



Research article

Nursing students' perceptions of euthanasia legislation: A qualitative study



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ABSTRACT

Background: Spain passed a law to legalise euthanasia in March 2021. This law introduces a new right that is incorporated into the portfolio of services provided by the Spanish public health system, meaning that nurses and nursing students will play a key role in its administration.

Objectives: To determine and understand nursing students' perceptions of the legalisation of euthanasia and the life experiences involved in their positions.

Design: This is a descriptive qualitative study.

Settings and participants: Thirteen semi-structured, open-ended, focused interviews were conducted with undergraduate nursing students at two faculties in south-eastern Spain. The Atlas ti.9.0 programme was used to analyse their discourses.

Results: There are students who are in favour of euthanasia and those who are against it. Most students viewed the regulation of conscientious objection as positive and necessary. Students reported that they did not have in-depth knowledge of the law, and those who were familiar with it expressed some misgivings. Students also felt that there was a lack of information and training on the management of euthanasia.

Conclusions: The students described the legalisation of euthanasia as a breakthrough in Spanish public health which will benefit many patients. However, they were aware that they are not capable of facing new legal situation and demanded extra training in ethical conflicts at the end of life to avoid potential psychological sequelae. Nursing faculties should include in their curricula spaces to encourage moral deliberation in complex settings involving the implementation of euthanasia.

1. Introduction

Euthanasia is a subject of ethical and legal discussions in many countries, each with their own traditions and cultures (Miller et al., 2019; Pesut et al., 2020). Currently, euthanasia is legal in the Netherlands, Belgium, Luxembourg, Colombia, Canada, New Zealand, Switzerland, and Victoria and Western Australia only (Mroz et al., 2021). The Netherlands was the first country to introduce a euthanasia law allowing both assisted suicide and euthanasia (Kannan and Thottath, 2021). Spain has recently been added to this list of countries where euthanasia is legally regulated (Fernández, 2021; Rada, 2021).

The laws in different countries are similar in nature, emphasising that a number of requirements must be met by the patient and the

physician in charge (Hanson et al., 2020; Olié et al., 2020). In an act of euthanasia, an independent colleague must be consulted, and a committee must assess the safety and appropriateness of the procedure (Dierickx et al., 2020; Gale and Barak, 2020). Conscientious objection is also regulated for health professionals who wish to exercise this right (Hanson et al., 2020).

In Spain, the Congress of Deputies approved the Organic Law Bill on the regulation of euthanasia on the 17th of December 2021 (Lategui-Díez, 2020). The Organic Law was subsequently approved on 24 March with its publication in the Official State Gazette (Rada, 2021). The creation of the euthanasia law puts the spotlight on the healthcare professionals in charge of informing, assessing, and implementing it (Pesut et al., 2019), as this law touches upon deeply personal aspects of

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healthcare professionals' values, thoughts, and beliefs (Kouwenhoven et al., 2019; Pesut et al., 2020). There is a clear need to safeguard and support professionals' right to exercise conscientious objection freely according to their ideals (Lamb et al., 2019).

A number of studies have found that acceptance of and opinions about euthanasia are linked to religious aspects (Cayetano-Penman et al., 2021; Sabriseilabi and Williams, 2020) and even to place of residence, specialty, patient characteristics, and age of the practitioner (Putra et al., 2020; Ulas Karaahmetoglu and Kutahyaliloglu, 2019). A study on conscientious objection in Spain revealed that being religious significantly influenced the need for conscientious objection (Toro-Flores et al., 2019). Other studies have also highlighted discrepancies in thinking between new generations of nurses and experienced nurses, the former being more accepting of euthanasia (Terkamo-Moisio et al., 2017).

The majority of surveys conducted with nursing students report that they are in favour of euthanasia and highlight the important ethical implications surrounding the concept (Brandalise et al., 2018; Putra et al., 2020). A recent study showed that students' positions on euthanasia were linked to certain aspects of their upbringing at home or at school (Putra et al., 2020). Other research emphasises the need for specialised training (Ay and Öz, 2019; Demedts et al., 2018; Skidmore and Robinson Kurpius, 2021). Since nursing students will, in the future, actively involved, from beginning to end, in the process of euthanasia by providing the necessary care to patients and families, it is essential to understand their perceptions and positions on the subject. For this reason, the aim of this study was to describe and understand students' perceptions of the legalisation of euthanasia and the meaningful life experiences involved in their positions.

2. Methods

2.1. Study design

A descriptive qualitative design was used. This design allows participants' lived experiences to be described and understood through their perceptions (Doyle et al., 2020). Therefore, in this study, this design has been used to describe students' perceptions of the legalisation of euthanasia and the life experiences that have influenced them.

