



Finnish nurses' attitudes towards their role in the euthanasia process

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Abstract

Background: Nurses' voices remain unheard in most debates about euthanasia, although their crucial role in the euthanasia process is widely acknowledged. Moreover, in Canadian euthanasia law, nurses have a more active role, which further highlights the need for knowledge about nurses' attitudes towards their role in the euthanasia process.

Research questions: What are Finnish nurses' attitudes towards their potential role in the euthanasia process? Which characteristics are associated with those attitudes?

Research design: Cross-sectional web-based survey.

Participants and research context: 1003 nurses, recruited via social media and the members' bulletin of the Finnish Nurses Association.

Ethical considerations: Ethical approval was obtained from the Committee on Research Ethics of the university to which the first author was affiliated.

Findings: The great majority (85.2%) of nurses felt that their perspective should be considered in decision-making related to euthanasia. Furthermore, most of the participants (74.7%) reported willingness to participate in the euthanasia process if it were legal, and 88.6% agreed that a nurse should be present when euthanasia is performed if the patient wishes so. Furthermore, over half agreed that some of the preparatory tasks were part of their job description. However, a minority (32.9%) agreed with a possible obligation to participate based on their profession. Nurses' age, religiosity and educational level influenced their attitudes in the current results.

Discussion: Despite the strong agreement on decision-making concerning euthanasia and participation in the euthanasia process, obligation to participate based on the profession was rejected by most participants. Nurses regarded themselves as consultants in the decision-making process, which may indicate their unwillingness to share the responsibility for the decision itself.

Conclusion: Specific safety mechanisms should be considered to protect nurses who refuse to be involved in the euthanasia process due to harm that involuntary participation might cause.

Keywords

Attitude, ethics, euthanasia, Finland, nursing, social media, web-based survey

Introduction

Euthanasia is defined as ‘*intentionally terminating life by another person than the person concerned, at this person’s request*’.¹ This definition is used in the euthanasia legislation of the Netherlands, Belgium and Luxembourg. According to this definition, the euthanasia request must be voluntary and explicit, thus excluding any involuntary and non-voluntary cases.^{1,2} In 2017, euthanasia is legal in the Netherlands, Belgium, Luxembourg, Colombia and Canada.^{1,2} For the first time, the legislation in Canada regards nurse practitioners as potential performers of euthanasia,^{3,4} which sets the legislation apart from all other euthanasia laws, according to which euthanasia is to be performed by a physician.^{1,2} This new role of nurses in Canadian euthanasia law will influence future debate on euthanasia and nurses’ role in the euthanasia process also in other countries where the topic is discussed. In Finland, for instance, a citizens’ initiative that promotes the legalisation of euthanasia has received over 63,000 statements of support by January 2017,⁵ as a result of which the Finnish parliament is expected to take a stand on euthanasia and its legalisation in 2017.⁶

Background

Nurses’ role in the euthanasia process

The significant role of nurses in the euthanasia process is widely recognised and described in previous literature from Belgium and the Netherlands, countries with the longest experience in euthanasia.^{7–13} The euthanasia process starts with the patient’s request for euthanasia. A nurse is often the first person to whom a patient expresses the euthanasia request.⁹ This may be attributed to the nurses’ continuous presence and the confidential relationship that nurses have with their patients.^{7,9} After receiving the patient’s request, the nurse initiates an interpretative dialogue with the patient, trying to understand the reasons underlying his or her wish for euthanasia. It has been noted that actively listening to the patient is a crucial component of this communication.^{7,10} Furthermore, nurses provide euthanasia-related information to patients and their relatives. They also relay the patient’s request to the physician and other members of the care team.^{7,11}

Nurses’ involvement in the decision-making differs in Belgium and the Netherlands. In Belgium, the consultation of the nursing team directly involved in the euthanasia process is laid down in the euthanasia law, whereas in the Netherlands, nurses’ role in decision-making is not regulated in the law.^{1,8,9,12} However, nurses’ involvement in the decision-making has been regarded as essential due to the information that they may provide about the patient.^{7,8,13} Moreover, nurses may feel unable to carry out their responsibility to ensure that the patient’s request is understood accurately if they are excluded from the decision-making.^{7,8}

