

## ***ATTITUDES ON EUTHANASIA AMONG MEDICAL STUDENTS, SOCIAL WORKER STUDENTS AND YOUNG RESIDENT PHYSICIANS IN ROMANIA***

**Csanad Albert-Lorincz, Assoc. Prof., PhD, Partium Christian University of Oradea**

*Abstract: The present paper examines the attitudes of young physicians, medical students as well as social worker students in Romania towards euthanasia. After establishing the concept of euthanasia, the author continues by describing the situation of euthanasia in Romania. They shall present the present legislation (the new Criminal Code introduced in February 2014) and, in light of the results of a study, the attitudes which the young professionals as well as university students who were queried have about euthanasia. Based on the answers, it seems that outright prohibition is not in line with the opinions of the surveyed young population, since a significant majority of the aforementioned research subjects would consider merciful death acceptable. The study is quantitative, with a questionnaire having been administered to 223 subjects. Based on the results, medical students are relatively informed about the topic, and among the three groups mentioned, they have the most liberal approach to euthanasia. More than half of those queried would support euthanasia. We have also succeeded in identifying certain determining factors that could have a role in the attitude towards euthanasia, such as religious faith. Practicing physicians are somewhat more reserved with regard to euthanasia than students, which is presumably the result of experience in the field and responsibility. At the same time, it has also been determined that the attitudes of social workers are more conservative concerning euthanasia. The prediction of previous scholarly literature about the acceptance of euthanasia gaining ground has now become measurable even in Romania.*

**Keywords:** *changing attitudes, euthanasia, legal framework, medical students, physicians, social work students.*

### **Introduction**

This topic has had relevance both in the past and in the present: “Heated controversy surrounds the legitimacy of life-taking actions (...) with legal abortion and capital punishment heading a growing list of issues concerning the “right” to end (or prevent) human life” (Sawyer 1982, p. 521). There are options for palliative medication that has sedative effects and controls pain or disease-related symptoms. Their application can cause the shortening of the patient’s life, and in some cases even cause their death (Polaks, Valentija 2014). The use of this type of drugs highlights the topic of ethical issues about euthanasia.

In modern literature, a new term called *physician-assisted* dying has emerged, which “refers to interventions by a doctor that either intentionally assist a patient to die (as in giving the patient the lethal means to end their own life at their explicit request – physician-assisted suicide)”. When the *physician* “directly ends a patient’s life (as in a lethal medication administered by a doctor at the explicit request of the patient)”, it is called euthanasia (Phillipa et al. 2014, p. 354). During our research, we still utilized the notions of the two traditional forms, active and passive euthanasia, because we believed that our subjects would comprehend and answer the questions with greater ease. Our research, however, has shown that within the three target groups (social worker students, medical students and young resident physicians), 63.8% of the participating individuals make a distinction between the traditionally used forms, 17.2% would only support the passive variety, while 20.4% would agree with both active and passive forms. With this in mind, we shall also maintain the

distinction that plays a part both in its societal and ethical acceptance. Douglas (1976) had already pointed out in the early literature that sometimes, individuals consider passive euthanasia morally acceptable to a greater extent.

### **The legal status of euthanasia in Romania**

Early research efforts “indicate a growing acceptance of the idea of euthanasia over that time” (Ostheimer 1980, p. 124). Since the average life expectancy has increased owing to, among other factors, modern medical care, the rates of chronic illness have increased as well. These diseases require long-term treatment. Patient-centered health care decision-making, which serves the interest of responding to patients’ individual wishes, has received more recognition. As a result, euthanasia has become a prominent topic (Frost et al. 2014).

During the last decade, efforts have been made in Romania to adopt modern human and patient rights by synchronizing national law with European law. The recently adopted Criminal Code criminalizes any act by a person causing or facilitating suicide, the penalty being imprisonment.

The new Criminal Code entered into force in February 2014 criminalizes any form of euthanasia:

Article 191 punishes by imprisonment any act of causing or facilitating suicide, if suicide took place. If this act was committed against a minor aged between 13 and 18 years old or a person with diminished responsibility, the punishment of imprisonment is severe. Causing or aiding suicide committed against a minor under the age of 13 years old or a person who is unable realize or could not control the consequences of their actions or inaction, if suicide took place, imposes a more severe punishment of imprisonment with deprivation of certain rights. If the acts or aiding described above was followed by a suicide attempt, the penalty should be reduced by half. Suicide attempts committed without any intervention on the part of other persons is not criminalized. In this case, however, one might ask the question, “Since suicide is not against the law, why would it be illegal to help someone to commit suicide?” (Perju et al. 2008 a, p. 21).

