

Original Article

Euthanasia: a Healthcare Debate from a Greek-Turkish Perspective

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Abstract

Introduction: The meaning of euthanasia comes from Greek literature which means ‘good death’ and has deep historical roots. Euthanasia is also known as mercy killing or physician assisted suicide.

Aim: To review systematically and compare literature in order to unfold differences and similarities between Turkey and Greece on health care policies, legislation, professional and societal views on euthanasia.

Methods: Articles accessed from MEDLINE/PubMed and IATROTEK and some ‘grey literature’ were used as the backbone of this critical account.

Results: *Euthanasia in Greece:* According to Greek law, euthanasia is unlawful. Those who intentionally decide to kill a patient with an incurable disease, on mercy grounds, would be facing punishment. The Christian majority in Greece believes that killing someone intentionally even if terminally-ill, is unethical and legally wrong, even the patient wants to end his/her life. *Euthanasia in Turkey:* In contemporary Turkey, religion is still one of the most important factors determining society's attitude towards euthanasia despite the sects and tariqas following different manner or creeds in Islam. Thus, human life is regarded as sacred and terminating it, even if requested by the patient or guardian, due to severe deformity or hopelessness of the condition is wrong.

Discussion: In both the Muslim faith and Christianity, God creates life and the person has a duty to preserve his/her life. This is also the obligation of health care professionals who are expected to do everything in their power to sustain the patient's life. Also as suicide is considered as a sin in both religions, the concept of assisted euthanasia is thought to be equal to suicide. Due to the above reasons, traditional Christian and Muslim attitudes oppose euthanasia.

Conclusions: Both Turkey and Greece do not allow euthanasia, yet it is practiced covertly by some health care personnel. Yet, despite different religions the attitudes towards euthanasia in Greece and Turkey are similar thus, the two neighbours could learn from each other by initiating open discussions on the management of this highly sensitive topic in order to so that covert euthanasia is substituted by clear professional guidelines and much needed updated legislation.

Key words: euthanasia; mercy killing; assisted suicide

Introduction

The term "Euthanasia" comes from the Homeric epics and it means good death or gentle death. The etymology of the term derives from ancient Greek whereby ‘ευ’ equals ‘good’ and ‘θάνατος’ meaning ‘death’ still used in Modern Greek. Euthanasia is also connotated with ‘mercy killing’. Within

a healthcare context, the terms ‘euthanasia’ and ‘assisted suicide’ are often used interchangeably although in a legal context, these terms are treated differently. Therefore, ‘euthanasia’ is generally regarded as the intentional, informed and direct act of causing death to another person such as administering a lethal injection (Symeonidou-Kastanidou, 2006). On the

contrary, 'Assisted suicide' is an intentional, informed and direct provision of the means of death for another person. In this case, the person commits suicide by receiving access to a prescription and use of a lethal dose of drugs. Furthermore, euthanasia in general terms equates causes patient death either actively by direct administration of a lethal medication or inactively by deliberate dehydration or starvation (Shuriye, 2011; Suresh & Chaturvedi, 2012).

Relevant terminology for the practice of ending a life in a painless manner include: Voluntary/involuntary/non-voluntary euthanasia, active/passive euthanasia, physician-assisted suicide, mercy killing or assisted dying. Still, within a greater healthcare context, Euthanasia can generally be divided in two major types, that is active and passive. Active euthanasia can be identified as the use of a particular methodology which can cause a patient to die. It has also been described as 'mercy killing' (LaFollette, 2002).

Yet, specific methods used in active and passive euthanasia are completely different in terms of means and purposes. In active euthanasia there is a direct implementation of a lethal agent and it can be either:

Voluntary: when the patient requests death for himself/herself in a pain-less manner.

Involuntary: when patient consent is potentially available but not sought.

Non-voluntary: when patient consent cannot be obtained due to a severe physical or mental state such as a persistent vegetative state or the underaged (Manninen, 2006).

In contrast, passive euthanasia is described as withdrawing a treatment with intention to invite death to a patient. Also, if the patient wants to end his or her life intentionally and wilfully, the physician provides the drug facilitating the patient to end his own life; this type of euthanasia is known as 'physician assisted euthanasia' (Pitt, 2014).