At the moment, when euthanasia is carried out, the primary role of nurses, if they are present, consists of providing support to the patient and his or her relatives.^{7,9} Preparatory activities, such as inserting an infusion cannula or preparation of euthanatics, are not regarded as part of the professional responsibilities of nurses.^{8,13} However, these tasks are sometimes carried out by nurses and justified, for example, if the physician responsible for performing euthanasia is inexperienced.⁹

Nurses' attitudes towards their role in the euthanasia process

Nurses' attitudes towards euthanasia and its legalisation have been reported in an abundance of previous literature.^{14–19} However, little is known about nurses' attitudes towards their own role in the euthanasia process as well as on their willingness to participate in the process or even perform euthanasia in general.^{4,15,20}

The role of nurses in the euthanasia process is much broader than the preparedness or willingness to perform euthanasia previously described and presented in literature.^{4,7} However, in previous studies, nurses' role has often been reduced to comprise only of the performance of euthanasia. For example, during the current millennium, five studies have addressed nurses' willingness to perform euthanasia.^{16,18,21–23} Based on the results, 10%–17% of the nurses noted in general that they would be willing to perform euthanasia if it were legal.^{16,21–23} An exception was the study of Tamayo-Velazquez et al.,¹⁸ where it was found that 54% of the participating nurses had a predisposition towards carrying out euthanasia if would be legalised.

In the euthanasia process, nurses enter into a highly interpersonal relationship with their patients that involve deeply rooted core values of both parties.⁴ This relationship is described as emotionally demanding by the nurses, which means that involuntary participation in euthanasia process is regarded as traumatising.^{4,24} In accordance with the existing euthanasia laws¹ and the current position statement of the International Association for Hospice and Palliative Care (IAHPC),²⁵ nurses have regarded their right to a conscious objection as one of the most important prerequisites of the legalisation of euthanasia.²⁴

It has been argued that despite their crucial role in the euthanasia process, nurses are overlooked in most debates about euthanasia.⁴ They should, however, be closely involved in the ongoing discussions about euthanasia due to the care that they provide for dying patients as well as their more active role specified in the euthanasia law in Canada.^{2–4,7} Hence, the aim of this study was to describe nurses' attitudes towards their role in the euthanasia process in Finland. An additional aim of this study was to analyse the factors that influence these attitudes and reveal possible connections between nurses' attitudes towards euthanasia and their role in the euthanasia process.

Methods

Instruments

Due to the lack of a comprehensive measurement instrument, a new electronic questionnaire was developed for this study. The used questionnaire included five components: (1) demographic characteristics, (2) work-related characteristics, (3) the Centrality of Religion Scale (CRS), (4) nurses' euthanasia-related attitudes and (5) nurses' attitudes towards their role in a euthanasia process.

Demographic characteristics consisted of the participant's age, gender, marital status, most recent level of education and his or her religious affiliation. Nurses were further asked to state if they had children and the region of their primary residence.

The work-related questions included nurses' shift patterns (two-shift/three-shift work, day-time/night-time work, etc.) and their working environment (primary/secondary or tertiary care, elderly care etc.). Further questions were concerned with the nurses' work experience and the most typical patient for whom they provide care. In addition, nurses were asked to assess their expertise in pain management and end-of-life (EoL) care with a four-step scale ('very poor' to 'very good'). They were also asked to report how often they encountered dying or dead patients.

The CRS, described in detail by Huber and Huber,²⁶ was employed to measure participants' religiosity. This internationally validated scale measures religiosity in five core dimensions (intellect, ideology, public

practice, private practice and experience) based on the multidimensional model of religion of Stark and Glock. The longest version of the CRS was chosen in this study due to the strong evidence of its reliability and validity.²⁶ The first author translated the CRS from English to Finnish and discussed it in an expert panel. Subsequently, the CRS was translated back from Finnish to English by an authorised translator and then compared with the original.