In our view, this national regulation is in accordance with the current global and European mainstream, but it could also be considered a conservative legislative solution. It does not reflect the changed attitudes among specialists and the public. The research described in this paper indicates the presence of euthanasia-friendly attitudes among students and young professionals. For a further review of criminal law in Romania, we recommend the legislator to take inspiration from the Benelux or Swiss models of euthanasia. Romanian literature also suggests that the “solution would be the legalization of euthanasia within limits so strict as to make abuse impossible” (Perju et al. 2008 a, p. 21). A well-crafted law would be more reasonable than general prohibition (Pivniceru and Dăscălescu 2004).

### **Methodology**

The aim of our research was to assess Romania’s situation with regard to the acceptance of euthanasia. We were primarily interested in the opinion of medical students, but we have also compared their results with the answers given by social worker students and with those of young resident physicians as well. We believed asking social worker students to

be useful because they are also in contact with ailing or not self-sufficient elderly persons, they may take part in caring for these persons and their training is of a markedly social character. Many of them also do volunteer work, and in addition, some of them will go on to work in health care as clinical social workers. For these reasons, they clearly constitute a part of the team involved in patient assistance, and they generally spend more time in the vicinity of the patient than physicians; therefore, they may experience the problems of their patients' intimate lives more profoundly. On the other hand, medical students are more fully aware of the limits inherent in the profession and those of healing. We had thus assumed that there would be significant differences between the answers of the two groups. At the same time, we also asked the young resident physicians their opinion about the topic, since they already have experience in the field and they had gotten closely acquainted with human suffering, perhaps even experienced deaths in their immediate surroundings.

In order to achieve our goals, we asked the following research questions:

- What proportion of the three groups examined accepts euthanasia?
- Since the population of Romania characteristically displays conservative Christian views, what is the extent of the role religious faith plays concerning the acceptance of euthanasia?
- Does the population examined distinguish between active and passive euthanasia?
- To what extent do the groups examined consider euthanasia to be a part of self-determination?
- What correlations can we find between the factors examined?

Our results are based on the analysis of a total number of 223 questionnaires, out of which 112 (50.2%) were completed by social work students, 90 (40.4%) by medical students and 21 (9.4%) by resident physicians. 200 persons were still students, 23 had graduated medical university. Data was collected using nonprobability convenience sampling in May-June 2014 in the cities of Tîrgu-Mures and Cluj-Napoca, Romania. The data obtained was processed and analyzed with SPSS Statistics. Because of the relatively low number of respondents, the conclusions should be considered carefully.

## Results

Demographical data shows that the social work students were aged between 18 and 48, with an average age of 22.77 years. The medical students were aged between 19 and 34, averaging 24.04 years. The resident physicians were aged between 25 and 43, with an average age of 29.35 years. The average age of the three groups examined is 23.89 years, which denotes a young population. Among social work students, 84.8% were female and only 15.2% male. We would like to point out that the representative gender percentage was the same in both groups, i.e., medical students and resident physicians: 66.7% were female and 33.3% were male. According to our data, the gender distribution present during university studies had been preserved in the initial phase of practicing the medical profession.

Sociological data was also collected regarding religious denomination and faith: the majority of the examined population was Christian (Orthodox, Catholic, Reformed, Unitarian), some with no denomination and a few undeclared.

Among the whole population of 223 respondents, the majority of 37.6% were Orthodox, 26.9% Roman Catholic, 19.3% Reformed (Calvinistic), 4.6% Unitarian, 3.6% Greek-Catholic, 2% Baptist and 6.1% had other religions. This is due to the presence of a multicultural environment in the Transylvanian universities of Romania. Because of the existing diversity of religions, we could not find any correlation between euthanasia and religious denomination.

According to Person's Chi-square test, there is a strongly significant difference at a level of  $p=.001$  (Chi square = 25.739) in the total population between the attitudes of the religious and non-religious supporting euthanasia, as can be seen on the following cross tabulation:

		Would you support euthanasia?			Total
		NO	YES, the passive form	YES, the active form too	
Do you believe in God?	YES	118 69.4%	30 17.6%	22 12.9%	170 100.0%
	NO	20 39.2%	8 15.7%	23 45.1%	51 100.0%
Total		138 62.4%	38 17.2%	45 20.4%	221 100.0%

Cross tabulation no. 1 - Do you believe in God? \* Would you support euthanasia?

