

# Assessing the Knowledge and Attitude Regarding Euthanasia among Undergraduate Students in Some Selected Colleges of Nepalgunj, Banke; Nepal

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**Abstract:** ***Background:** Euthanasia is the deliberate killing of a person for his/her benefit. The word euthanasia comes from the Greek words: 'eu'- "good" and 'thanatos'-"death". Thus, euthanasia means good death or easy death. It is identified as "the merciful hastening of death, often limited to willful and merciful actions to kill one who is injured or terminally ill." **Objective:** The aim of this research study was to assess the knowledge and attitude regarding euthanasia among undergraduate students in some selected colleges of Nepalgunj, Banke, Province number 5; Nepal. **Materials and Methods:** A descriptive cross-sectional research design was applied for the study and entirely based on primary data collected through structured questionnaire. Non-probability convenience sampling technique was used to select 100 undergraduate students from the selected colleges of Nepalgunj, Banke and structured questionnaire was administered to the selected students to collect the data for assessing the knowledge and attitude regarding euthanasia among undergraduate students. The collected data was analyzed through descriptive as well as inferential statistics using SPSS software (version 21). The descriptive analysis was performed using frequencies, percentage etc. and for the inferential part of the study, chi-square test ( $\chi^2$ -test) was used. **Results:** The results of the study revealed that more than quarter of the respondents 26(26.0%) had poor knowledge, 16(16.0%) of the respondents had average knowledge and more than half of the respondents 58(58.0%) had good knowledge regarding euthanasia. Likewise, most of the respondents 87(87.0%) had unfavourable attitude, only 1(1.0%) of the respondents had neutral attitude and 12 (12.0%) respondents had favourable attitude regarding euthanasia. The association between level of knowledge and attitude with the selected socio-demographic variables of undergraduate students using chi-square test revealed that there is significant association between the level of knowledge and age, gender, marital status, monthly family income, field of study and source of information. However, there was no statistically significant association between the level of attitude towards euthanasia and all selected socio-demographic variables other than field of study. **Conclusion:** The findings of the study conclude that undergraduate students have good level of knowledge but unfavourable attitude towards euthanasia.*

**Keywords:** Knowledge, attitude, euthanasia, undergraduate students.

## 1. Introduction

Euthanasia is the deliberate killing of a person for his/her benefit. The word euthanasia comes from the Greek words: 'eu'- "good" and 'thanatos'-"death". Thus, euthanasia means good death or easy death. It is identified as "the merciful hastening of death, often limited to willful and merciful actions to kill one who is injured or terminally ill." In other words, "euthanasia is the termination of the life of the terminally ill patients at their request or in their interest"<sup>[1]</sup> Euthanasia, i.e. mercy killing or physician assisted suicide, is a contentious issue in the world of medicine i.e. a highly controversial topic and has grown remarkably over the past decade particularly with rapid medical advancement and the growing population of aging society<sup>[1, 2, 3]</sup>. Euthanasia can be classified as: active and passive euthanasia. Active euthanasia is identical with mercy killing and involves taking direct action to end a life. Active euthanasia is defined as any treatment initiated by a physician with the intent of hastening the death of another human being who is terminally ill and in severe pain or distress with the motive of relieving that person from great suffering. Passive euthanasia can be defined or considered as discontinuing or not starting a treatment at the request of the patient<sup>[1]</sup>. Further distinction is made between voluntary, involuntary, and non-voluntary euthanasia. According to this distinction, voluntary euthanasia occurs when the decision to terminate life by the physicians corresponds with the

patient's desire to do so and the patient willfully gives consent of its implementation. Involuntary euthanasia occurs when the decision to end life is implemented against the patient's wishes. Non-voluntary euthanasia refers to cases where patients are unable to make their wishes<sup>[4]</sup>.