There has been much controversy on euthanasia within many philosophical, religious and ethical stances. Although euthanasia is historically deeply rooted being practiced for centuries its status has been highly challenged in recent years, due to the

establishment of human rights and technological developments globally. Although lay opinions towards this issue vary enormously in different cultures and countries, euthanasia is not accepted as a legal process in most of the countries in the world (Seale, 2009; Gielen et al., 2009). Since ancient times, actions that eased death were applied to those who were in severe pain or whereby they would be a burden, putting the greater society at risk, although these practices were forbidden from time to time. One of the founding fathers of medicine, Hippocrates in his famous Oath, states clearly that a physician: '*will neither give a deadly drug to anybody who asked for it, nor will make a suggestion to this effect*', thus expressing a firm opinion against the action of euthanasia (Mavroforou & Michalodimitrakis., 2001).

In Greece, the right to life has been a fundamental human right since antiquity despite the medical, theological and legal debates. Although most ancient dramatists and philosophers in ancient times were against active euthanasia given that human life was regarded as sacred, provided by the Gods. Still, passive euthanasia at the time appeared to be accepted for humanitarian reasons especially under the Hippocratic view that for gravely ill patients, medicine is powerless to help (Papadimitriou et al., 2007).

On the contrary in Sparta, they had different opinions about euthanasia as it was common practice for each newborn male child to be examined for disability or sickness which, if found, led to his denial of the breast and consequent starvation death. This practice had a dual purpose; to protect society from an unnecessary burden, and to spare one's 'burden of existence'. Under this light, an extreme philosophical and ethical viewpoint, of Plato reflecting the morals of the era, stated that: '*Mentally and physically ill persons should be left to die; they do not have the right to live*' (Parpa et al., 2006; Tsaitouridis, 2002).

However, some of the classical thinkers such as Pythagoras and Filon were completely against suicide due to religious beliefs that the Gods place man as the protector of the earthly life and he is not allowed to escape

with his own will. According to them death had a good meaning and was considered to be a gift from the Gods only if it came to a person naturally, such as a result of aging (Parpa et al., 2010; Mystakidou et al., 2005).

Also, in these period, euthanasia was considered the best gift for a person since it means a wish came from gods. The opinions about suicide attitudes were generally positive in ancient Greek. It's necessary for understanding the people's opinion about death given the historical context.

According to philosopher Epicurus (4th century BC), who believed that avoidance of pain should constitute the core of human existence, also supported that death should be accepted as there is nothing wrong about it and that people should not try to loathe it. In this light, Greek mythology endorsed that sleep and death were 'brother-like' (Kranidiotis et al., 2015).

In Turkey, the debate on euthanasia was opened in the early 1970s. Originally, it was not considered an important healthcare subject because it was considered to be problem of countries where the majority of healthcare professionals debated whether or not to accept euthanasia as a legal entity.

On the other hand, some healthcare professionals in Turkey seem to believe that euthanasia has been an unspoken practice. It should be noted that public opinions on euthanasia in Turkey vary widely. However, Turkish law takes a firm stance whereby the practice of euthanasia is strictly banned (Karadeniz, 2008).

The majority of the Turkish public does not support the legalization of euthanasia and this issue is still open to public and academic debate. In addition, as the majority of the population is Muslim the religion has a big impact on the attitudes of the people towards euthanasia. In this light, the individual who may help someone commit suicide or kill himself in any way would be punished for assisting and encouraging suicide (İlkilic, 2014; Cohen et al., 2006).

Aim

The purpose of this paper, is to review systematically, analyze and compare literature in order to unfold differences and

similarities between Turkey and Greece on health care policies, legislation, professional and societal views on euthanasia. Special aspects such as religion and culture form the analytical framework where this critical account is based are also presented.

Methods

This paper is synthesized from research and debate articles accessed from MEDLINE/PubMed and IATROTEK. Also, some 'grey literature' was used as the backbone of this endeavor. Key words and phrases for the search strategy included terms such as euthanasia, mercy killing, physician assisted suicide, attitudes toward euthanasia in Greece and Turkey, ethical and religious analysis on euthanasia, euthanasia in Greece, euthanasia in Turkey, effects of religion and culture on opinions about euthanasia. There were no time restrictions regarding publication year as this is a contemporary discussion with an historical perspective. Finally, there were forty four references selected which formed the result section that follows, exposing the complex legal backgrounds, religious implications and health care workers' views on the subject.

