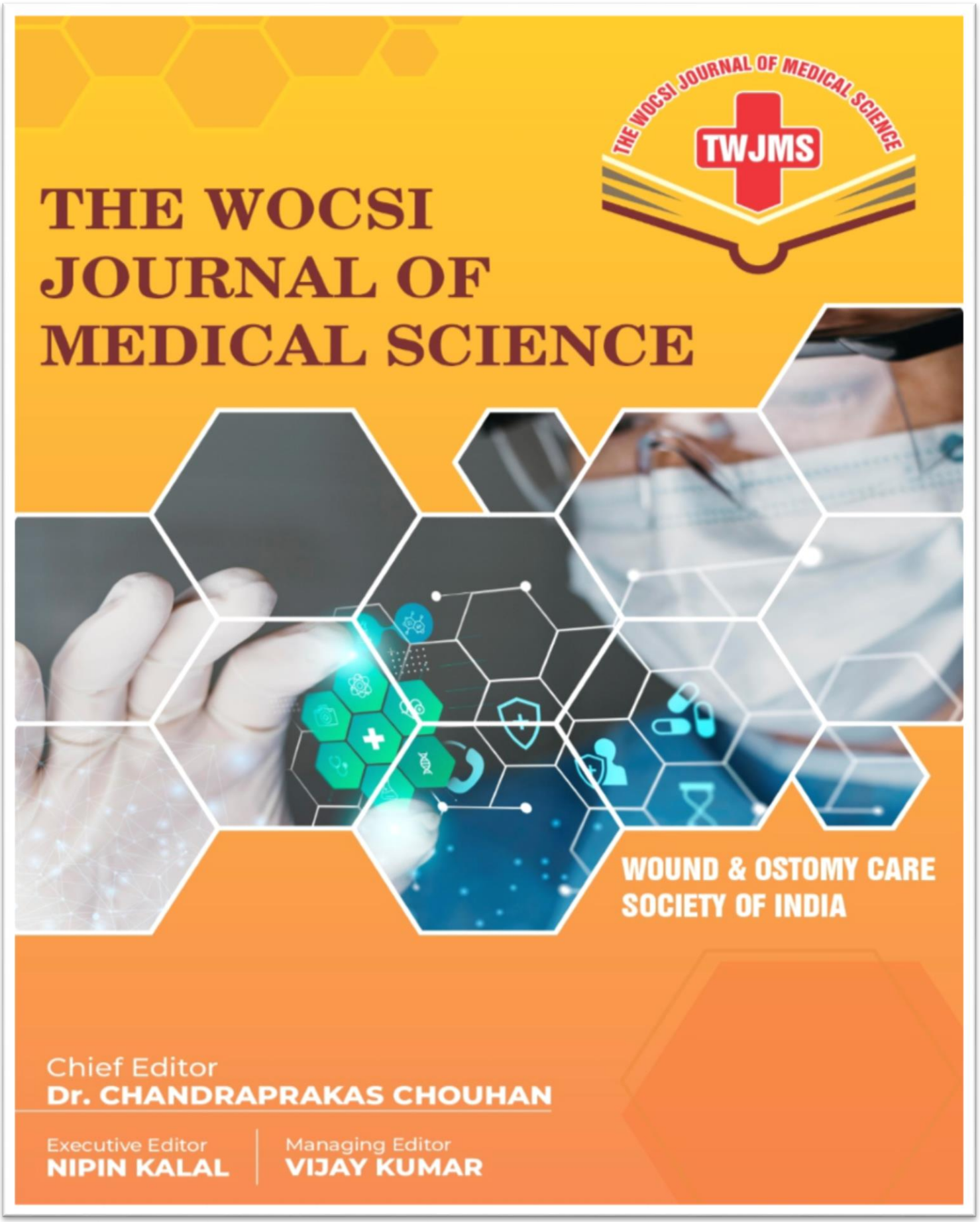
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Correlation Between Knowledge and Attitude Regarding Passive Euthanasia Among Health Care Professionals In Western Rajasthan

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Abstract:

Introduction: Euthanasia is still a taboo in the world. The people have limited orientation about the concept and application of euthanasia. In the different areas of the world, there are mixed views towards euthanasia. The present study was conducted with aim to assess the correlation between knowledge and attitude regarding euthanasia (passive euthanasia) among health care professionals (HCPs) working in selected government hospitals of Bikaner, Rajasthan.