Netherlands is the first country to legalize euthanasia. The efforts of legalization of euthanasia began in the USA in the first years of the 20<sup>th</sup> century. The New York State Medical association recommended gentle and easy death<sup>[5]</sup>. Australian man first in world to die with legal euthanasia. A terminally ill man has become the first person to die under Australia's new assisted suicide law<sup>[6]</sup>. Euthanasia or physician-assisted suicide can be legally practiced in the Netherlands, Belgium, Luxembourg, Colombia and Canada. Physician-assisted suicide, excluding euthanasia, is legal in five US states (Oregon, Washington, Montana, Vermont, and California) and Switzerland. According to a peer reviewed paper published on journal JAMA on date 2017 in South Australia, 0.3% to 4.6% of all deaths are reported as euthanasia or physician-assisted suicide in jurisdictions where they are legal<sup>[7]</sup>. In India, euthanasia is a crime, a Section 309 of the India Penal Code (IPL) deals with attempt to commit suicide and section 306 of the IPL deals with abetment of suicide-both actions are punishable<sup>[8]</sup>. On March 9<sup>th</sup> 2018, the supreme court of India declared that the right to die with dignity is a fundamental right and allowed passive euthanasia in the country. With this development,

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many started wondering, whether “active euthanasia” should also be made legal in the country<sup>[9]</sup>. The Supreme Court has decided to consult experts on the demand to legalise euthanasia, also referred as mercy killing in Nepal<sup>[10]</sup>.

The legalisation of euthanasia is a constantly recurring topic for debate, in which the chief themes include the status of good medical and nursing care for the dying, its morality, legal detail and human rights, especially respect for personal autonomy and perhaps privacy and the role of public opinion. Since, there are deep divisions in society on all those issues; it is not surprising that the debate seems to rotate endlessly about them, without any reasonable prospect of consensus<sup>[11]</sup>. The autonomy in which the patient has the right to make his own choices; the regulation and legislation of existing practices of euthanasia to protect health care providers and patients. In this heated debate religious, political, ethical, legal and personal view are also included. Every individual or group has a different viewpoint regarding euthanasia. Euthanasia is considered a practical, emotional, and religious debate<sup>[12]</sup>.

Different results have been obtained in previous studies on Euthanasia: An analytic study was conducted by Zabetian H, Zareri MJ, Kalani N, Abiri S, to assess attitude of students of Jahroms University of Medical Sciences toward euthanasia in Iran on 2018 by using the stratified sampling method. The study was conducted on 188 medical students and results revealed that 36.7% were negative toward Euthanasia, 60.7% were neutral and 2.6% were positive<sup>[13]</sup>. The result indicated that the majority of the health care professionals had adequate knowledge and favourable attitude towards euthanasia but the unique influence of law and ethics had hindered them to practice euthanasia<sup>[14]</sup>. A cross sectional study was conducted to assess attitude towards euthanasia among undergraduate medical students in Melaka Manipal medical college on October 2018. The study was conducted on 211 medical students using purposive sample technique and the results concluded that empathy and religiosity play significant roles in attitude towards euthanasia<sup>[15]</sup>. The exploratory cross-sectional study among qualified registered nurses working in two teaching hospitals (Kashani and Hajar hospitals) in Iran, 2015 was conducted and the study concluded that the majority of Muslim nurses were found to have negative attitudes to euthanasia<sup>[16]</sup>. A descriptive study was conducted by Ringel H, using the non-probability purposive sampling technique to assess the knowledge and attitude on euthanasia among 100 medical students in Uttar Pradesh, India on 2018 and the results revealed that 22.0% of respondents had inadequate knowledge, 21.0% had moderate knowledge and 57.0% had adequate knowledge about euthanasia. Similarly, majority of respondents 59 (59 %) were had favourable attitude, 33 (33 %) had moderately favourable attitude and only 8 (8%) of the respondents were having favourable attitude on Euthanasia and it concluded that the majority of medical students having adequate knowledge and favourable attitude towards euthanasia<sup>[17]</sup>. A study conducted to assess the knowledge and attitudes of Medical University students with regard to euthanasia on July 2019 and the results revealed that the students with nursing specialization had an average level of knowledge about the issues related to euthanasia and the attitude towards religion determined the

attitudes of students towards euthanasia - admissibility, punishment for it, its use to oneself and one's loved ones. According to respondents, an improvement in palliative care would reduce expectations for euthanasia<sup>[18]</sup>. After reviewed of various related literatures, it was found that undergraduate students had moderate knowledge and negative attitude towards euthanasia. Thus, euthanasia or an easy way to end life is one of the most controversial issues in medical ethics<sup>[19, 20]</sup>. Euthanasia has gained worldwide attention and this is noted as one of the major ethical challenges in the medicine; there is a pressing need to study the trend of attitude towards mercy killing especially among medical students. From that time to till now this controversial issue has created doubt in the minds of physicians' worldwide. Thus, it is necessary to recognize knowledge and attitude of undergraduate students of nursing and medical students about this issue in order to make plans for dealing with this ethical challenge. Therefore, the present study has attempted to assess the knowledge and attitude regarding euthanasia among undergraduate students in some selected colleges of Nepalgunj, Banke; Nepal.

