Trends in public perception towards euthanasia and physician- assisted suicide in the Maltese Islands

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ABSTRACT

Aim:

To gather information about the perceptions of the residents of Malta on the subject of euthanasia and physician-assisted suicide and subsequently compare and contrast such perceptions with those of other countries.

Method:

An online questionnaire aimed at getting demographic information of the respondents and to gauge their perception towards euthanasia and physician-assisted suicide was distributed electronically via the internet between 29th September and 18th November 2018.

Findings:

The vast majority of the population sample studied found euthanasia and physician-assisted suicide acceptable in cases where the patient is either incurably sick, terminally ill, or in great pain. It is still unclear whether this is due to lack of education about what is and what is not euthanasia, such as pain relief, removal of extraordinary treatment and palliative sedation.

Conclusion:

In Malta, public support for the end-of-care decisions discussed in this paper has seen an increase throughout the years, similar to what has been experienced in other Western countries. More public education concentrated in particular on various possibilities ought to be considered.

Keywords:

Euthanasia, physician-assisted suicide, Malta, end-of-life decisions, bioethics

INTRODUCTION

Background

Euthanasia, as well as Physician-Assisted Suicide (PAS), have been considered in a number of jurisdictions as being legitimate options for the terminally-ill patient requesting to die in dignity (Radbruch et al., 2015). Notwithstanding, the moral acceptance of both remains acrimoniously disputed (Boer, 2007). Irrespective of their personal views on such matters, policy makers have to gauge the feeling of the general public towards euthanasia and PAS in the sphere of 'End of Life' alternatives (hereinafter referred to as EOLs, an EOL when referred to in the singular) when formulating new policies.

Recent public surveys on media show lack of proper justifications for euthanasia. For example, many said that people should not die in pain or have their life prolonged. Even amongst health care professionals there are differences in understanding proper management of end

of life, with legitimate procedures sometimes being thought of as an act of killing (Abela and Mallia, 2016a). Doctors in general would wish for more training in Palliative Care (Abela and Mallia, 2016b).

The survey carried out in this study hinges on specific and well defined concepts. For this purpose the definitions used in this study are examined in the subsequent sub-section.

Definitions

Euthanasia is the act that causes the death of the patient through administering life-shortening treatment at the expressed will of the patient (Pridgeon, 2006). This implies that for euthanasia to subsist there must be the killing of a live creature or the act of letting a creature die, the clear intention for an individual A to kill another individual B; the intention to kill must be specific, and at least partially, explains the cause of the death of B. The causal journey must not be accidental, or partially accidental, but it must be more or less the deliberate act which follows the conceived plan of A. The act of killing B must therefore be voluntary. The motive for the defined action must be the good of the person killed (Wreen, 1988).

Euthanasia excludes death by *force majeure* (implying that out of dire necessity, only one patient can be attended to, and that therefore another patient dies because of the omission of the physician to treat the patient), refusal of medical treatment, lack of treatment given to a person who is brain dead, "indirect euthanasia" (when the use of pain-killing measures administered by a doctor result in the shortening of the patient's life), termination of a medically pointless treatment, and brain death (Trankle, 2014).

Euthanasia is considered to be a deliberate life-shortening act – including an omission to act – by a person other than the person concerned, at the request of the latter. Strictly speaking, euthanasia "occurs when a person usually a physician actively, and intentionally ends a patient's life by some medical means…" (Cohen et al., 2014).

Involuntary euthanasia occurs when euthanasia is administered on a mentally competent patient who did not request it. Non-voluntary euthanasia happens when the patient is not mentally competent and therefore, legally, is unable to request euthanasia. Passive euthanasia occurs when an omission - for example switching off a mechanical ventilator - leads to the death of the patient (Chao, Chan and Chan, 2002; Garrard and Wilkinson, 2005; Emanuel et al., 2016b).

PAS occurs when a physician supplies information or the means of committing suicide; however, the patient actually terminates his or her own life without the physician's direct involvement (Materstvedt et al., 2003).

It should be noted that removal of extraordinary or disproportionate treatment is not passive euthanasia and neither is increasing pain relief even if this hastens death considered as active euthanasia both within moral (including religious) reasoning and within the Maltese law (Bioethics Research Programme, 2017).