Results

Euthanasia in Turkey

Although there is no specific law which regulates end-of-life decisions within a medical/nursing context in Turkey, there are some regulations that facilitate practice accordingly. More specifically, law 5237 of the Turkish Criminal Law including articles 81, 83 and 84 which relate to murder charges, also applies and restricts the decision making capacity and range of actions of physicians regarding end-of-life decisions. In this sense active euthanasia is viewed as equal to premeditated murder (article 81) carrying a life sentence punishment. However, under this general legislation and in a physician's defence, it could be argued that an implicated healthcare worker should be really facing negligence at the most rather than murder charges per se. Yet, even negligence charges (as clearly stated in article 83) may not equate to passive euthanasia charges as this practice can be 'disguised' by 'silent' Do-Not-

Resuscitate orders or early (and unsafe) discharge from hospital.

Terminally ill patients requesting an end of life lethal injection would have their request rejected as Article 84, the suicide law, clearly states that anyone who instigates or encourages suicide or even encourages such an action would be sentenced to prison for two to five years. This is confirmed in “Euthanasia Prohibition”- article 13 of the Regulation on Patient’s Rights which outright states that ‘Euthanasia is prohibited.’ (Hasta Hakları Uygulama Yönergesi, 2005).

In contemporary Turkey, religion is still one of the most important factors determining society's attitude towards euthanasia despite the sects and tariqas following different manner or creeds in Islam. Thus the majority of the population accept the code of law derived from the Quran and from the teachings and example of Prophet Mohammed as their legal and administrative code. Under this light, human life is regarded as sacred so terminating the life of a patient, even if requested by the patient or guardian, due to severe deformity, hopelessness of the condition or severe or unbearable pain is wrong. Instead, the patient should be morally supported and reminded that those who endure their suffering will be rewarded in the after-life. Today, many social institutions especially the mass media severely criticize physicians' attitudes in Turkey. Sometimes these criticisms turn out to be unfair attacks on medicine (Nikookar & Sooteh, 2014)

Nurses are found to have low acceptance rates of euthanasia practices as shown by Kumaş et al., (2007). Their study in a relatively small provisional city showed that only 34% of the sample (N=186) favoured the legalization of euthanasia whereas 40% were opposed and 26% undecided. Yet, results from an Istanbul nursing sample (N=411) showed that a majority of nurses (53%) wanted euthanasia to be legalized (Tepehan et al., 2009).

Another study by Turla et al., (2006) compared medical, nursing and technical staff's (N=545) opinions on euthanasia. Results showed that although nearly half of physicians stated they should be allowed to perform it, closer to a quarter of each of the

other two professional groups agreed with them.

Bugay et al., (2014) in their innovative study of presenting clinical scenarios to young Turkish students whereby distressed patients requested for an end-of-life procedure Their study showed that 31% of the sample dismissed patient-assisted-suicide, and the rest seemed to agree with this practice under certain circumstances such as illness severity, persistent and unbearable pain or patient’s advanced age.

Euthanasia in Greece

In Greece, from the beginning of the 1990s, modern attitudes to toward euthanasia were observed to be similar with the attitudes in Turkey. According to Greek law, euthanasia can only be used for the legal and painless death of pets which may be suffering from severe disease. Those who intentionally decide to kill a patient with an incurable disease, on mercy grounds, would be facing punishment. The great majority of the Greek population is Christian and consequently, the majority believe that killing someone intentionally even if terminally-ill, is unethical and legally wrong, even the patient wants to end his/her life (Voultsos et al., 2010).

Although the Greek Penal Code essentially quasi-accepts euthanasia, the practice is forbidden and considered unlawful. Still, there may be some contextual lenience offered by the law-maker. In this light, article 299 states that homicide by intention is a major felony, article 300 on consented manslaughter as invited by the victim suffering from incurable disease, still carries potential imprisonment for the health care worker involved. Furthermore, article 301 states that assisting suicide is punishable.

A study on the opinions of nurses working in Athens (N=212) on euthanasia showed that although 50.9% favoured some forms of euthanasia, nearly 80% were against any form involving suicide. The study also suggested the need for bioethics committees in every hospital with a clear legal framework regarding this issue (Liakopoulos et al., 2010). Another study, on a similar sample showed that 50.5% of nurses working in ICU in the Athens area agree to the

legislation of euthanasia under specific circumstances (Giakis et al., 2004). Yet, a study on lay elderly opinions on euthanasia ($N=1500$) show a distinctive 96% opposition (Kamboura-Nifli et al., 2002).