Nurses' euthanasia-related attitudes were assessed by 13 statements. The statements are described and the results reported in more detail elsewhere.¹⁴ The final section of the questionnaire was concerned with nurses' attitudes towards their role in the euthanasia process. It consisted of eight statements based on the existing literature^{7,9,11} and a previously conducted qualitative study.²⁴ These statements were designed and discussed among experts representing nursing science, medicine and theology. The participating nurses were asked to state their agreement with individual statements on a 5-point Likert-type scale ('Strongly disagree' to 'Strongly agree'). To avoid ambiguity, euthanasia was clearly defined as 'a deliberate act to terminate another person's life at his/her explicit request' before the statements.^{27,28}

To ensure the reliability and repeatability of the questionnaire, a test-retest study was conducted with 19 respondents prior to the data collection. In addition, a preliminary pilot study was conducted among 91 nursing students to ensure the feasibility of the designed questionnaire. No changes were made to the questionnaire based on the results of these tests. The data of the pilot study were excluded from this study.

Data collection

The inclusion criteria of this study were being a nurse, sufficient skills in the Finnish language and minimum age of 18 years. The data were collected online over a 4-week period during October–November 2014. In Finland, there are over 100,000²⁹ qualified nurses, nearly half of whom belong to the Finnish Nurses Association.³⁰ In October 2014, information about the study was provided to the nurses in the members' bulletin of the Finnish Nurses Association, which had a circulation of 29,484. In addition, social media was employed as further recruitment channel in this study. Information about the study was published in the first author's public blog, seven discussion boards, Facebook, and Twitter. Despite the fact that social media is a rather uncommon method of recruitment in health and nursing science, it enables accessing a large population in geographically diverse areas.^{31,32} Moreover, it offers a possibility to reach individuals who are difficult to reach with traditional methods, which strengthens the generalisability of the results,^{31–33} although the response rate may not be calculated as in this study.

Ethical considerations

Ethical approval (5/2014) was obtained for this study from the Committee on Research Ethics of the university to which the first author was affiliated. S. Huber, the developer of the CRS, granted permission for the use of the scale in this study. Nurses gave their informed consent by submitting the completed questionnaire, which also included information about the study.³⁴ The research topic was considered sensitive, especially when nurses were asked about their attitudes towards participation in an act that is currently illegal; therefore, the emphasis was set on the voluntariness of the participation and anonymity of the participants. Both were supported by the chosen recruitment and data collection strategies, which followed the recommendations of the ethical decision-making of the Association of Internet Researchers where applicable.³⁵ Nurses were able to complete the questionnaire wherever and whenever they chose, which strengthened voluntariness and anonymity. In addition, this might have reduced the tendency of the nurses to give answers that they considered to be commonly accepted, which increased the authenticity of their answers.^{31,33}

Data analysis

Prior to the data analysis, which was conducted with SPSS 21 for Windows, 26 records were moved based on missing information, including eight or more missing responses at the individual level. Thus, the cut-off point was 28.5%.

The variables for the most recent level of education were recoded into six categories based on the International Standard Classification of Education (ISCED), 2011. In addition, the initially five-category variables for nurses' attitudes towards their role in a euthanasia process were recoded into three categories (Disagree-Cannot say-Agree). Nurses were further categorised into three groups: non-religious, religious and highly religious based on the aggregate of CRS, which was computed deductively for each participant.²⁶

The relationship between nurses' attitudes towards their role in a euthanasia process and the independent variables was investigated with chi-square test (χ^2).³⁶ Pearson's correlation was used to examine the connections between nurses' attitudes towards their role in a euthanasia process and their attitudes towards euthanasia. Statistical significance was indicated by p-values of <0.05.³⁶

Results

Nurses' demographic and work-related characteristics

A total of 1003 nurses, aged 20–73 years, participated in this study. The mean age of the participating nurses was 39.54 (standard deviation (SD) = 11.88) years and most of them (93.0%) were female (Table 1). Nurses' primary places of residence were located in all 19 regions of Finland, and, in addition, six of the participants had their primary residence abroad. The majority (50.8%) of the nurses were religious, most of them Lutheran (71.0%). Nurses' average work experience was 13.16 (SD = 10.6) years, ranging from 0 to 52 years (Table 1). Most participants encountered dying patients monthly or less frequently, worked mainly (38.1%) in secondary or tertiary healthcare, and assessed their expertise in pain management and EoL care as good (Table 2).