Methodology: In present study, quantitative approach and cross-sectional design were found suitable for the data collection. Quantitative data was collected by using randomized control design. The study was conducted among 300 health care professionals in P.B.M. & Associated group of Hospitals, Bikaner, Rajasthan. Data analysis was done by SPSS 20.0.

Results: The obtained r-value between knowledge score and attitude score was found -0.003 which indicates an indifferent or negligible negative correlation.

Conclusion: The findings explored that knowledge and attitude towards passive euthanasia are independent. Therefore, it is necessary to implement some interventions to enhance the knowledge and attitude of HCPs regarding passive euthanasia.

Keywords : Passive Euthanasia, Health Care Professional, Knowledge, Attitude.

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Significance of the study:
The present explore the knowledge and attitude regarding passive euthanasia among the health care professionals. The study highlighted that there was no significant correlation between knowledge and attitude regarding passive euthanasia among the health care professionals (HCPs). Both variables are independent. The study has emphasis on enhancing the knowledge and positive knowledge towards passive euthanasia.

INTRODUCTION

Each and every human being would like to live and enjoy the fruits of life till he/she dies. In some circumstances human being is demanding to end their life by use of unnatural methods. To end one's life by unnatural methods is a sign of abnormality. Everyone in this world wants to live a long life and wants a painless death. But sometime it is not possible to have immense pleasurable death. Some people have lots of pain and struggle at last stage of dying[1-2]. A hundred years ago, when medicine and medical technology had not invented the artificial methods of keeping a terminally ill patient alive by medical treatment, including by means of ventilators and artificial feeding, such patients were meeting their death on account of natural causes. Today, it is accepted, a terminally ill person has a common law right to refuse modern medical procedures and allow nature to take its own course, as was done in good old times. It is well-settled law in all countries that a terminally ill patient who is conscious and is competent, can take an informed decision 'to die a natural death and direct that he or she be not given medical treatment which may merely prolong life. There are currently a large number of such patients who have reached a stage in their illness when according to well-informed body of medical opinion; there are no chances of recovery. But modern medicine and technology may yet enable such patients to prolong life to no purpose and during such prolongation; patients could go through extreme pain and suffering. Several such patients prefer palliative care for reducing pain and suffering and do not want medical treatment which will merely prolong life or postpone death.[3-4] Euthanasia is still a taboo in the world. The people have limited orientation about the concept and application of euthanasia. In the different areas of the world, there are mixed views towards euthanasia.[1] Doctors do not advocate euthanasia in these circumstances. Passive euthanasia is justifiable in case of patients with Permanent Vegetative State (PVS). One should not be forced to stay alive[5]. The terminally ill are allowed to sink till they breathe their last. In some cases, the escalation is sharp that it resembles passive euthanasia with drawing life support to patients in a permanently vegetative state. All the members of health team face ethical dilemma regarding continuous care of terminally ill patient or what should one response when patient/attendant ask about euthanasia. Therefore, the investigator selected a current research to explore the correlation between knowledge and attitude towards passive euthanasia among health care professionals.

OBJECTIVE:-

Correlate the knowledge and attitude scores regarding passive euthanasia among health care professionals.

METHODOLOGY

The present study was conducted with quantitative approach and cross-sectional research design. The study was conducted among health care professionals, who are working in different Govt. Hospitals of Bikaner, Rajasthan with minimum professional qualification and license for respective post as per rules of Govt. of Rajasthan. In the present study, sample comprised of total 300 HCPs. The participants were selected as per convenient sampling technique. In the present study, structured knowledge questionnaire and 5-point attitude scale were used to collect the data regarding knowledge and attitude towards passive euthanasia among Health Care Professionals. In knowledge questionnaire, 25 items were included to assess the level of knowledge regarding passive euthanasia among Health Care Professionals. The attitude scale has total 18 items to assess the attitude regarding passive euthanasia among Health Care Professionals. Reliability of the structured knowledge questionnaire was established by KR-21 and found 0.66. Reliability of the 5-point attitude scale was established by Cronbach alpha and found 0.724.

