy seniors. Breitbart *et al.* (2000), Emanuel (2001), Tiernan *et al.* (2002) and Wilson *et al.* (2000) present similar results. They quote more positive attitudes towards euthanasia among terminally ill patients. This can be caused by the awareness of the approaching end of life, insufferable pain or the fact that the patients cannot find different solution of their situation.

One category relates to the legalization of euthanasia in the Czech Republic. The results show that more than a half of respondents do not want to legalize euthanasia in the Czech Republic because they are afraid of abuse or they do not trust the doctors and other professionals who should make the decisions about euthanasia. However, there are countries where people change opinions on euthanasia, step by step, from negative to more positive (Cohen *et al.*, 2006). This may happen in the Czech Republic too. This topic offers a lot of possibilities for research. This study had limiting possibilities. Therefore space for further researchers arises. For example, researchers can focus on students of medicine and carry out a longitudinal study.

## References

- Aghababaei, N. (2014). Attitudes towards euthanasia in Iran: the role of altruism. *Journal of Medical Ethics*, 40, 173-176.
- Aghababaei, N., Wasserman, J.A., & Hatami, J. (2014). Personality factors and attitudes toward euthanasia in Iran: Implications for end-of-life research and practice. *Death Studies*, 38, 91-99.
- Bowman, W., Fekete, K., Jegesy, O., & Singer, P.A. (2001). Chinese seniors' perspectives on end-of-life decisions. *Social Science & Medicine*, 53, 455-464.
- Breitbart, W., *et al.* (2000). Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer. *Journal of the American Medical Association*, 284, 2907-2911.
- Brody, R. (1985). Gender differences in emotional development: A review of theories and research. *Journal of Personality*, 53, 102-149.
- Chattopadhyay, S., & Simon, A. (2008). East meets West: Cross-cultural perspective in end-of-life decision making from Indian and German viewpoints. *Medicine, Health Care and Philosophy*, 11, 165-174.
- Chidoori, R.P.E. (2009). *Should passive eutanasia be made legal in South Africa?* University of Fort Hare: Dissertation thesis
- Chong, A.M., & Fok, S. (2004). Attitudes toward euthanasia in hong kong—a comparison between physicians and the general public. *Death Studies*, 29, 29-54.
- Cohen, J., Marcoux, I., Bilsen, J., Deboosere, P., Van Der Waal, G., & Deliëns, L. (2000). Trends in acceptance of euthanasia among the general public in 12 European countries (1981–1999). *European Journal of Public Health*, 16, 663-669.