### 1.1 Objectives

The general objective of the research study is to assess the knowledge and attitude regarding euthanasia among undergraduate students in some selected colleges of Nepalgunj, Banke, Province number 5; Nepal. Specifically, the objectives of this study are:

- 1) To assess knowledge regarding euthanasia among undergraduate students.
- 2) To assess attitude regarding euthanasia among undergraduate students.
- 3) To find out the association between level of knowledge and attitude regarding euthanasia among undergraduate students with their selected socio-demographic variables.

## 2. Materials and Methods

A descriptive cross sectional research design was adopted for the study dated in July 2019 to assess the knowledge and attitude regarding euthanasia among undergraduate students of MBBS third year who were studying in Nepalgunj Medical College and nursing students PPBN first and second year who were studying in Bheri Nursing College, Nepalgunj, Banke; Nepal.

The population of the present study comprised of all the undergraduate students studying in Nepalgunj Medical College Kohalpur, Banke and Bheri Nursing College Nepalgunj, Banke, Province number 5; Nepal. A sample of 100 (50 medical students and 50 nursing students) undergraduate students was selected from the selected colleges viz. Nepalgunj Medical College and Bheri Nursing College of Nepalgunj, Banke by using non-probability convenience sampling technique. The tools developed and used for data collection were structured questionnaire consisting of three parts: (i) Performa to collect socio-demographic data, (ii) structured knowledge questionnaire regarding euthanasia and (iii) euthanasia attitude scale (EAS) (i.e. 4 point likert scale) developed by Holloway Hayslip Murdock in 1995 to assess the attitude regarding euthanasia (i.e. an attitude scale). Further, the tool which

consisted of Socio-demographic data, Structured Knowledge Questionnaire and attitude scale consisted of 8, 11 and 30 items (questions) respectively. The Knowledge score was classified into three categorized as good knowledge (>75%), average knowledge (50-75%) and poor knowledge (<50%) and also, attitude scale was arbitrarily classified as positive attitude (>75%), neutral attitude (50-75%) and negative attitude(<50%).The collected data was analyzed through descriptive as well as inferential statistics by using statistical package for social science (SPSS, version21).The descriptive analysis was performed using frequencies, percentage in table etc. and for the inferential analysis chi-square test was used.

**2.1 Sampling Criteria**

**Inclusion criteria**

The study has included undergraduate students of MBBS third year and nursing students of PBBN first and second year from the selected colleges who:

- Were willing to participate in the study.
- Were available at the time of data collection.

**Exclusion criteria**

- Undergraduate students who were not willing to participate in the study.

**2.2 Ethical consideration**

- Ethical approval was taken from Institutional research Committee of Nepalgunj Medical College Kohalpur, Banke and Bheri Nursing College Nepalgunj, Banke.
- Written consent was taken from every participant in the study.
- Confidentiality and privacy was maintained through the study.
- The data was personalized and was used for the purpose of study only.

**3. Results and Discussion**

**3.1 Results**

The findings have been organized and presented under the following sections:

**Section A: Description of demographic variables of undergraduate students**

**Table 1:** Frequency and Percentage distribution of respondents according to selected Socio Demographic Variables, n = 100

S.No.	Socio-Demographic variables		frequency	Percentage (%)
1	Age	20-23	59	59.0
		24-27	35	35.0
		28-31	6	6.0
2	Gender	Male	18	18.0
		Female	82	82.0
3	Religion	Hindu	94	94.0
		Buddhist	2	2.0
		Christian	2	2.0
		Muslim	2	2.0