The review of 27 quantitative studies made by Lydi-Anne et al. (2014) suggests that religion is not significantly related to euthanasia according to most studies. However according to our study, in Romania religion seems to be a determining factor because of the traditionally religious population.

As shown by the above, 69.4% of the religious population would not support euthanasia, while only 39.2% of the non-believers would be against it. 30.5% of the religious would agree with active or passive forms of euthanasia, while 60.8% of the non-believers would accept and support euthanasia. We also find it important to mention that the religious tend to agree more with passive euthanasia, when the patient is allowed to die, while non-believers are less averse to active euthanasia, which is active interference with the life process performed by a third party.

Within the groups studied, the relationship between the acceptance of euthanasia and religious faith manifests as follows: 83% of religious social worker students (94 out of 112) do not support euthanasia, 12.8% would only agree with its passive form, while 4.3% would agree with active means as well. Out of the 18 non-believers, the majority would not support euthanasia (55.6%), while 11.1% would accept its passive iteration and 33.3%, its active form as well. Nevertheless, only 50% of religious medical students would be against euthanasia, compared to 29.2% of the non-believers. An almost equal number, 25.8% and 24.2% of the religious agree with active and passive euthanasia, respectively. Out of the 24 non-believers, 50% would support both forms of euthanasia, and 20.8% would only support its passive form. From the data above, it follows that medical students are more open to the question of

euthanasia than social worker students. The reason for this is most likely that they have different curricula and professional orientations, albeit both groups aspire to care for human lives. At the same time, the average age of medical students is higher by 1.27 years, which may also act as a factor of influence; however, research is still needed as to what concerns age.

In the case of young physicians – where almost half of practicing physicians (9) are non-believers, while 10 residents are religious –, we also see that the majority of the religious (70%) would not support euthanasia, while the remaining 10% would agree with its passive form and 20%, with both forms. As we could see in the previous groups, 55.6% of non-believers agree with both forms of euthanasia, 11.1% only considers the passive form to be acceptable, while 33.3% of non-believers would not support euthanasia at all. Obviously, we can only accept these last data pertaining to resident physicians with reservations, as prospective results, owing to the size of the sample.

Earlier research has shown that male health professionals are more willing to practice euthanasia (Lydi-Anne et al. 2014). Our data, while supporting this claim, show that differences relating to gender and measurable in percentages are not significant in either group, based on Pearson's Chi-squared test. 51.9% of the males and 65.7% of the females in the total population would not support euthanasia. Distributed among the three different populations, the results are as follows: 70.6% of male and 80% of female social worker students would not support euthanasia, while 29.4% of males and 20% of females would. In the case of medical students, 43.3% of males and 45% of females would not support it, as opposed to 56.7% of males and 55% of females who would. 42.9% of male and 58.3% of female resident physicians would not support it, while 57.1% of males and 41.7% of females would.

From the preliminaries of this data, we have already learned that a significant portion of the population would support euthanasia. To map the actual opinions, we have formulated 7 structured questions and posed them to all members of the three groups. We shall evaluate the answers given side by side.

The survey began with 2 contingency questions in order to determine if the population has any previous knowledge about the subject; after that, we examined the attitudes of the participants about euthanasia.

The first question was whether the population knew that euthanasia is not approved in Romania. 71% of social workers were aware of the present prohibition, while 97.8% of medical students possessed the correct information. 91% of resident physicians gave the correct answer, although the sample size is too small to draw meaningful conclusions. We can see the results on Cross tabulation no. 2.

Pearson's Chi-square test has also shown a significant difference between the answers at a level of  $p=.001$  (Chi square=26.440). According to Kendall's tau measurements, the disagreement between the data pairs is also significant at the level of  $p=.001$  (Kendall's tau-b=-.304).

	Did you know that euthanasia is forbidden in Romania		Total
	YES	NO	

Group	Social Work Students	79	32	111
		71.2%	28.8%	100.0%
	Medicine Students	88	2	90
		97.8%	2.2%	100.0%
	Resident Physicians	18	2	20
		90.0%	10.0%	100.0%
Total		185	36	221
		83.7%	16.3%	100.0%

Cross tabulation no. 2 - Did you know that euthanasia is forbidden in Romania?