Nurses' attitudes towards their role in a euthanasia process

The majority of participated nurses (85.2%) considered that nurses' perception should be taken into consideration in the decision-making concerning euthanasia and 73.7% of them agreed with nurses' active participation in euthanasia-related decision-making (Table 3). Preparation of the patient for the euthanasia procedure was seen as part of their job description by most (72%) of the nurses. Furthermore, over half of the respondents (61.4%) agreed with the handling of euthanatics (for example diluting) or inserting an infusion cannula (69.2%) as part of their profession (Table 3). The great majority (88.6%) of the nurses agreed with the statement that nurses should be present when euthanasia is carried out if the patient wishes so. By contrast, a minority (32.9%) of the respondents agreed that nurses could be obliged to participate in the euthanasia process based on the profession. However, 74.7% of the nurses would be prepared to personally participate in the euthanasia process if it were legal (Table 3).

Factors influencing nurses' attitudes towards their role in the euthanasia process

The results of the chi-square test revealed that participants who were 40 years or older disagreed more often with nurses' active participation in decision-making than the younger nurses (Table 4). By contrast, agreement with taking nurses' perceptions into account in the euthanasia-related decision-making was not influenced by any factors included in this study. Older nurses were less likely to agree with the handling of

Table 1. Nurses' demographic characteristics.

	f	%
Age group (n = 1003), years		
20–29	266	26.5
30–39	256	25.5
40–49	240	23.9
50–59	187	18.6
60–69	52	5.2
70 or above	2	0.2
Gender (n = 1003)		
Male	66	6.6
Female	933	93.0
Do not want to state	4	0.4
Marital status (n = 1000)		
Single	152	15.2
Relationship	67	6.7
Cohabitation/marriage	676	67.4
Divorced	95	9.5
Widow	10	1.0
Parental status (i.e. having children? n = 995)		
No	368	36.7
Yes	627	62.5
Latest education (n = 999)		
Lower secondary education	13	1.3
Upper secondary education	8	0.8
Short-cycle tertiary education	227	22.7
Bachelor or equivalent level	614	61.5
Master or equivalent level	133	13.3
Doctoral or equivalent level	4	0.4
Religion (n = 998)		
Buddhism	3	0.3
Islam	1	0.1
Lutheran	712	71.0
No religion	231	23.0
Orthodox	10	1.0
Other	39	3.9
Roman Catholicism	2	0.2
Religiosity (n = 1003)		
Non-religious	424	42.3
Religious	510	50.8
Highly religious	69	6.9

euthanatics, insertion of I.V. cannula or preparing the patient for the euthanasia procedure as part of their job description than the younger participants. Furthermore, according to their responses, nurses who were at least 40 years would be less prepared than their younger colleagues to participate in the euthanasia process if it were legal (Table 4).

Agreement with nurses' active involvement in the decision-making process concerning euthanasia was greater among those nurses who were not married or cohabiting. These nurses also reported greater agreement with the handling of euthanatics, insertion of I.V. cannula and preparing the patient for the euthanasia procedure than did the participants who were married or cohabiting (Table 4). Married or

Table 2. Nurses' work-related characteristics.

	f	%
Work experience (n = 992), years		
0–9	449	44.8
10–19	265	26.4
20–29	164	16.4
30–39	99	9.9
40 or above	15	1.5
Work place (n = 1002)		
Not working as a nurse	78	7.8
Secondary or tertiary healthcare	382	38.1
Deputising for a nurse in different units	79	7.9
In a primary care hospital	118	11.8
In a healthcare centre	28	2.8
In a institution for elderly persons	96	9.6
In a private sector	77	7.7
Other	144	14.4
Working hours (n = 992)		
Regular daytime job	235	23.4
Regular night work	17	1.7
Two-shift work	193	19.2
Three-shift work	468	46.7
I do not work as a nurse	79	7.9
Common patient (n = 936)		
Child or adolescence	52	5.2
Working age	325	32.4
Eldery person	559	55.7
Encounter dying patients (n = 990)		
Daily	72	7.2
Weekly	154	15.4
Monthly	300	29.9
Less than monthly	305	30.4
Never	159	15.9
Encounter death patients (n = 981)		
Daily	5	0.5
Weekly	56	5.6
Monthly	221	22.0
Less than monthly	428	42.7
Never	271	27.0
Expertise in pain management (n = 990)		
Very good	98	9.8
Good	657	65.5
Cannot say	152	15.2
Weak	76	7.6
Very weak	7	0.7
Expertise in end-of-life care (n = 991)		
Very good	86	8.6
Good	586	58.4
Cannot say	199	19.8
Weak	112	11.2
Very weak	8	0.8

Table 3. Nurses' attitudes towards their role in a euthanasia process.

