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Perspectives on Euthanasia: A Qualitative Investigation of a Selected Sample of Health Professionals and Lay People

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Glossary

This glossary contains the terms indicated with a number in the text of the project.

1. Active euthanasia occurs in those instances in which someone takes active means, such as a lethal injection, to bring about someone's death. Generally it is understood that the act is performed by a medical practitioner. The reason to perform euthanasia is to relief a person who suffers a terminal illness or incurable disease of intolerable suffering. A distinction is made between voluntary (with patient consent) and involuntary (against the patient's wishes) euthanasia.

2. Passive euthanasia involves the intentional withholding of treatment. A distinction is made between voluntary (with patient consent) and involuntary euthanasia (without patient's knowledge). According to New Zealand law, withholding treatment does not constitute passive euthanasia.

3. Autonomy recognizes the individual's right to self-determination (according to beliefs, values and a life plan).

4. Beneficence means, " to prevent harm and promote good".

5. Nonmaleficence embodies the concept "not to inflict harm".

6. Justice deals with the concept of fairness; all people are required to bear an equal amount of benefits and burdens. The concept is sometimes used to advocate euthanasia since some individual's burdens are much more than those of others.

7. Vitalism This principle holds that life is a primary good.

8. Incompetent is defined as not having the necessary ability or skill to do something. In the context of end of life situations it often refers to a condition that renders the patient incapable of making an appropriate choice. Conditions such as a cerebral vascular accident, Alzheimer's disease or clinical depression fall in this category.

9. Competent is defined as having sufficient skill or knowledge to make a decision (Collins, 1999).

10. Understanding is defined by Collins (1999) as 'an appreciation, awareness, comprehension, grasp, or insight'.

11. Knowledge is defined as 'the facts or experiences known by a person or group of people, pertains more to feeling certain of the truth or facts' (Collins, 1999).

12. Spirituality; relating to a person's beliefs as oppose to his or her physical or material needs (Collins, 1999).

13. Suffering; to undergo or subjected to physical pain or mental distress (Collins, 1999).

Abstract

As a topic the practice of euthanasia is regularly in the news in New Zealand. It is also practised covertly such as withdrawal of treatment, mercy killing and withholding of futile treatment. Knowledge and perceptions regarding these practices differ. This study explores the possible difference(s) in knowledge base between health professionals and the general population in respect to euthanasia. This project, designed as a qualitative study was guided by the following research question: What is the knowledge base and decision-making process between lay people and health professionals regarding the practice of euthanasia?

The research was done through a qualitative approach by means of interview. In total fourteen participants from the greater Wellington area were involved in the research project, seven participants representing health professionals and seven participants representing the general population. The interview was designed to capture the knowledge base and insights and values of individuals with respect to euthanasia. Comparing the group of health professionals with the group of individuals from the general population resulted in some quantitative data.

The study initially looked at descriptive data pertaining to the topic of euthanasia, education and learning. Interviewing participants and analysing their responses in regards to the practice of euthanasia explored the cognitive and normative layers of knowledge. Educational theory was used to explain what was happening in relation to an individual's knowledge base regarding euthanasia.

The study found that the groups differed in educational background with respect to ethics and the topic of euthanasia with a higher percentage of the health professionals having received education pertaining to ethics and euthanasia. This may explain the fact that five health professionals were able to state a correct definition of euthanasia as opposed to two participants from the general population group. In both groups six of the seven participants were against legalisation of the practice of euthanasia;

however, five of the seven participants from the general population group and four of the seven participants representing health professionals were pro euthanasia.

Various ways of informal learning contributed to the knowledge base of the participants. Informal learning resulted in all participants being able to discuss issues related to the practice of euthanasia that were relevant, important and related to their value system. In this respect, there was no difference between the two groups.

This study has highlighted the difference in knowledge base between health professionals and the general population group. This difference being is the ability to define the term euthanasia. All participants in this study were able to voice opinions on whether euthanasia is practiced and should be practiced or legalised. This study showed that informal learning was important in the acquisition of knowledge and that participants from the general population group were less confident in their knowledge regarding the topic of euthanasia. In view of the findings of this study, it is recommended that since, euthanasia is practiced, an open debate at national level should take place. In view of the ethical issues encountered in everyday living, it is recommended that all New Zealanders are educated regarding ethical issues concerning euthanasia .