The arguments justifying the use of euthanasia and/or PAS pivot around the phenomenon of autonomy (Yuill, 2013; Pesut et al., 2019). Autonomy is the ethical principle of respecting an individual's capacity and freedom to make his or her own choices. The prerequisites for autonomy are:

a. Rationality;
b. A plurality of options; and
c. Deliberation free from coercion and manipulation

The debate on euthanasia and PAS spans a period of circa three thousand years and resides within two spheres of ethical debate: the right of choice of death and the pursuit of happiness. These spheres of debate resulted from the creation of two sets of dichotomies: autonomy versus paternalism, pleasure versus pain.

How the dichotomy autonomy versus paternalism featured in the euthanasia and PAS debate

Exponents of the traditional ethical principle are opposed to the argument of the legalisation of euthanasia based on the existence of the right to autonomy of the individual. Most often these exponents hail from the theological field

wherein they contend that life is sacred and no man has the power to decide when to terminate his own life or the life of others (Arrigo, 2016). These critics opine that advocates of euthanasia utilising the principle of personal autonomy as the cornerstone of their argumentation are shearing off the argument of euthanasia and its implications from moral judgment (Safranek, 1998). They also argue that personal autonomy is unattainable given that it is very difficult for an individual to decide without external pressure. Moreover, they state that these advocates of euthanasia and/or PAS using the personal autonomy argument are victims of internal inconsistency, and this is due to the fact that the same advocates for the legalisation of euthanasia and/or PAS create safeguards to hedge the use of euthanasia and/or PAS from abuse. Such 'safeguards' are normative and binding and are constructed on one particular view of what is "the good" limiting the availability of other options, therefore constructing a contradictory position to their argument, and the personal choice of the individual is being taken over by some form of external authority, moral or legal.

On the other hand, exponents of the personal autonomy principle build their argument on the element of "harm", which is employed by utilitarians such as John Stuart Mill, as the yardstick against which an action is considered to be justified or not. If one's deeds or choice of action does not cause harm to others than it is a legitimate action. John Stuart Mill is quoted as saying that "over himself, over his own body and mind, the individual is sovereign." Moreover, he continues stating that "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others" (Mill, 1859). In modern times a contender of this line of argument is Peter Singer. The latter argues that "incurably ill people who ask their doctors to help them die at a time of their choosing are not harming others" (Singer, 2000). It is clear therefore that advocates of the legalisation of euthanasia or PAS on the principle of personal autonomy, contend that no harm ensues to any third-party from any decision of requesting euthanasia and having this decision being upheld and/or by being assisted in the administration of suicide. These advocates of euthanasia and/or PAS argue that there is no position from which any moral authority could deny the individual the right to terminate one's bodily existence.

How the dichotomy happiness versus pain featured in the euthanasia and PAS debate

The concept of happiness features also in the argumentation for euthanasia and/or PAS. This is because it is presumed that man aspires to the attainment of happiness. The problem, however, relates to the precise choice of terminology denoting the desired state and distinguishing it from the undesired state, sadness, distress, discomfort and pain. Philosophical literature features the term eudaimonia, meaning the state of living-well – being well, well-being – which implies that it is composed of all goods. Aristotle furthermore describes this as the ability which suffices for living well; perfection in respect of virtue (Aristotle, Irwin and Irwin, 1999). So, if one had to assume that the description of eudaimonia does not only include excellence through virtues but comprises "well-being", or "living well/flourishing", the decrease in health and happiness, and increase in sickness, sadness, pain and decline, equals the opposite - lack of health and unhappiness.

In ancient Greek and Roman culture, the virtue of a *good death* was achieved when natural death occurred quickly (Mystakidou et al., 2005). Marcus Aurelius is celebrated for his quote where he expressly stated that a dignified death must be accepted as an event of natural incidence. He glorifies dignified death to the extent that he equates dignified death to death of the moribund's choice (Aurelius, 2017).

In contemporary ethics discourse, the central ethical issues for or against euthanasia and PAS when drawing from the dichotomy happiness versus pain are the following (Joint Committee on Justice and Equality, 2018):

a. The ethical principle for the request for autonomy
b. The principle of beneficence
c. The principle of non-malificence

Table 1 – The questions asked in the first section of the survey.