The second question was whether the population knew that euthanasia is legal in some European states and in Oregon, USA. We did not include the other three US states in the survey because in those states, euthanasia has only recently been legalized. Three quarters of social work students did not have the adequate information, but almost three quarters of medical students knew the correct answer. Residents physicians were less prepared than medical students; more than half did not have up-to-date information about euthanasia. If we compare the answers given to the first question with the present one, it emerges that the present educational system places greater emphasis on issues related to euthanasia than that of a few years earlier. Even in Romanian academic circles, an increasingly popular view is that “the use of case studies may represent a very powerful tool for involving students in the teaching process” (Frunză 2011, p. 108). This could explain why medical students are more informed than resident physicians.

The differences are statistically significant according to both Pearson’s Chi-squared test and Kendall’s tau symmetrical measurements on the level of  $p=.001$  (Chi square=47.803, Kendall’s tau-b=-.398). We may study the results on Cross tabulation no. 3 below:

		Did you know that Euthanasia is legal in some EU countries?		Total
		YES	NO	
Group	Social Work Students	29	83	112
		25.9%	74.1%	100.0%
	Medicine Students	67	23	90
		74.4%	25.6%	100.0%
	Resident Physicians	12	9	21
		57.1%	42.9%	100.0%
Total		108	115	223
		48.4%	51.6%	100.0%

Cross tabulation no. 3 - Did you know that Euthanasia is legal in some EU countries?

The third question, according to Cross tabulation no. 4, referred to active and passive euthanasia and whether the subjects of research believed there was any difference between them. We have received similar answers in all three categories; 58.9% of social workers, 70.8% of medical students and 60% of resident physicians believe that these two forms of merciful death are essentially different. The differences between the groups are not

statistically significant. Despite this, a significant group believes that they are one and the same if we consider the result, i.e., both forms conclude in the death of the patient. Further research is needed in order to ascertain the internal reasons for this difference.

		Is there any difference between active and passive euthanasia?		Total
		YES	NO	
Group	Social Work Students	66 58.9%	46 41.1%	112 100.0%
	Medicine Students	63 70.8%	26 29.2%	89 100.0%
	Resident Physicians	12 60.0%	8 40.0%	20 100.0%
Total		141 63.8%	80 36.2%	221 100.0%

Cross tabulation no. 4 - Is there any difference between active and passive euthanasia?

The fourth question reflects personal opinions about supporting euthanasia. Romanian scholarly literature, while not abounding in similar studies, nevertheless indicates that the topic of euthanasia breaks away from tradition (Oancea 2007, Frigy 2008, Perju et al. 2008 b, Pârveu et al. 2012, Buta and Buta 2012). Despite this, our results are still surprising: The majority of social workers would not support it, as evidenced by Cross tabulation no. 5 below. A larger proportion of medical students (55.6%) and resident physicians (47.4%) would support the active or passive forms of euthanasia. According to a Romanian study performed in 2004, 35% of physicians would support the legalization of euthanasia, yet only 25% agree with it (Deaconescu 2005). Based on this data, it appears that the proportion of acceptance of euthanasia shows a rising tendency. Previous literature has reported a similar survey performed at the Bucharest University of Medicine. 24 physicians and 353 university students had been asked: "The study may reveal different attitudes, but in general, most physicians and approximately half of the responding students said they agreed with euthanasia and its legalization" (Curcă 2008, p. 36).

The differences between the answers given by social worker and medical students as well as physicians could probably be explained by the fact that social workers are trained for assistance and empathy, while physicians are more aware of the limits of modern healing and encounter terminal patients more often. A slight difference can also be observed between medical students and residents, viz. that medical students would more readily support euthanasia. This might be indicative of the fact that a practicing physician must have a more responsible approach toward their patient than a university student who does not have the adequate experience in the field. The differences are statistically significant according to both Pearson's Chi-squared test ( $=29.137$ ) and Kendall's tau symmetrical measurements ( $=.310$ ) on the level of  $p=.001$ .

		Would you support euthanasia?			Total
		NO	YES, only the passive form	YES, the active form too	
Group	Social Work	88	14	10	112

	Students	78.6%	12.5%	8.9%	100.0%
	Medicine Students	40	22	28	90
		44.4%	24.4%	31.1%	100.0%
	Resident Physicians	10	2	7	19
		52.6%	10.5%	36.8%	100.0%
Total		138	38	45	221
		62.4%	17.2%	20.4%	100.0%

Cross tabulation no. 5 - Would you support euthanasia?