4	Marital Status	Married	26	26.0
		Unmarried	74	74.0
5	Residence	Rural	18	18.0
		Urban	82	82.0
6	Monthly family income	Below Rs. 20000	2	2.0
		Rs.20,000-30,000	15	15.0
		Rs.30,000-40,000	28	28.0
		Rs.40,000 above	55	55.0
7	Field of study	Nursing	50	50.0
		Medical	50	50.0
8	Source of information	Mass media	14	14.0
		Course study	55	55.0
		Friends	21	21.0
		Hospital	10	10.0

Table 1 reveals that out of 100 undergraduate students majority of 59 (59%) of undergraduate students were aged between 20 – 23 years, 35 (35%) of them aged between 24 – 27 years and rest only 6 (6%) of them aged between 28–31 years. Regarding gender, most of the undergraduate students 82(82.0%) were female and rest 18(18.0%) were male. Likewise, most of the respondents 94(94.0%) were Hindu, only 2 (2%) Buddhist, 2% Christian and 2(2.0%)Muslim. Majority of the respondents 74(74.0%) were unmarried and 26(26.0%) were married. Only 2 (2%) of the respondents had monthly family income Below Rs. 20,000, 15 (15%) of the respondents had family monthly income between Rs.20, 000 – 30,000, 28(28%) of them had family income between Rs.30, 000– 40,000 and more than half of the respondents 55(55.0%) had monthly family income Rs. 40,000 and above. 50 (50%) of the respondents were from medical and 50 (50%) of the respondents were from nursing field. Similarly, 14 (14%)of the respondents got information from mass media, majority of the respondents55 (55%) from course study,21(21%) from Friends and rest 10 (10%) respondents got information from hospital.

**Section B: Distribution of Knowledge regarding euthanasia among Undergraduate students**

**Table 2:** Frequency and Percentage Distribution of level of knowledge regarding euthanasia among undergraduate students., n= 100

S.No.	Knowledge level	Range of score	Frequency (%)
1	Good knowledge	9-11(>75%)	58(58.0%)
2	Average knowledge	5-8(50%-75%)	16(16.0%)
3	Poor knowledge	0-4(<50%)	26(26.0%)

Minimum score = 0      Maximum score = 11

It consisted of 11 items (questions) on knowledge regarding euthanasia among undergraduate students. The above table 2 depicts that among the 100 undergraduate students, the majority of respondents 58 (58%) had good knowledge, 16 (16%) respondents had average knowledge and 26 (26.0%) had poor knowledge regarding euthanasia.

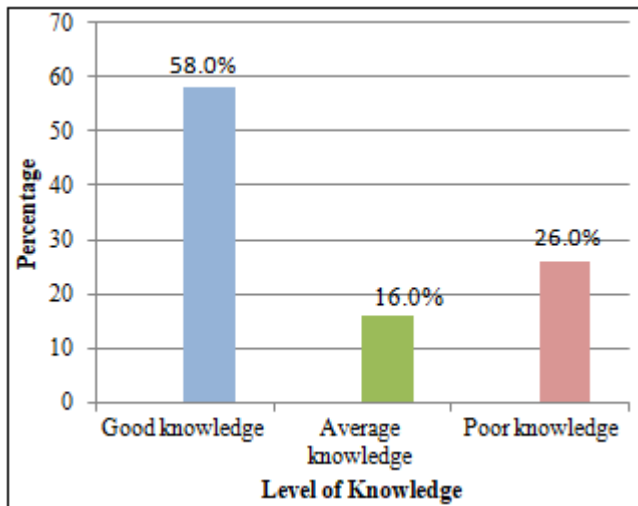


Figure 1: Level of Knowledge Regarding Euthanasia among undergraduate students

Table 3 (O)

Fig.1 shows that percentage distribution of undergraduate students according to the level of knowledge regarding euthanasia.

**Section C: Distribution of attitude level regarding euthanasia among Undergraduate students**

Table 3: Frequency and percentage distribution of attitude to assess regarding euthanasia among undergraduate students, n=100

S.No.	Attitude level	Range of score	Frequency (%)
1	Favourable	23-30 (>75%)	12(12.0%)
2	Neutral	16-22 (50%-75%)	1(1.0%)
3	Unfavourable	0-15 (<50%)	87(87.0%)

Minimum score = 0 Maximum score = 30  
 It consisted of 30 items (questions) on attitude regarding euthanasia among undergraduate students. The above table 3 depicts that 12 (12%) respondents had favourable attitude, only 1 (1%) respondents had neutral attitude whereas the most of the respondents 87(87.0%) had unfavorable attitude regarding euthanasia.

