

# European public acceptance of euthanasia: Socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries

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## Abstract

In many European countries, the last decade has been marked by an increasing debate about the acceptability and regulation of euthanasia and other end-of-life decisions in medical practice. Growing public sensibility to a 'right to die' for terminally ill patients has been one of the main constituents of these debates. Within this context, we sought to describe and compare acceptance of euthanasia among the general public in 33 European countries. We used the European Values Study data of 1999–2000 with a total of 41 125 respondents (63% response rate) in 33 European countries. The main outcome measure concerned the acceptance of euthanasia (defined as 'terminating the life of the incurably sick', rated on a scale from 1 to 10).

Results showed that the acceptance of euthanasia tended to be high in some countries (e.g. the Netherlands, Denmark, France, Sweden), while a markedly low acceptance was found in others (e.g. Romania, Malta and Turkey). A multivariate ordinal regression showed that weaker religious belief was the most important factor associated with a higher acceptance; however, there were also socio-demographic differences: younger cohorts, people from non-manual social classes, and people with a higher educational level tended to have a higher acceptance of euthanasia. While religious belief, socio-demographic factors, and also moral values (i.e. the belief in the right to self-determination) could largely explain the differences between countries, our findings suggest that perceptions regarding euthanasia are probably also influenced by national traditions and history (e.g. Germany). Thus, we demonstrated clear cross-national differences with regard to the acceptance of euthanasia, which can serve as an important basis for further debate and research in the specific countries.

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## Introduction

New possibilities in health care technologies throughout the last decades have improved life expectancy and have expanded options for sustaining the life of the terminally ill. It has become apparent that there are also drawbacks to this progress: criticism against futile end-of-life care is becoming ever more vocal, questions are being raised over whether treatment aimed at cure is always beneficial or justified, and paradigms in medicine are shifting more and more from a 'quantity of life' to a 'quality of life approach', and from a paternalist approach to that of the patient's autonomy. A 'good death' is now being connected to choice and control over the time, manner and place of death (DelVecchio Good et al., 2004; Emanuel & Emanuel, 1998; McNamara, Waddell, & Colvin, 1994; Payne, Langley-Evans, & Hillier, 1996). All these developments have shaped discussion regarding terminally ill patients' rights to refuse or discontinue life-sustaining efforts or even to ask to actively end life.

As part of this discussion, in various European countries, the question whether the possibility of terminating the life of suffering, terminally ill patients in medical practice should be regulated or legalised has been publicly debated. In 2002, both the Netherlands and Belgium legalised (active voluntary) euthanasia (Deliens & van der Wal, 2003). In Switzerland, (physician) assisted suicide (PAS) is not prosecuted when it is done without 'self-interest' (Bosshard, Fischer, & Bar, 2002; Giroud et al., 1999). Although in most countries euthanasia remains illegal, sanctions are also often being downgraded and applied infrequently and sometimes amendments in the law distinguish a medical decision that ends the life of a patient with unbearable pain at the request of the patient from murder (Bamgbose, 2004; Ozkara, Civaner, Oglak, & Mayda, 2004). In most European countries, public debates on these issues are being held.

Two elements have been particularly important in this change, in the social and political debate and in the procedural rule-making. First, the evidence that euthanasia occurs in many European countries (as well as outside Europe) has increased concern about the necessity to better understand how euthanasia is performed and how to ensure safe practice (Deliens et al., 2000; Emanuel, Daniels, Fairclough, & Clarridge, 1998; Kuhse, Singer, Baume, Clark, & Rickard, 1997; van der Heide et al., 2003; van der

Maas et al., 1996). Second, the growing support of the general public for a 'right to die' legislation has been an important influence for the euthanasia debate (Benson, 1999; Blendon, Szalay, & Knox, 1992; van der Maas, Pijnenborg, & van Delden, 1995).

European studies of public attitudes towards euthanasia show that a majority of citizens think that euthanasia and/or PAS is acceptable or should be legalised: 80–93% in Germany (Helou et al., 2000; Oehmichen & Meissner, 2003); 84% in Great Britain (O'Neill, Feenan, Hughes, & McAlister, 2003); 82% in Switzerland (Hurst & Mauron, 2003); 61% in France (Teisseyre, Mullet, & Sorum, 2005); 50% in Finland (Ryynanen, Myllykangas, Viren, & Heino, 2002); 24–65% in Poland (Domino, 2002a). However, far from all European countries were studied (in particular, the Eastern European countries were missed out), and the use of different instruments or questions limits comparability between countries. Many previous studies were also limited to health professionals' attitudes towards euthanasia (legislation), which is important because medical professionals will be the primary actors (Ben Diane et al., 2003; Grassi, Magnani, & Ercolani, 1999; McGlade, Slaney, Bunting, & Gallagher, 2000). Awareness of public opinion is, however, also important since individuals and families would be initiators of the requests for euthanasia and subjects of the decision-making process (Genuis, Genuis, & Chang, 1994).

Besides awareness of the public attitudes towards euthanasia, it is important to better understand how acceptance of euthanasia is influenced by socio-demographic and cultural factors. This might help in explaining different views of the public in different countries, but also in explaining differences in attitudes towards euthanasia between individuals or groups within a specific country. To date, there is a lack of clear understanding of what influences Europeans in their attitudes towards euthanasia.

In our study, we firstly examine and compare the degree to which euthanasia (in this study described as 'terminating the life of incurably ill') is accepted in 33 European countries. Second, based upon factors found to be significant in the literature, we examine the association of the following factors with the acceptance of euthanasia: age (De Moor, 1995; Finlay, 1985; Hamil-Luker & Smith, 1998; O'Neill et al., 2003; Ryynanen et al., 2002); gender (Bachman et al., 1996; DeCesare, 2000; Ryynanen et al., 2002); social factors (Caralis, Davis, Wright, &

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