Those who answered YES to the previous question, regardless of whether they support only the passive (letting the patient die) or both forms (letting die and helping die), had an additional dichotomous question about whether any other conditions should be respected in order to practice euthanasia. 48.7% of social workers believe that this must be the exclusive decision of the patient; however, this proportion decreases significantly in medical students, to 21.2%, while 10% of resident physicians would assign exclusive decisions on euthanasia to their patient. From among the three groups, as seen on Cross tabulation no. 6, the level of preparation, the knowledge of healing methods as well as experience in the field points steers the respondents towards the existence of other requirements. Such circumstances could be the presence of a terminal illness, short life expectancy, loss of the patients' dignity, the presence of suffering and/or pain, as we had suggested in the questionnaire. The differences are statistically significant according to both Pearson's Chi-squared test (chi square=10.194, p=.006) and Kendall's tau symmetrical measurements (= .304) on the level of p=.001.

		Under what conditions?		Total
		It should be only the patients' decision	There should be some conditions	
Group	Social Work Students	19	20	39
		48.7%	51.3%	100.0%
	Medicine Students	11	41	52
		21.2%	78.8%	100.0%
	Resident Physicians	1	9	10
		10.0%	90.0%	100.0%
Total		31	70	101
		30.7%	69.3%	100.0%

Cross tabulation no. 6 - Under what conditions would you support euthanasia?

The sixth question measuring whether the population considers that euthanasia is part of the individual's right to self-determination shows no significant differences between groups. 67% of respondents believe that euthanasia should indeed be viewed as part of self-determination. Also on Cross tabulation no. 7, we can observe that a higher proportion of medical students consider euthanasia part of self-determination, which probably suggests that medical training in the past few years pays more attention to this particular topic.

	Do you think that euthanasia is a part of self-determination?		Total
	YES	NO	

Group	Social Work Students	68 61.3%	43 38.7%	111 100.0%
	Medicine Students	67 74.4%	23 25.6%	90 100.0%
	Resident Physicians	13 65.0%	7 35.0%	20 100.0%
Total	148 67.0%	73 33.0%	221 100.0%	

Cross tabulation no. 7 - Do you think that euthanasia is a part of self-determination?

The last question on Cross tabulation no. 8, whether there are any differences between euthanasia and suicide, has revealed another statistically insignificant differences between the groups. 79.7% of respondents believe that there is a difference, while 20.3% sees no real difference. Medical students yet again displayed greater sensitivity in approaching the topic than the other two groups. The data received reveals that from a societal standpoint, people distinguish between mercy killing and suicide. Early scholarly literature had already indicated that distinction must be made between euthanasia and suicide (Wreen, 1988), although in-depth analysis of the topic still demands further qualitative research.

		Is there any difference between euthanasia and suicide?		Total
		YES	NO	
Group	Social Work Students	80 72.1%	31 27.9%	111 100.0%
	Medicine Students	80 88.9%	10 11.1%	90 100.0%
	Resident Physicians	17 81.0%	4 19.0%	21 100.0%
Total		177 79.7%	45 20.3%	222 100.0%

Cross tabulation no. 8 - Is there any difference between euthanasia and suicide?

We have also found correlations between the answers given by the studied groups by using the Pearson 2-tailed method.

As seen on Table no. 1, the persons among social workers who were aware of the status quo in Romania had more extensive information about the regulation of euthanasia in other countries. The correlation, though significant, is very weak,  $r=.197$ ,  $p=.038$ . The correlation relationship is weak ( $r=.332$ ), yet very significant ( $p=.001$ ) between religious faith and the support for euthanasia; fewer of the religious tend to accept euthanasia. However, those who support euthanasia agree that it must constitute a part of the right to self-determination; nevertheless, the correlation coefficient is very low, and the level of significance is weak as well ( $r=-.212$ ;  $p=.026$ ). Correlation is also negative ( $r=-.240$ ), the value of which suggests that those who would suggest euthanasia believe that it is not equivalent to suicide ( $p=.011$ ). Finally, we can also glean a not too powerful ( $r=.206$ ;  $p=.030$ ), yet significant interaction between the answers where those who believe it should constitute a

part of the right to self-determination perceive a difference from suicide. The findings about should be viewed with reservation, since in several cases, the level of correlation is low and significance is weak as well. For this reason, further research should be conducted to be able to make assertions that are more decisive.