INCLUSION CRITERIA-

- Health care professionals who have completed the required professional program and able to practice to license.
- Availability at the time of data collection.
- Agree to participate in the study.

EXCLUSION CRITERIA-

- Health care professionals who have not completed the required professional program and able to practice to license.
- Unavailability at the time of data collection.
- Disagree to participate in the study.

DATA COLLECTION PROCEDURE

The study was carried out with quantitative approach. Written permission from the authority was taken. Samples were recruited as per the inclusion criteria of the study. Samples were selected through non probability non-proportionate quota sampling technique for the study. Study was explained and informed written consent was taken from the participants. The confidentiality was maintained throughout the study. 300 HCPs were selected for quantitative phase of the study. Structured knowledge questionnaire and 5-points likert attitude scale were used as an instrument for quantitative data collection. The questionnaires were administrated to the participants for collection of data. The derived data was analyzed with the help of differential and inferential statistics. Both qualitative data and quantitative data were analyzed separately and then merged. Interpretation of the entire analysis was done by embedding both the qualitative data and quantitative data together and then deriving the final inference of the study.

RESULTS

Table-1 : Distribution of frequency and percentage of the subjects. N=300

S. No.	Demographic variables		Total	
			N	%
1	Gender	Male	175	58.3%
		Female	125	41.7%
2	Age (in years)	25-35	167	56.4%
		36-45	82	27.3%
		46-55	33	11%
		56 & above	16	5.3%
3	Chronic illness in family members	Yes	20	6.7%
		No	280	93.3%
4	Profession of the subjects	Doctor	60	20%
		Nurse admin & Nurse educator	90	30%
		Clinical nurses	90	30%
		Paramedical	60	20%
5	Professional experience (in years)	1-10	204	68%
		11-20	56	18.7%
		21-30	25	8.3%
		31 & above	15	5%
6	Encountering/ practicing in end of life care	Yes	37	12.3%
		No	263	87.6%
7	Helped patient to make decision regarding end of life	Yes	16	5.3%
		No	284	94.7%
8	Job status	Temporary	73	24.3%
		Permanent	200	66.7%
		Probation	27	9%
9	Attended in-service educational program regarding euthanasia	Yes	15	5%
		No	285	95%

Data presented in Table-1 shows that majority of subjects (56.4%) were within the age group of 25-35 years while 27.3% of subjects were within the age group of 36-45 years. Only 11% of subjects were within the age group of 46-55 years and remaining subjects 5.3% within the age group of 56 &above years of age. In reference to gender, majority of subjects (58.3%) were male while remaining subjects 41.7% were female. Regarding Chronic illness in family members, majority of subjects (93.3%) were not having chronic illness in family members while remaining subjects 6.7% were having chronic illness in family members. In terms of profession, there were 60 (20.0%) were doctors and post graduates medical students , 90 (30 .0%) were nurse administrators & educators and post graduates nursing students , 90 (30 .0%) were clinical nurses working in Intensive care unit, cancer unit and general ward remaining 60 (20%) were paramedical which included pharmacist and technicians. In professional experience, majority of health care professionals 204(68.%) were having 1-10 years of professional experience followed by 56 (18.7%) who were having 11-20 years of professional experience. Only 25 (8.3%) were having 21-30 years of professional experience while rest of 15 (5%) were having 31 & above years of professional experience. Encountering/practicing in end of life care, most of the subjects 263 (87.7%) were not encountering / practice of end of life while remaining 37 (12.3%) health care professionals were encountering / practice of end of life. Additionally, majority of health care professionals 284 (94%) were not helped any patient to make decision regarding end of life while remaining 16 (5.3%) health care professionals were involved in helping any patient to make decision regarding end of life encountering / practice of end of life . Job status revealed that majority of health care professionals 200 (66.7%) were working with permanent job while 73 (24.3%) working with temporary job rest of 27 (9%) working within probation period. About attending in-service educational programme, most of participants 285 (95%) were not attended in-service educational programme while remaining 15 (5%) health care professionals have attended in-service educational programme regarding palliative care.