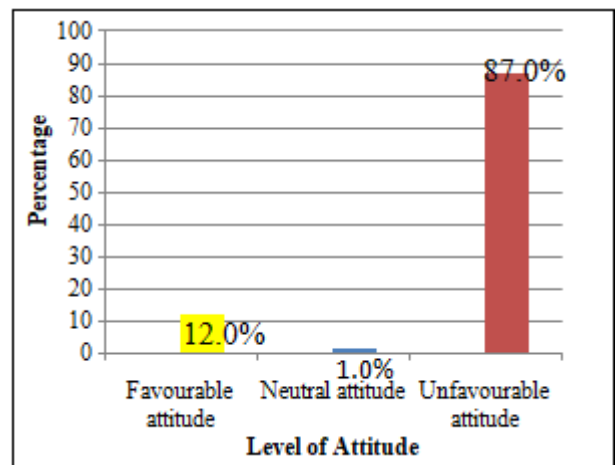


Figure 2: Level of Attitude Regarding Euthanasia among Undergraduate Students

Fig. 2 shows that percentage distribution of undergraduate students according to the level of attitude regarding euthanasia.

**Section D: Association between Level of Knowledge and Attitude Regarding Euthanasia among undergraduate students with their Selected Demographic Variables.**

Table 4: Association between level of Knowledge regarding Euthanasia among Undergraduate students with their Selected Demographic Variables

S.No.	Socio-demographic variables		Level of knowledge			Chi-square ( $\chi^2$ )	P-value
			Good	Average	Poor		
1	Age	20-23	42	9	8	15.439	0.004*
		24-27	12	7	16		
		28-31	4	0	2		
2	Gender	Male	17	1	0	12.231	0.002*
		Female	41	15	26		
3	Religion	Hindu	53	15	26	5.026	0.541**
		Buddhist	2	0	0		
		Christian	1	1	0		
		Muslim	2	0	0		
4	Marital status	Married	9	4	13	11.105	0.004*
		Unmarried	49	12	13		
5	Residence	Rural	10	4	13	8.05	0.669**
		Urban	48	12	13		
6	Monthly family income	Below Rs. 20000	0	1	14	14.013	0.029*
		Rs.20,000 -30,000	4	4	7		
		Rs.30,000- 40,000	21	1	6		
		Rs.40,000 above	33	10	12		
7	Field of study	Nursing	14	10	26	42.517	0.000*
		Medical	44	6	0		
8	Source of information	Mass media	6	3	5	12.664	0.049*
		Course study	38	9	8		
		Friends	11	1	9		
		Hospital	3	3	4		

\*Significant, \*\* Non-Significant: Significant (p-value  $\leq$  0.05) & Not significant (p-value  $>$  0.05) for two tailed test at 5% (0.05) level of significance.

The results from the above table 4, since, p-value ( $P < 0.05$ ) reveals that there is significant association between level of knowledge regarding Euthanasia among undergraduate students and age, gender, marital status, monthly family

income, field of study and source of information however, there is no statistically significant association between level of knowledge and other demographic variables like residence and religion at 5% (0.05) level of significance.

**Table 5:** Association between level of Attitude regarding Euthanasia among Undergraduate students with their Selected Demographic Variables

S.No.	Socio-demographic variables		Level of Attitude			Chi-square ( $\chi^2$ )	P-value
			Favourable	Neutral	Unfavourable		
1	Age	20-23	9	50	0	3.602	0.463**
		24-27	3	31	1		
		28-31	0	6	0		
2	Gender	Male	5	13	0	5.324	0.070**
		Female	7	74	1		
3	Religion	Hindu	10	83	1	5.949	0.429**
		Buddhist	1	1	0		
		Christian	1	1	0		
		Muslim	0	2	0		
4	Marital status	Married	1	24	1	4.907	0.086**
		Unmarried	11	63	0		
5	Residence	Rural	5	13	0	5.324	0.070**
		Urban	7	74	1		
6	Monthly family income	Below Rs. 20000	0	2	0	7.049	0.316**
		Rs.20,000 -30,000	1	14	0		
		Rs.30,000- 40,000	7	21	0		
		Rs.40,000 above	4	50	1		
7	Field of study	Nursing	2	47	1	6.897	0.032*
		Medical	10	40	0		
8	Source of information	Mass media	0	14	0	8.625	0.196**
		Course study	10	45	0		
		Friends	1	19	1		
		Hospital	1	9	0		

\*Significant, \*\* Non-Significant: Significant ( $p\text{-value} \leq 0.05$ ) & Not significant ( $p\text{-value} > 0.05$ ) for two tailed test at 5% (0.05) level of significance.