		Do you believe in God	Did you know that euthanasia is forbidden in Romania	Did you know that Euthanasia is legal in some EU countries?	Is there any difference between active and passive euthanasia?	Would you support euthanasia?	Do you think that euthanasia is part of self-determination?	Is there any difference between euthanasia and suicide?
Do you believe in God	Pearson Correlation Sig. (2-tailed) N	1  112						
Did you know that euthanasia is forbidden in Romania	Pearson Correlation Sig. (2-tailed) N	.044 .648 111	1  111					
Did you know that Euthanasia is legal in some EU countries?	Pearson Correlation Sig. (2-tailed) N	-.019 .844 112	.197* <b>.038</b> 111	1  112				
Is there any difference between active and passive euthanasia?	Pearson Correlation Sig. (2-tailed) N	-.118 .214 112	-.172 .071 111	-.128 .179 112	1  112			
Would you support euthanasia?	Pearson Correlation Sig. (2-tailed) N	.332** <b>.001</b> 112	-.121 .207 111	-.072 .453 112	.059 .536 112	1  112		
Do you think that euthanasia is part of self-determination?	Pearson Correlation Sig. (2-tailed) N	-.149 .118 111	.115 .233 110	-.092 .339 111	.134 .160 111	-.212* <b>.026</b> 111	1  111	
Is there any difference between euthanasia and suicide?	Pearson Correlation Sig. (2-tailed) N	-.110 .249 111	-.001 .993 110	-.101 .292 111	.059 .541 111	-.240* <b>.011</b> 111	.206* <b>.030</b> 111	1  111

Table no. 1 – Correlation between the answers given by social work students.

Table no. 2 shows the correlations between the answers given by medical students. The correlation between religious faith and the support for euthanasia is weak ( $r=.240$ ); fewer of the religious tend to accept euthanasia ( $p=.023$ ). Those who do support euthanasia agree that it must form a part of the right to self-determination ( $r=-.413$ ,  $p=.001$ ).

		Do you believe in God	Did you know that euthanasia is forbidden in Romania	Did you know that Euthanasia is legal in some EU countries?	Is there any difference between active and passive euthanasia?	Would you support euthanasia?	Do you think that euthanasia is part of self-determination?	Is there any difference between euthanasia and suicide?
Do you believe in God	Pearson Correlation Sig. (2-tailed) N	1  90						

Did you know that euthanasia is forbidden in Romania	Pearson Correlation Sig. (2-tailed) N	-.091 .394 90	1 90					
Did you know that Euthanasia is legal in some EU countries?	Pearson Correlation Sig. (2-tailed) N	-.065 .541 90	.084 .429 90	1 90				
Is there any difference between active and passive euthanasia?	Pearson Correlation Sig. (2-tailed) N	-.097 .366 89	-.097 .364 89	-.024 .820 89	1 89			
Would you support euthanasia?	Pearson Correlation Sig. (2-tailed) N	.240* .023 90	.111 .297 90	.002 .985 90	.110 .306 89	1 90		
Do you think that euthanasia is part of self-determination?	Pearson Correlation Sig. (2-tailed) N	-.008 .943 90	-.088 .408 90	.066 .539 90	-.097 .366 89	-.413** .001 90	1 90	
Is there any difference between euthanasia and suicide?	Pearson Correlation Sig. (2-tailed) N	-.053 .618 90	.187 .078 90	.036 .736 90	.006 .954 89	-.110 .303 90	.117 .272 90	1 90

Table no. 2 – Correlation between the answers given by medical students.

Table no. 3 shows the correlations between the answers given by resident physicians. We only found a correlation between answers given to two questions: those who support euthanasia agree that it must form a part of the right to self-determination (the strength of the correlation  $r = -.613$ , its significance  $p = .005$ ).