Table-2: Correlation between pretest knowledge and attitude scores regarding passive euthanasia among the subjects. **N=300**

At 0.05 level of significance.

S.N.	Variables	Mean scores	Standard deviation	Calculated r-value	*p-value*
1	Knowledge	7.55	1.379	-0.003	0.958
2	Attitude	37.89	8.775		

The above table-2 highlighted that mean scores of knowledge and attitude towards passive euthanasia were 7.55±1.379 and 37.89±8.775 respectively. The calculated r-value was found -0.003 which indicates an indifferent or negligible negative correlation between the variables. The p-value (0.958) was not significant.

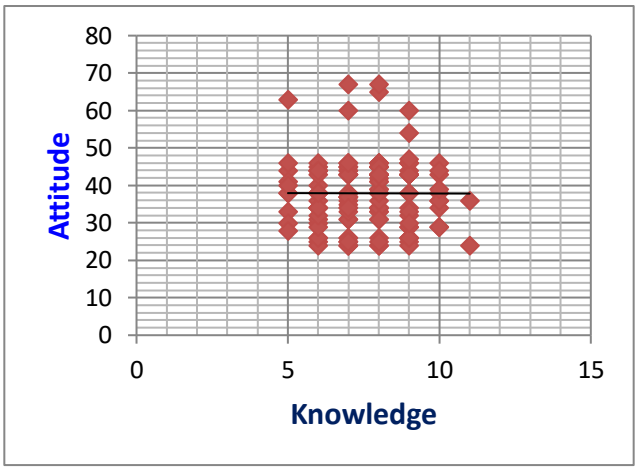

Figure-1: Scatter diagram showing correlation between knowledge and attitude scores of HCPs.

Discussion

The present study was aimed to explore the correlation between knowledge and attitude scores towards passive euthanasia. The present study also highlighted the correlation between pretest knowledge and attitude scores regarding passive euthanasia among the subjects in experimental group. The calculated r-value was found -0.003 which indicates an indifferent or negligible negative correlation between the variables. The p-value (0.958) was not significant. The study explored that there was no significant correlation was found between knowledge and attitude scores. There was no effect of knowledge on the attitude of HCPs towards passive euthanasia. The study is novel in reference to

assess the correlation between knowledge and attitude regarding passive euthanasia therefore no study was available to support the present research findings. Moreover, Vishalini R et al (2018) conducted a study to evaluate the factors affecting attitudes of medical students on euthanasia. The study elaborated that there was a significant positive correlation between empathy and attitude towards euthanasia (r=0.25 p=0.002.)[7]. The finding was in favour of our research outcomes. Whereas in a descriptive study, Hemalatha M, Rajalakshmi N (2018) assessed the knowledge and attitude about euthanasia among 100 health care professionals. The study highlighted a weak positive significant correlation (r-+0.150) between knowledge and attitude regarding passive euthanasia[8]. The finding related to correlation was against the present study finding.

CONCLUSION

Based on the findings of the study the researcher found that The study explored that there was no significant correlation was found between knowledge and attitude scores. There was no effect of knowledge on the attitude of HCPs towards passive euthanasia. There is need to develop an intervention regarding passive euthanasia which can play a vital role in removing the doubts of HCPs, patients and their family members. Researcher felt that there is a need to do further studies related to challenges faced by the healthcare professionals.

LIMITATIONS:

The limitation of the study is related to external validity and general is ability of the study. The fact that this study was conducted in a selected Government hospital of Bikaner does not necessarily mean that the findings can be generalized to all Government hospitals of Rajasthan. There can be other organizational factors which might have influenced the findings. Therefore, the intervention needs further research to prove that it can be transferred elsewhere.

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