Question 1	"Please choose your gender"
Question 2	"Please choose your age range"
Question 3	"Please choose your level of education"
Question 4	"Is Malta your country of residence?"

Table 2 – The questions asked in the second section of the survey.

Question 1	"I know the difference between passive and active euthanasia, voluntary, involuntary and non-voluntary euthanasia"
Question 2	"Should euthanasia or physician-assisted suicide be available to people who are incurably sick, terminally ill, or in great pain?"
Question 3	"Do you think an individual has the right to commit suicide?"
Question 4	"Do you think a person suffering from unbearable emotional and mental pain should be allowed to request euthanasia?"
Question 5	"Should there be a possible alternative therapy that is still in research or still not legally approved, would you try it?"
Question 6	"Should euthanasia be legalised so that it would be practiced under careful guidelines and doctors have to report these activities?"
Question 7	"Do you think patients will still be able to request euthanasia if there is a proper palliative and terminal care system?"
Question 8	"Do you think that (doctors) administering euthanasia is a criminal act?"
Question 9	"What do you think is the appropriate age for one to request euthanasia?"
Question 10	"Will you trust doctors who accept and considered physician assisted suicide as an alternative?"
Question 11	"Do you think that the main duty of a doctor is to preserve life?"
Question 12	"In case the law prohibits euthanasia for nationals of your country and residents in your country, do you think this restriction should be applicable also for foreign citizens not resident in your country?"

Objective

In Malta, the broad recognition of the right to 'individual autonomy', irrespective of the guise it takes, recently kindled the debate on the need for the availability of EOLs. This objective of the study is to gather information about the perceptions of the residents of Malta on the subject of euthanasia and PAS as EOLs and subsequently compare and contrast such perceptions with those of other countries.

METHOD

An online questionnaire, produced with Google Forms, was distributed electronically between 29th September and 18th November 2018 through mailing lists and social media. The questionnaire was open to all residents in Malta aged 16 years and over.

The Sample Size (hereinafter referred to as SS) was calculated taking into account the population statistics spanning from 2012-2016 including the relevant benchmark revisions in 2017. The relevant statistics were drawn from the figures and calculations as reproduced in News Release dated 12 February 2018 by the National Statistics Office of Malta (hereinafter referred to as the NSO). In this case the sample size SS was of 549 with a confidence interval of 4.18 and confidence level of 95%. The sample size was kept at 549 through a threshold setting in the appropriate software limiting the number of interviews.

The questionnaire was divided into two separate sections, the first one containing four questions (shown in Table 1) with the intention of gathering socio-demographic data while the second section contained 12 questions (shown in Table 2), whose objective was to gauge the respondents' views on euthanasia and PAS to determine whether these tally with those of residents of other Western countries. All responses were fully anonymous.

The survey has been modelled as a public perception survey. This means that the survey captures and targets the views of the residents in Malta who can be sophisticated respondents, but not health practitioners.

For the merits of the analysis of this survey, "residents in Malta" implies that their residence is usual residence is in Malta. In this case, this means the place where a person normally spends