Since, p-value  $> 0.05$  for selected demographic variables, therefore, the above table 5 depicts that there is no statistical significant association between level of attitude regarding euthanasia among undergraduate students with selected demographic variables such as age, gender, religion, marital status, residence, monthly family income and source of information. However, since p-value  $< 0.05$  for field of study, it indicates that there is statistically significant association between level of attitude and field of study at 5% (0.05) level of significance.

### 3.2 Discussion

The present study shows that among 100 respondents, more than quarter of the respondents 26(26.0%) had poor knowledge, 16(16.0%) of the respondent had average knowledge while more than half of the respondents 58(58.0%) had good knowledge about euthanasia. The results, however, could not be compared on a national level since no prior such study existed. While comparing these findings on the international level, it was found that the findings of the study are similar to the previous descriptive study conducted by Ringel H, by using the non-probability purposive sampling technique to assess the knowledge and attitude on euthanasia among medical students in Uttar Pradesh, India on 2018 and the results revealed that 22.0% of respondents had inadequate knowledge, 21.0% had moderate knowledge and 57.0% had adequate knowledge about euthanasia<sup>[17]</sup>.

Likewise, the study shows among 100 respondents, most of the respondents 87(87.0%) had unfavorable attitude and only 1(1.0%) had neutral attitude whereas 12(12.0%) of the respondents had favourable attitude regarding euthanasia. The findings of this study is supported by the previous descriptive study conducted by Naseh L, Rafiei H, Heidari Mto assess attitude of nursing students to euthanasia in shahrekard city in western Iran on October 2016. The census method was used in the study and the study revealed that 52.5% of respondent had unfavourable attitude, 2.5% had neutral attitude and 45% had favourable attitude regarding euthanasia<sup>[16]</sup>.

Further, the present study reveals that there is significant association between the level of knowledge and demographic variables such as age, gender, marital status, monthly family income, field of study and source of information at 5% level of significance but there was no association between level of knowledge and other demographic variables like religion and residence. This study is consistent to the prior study conducted by Ravis S et.al, to determine the attitude toward euthanasia among undergraduate medical students in Melaka Manipal medical college on October 2018. The purposive sampling technique was used in the study and the results of the study found that there was no significant association between knowledge and religion<sup>[15]</sup>. The present study also shows that there was no statistical significant association between level of attitude with selected demographic variables such as age, Gender, Religion, Marital status, Residence, monthly family income

and Source of information other than field of study. This study is consistent with the prior study conducted by Zabetian H, Zareri MJ, Kalani N, Abiri S, to assess attitude of students of Jahrom University of Medical Sciences toward euthanasia in Iran on 2018 by using the stratified sampling method. There was no significant difference was found between attitude toward euthanasia and other demographic variables<sup>[13]</sup>.

## 4. Conclusion and Recommendation

### 4.1 Conclusion

Based on the above findings and discussion of this study, it is concluded that undergraduate students have good level of knowledge but unfavourable attitude towards euthanasia.

### 4.2 Recommendation

On the basis of the study, the recommendations were as follows:

- A similar study can be replicated on large sample to generalize the findings.
- Undergraduate students should be properly trained to assess knowledge and attitude of euthanasia
- Further studies are needed to have an accurate view of traditional way of treatment and scientific way of treatment of the euthanasia.
- A comparative study can be done between Nurses and Doctors.

### Limitations of the study

- The study was limited to the undergraduate medical students of Nepalgunj Medical College Kohalpur, Banke and nursing students of Bheri Nursing College Nepalgunj, Banke.
- The study was limited to specific dimensions of knowledge and attitude on Euthanasia.
- The size of the sample was only 100, so the findings of this study may not be generalized.

### Acknowledgement

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## 5. Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

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