Statement	Disagree		Cannot say		Agree	
	f	%	f	%	f	%
1. Nurses should be actively involved in the decision-making process concerning euthanasia.	175	17.4	89	8.9	739	73.7
2. Nurses' perspective should be taken into account in the decision-making process concerning euthanasia.	92	9.2	56	5.6	854	85.2
3. Handling of euthanatics (e.g. dilution) is part of nurses' job description.	265	26.4	122	12.2	616	61.4
4. Preparing the patient for the euthanasia procedure is part of nurses' job description.	185	18.5	95	9.5	720	72.0
5. Insertion of I.V. cannula for the euthanasia procedure is part of nurses' job description.	212	21.1	97	9.7	694	69.2
6. A nurse should be present during the euthanasia procedure if the patient so wishes.	88	8.8	26	2.6	887	88.6
7. A nurse may be obligated to participate in the euthanasia process due to his or her profession.	571	56.9	102	10.2	330	32.9
8. As a nurse, I would be prepared to participate in the euthanasia process if it were legal.	157	15.7	97	9.7	749	74.7

cohabiting nurses agreed less than other respondents with the statement indicating that nurses should be present during the euthanasia procedure if this is what the patient wishes. They were also prone to agree less with the possible obligation of nurses to participate in euthanasia process than the participants who were not married or cohabiting (Table 4). The latter were also more prepared to participate in the euthanasia process if it were legal.

Nurses without children agreed more with the handling of euthanatics, insertion of I.V. cannula and preparing the patient for the euthanasia procedure than did those participants who had children (Table 4). Participants who had no children also agreed more often with the possible obligation of nurses to participate in the euthanasia process if it were legal (Table 4). Moreover, nurses without children were more prepared to participate in the possible euthanasia process than those who had children.

Having more recent, at least bachelor-level education indicated greater agreement with the handling of euthanatics, insertion of I.V. cannula and preparing the patient for the euthanasia procedure. Less educated nurses also disagreed more with the presence of nurses during euthanasia based on the wish of the patient as well as their preparedness to participate in the euthanasia process if it were legal than the participants with a higher level of education (Table 4).

Being religious had a negative influence on the nurses' attitudes towards their role in the euthanasia process. Non-religious nurses agreed more with the nurses' active involvement in the euthanasia-related decision-making than did their religious participants. The latter also indicated lower agreement with the handling of euthanatics or insertion of I.V. cannula as part of the euthanasia process compared with the non-religious nurses. Moreover, non-religious participants agreed more with nurses' presence and their possible obligation to the participation in the euthanasia process based on their profession (Table 4). The non-religious nurses were also more prepared to participate in the possible euthanasia process than the religious ones.

Nurses with greater work experience were less willing to actively participate in the decision-making process concerning euthanasia than nurses with shorter work experience (Table 4). Greater work experience also negatively influenced the nurses' agreement with the handling of euthanatics, insertion of I.V. cannula and preparing the patient for the euthanasia procedure. Furthermore, more experienced nurses reported less

Table 4. Factors influencing nurses' attitudes towards their role in a euthanasia process.