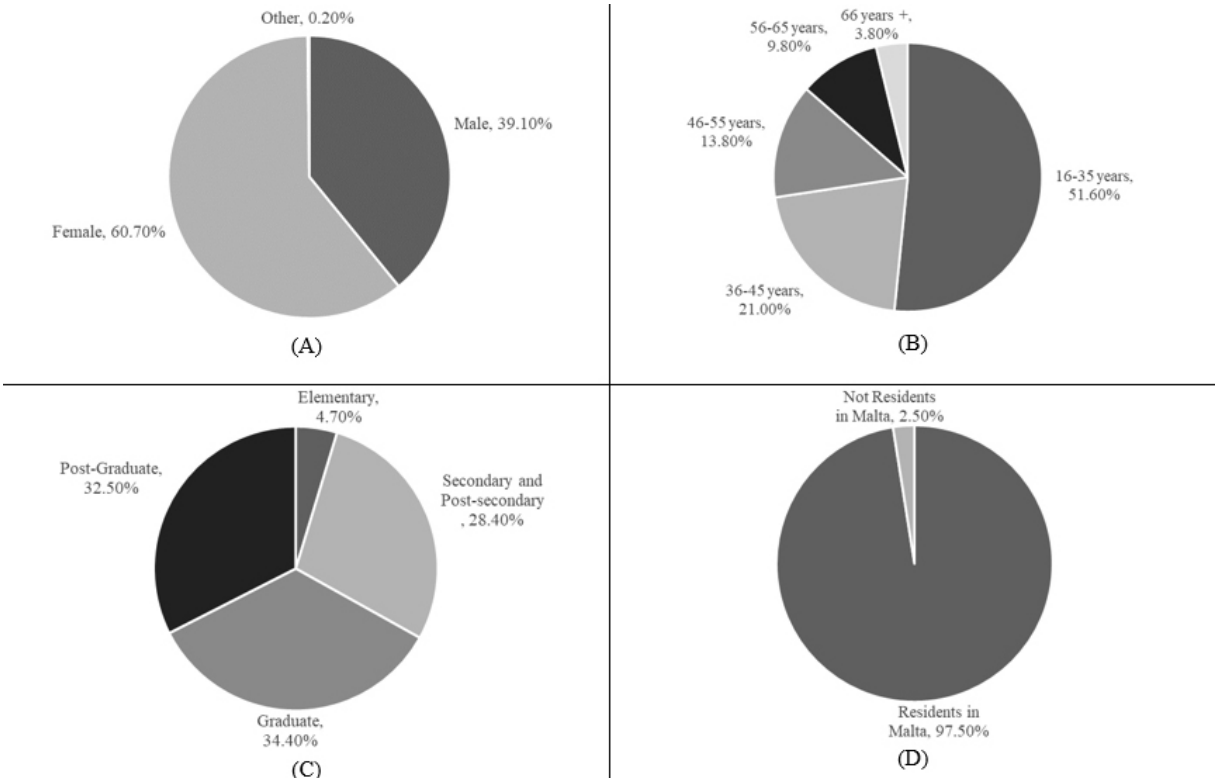

Figure 1: *Demographic data of the survey respondents' showing their (A) gender, (B) age bracket, (C) level of education attained and (D) the percentage of whom are residents of Malta or not.*