		Do you believe in God	Did you know that euthanasia is forbidden in Romania	Did you know that Euthanasia is legal in some EU countries?	Is there any difference between active and passive euthanasia?	Would you support euthanasia?	Do you think that euthanasia is part of self-determination?	Is there any difference between euthanasia and suicide?
Do you believe in God	Pearson Correlation Sig. (2-tailed) N	1 21						
Did you know that euthanasia is forbidden in Romania	Pearson Correlation Sig. (2-tailed) N	.369 .110 20	1 20					
Did you know that Euthanasia is legal in some EU countries?	Pearson Correlation Sig. (2-tailed) N	.138 .552 21	.408 .074 20	1 21				
Is there any difference between active and passive euthanasia?	Pearson Correlation Sig. (2-tailed) N	0.000 1.000 20	-.262 .279 19	.082 .731 20	1 20			
Would you support euthanasia?	Pearson Correlation Sig. (2-tailed) N	.387 .102 19	.420 .083 18	.144 .555 19	-.339 .156 19	1 19		

Do you think that euthanasia is part of self-determination?	Pearson Correlation	-.242	-.233	.257	.420	-.613**	1	
	Sig. (2-tailed)	.303	.337	.274	.073	<b>.005</b>		
	N	20	19	20	19	19	20	
Is there any difference between euthanasia and suicide?	Pearson Correlation	.023	.327	.315	.102	-.189	.419	1
	Sig. (2-tailed)	.921	.160	.164	.669	.437	.066	
	N	21	20	21	20	19	20	21

Table no. 3 – Correlation between the answers given by resident physicians.

We have observed that among the three groups, there are different factors with relationships of correlation, which leads us to suspect that the attitudes toward euthanasia on the part of the different groups are influenced by different factors.

### Conclusions

Taking into account the global situation, we can see the following: early scholarly literature had foreshadowed the spread of euthanasia and its acceptance among the populace (Ostheimer 1980, Sawyer 1982). On a political level, more and more countries have legalized the different forms of euthanasia, and an increasing number of patients have exercised the option of merciful death (The Netherlands, Belgium, Switzerland in the EU and Oregon, Washington, Montana and Vermont in the USA). All of this makes it probable that other countries will legalize euthanasia in the following years (Wright 2014) and that euthanasia cases will account for a greater proportion of the causes of death among the population.

Based on our research, liberal views according to which euthanasia has begun to be accepted in wider professional circles are gaining ground to a quantifiable extent. Since it has become institutionalized in increasingly more countries considered to be progressive, we must prepare for the coming changes in time. The general acceptance of euthanasia within the groups studied is significant, 37.6% globally. Religious faith and views as parts of culture act as factors of influence; we have not found any significant differences pertaining to gender. At the same time, the subjects tend to distinguish between active and passive euthanasia, with the passive form being more accepted. We would like to point out that the majority of respondents agree with euthanasia being part of the right to self-determination.

More studies are needed in order to ascertain the opinions of broader layers of society; at the same time, it should also be examined which of the existing regulatory models are compatible with distinctive traditional values. To achieve all this, raising widespread media awareness of the topic is needed (Pivniceru and Dăscălescu 2004, Curcă 2008). In addition, a way should also be found to reconcile conservative Christian views with the altered societal circumstances, in light of the fact that religious faith in Romania seems to be a determining factor when it comes to the attitudes concerning euthanasia.

### BIBLIOGRAPHY:

Buta Mircea Gelu, Buta Liliana, (2012) Euthanasia as Intention, *Studia Universitatis Babeş–Bolyai Bioethica*, No. 2 Vol. 57, p. 57-61; <http://www.studia.ubbcluj.ro/download/pdf/778.pdf> accessed: 27.08.2014.