Statement	n	Age in years (%)		Cohabitation/ marriage (%)		Children (%)		At least bachelor-level education (%)		Religious (%)		Work experience in years (%)		Good expertise in EoL care (%)	
		<39	40 or above	Yes	No	Yes	No	Yes	No	Yes	No	≤13	>13	14 or above	Yes
Handling of euthanatics (e.g. dilution) is part of nurses' job description.	Agree	67.4	54.9	57.5	69.4	56.6	69.8	64.3	52.4	53.0	72.9	68.1	52.2	57.9	68.7
	Disagree	32.6	45.1	42.5	30.6	43.4	30.2	35.7	47.6	47.0	27.1	31.9	47.8	42.1	31.3
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	.001	<.001	<.001	<.001	<.001	<.001	.001	<.001
Preparing the patient for the euthanasia procedure is part of nurses' job description.	Agree	79.5	63.8	69.0	78.0	66.3	82.1	74.9	63.0	64.0	82.9	78.5	63.5	68.5	79.3
	Disagree	20.5	36.2	31.0	22.0	33.7	17.9	25.1	37.0	36.0	17.1	21.5	36.5	31.5	20.7
	p-value	<.001	<.001	.003	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
Insertion of I.V. cannula for the euthanasia procedure is part of nurses' job description.	Agree	80.1	57.4	66.9	73.8	63.2	79.9	73.8	55.2	61.3	80.0	78.8	56.5	65.6	76.8
	Disagree	19.9	42.6	33.1	26.2	36.8	20.1	26.2	44.8	38.7	20.0	21.2	43.5	34.4	23.2
	p-value	<.001	<.001	.028	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
As a nurse, I would be prepared to participate in the euthanasia process if it were legal.	Agree	80.5	68.4	70.1	84.3	70.0	82.9	76.4	69.4	66.3	86.1	79.0	69.2	72.8	78.1
	Disagree	19.5	31.6	29.9	15.7	30.0	17.1	23.6	30.6	33.7	13.9	21.0	30.8	27.2	21.9
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	.029	<.001	<.001	<.001	<.001	.001	NS	NS
Nurses should be actively involved in the decision-making process concerning euthanasia.	Agree	76.8	70.3	71.4	78.1	72.2	76.1	74.6	70.6	70.8	77.6	76.5	69.4	71.9	76.8
	Disagree	23.2	29.7	28.6	21.9	27.8	23.9	25.4	29.4	29.2	22.4	23.5	30.6	28.1	23.2
	p-value	.022	.022	.026	NS	NS	NS	NS	NS	.017	.013	.013	.013	NS	NS
A nurse may be obligated to participate in the euthanasia process due to his or her profession.	Agree	34.9	30.8	30.9	37.3	30.5	37.0	33.0	32.7	28.3	39.2	34.4	30.6	33.2	31.7
	Disagree	65.1	69.2	69.1	62.7	69.5	63.0	67.0	67.3	71.7	60.8	65.6	69.4	66.8	68.3
	p-value	NS	NS	.045	.036	.036	NS	NS	NS	<.001	<.001	NS	NS	NS	NS
A nurse should be present during the euthanasia procedure if the patient so wishes.	Agree	90.4	86.7	86.5	92.9	87.5	90.5	89.9	85.0	84.8	93.9	90.3	86.6	87.2	91.5
	Disagree	9.6	13.3	13.5	7.1	12.5	9.5	10.1	15.0	15.2	6.1	9.7	13.4	12.8	8.5
	p-value	NS	NS	.003	NS	NS	NS	.048	<.001	<.001	<.001	NS	NS	NS	NS

EoL: end of life; NS: no statistical significance.

Table 5. Correlations between nurses' attitudes towards their role in a euthanasia process and euthanasia.

Statement	Acceptance of euthanasia		Legalisation of euthanasia		Euthanasia-related communication	
	r	p	r	p	r	p
Nurses should be actively involved in the decision-making process concerning euthanasia.	.282	<.001	.297	<.001	.168	<.001
Nurses' perspective should be taken into account in the decision-making process concerning euthanasia.	.254	<.001	.240	<.001	.050	.113
Handling of euthanatics (e.g. dilution) is part of nurses' job description.	.466	<.001	.425	<.001	.193	<.001
Preparing the patient for the euthanasia procedure is part of nurses' job description.	.590	<.001	.534	<.001	.225	<.001
Insertion of I.V. cannula for the euthanasia procedure is part of nurses' job description.	.513	<.001	.456	<.001	.179	<.001
A nurse should be present during the euthanasia procedure if the patient so wishes.	.564	<.001	.472	<.001	.128	<.001
A nurse may be obligated to participate in the euthanasia process due to his or her profession.	.261	<.001	.235	<.001	.163	<.001
As a nurse, I would be prepared to participate in the euthanasia process if it were legal.	.740	<.001	.655	<.001	.290	<.001

preparedness to participate in the euthanasia process if it were legal compared with the inexperienced participants (Table 4).

Nurses who assessed their expertise in EoL care as good reported lower agreement with handling euthanatics, insertion of I.V. cannula and preparing the patient for the euthanasia procedure compared to other participant groups (Table 4).