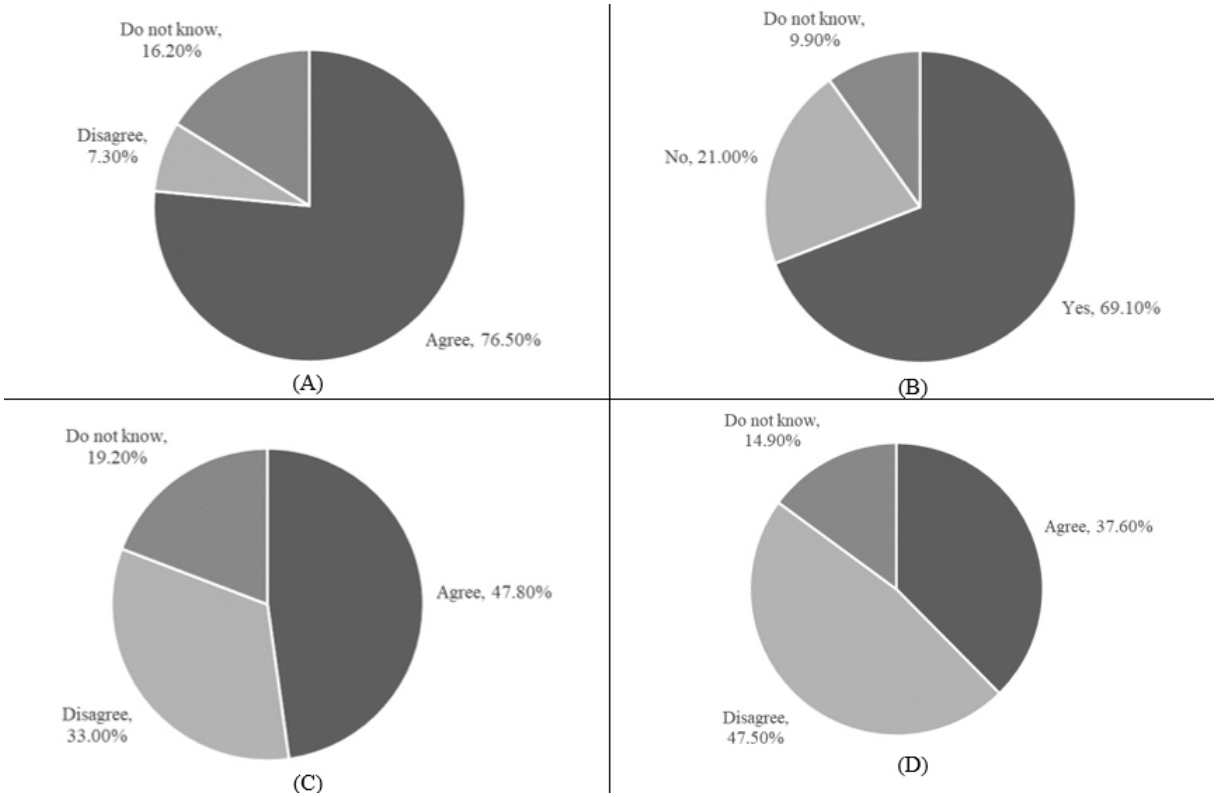

Figure 2: *Answers to the following questions: (A) Question 1 - "I know the difference between passive and active euthanasia, voluntary, involuntary and non-voluntary euthanasia"; (B) Question 2 - "Should euthanasia or physician-assisted suicide be available to people who are incurably sick, terminally ill, or in great pain?"; Question 3 - "Do you think an individual has the right to commit suicide?"; Question 4 - "Do you think a person suffering from unbearable emotional and mental pain should be allowed to request euthanasia?*