The personal relationship of the Christian with God dictates his/her daily life ethos and moral code. For an Orthodox Christian, all ethical issues and moral dilemmas arising from the fields of biology and medicine are governed by this fundamental religious principle which is reflected in phrases such as ‘living in the path of Christ’ (*ζήν κατά Χριστώ*), or ‘walking in the light’ (*περιπατείν εν φωτί*). The orthodox approach to such ethical issues is largely based on the Orthodox doctrine, as expressed in the Bible and the texts of the Fathers of the Church. The centerpiece of the Biblical and Patristic anthropology is that man was created as the replica of the Triune God (Katsimigas & Vasilopoulou, 2010).

Euthanasia from a Greek-Turkish perspective

Medical and nursing staff attitudes towards euthanasia vary according to personal beliefs, professional guidelines and local and national policies in both countries. Thus, although euthanasia is illegal in both Turkey and Greece, nevertheless it is a reality in clinical practice taking many covert forms including withholding treatment, withdrawing treatment, futile treatment, and Do Not Resuscitate (DNR) orders. These are among the many clinical decision options which determine an end-of-life environment in routine practice (Demir, 2014; Mystakidou et al., 2005).

There is however, a useful tool for clinicians facing difficult ethical dilemmas on end-of-life decisions: the Case-analysis methodology (Sokol, 2008; Schumann & Alfandre, 2008). This decision-making support tool facilitates a solution to such moral dilemmas by taking into account four distinctive factors as follows:

- *Medical indications*: illness severity, concomitant diseases, patient age, drugs available, their absolute and relevant efficiency, cost implications.
- *Preferences of the patient*: informed consent, individual personality and values,

patient wishes, patient’s mental health state, to understand the information which is provided? Is the patient mental capacity, patient surrogate.

- *The concept of quality of life*: quality of life issues related to both personal and wider societal value systems, practical implications, resources and level of services needed to survive.

- *Contextual features*: staff’s attitudes, religious beliefs, educational background, past experiences, local and national policies.

In both Greece and Turkey 90% of each population follows a prevailing religion. Furthermore, both major religions, Christianity and Islam accordingly, hold a fundamental humanitarian principle of the goodness in relieving the fellow person’s suffering. Still, this philanthropic prompt does not justify death as the final outcome of any effort to ‘help’. The clergy in both religions and corresponding societies are quite conservative and therefore strongly opposing euthanasia as this practice is against God’s Will and Orders. Still, many healthcare clinicians object to the mainstream religious directives. Under these circumstances and wherever euthanasia is practiced in both Greece and Turkey, this action remains ‘hidden’ and unspoken.

Results of this critical comparison show that most studies of the health professionals in Greece and Turkey verify similar views on euthanasia. While, the majority of clinicians and the lay public accept that religion and cultural beliefs can affect end-of-life decision making, some oppose this influence on health care delivery. In addition in both countries legislation does not allow this practice. On the other hand, health care workers in Turkey and Greece admit that euthanasia is being practiced covertly. Hence the need for an updated discussion involving religious scholars and leaders, policy makers, public representatives, law-makers and health care workers. Thus, due to deontological and legal reasons euthanasia is neither accepted nor authorised in both Greece and Turkey. Moreover, this practice is not regarded positively by the general public (Uvey et al., 2004; Mavroforou & Michalodimitrakis, 2001).

Discussion

The theoretical content and practical application of euthanasia have been highly controversial issues for centuries. Although it is not legal in both countries, it is widely acknowledged to be a 'covert' clinical option for patients suffering from extreme physical or terminal conditions. Even though health care professionals' views vary on this subject, in both Greece and Turkey, nurses across both countries seem to agree on the need for explicit legal clarification of its content and application. Also, religious input, being a strong influential factor on this sensitive topic, need to be redefined and clarified.

If we compare Turkey and Greece on the concept of euthanasia, many similarities can be found between the two countries. First of all, in Turkey the fast sociocultural transformation may make the euthanasia debate less difficult. Turkish law is based on the principle of the sanctity of life and respect for the right to live thus, euthanasia is forbidden as in the eyes of present legislation equating to homicide. It should be noted that within the contemporary legal framework in both countries, there would be probably be much less political resistance to reduce medical liability from murder to manslaughter as opposed to fully legalising euthanasia. Yet, mainstream attitudes in both countries, regard mercy killing legally as murder but morally as something less criminal e.g. lawful homicide. Thus, in both countries, there has not been special laws specifically for euthanasia and due to this the jurisdiction is not clear (Mayda et al., 2005; Otlowski, 1993).