Connections between nurses' attitudes towards euthanasia and their role in euthanasia process

A strong correlation (.740) was found between nurses' preparedness to participate in the euthanasia process and their acceptance of euthanasia (Table 5). Further connection was found between nurses' preparedness to participate and their attitude towards the legalisation of euthanasia (.655). Participants' agreement with the handling of euthanatics, preparing the patient for the euthanasia procedure and insertion of I.V. cannula correlated with their acceptance (.466–.590) and attitudes towards the legalisation (.425–.534) of euthanasia (Table 5). A further correlation was found between agreement on the presence of nurses during the euthanasia procedure based on the wish of the patient and the participant's acceptance (.564) and attitude towards the legalisation (.472) of euthanasia. By contrast, no strong correlation was found between nurses' attitudes towards their role in the euthanasia process and euthanasia-related communication (Table 5).

Discussion

For the first time, the results of this study represent nurses' attitudes towards their role in the euthanasia process in Finland. Our results contribute to the limited knowledge about nurses' attitudes towards their involvement in euthanasia and provide insight from a country where euthanasia is not legal.

The great majority of the participating nurses considered that the perspective of nurses should be taken into account in the decision-making concerning euthanasia. The number of participants who

believed that nurses should be actively involved in the euthanasia-related decision-making was slightly smaller. These results support previous findings suggesting that nurses want to participate in the decision-making process concerning euthanasia.^{4,7,8,16} Furthermore, the results of our study in this regard are consistent with previous literature that emphasises nurses' involvement in euthanasia-related decision-making.^{4,7,9,12,19} It is, however, noteworthy that the participants disagreed more with the active participation of nurses than the consideration of nurses' perspectives in decision-making. This may indicate that nurses are less willing to share the responsibility for the decision itself than to contribute to the discussion regarding a patient's euthanasia request. Although nurses' attitudes towards their involvement in the decision-making concerning euthanasia are only weakly connected to their attitudes towards euthanasia, it is noteworthy that younger nurses agreed more with the active participation compared with their older colleagues. One possible explanation for this is the more liberal environment in which the younger nurses have grown up. Previous literature has connected the acceptance of euthanasia with society's tolerance of personal freedom in life choices.³⁷ However, further research is needed in order to address these differences.

The current results further demonstrate that the majority of the nurses agreed with some of the preparatory tasks, for example, the handling of euthanatics, insertion of I.V. cannula or preparing the patient for the euthanasia procedure, as part of their job description. This finding is supported by previous literature, which describes nurses' involvement in the preparation of euthanasia from both medical and contextual viewpoints.^{7,20} However, it does not confirm other findings that indicate that nurses' primary tasks in the euthanasia process include the supportive care of the patient and his or her relatives.^{7,8,13,19} In the current results, nurses' expertise in EoL care negatively influenced their agreement with the tasks preparing the patient for euthanasia. This can be interpreted to be in line with previous literature, which suggests that nurses in palliative care more strongly disapprove euthanasia than nurses in other nursing areas.²⁷ One possible explanation for this finding is the believe that euthanasia conflicts with the principles of palliative care.¹⁹ This aspect was not included in this study, and more research is needed in this regard. However, experienced nurses, as well as those who assess their expertise in EoL care as good, have most likely encountered euthanasia requests and other death-related themes in their work, which may have influenced their attitudes. The strong agreement may also have a pragmatic basis, as nurses may be more experienced in performing certain tasks (e.g. inserting an I.V. cannula) than physicians, as also described in previous literature.¹³ However, euthanasia should always be performed by an experienced physician who has the possibility to consult a senior colleague if needed and not shift the task to nurses.

In our results, nurses' attitudes towards the preparatory tasks as part of their job description were further connected with their attitudes towards euthanasia and its legalisation. As reported previously in Finland, nurses' attitudes towards euthanasia and its legalisation are supportive; nevertheless, the traditional, demographic characteristics fail to explain these attitudes.¹⁴ Current results highlight the need for further characterisation of the factors that influence nurses' attitudes towards their role in the euthanasia process. Deeper understanding about the complex phenomenon may be achieved by placing the patient-related characteristics and ethical aspects of euthanasia in the centre of future research. In addition, employment of qualitative and quantitative methods is recommended due to the distinct aspects of reality that they reflect and reveal.³⁸

Participants in this study agreed strongly with having nurses present during the euthanasia procedure if this was based on the wish of the patient. This may be interpreted as the willingness to set one's personal views aside in order to fulfil the patient's needs, as also suggested in the literature.¹⁹