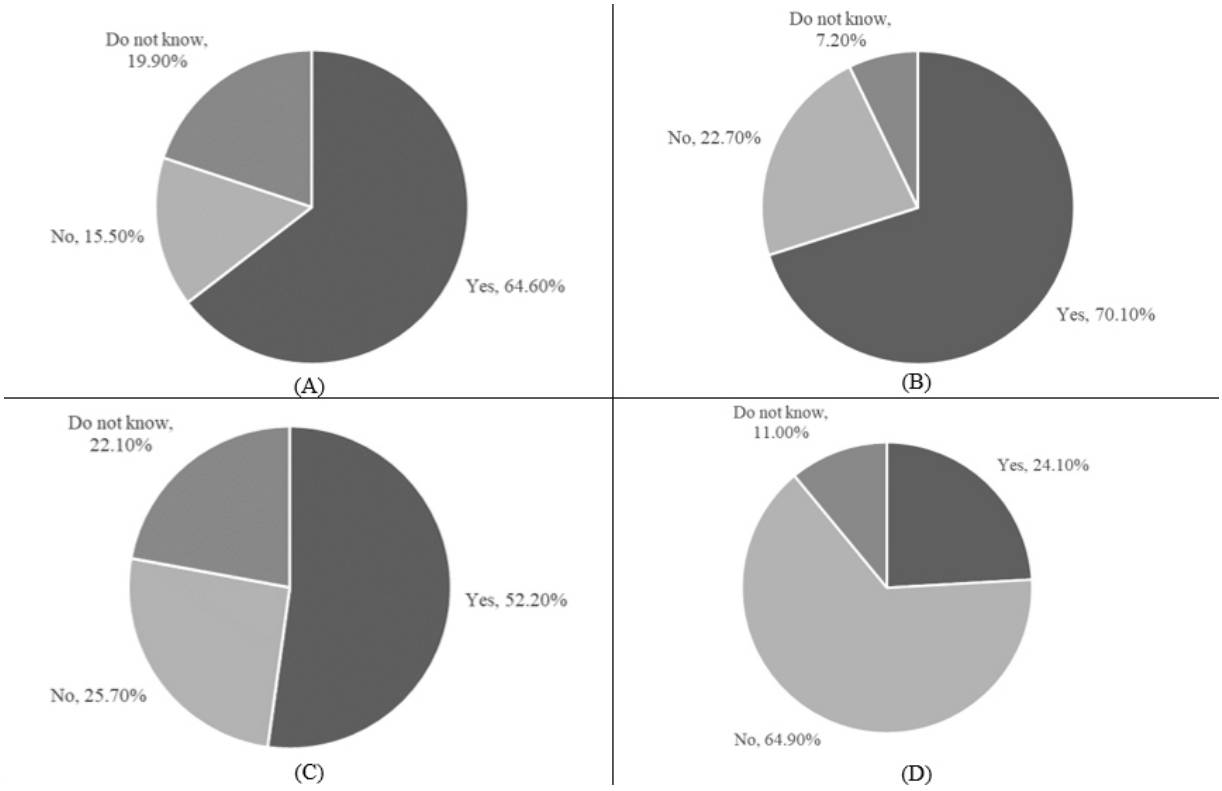

Figure 3: *Answers to the following questions: (A) Question 5 - "Should there be a possible alternative therapy that is still in research or still not legally approved, would you try it?"; (B) Question 6 - "Should euthanasia be legalised so that it would be practiced under careful guidelines and doctors have to report these activities?"; (C) Question 7 - "Do you think patients will still be able to request euthanasia if there is a proper palliative and terminal care system?"; (D) Question 8 - "Do you think that (doctors) administering euthanasia is a criminal act?"*