- Cohen, J., Van Wesemael, Y., Smets, T., Bilsen, J., & Deliens, L. (2012). Cultural differences affecting euthanasia practice in Belgium: One law but different attitudes and practices in Flanders and Wallonia. *Social Science & Medicine*, 75, 845-853.
- Dickinson, G.E., Lancaster, C.J., Clark, D., Ahmedzai, S.H., & Noble, W. (2002). U.K. physicians' attitudes toward active voluntary euthanasia and physician-assisted suicide. *Death Studies*, 26, 479-490.
- Elliott, J.A., & Olver, I.N. (2008). Dying cancer patients talk about euthanasia. *Social Science & Medicine*, 67, 647-656.
- Emanuel, J.E. (1994). The History of Euthanasia Debates in the United States and Britain. *Annals of Internal Medicine*, 121, 793-802.
- Emanuel, J.E. (2001). Euthanasia: where the Netherlands leads will the Word follow. *British Medical Journal*, 322, 1376-1377.
- Emanuel, J.E. (2002). Euthanasia and physician-assisted suicide: a review of the empirical data from the United States. *Archives of Internal Medicine*, 162, 142-152.
- Fekete, S., Osvath, P., & Jegesy, A. (2002). Attitudes of Hungarian students and nurses to physician assisted suicide. *Journal of Medical Ethics*, 28, 126-126.
- Fok, S.Y., Chong, A., & Tang, K.C. (2000). *Public and doctors' attitude towards euthanasia in Hong Kong*. Division of Social studies & Department of applied social studies: City University of Hong Kong
- Gabel, K., Miller, S., So, J., & Suess, A. (2005). Examining medical student attitudes towards physician-assisted suicide. *McGill Journal of Medicine*, 8, 122-126.
- Gielen, J., et al. (2011). Can curative or life-sustaining treatment be withheld or withdrawn? The opinions and views of Indian palliative-care nurses and physicians. *Medicine, Health Care and Philosophy*, 14, 5-18.
- Hurst, S.A., & Mauron, A. (2003). Assisted suicide and euthanasia in Switzerland: allowin a role non-physicians. *British Medical Journal*, 326, 271-273.
- Juth, N., Nilsonne, A., & Lynoe, N. (2013). Are interpretations of other people's arguments value-impregnated? A pilot study among medical students. *Medicine, Health Care and Philosophy*, 16, 601-603.
- Karlsson, M., Strang, P., & Milberg, A. (2007). Attitudes toward euthanasia among Swedish medical students. *Palliative Medicine*, 21, 615-622.
- Kure, J. (2011). Everything Under Control: How and When to Die - A Critical Analysis of the Arguments for Euthanasia. In *Euthanasia – The "Good Death" Controversy in Humans and Animals*. Rijeka: InTech, 127-164.
- Materstvedt, L., & Kaasa, S. (2002). Euthanasia and physician-assisted suicide in Scandinavia – with a conceptual suggestion regarding international research in relation to the phenomena. *Palliative Medicine*, 16, 17-32.
- Parpa, E., et al. (2010). Attitudes of health care professionals, relatives of advanced cancer patients and public towards euthanasia and physician assisted suicide. *Health Policy*, 97, 160-165.
- Prokop, P., & Kubiato, M. (2014). Perceived vulnerability to disease predicts environmental attitudes. *Eurasia Journal of Mathematics, Science & Technology Education*, 10(3), 3-11.
- Radulovic, S., & Mojsilovic, S. (1998). Attitudes of oncologists, family doctors, medical students and lawyers to euthanasia. *Support Care Cancer*, 6, 410-415.



- Saad, R., & BouJaoude, S. (2012). The relationship between teachers' knowledge and beliefs about science and inquiry and their classroom practices. *Eurasia Journal of Mathematics, Science & Technology Education*, 8, 113-128.
- Seale, C. (2009). Legalisation of euthanasia or physician-assisted suicide: survey of doctors' attitudes. *Palliative Medicine*, 23, 205-212.
- Sengupta, P. (2013). The laboratory rat: relating its age with human's. *International Journal of Preventive Medicine*, 4(6), 624.
- Smets, T., Cohen, J., Bilsen, J., Van Wesemael, Y., Rurup, M.L., & Deliens, L. (2011). Attitudes and experiences of belgian physicians regarding euthanasia practice and the euthanasia law. *Journal of Pain and Symptom Management*, 41, 580-593.
- Stempsey, W.E. (2010). The role of religion in the debate about physician-assisted dying. *Medicine, Health Care and Philosophy*, 13, 383-387.
- Teisseyre, N., Mullet, E., & Sorum, P.C. (2005). Under what conditions is euthanasia acceptable to lay people and health professionals? *Social Science & Medicine*, 60, 357-368.
- Tiernan, E., Casey, P., O'Boyle, C., Mangan, M., Liam O'Siorain, L., & Kearney, S. (2002). Relations between desire for early death, depressive symptoms and antidepressant prescribing in terminally ill patients with cancer. *Journal of the Royal Society of Medicine*, 95, 386-390.
- Van Der Maas, J., Pijnenborg, P.L., & Van Delden, J.J.M. (1995). Changes in Dutch opinions on active euthanasia, 1966 through 1991. *Journal of the American Medical Association*, 273, 1411-1414.
- Varelius, J. (2007). Illness, suffering and voluntary euthanasia. *BioEthics*, 21, 75-83.
- Wilson, K., Scott, J., Graham, I., Kozak, J.F., Chater, S., & Viola, R.A. (2000). Attitudes of terminally ill patients toward euthanasia and physician-assisted suicide. *Archives of Internal Medicine*, 160, 2454-2460.