Also, in the past few years there are new attitudes regarding euthanasia due to the contribution of technological developments in medicine and increased demands on maintaining quality of life. Ethical opinions about clinical decisions at the ending of the patient's life have started to focus on differences between stopping treatment and ending a life intentionally. According to legislation in both countries, the concept of euthanasia can only be used for the painless death of pets (Moulton et al., 2006).

In addition, religion have a profound impact on attitudes toward euthanasia in both

countries. The majority of the population in Turkey is Muslim and in Greece is Orthodox Christian. Yet, both the Christian and Islamic approach to death is remarkable similar as: in Islam death and life come from the Allah and ending of a human life is in the hands of the Allah. Similarly Christians believe that life is a precious gift provided by God and that no one has the right to arbitrarily take the life of another person. Also, most Christians and Muslims believe that, when a person dies, this situation is considered as a wish of God or Allah respectively (Yousuf & Fauzi, 2012; Havaki-Kontaxaki et al., 2008).

Furthermore, ending a life with personal request by a patient or asking someone to do it instead, is considered as defying Allah's or God's power, being an unforgivable sin. Causing a person's death, committing suicide or assisting suicide is strictly forbidden both in the Bible and the Quran despite many attempts of vastly conflicting interpretations of the original ancient readings. Similarly, both faiths proclaim that those who commit suicide are not entitled to a religious burial. These beliefs affect the attitudes of both societies and health care professionals towards euthanasia and physician assisted suicide (Turla et al., 2014; Romain & Sprung, 2014).

Thus, for both Christians and Muslims, the decision of life and death belongs only to God and Allah respectively, so euthanasia is definitely considered as murder. Because of this reason, the lay opinions of the people in Greece and Turkey are profoundly affected by well-rooted religious and traditional values. This puts enormous responsibilities on physicians who are considered the key treatment providers and thus, key players in end-of-life decisions (Shuriye, 2011; Havaki-Kontaxaki et al., 2008).

In both the Muslim faith and Christianity, God creates life and the person has to preserve his or her own life. This is also the obligation of health care professionals who are expected to do everything in their power to sustain the patient's life. Also as suicide is considered as a sin in both religions, the concept of assisted euthanasia at present is defined as equal to suicide. Thus, if a patient is helped to end his/her life, even on their own decision, it is translated in religious

terms that he/she has played the act of God denying the religious maxim that death depends on the Almighty. Due to the above reasons, traditional Christian and Muslim attitudes oppose euthanasia (Gielen et al., 2009; Chowdhury, 2012).

It should also be noted although in the past people preferred to die in the familiar environment of their homes with their families present, today many die in hospital (Patelarou et al., 2009). Yet, in both countries, where local communities value self-determination, issues of non-consensual euthanasia should be the focus on prohibition policy reassessment as prohibition legislation per se has been ineffective in protecting vulnerable patients. Many authors have described a 'Euthanasia oxymoron' whereby a terminally-ill patient's life may be at greater risk in a society where there is a strict and explicit policy against euthanasia rather than in a country where this practice may be legal (Otlowski, 2004). In this light, the dilemma of having no euthanasia legislation or making euthanasia legal is pseudo-dilemma as the real choice that healthcare professionals face is driving it underground in both countries (with all the related concerns about lack of transparency and medical professionalism), and making it visible. The importance of also protecting the autonomy and voluntariness of healthcare professionals should not be overlooked (Magnusson, 2002).

Conclusions

Throughout the world, euthanasia is applied only as a last resort for patients. There are still widely differing attitudes as to whether it is ethical to grant patients the right to die in the event of ultra severe and debilitating disease or other terminal conditions which may make the patient or family request this intervention. The terms euthanasia, mercy killing and physician assisted suicide have deep roots based on ancient practices and have been used interchangeably for years. Although there is ongoing debate on euthanasia, most lay people and health professionals in both Greece and Turkey strongly oppose it. Yet in both countries the use of passive euthanasia to enable a compassionate end for a terminally ill patient is requested.

Currently, euthanasia has many meanings for patients, health care professionals and society in both Turkey and Greece. It is not an accepted practice in both countries due to religion, tradition and current legislation, yet it is practiced covertly by some health care personnel. The views of the population on compassionate end-of-life options via euthanasia or physician assisted suicide are evolving in both societies, demanding a necessary update of current legislation. Overall, there are not many differences in attitudes towards euthanasia in Greece and Turkey, due to their many similarities, the two neighbours could learn from each other by initiating open discussions on the management of this highly sensitive topic.

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