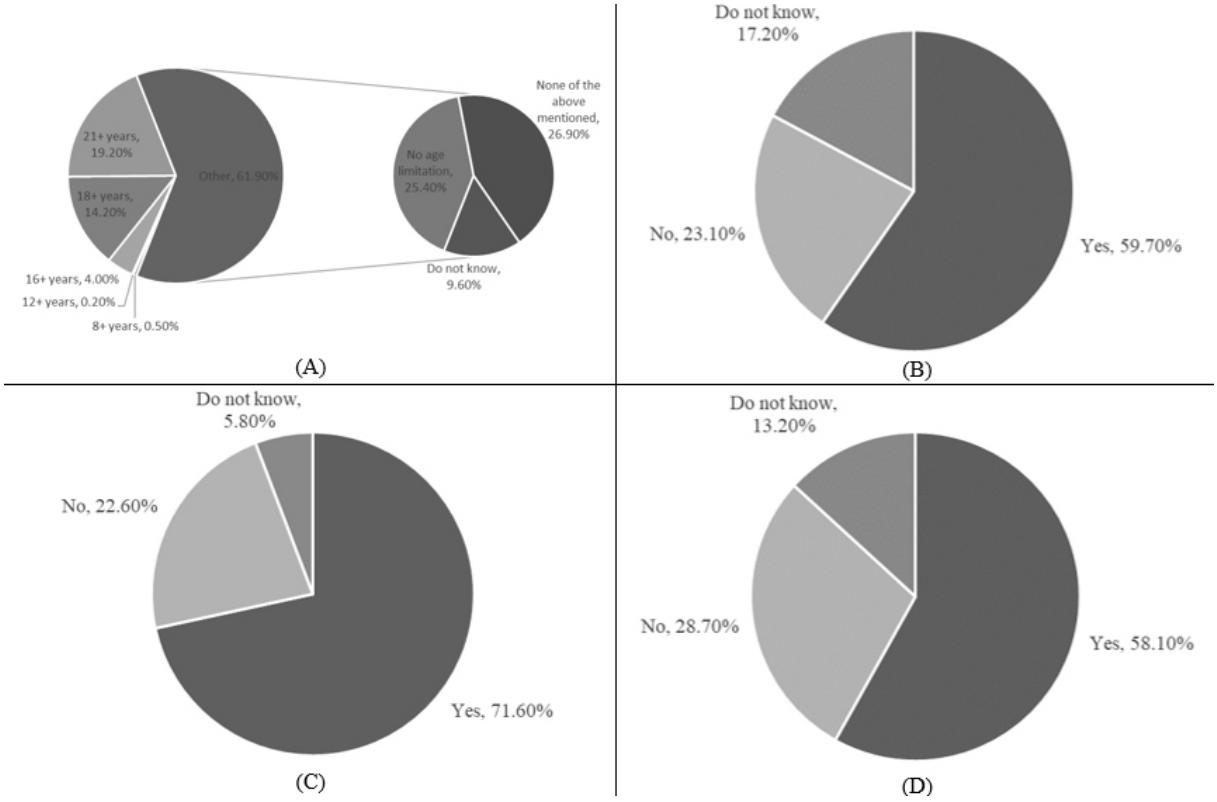

Figure 4*: Answers to the following questions: (A) Question 9 - "What do you think is the appropriate age for one to request euthanasia?"; (B) Question 10 - "Will you trust doctors who accept and considered physician assisted suicide as an alternative?"; (C) Question 11 - "Do you think that the main duty of a doctor is to preserve life?"; (D) Question 12 - "In case the law prohibits euthanasia for nationals of your country and residents in your country, do you think this restriction should be applicable also for foreign citizens not resident in your country?"*

the daily period of rest, regardless of temporary absences for purposes of recreation, holidays, visits to friends and relatives, business, medical treatment or religious pilgrimage, is in any abode or dwelling within the territory of Malta, including but not only Gozo.

"Usual residents in Malta" are those who have lived in their place of usual residence for a continuous period of at least 12 months before the reference time; or those who arrived in their place of usual residence during the 12 months before the reference time with the intention of staying for at least one year.

As research on human subjects was not involved, approval from a research ethics committee was not needed for this study.

RESULTS

The SS was of 549 persons, the majority of whom were females (60.7%) aged between 16 and 35 years (51.6%) as shown in Figures 1(A) and 1(B), respectively. Regarding the level of education attained by the responders, the majority had achieved a graduate or post-graduate and postgraduate level at 34.4 and 32.5%, respectively, as shown in Figure 1(C). Only the responses from those who answered that they are residents in Malta were analysed, which amount to 97.5% of the responses, as illustrated in Figure 1(D).

The replies to the questions asked in the second section of the survey are shown in Figures 2-4.

DISCUSSION

The subject matter of this work inherently draws from public policy, philosophy and legal theory. Notwithstanding, the focal perception analyzed is that of public policy. Public policy addresses the issue of the legalization of euthanasia and/or PAS, and its implementation strategy. The essential objective of public policy is to define the policy problem and seek alternative viable solutions. Philosophy determines what is ethically acceptable and what is not ethically acceptable. It also delves in the definition of

major concepts around which the legalization debate of euthanasia and PAS revolves. On the other hand, legal theory deals with the issue of the 'right to die', and if it exists at all, its management. Legal theory attempts to answer the basic question to which extent is one to divorce morality from law, and eventually from public policy.

When asked whether the respondents knew the difference between the various forms of euthanasia or not, the vast majority (76.9%) replied in the affirmative. Such a result could be because most respondents have a graduate- or postgraduate- level of educational attainment and therefore are more likely to know such differences.

Whilst the rate of respondents agreeing to the statements that an individual has the right to commit suicide and that a person suffering from unbearable emotional and mental pain should be allowed to request euthanasia was relatively low, the absolute majority agreed that euthanasia or PAS should be available to those patients who are terminally ill or in great pain. Of interest is to note that the acceptance of euthanasia and PAS by the residents of Malta participating in this study has increased substantially when compared to 2008, which in turn, had seen a more modest increase when compared to a similar study done in 1981. In Malta the increase of support towards euthanasia was noted over a span of years from 1981 – 2008, where in 2008 the mean score of acceptance was of 2.64 from 1.44 in 1981. Malta in 2008 was midway between the more conservative European Countries which were the CEE countries and the more liberal Western European Countries (Cohen et al., 2014).

This clearly shows that the mentality of the surveyed residents of Malta has started to move away from that of Central and Eastern European countries and more towards that of more liberal Western European countries in which support towards euthanasia and PAS is increasing (Emanuel et al., 2016a). On the other hand, public support for euthanasia and PAS has seen a plateau in the United States of America, and a decrease in Central and Eastern European countries (Emanuel et al., 2016a). The increase in public support towards these end-of-life options in Malta could result from the fact that most of the respondents were of a newer generation and therefore possess a different mindset compared to that of older generations. The recent increase in migration of people from Western countries to Malta due to economic reasons could also have influenced the results.

Another factor is the lack of education about end of life management and therefore education in these areas is vital before a survey can properly assess attitudes to euthanasia in the future.