Despite the fact that the majority of the participating nurses disagreed with the obligation of nurses to participate in the euthanasia process based on their profession, one-third held it possible. This may be attributed to the fact that nurses lack the right to conscientious objection in Finland. For example, the National Advisory Board on Social Welfare and Health Care Ethics (ETENE) sees no grounds for granting healthcare professionals the subjective right to refuse assistance in abortion,³⁹ which is a commonly used

example in the discussion about conscientious objection. Therefore, some of the nurses may also consider the obligation based on their profession similarly in the case of euthanasia. This may be seen in line with the conventional incompatibilistic approach to conscientious objection, according to which conscientious objection is a personal preference that has no place in professional healthcare practices.⁴⁰ However, it must be noted that this approach is neither the only nor the dominant approach towards conscientious objection.⁴⁰

In a previous study, nurses regarded such obligation and involuntary participation in a euthanasia process as traumatising.²⁴ Moreover, nurses regarded their right to conscientious objection, similarly, for example, in Belgium, Luxembourg and the Netherlands,^{1,13} as one of the most important prerequisites for the possible legalisation of euthanasia.²⁴ The healthcare professionals' right to refuse their participation is further emphasised by the IAHPC²⁵ as well as the valid euthanasia laws.¹

In this study, the majority of the nurses would be prepared to participate in the euthanasia process if it were legal. The agreement correlated strongly with the nurses' attitudes towards euthanasia and its legalisation. It does not, however, confirm previous literature, which points out that a philosophical agreement with euthanasia differs from the willingness to be actively involved in it.²⁰ Despite the strong agreement with involvement in a euthanasia process, attention should particularly be paid to the nurses who disagree with participating in the euthanasia process. Involuntary participation in the euthanasia process may cause serious conflicts related to the nurse's personal values or philosophy of life. Moreover, it may lead to a situation where continuing in the nursing profession could be impossible, resulting in increased career changes.^{13,24} In addition, the refusal to participate may cause conflicts within the caring team and carries a risk that the nurses who decide not to participate in the euthanasia process are labelled or bullied. Therefore, the application of specific safety and support mechanisms (e.g. institutional ethics policies, supervision of work and education of nurse leaders) should be considered to protect nurses from harm, especially in countries where nurses lack the right to conscientious objection.⁴¹

Limitations

Despite the strong evidence and varied results, this study has some limitations. The used recruitment strategy resulted in a large and heterogenous sample. However, due to the fact that data were collected online, nurses without an Internet connection or computer were excluded, as is the case with all web-based surveys.^{31,32} The sample was compared with the data of a previous study, which derived the random sample from the register of the Finnish Nursing Association.⁴² Based on the comparison, these two datasets did not differ from each other regarding gender distribution or the mean age of the participants. This may be considered to strengthen the generalisability of the results as well of the recruitment strategy used in this study. The used questionnaire was tested for its validity and reliability prior to the data collection. However, it is worth mentioning that the nurses were asked to state their latest, and not the highest, level of education, which might have affected the assessment of the association between the nurses' attitudes towards their role in the euthanasia process and their level of education. Moreover, the nurses were not asked to disclose whether they were personally prepared to carry out euthanasia if it were legal. This question was excluded to avoid the risk of attracting answers based on what is socially acceptable due to the illegal status of euthanasia in Finland. Despite these limitations, the used questionnaire captured nurses' attitudes towards their role in the euthanasia process comprehensively and from different perspectives, and presented novel knowledge.

Conclusion

This article contributes to the ongoing debate on euthanasia by revealing nurses' attitudes towards their role in the euthanasia process from different perspectives. The results give rare insight into nurses' attitudes in a

society where euthanasia is currently illegal, providing new knowledge that can be utilised in euthanasia-related discussions in different contexts.

Nurses are willing to be involved in the decision-making process concerning euthanasia; however, they agree more with acting in the role of a consultant than an active participant in the decision itself. They also agree with the preparatory tasks related to euthanasia and their presence in the euthanasia procedure, but disagree with the possible obligation to be involved in it because of their profession. Due to the potential harm arising from involuntary participation in a euthanasia process, special attention must be paid on the nurses, who refuse to be involved.

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Conflict of interest

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