- Douglas Walton, (1976), Active and Passive Euthanasia, *Ethics*, Vol. 86, No. 4, pp. 343-349, The University of Chicago Press, <http://www.jstor.org/stable/2380229> accessed: 10.06.2014.
- Deaconescu Cristina, (2005), Eutanasia în proiectarea sa multidisciplinară, *Revista română de bioetică*, Vol. 3, No. 4, <http://www.bioetica.ro/index.php/arhiva-bioetica/article/view/385/569> accessed: 27.08.2014.
- Curcă George Cristian, (2008), Euthanasia: An “X-Ray” From Within The Medical Profession – Comparative Survey Among Medical Students And Physicians, *Romanian Journal of Bioethics*, vol. 6, nr. 2, p. 36-48; <http://www.bioetica.ro/index.php/arhiva-bioetica/article/view/74> accessed: 27.08.2014.
- Frigy Szabolcs, (2008), Eutanázia - Az élet jog vagy kötelesség? *Eristikon*, ISSN 1841 – 9879, Cluj-Napoca, [http://hiphi.ubbcluj.ro/eristikon/nr\\_5/revista/frigy.htm](http://hiphi.ubbcluj.ro/eristikon/nr_5/revista/frigy.htm) accessed: 27.08.2014.
- Frost D. Thomas, Sinha Devan, Gilbert J. Barnabas, (2014), Should assisted dying be legalised?, *Philosophy, Ethics, and Humanities in Medicine*, Vol. 9, No. 3, 5 p., doi:10.1186/1747-5341-9-3, <http://www.peh-med.com/content/9/1/3> accessed: 03.08.2014.
- Frunză Mihaela, (2011), Case studies in teaching euthanasia. Ethical and pedagogical aspects, *Romanian Journal of Bioethics*, Vol. 9, No. 1, p. 108-113; accessed: 27.08.2014.
- Lydi-Anne Vézina-Im, Mireille Lavoie, Pawel Krol, Marianne Olivier-D’Avignon, (2014), Motivations of physicians and nurses to practice voluntary euthanasia: a systematic review, *BMC Palliative Care*, Vol. 13 No. 20, 32 p., <http://www.biomedcentral.com/1472-684X/13/20>, doi:10.1186/1472-684X-13-20.
- Oancea Ioan,(2007), Euthanasia - an absurd assumption of freedom, *Revista română de bioetică*, Vol. 5, No. 7, p. 25-43; <http://www.bioetica.ro/index.php/arhiva-bioetica/article/view/57> accessed: 27.08.2014.
- Ostheimer, John M., (1980), The Polls: Changing Attitudes Toward Euthanasia, *The Public Opinion Quarterly*, Vol. 44, No. 1, pp. 123-128, <http://www.jstor.org/stable/2748597> accessed: 10.06.2014.
- Pârvu Andrada, Moisa Stefana, Gramma Rodica, Enache Angela, Dumitras Silvia, Roman Gabriel, Radu Chiriță, Ioan Beatrice, (2012), The Inutility of the Medical Treatment at the End of Life, *Studia Universitatis Babeș-Bolyai Bioethica*, No. 2 Vol. 57, p. 63-74; <http://www.studia.ubbcluj.ro/download/pdf/778.pdf> accessed: 27.08.2014.
- Perju-Dumbravă Dan, Morar Silviu, Fulga Iuliu, Avram Adrian, Todea Doina, Siserman Costel, (2008 a), Euthanasia In The Romanian Penal Law, *Romanian Journal of Bioethics*, vol. 6, nr. 2, p. 14-22; <http://www.bioetica.ro/index.php/arhiva-bioetica/article/view/76/83> accessed: 27.08.2014.
- Perju Dumbravă Dan, Avram Adrian, Fulga Iuliu, Mucichescu Paul Dan, Betianu Bogdan, Doina Todea, (2008 b), Medical implications of euthanasia, *Romanian Journal of Bioethics*, Vol. 6, No. 1, p. 17-23; <http://www.bioetica.ro/index.php/arhiva-bioetica/article/view/67> accessed: 27.08.2014.
- Pivniceru Mona-Maria, Dăscălescu Florin Dorian, (2004), Euthanasia: where does the right to life protection ends? *Romanian Journal of Bioethics*, Vol. 2, No. 2, p. 70-77, <http://www.bioetica.ro/index.php/arhiva-bioetica/article/view/318> accessed: 27.08.2014.
- Phillipa J. Malpas, Maria KR. Wilson, Nicola Rae and Malcolm Johnson, (2014), Why do older people oppose physician-assisted dying? A qualitative study, *Palliative Medicine*, Vol. 28 No. 4, p. 353–359, DOI: 10.1177/0269216313511284.
- Polaks Rihards, Liholaja Valentija, (2014), Distinction Between Euthanasia And Valid Medical Decision And Its Impact On Unborn Life, *Jurisprudence*, Vol. 21, No 1, p. 223–243. doi: 10.13165/JUR-14-21-1-11.
- Romanian Criminal code: <http://www.just.ro/LinkClick.aspx?fileticket=Wpo7d56II/Q=> accessed: 27.08.2014.

Sawyer, Darwin O., (1982), Public Attitudes Toward Life and Death, *The Public Opinion Quarterly*, Vol. 46, No. 4, pp. 521-533, <http://www.jstor.org/stable/2748772> accessed: 10.06.2014.

Wreen Michael, 1988, The Definition of Euthanasia, *Philosophy and Phenomenological Research*, Vol. 48, No. 4 (Jun., 1988), pp. 637-653, <http://www.jstor.org/stable/2108012> accessed: 10.06.2014.

Wright Stephen, (2014), A question of death, *Nursing Standard*, Vol. 28, No. 27, p. 26-27.