However, the percentage indicated in the survey tallies well with survey results recorded in the US. In 2018 (Brenan, 2018), when asked the question "When a person has a disease that cannot be cured and is living in severe pain, do you think that doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?", 72% of respondents replied that they were in favour of permitting doctors to end the patient's life by painless means.

In the case of PAS when considering the US, in 2015 68% of respondents replied that PAS should be permitted when a person has a disease that cannot be cured and is living in severe pain, if the patient requests it (Dugan, 2015).

Additionally, most respondents do believe that the main duty of a physician is to preserve life and that they would still trust a physician who has accepted and considered PAS as an alternative; meaning that most respondents believe that physicians who practice such end-of-life decisions would still be maintaining their professional duty.

Respondents could not reach a consensus as to which is the minimum age where one can request euthanasia, with most of the replies being divided between the "no age limitation" and "none of the above mentioned" options; only 0.5% and 0.2% agreed with the minimum age being set at 8 and 12 years respectively. This question is one of the most hotly debated issues in ethical debates on end-of-life and the replies gathered from this study further confirm its complexity (Brouwer et al., 2018). Out of the three European countries where euthanasia is

legalised, only Luxembourg prohibits minors from requesting it (Watson, 2014; Cuman and Gastmans, 2017).

Particularly interesting was the fact that, 64.6% of residents in Malta are ready to experiment with alternative therapies that are still in research or still not legally approved, and that 52.2% of the residents in Malta believe that the availability of palliative care will not hinder the entertainment of the request for euthanasia by the requesting patient. Again, this of course is influenced by knowledge of the public of what palliative care consists of - including practices which prima facie may be considered euthanasia but which in fact are not.

Finally, alongside euthanasia and/or PAS there should be proper psychiatric help for the requesting patient, and psychological support to the persons accompanying the requesting patient in the final journey. However, it is of maximum importance that proper funding and adequate provision of the service of palliative care is budgeted for; and guaranteed as an essential process for being an alternative to euthanasia and/or PAS. It is also imperative that one encourages in-depth reflection, discussion and education between all the relevant entities, including social and religious institutions, healthcare professionals, patient representatives and relevant voluntary organisations which can further provide information on the subject to the general public.

While implicitly acknowledging the power given to the doctors in general (as van den Berg has done in his oeuvre "*Medische macht en medische ethiek"* where it was assumed that this is derived from the advancements in medical technology), respondents were mostly concerned in controlling that power rather than the involuntary killing of the vulnerable individuals (van den Berg, 1969).

It is to be borne in mind that the argument in favour of euthanasia and or PAS hinges on the concept of compassion rather than on financial constraints or utilitarian concerns. This means that palliative care must be readily available as an option to the requesting patient, so that if upon due reflection, the request for euthanasia or PAS will be recanted, the terminally ill patient will be left with a viable option which may help in making the dying process less painful, without hastening unduly the passage to death.

Strengths, limitations and suggestions

Malta is a small country with no large cities but many villages, with a total population of 500,000 over an area of 316 km^2 (National Statistics Office, 2020). Therefore, people who live in the country are by no means excluded as they are close to main villages. It is acknowledged that older people may have been excluded from this study as they do not use electronic media. However previous surveys questioned the same cohort structure and therefore its use may be considered appropriate here. Moreover, the age range reflected a good proportion from each category.

As this study was carried out exclusively in English and online, the population represented in this study may not be representative of the whole population, and therefore further in-depth studies are advised to facilitate the way forward regarding public education on euthanasia.

CONCLUSION

As of 2018, the acceptance of euthanasia and PAS as end-of-life options for those who are terminally ill and in unbearable pain has increased in the Maltese islands among those surveyed, mirroring similar trends occurring in other Western countries. The reasons behind this trend have been theorized as being, at least partially, due to a change in generation and migration. Lack of education about palliative care and what is actually allowed, for example that pain relief which hastens death with the intention only of relieving pain following a standard of practice is not active euthanasia, and that removal of treatment which is considered extraordinary or disproportionate is not passive euthanasia (this includes life-prolonging treatment) could have affected the outcome. Social institutions ought to engage in public education about what is and what is not allowed for an act to be considered direct killing.

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