2.2. Setting-participants

The study was carried out between February and June 2021. Participants were undergraduate nursing students from two universities located in south-eastern Spain. The inclusion criteria were being over the age of 18 and being able to give consent to participate in the study. Participants were selected by two researchers using a purposive sampling method. The researchers contacted the teachers of modules relating to this topic from different academic years, who in turn identified eligible students based on the inclusion criteria. The researchers contacted the selected students by telephone, explained to them the purpose of the study, and invited them to participate on a voluntary basis. Subsequently, the dates and times for the interviews were arranged and conducted via Zoom due to the epidemiological situation and the mobility restrictions in place at the time. A total of 25 students were invited to participate, of whom 13 (10 females and 3 males), with a mean age of 26.2 (SD = 1.63) years, agreed to participate. Table 1 describes the main sociodemographic variables of the participants.

2.3. Data collection

Data were collected using semi-structured, open-ended, topic-focused interviews, as interviews are the most suitable and personal means of conducting a constructive analysis of the situation (Díaz-Bravo et al., 2013). The researchers invited participants to an online interview via the digital platform Zoom. Each participant took part in an

Table 1

Sociodemographic data of participants.

Participant	Sex	Age	Academic year	Placement	University
E 1	Male	22	4	Yes	Huelva
E 2	Female	22	4	Yes	Huelva
E 3	Female	20	2	No	Huelva
E 4	Female	21	3	Yes	Huelva
E 5	Female	20	2	No	Huelva
E 6	Male	20	3	Yes	Huelva
E 7	Male	29	1	No	Huelva
E 8	Female	36	4	Yes	Almería
E 9	Female	33	3	Yes	Almería
E 9	Female	19	2	No	Almería
E 10	Female	20	2	No	Almería
E 11	Female	21	3	Yes	Almería
E 12	Female	40	4	Yes	Almería
E 13	Female	18	1	No	Almería

individual, private interview that lasted on average 45–60 min. The interviews were recorded with the informed consent of the interviewees and then transcribed verbatim. During the interviews, field notes were taken by the researcher conducting the interviews. The transcripts were given to the participants for verification. Prior to the interviews, sociodemographic data were collected and participants signed the informed consent form. The table shows the script for the interview (Table 2).

2.4. Data analysis

The transcribed interviews and field notes were incorporated into a hermeneutic unit. Braun and Clarke's (2019) method was used to process the information obtained by the two researchers. This method consisted of a number of steps. Firstly, the researchers conducted an in-depth reading and re-reading of the information to familiarise themselves with the data. Secondly, significant fragments were extracted, identified as 'quotes', and assigned 'codes'. Thirdly, these codes were grouped into themes and used to construct a thematic map. Fourthly, each theme was defined and named after cross-checking the information. Finally, the researchers produced a final report. Atlas.ti 9.0 software was used to support the data analysis in organising the codes and themes.

2.5. Ethical considerations

The study was approved by the Research Ethics Committee for the Department of Nursing, Physiotherapy, and Medicine of the University of Almería (EFM 95/2021). Students were informed about their right to decide if they wished to participate in the study or not, and about the possibility of withdrawing at any time without being liable to academic reprisals or retaliation of any kind. After ensuring that each student had understood all information regarding the purpose of the research, informed consent was requested from them in writing, in accordance with the principles of the Declaration of Helsinki. The confidentiality

Table 2

Interview script.

Opening question:	What is your position as a future professional on the forthcoming legalisation of euthanasia?
Hidden script:	What do you think of the bill that is currently being processed in Spain?
	In what way do you think your spiritual or religious beliefs influence your positioning? And your personal experiences?
	What circumstances do you think might lead a person to decide to request euthanasia?
	How do you think you would handle people in that situation?
	What training do you think you would need to properly care for a person requesting euthanasia?
	What is your opinion on the conscientious objection of professionals?

and anonymity of participants was preserved at all times in compliance with the Spanish Organic Law 3/2018 of 5 December, on Personal Data Protection and Guarantee of Digital Rights.

3. Results

After data collection and data analysis, 2 themes and 7 subthemes emerged providing knowledge and understanding of nursing students' perceptions of the ethical conflicts surrounding euthanasia in Spain (Table 3).

3.1. Extreme positions on euthanasia and conscientious objection

During the interviews, two opposing positions on euthanasia emerged. Students were either for or against euthanasia in their discourses, and no intermediate positions were apparent.

3.1.1. In favour of euthanasia

The majority of the nursing students were in favour of the legalisation of euthanasia. Students used arguments based on liberalism and autonomy, i.e. the personal freedom of individuals and their rightful ability to take whatever actions they deem appropriate during their lives without interfering with or restricting other people's freedom.

"I'm in favour of [euthanasia], of course, because I believe that the patient is free to decide to be free from chronic pain and suffering" (E8).

"...I think that we must respect the fact that people are able to put an end to their lives, whatever the reason for doing so" (E1).

In addition, a number of participants stated that although they profess a religion that does not condone the practice of euthanasia, they do not agree with all the tenets of their religion. As a result, this does not affect their perception of euthanasia as a positive act of aid in suffering.

"I don't agree with what my religion says (....). I cannot understand why the church does not open its mind in this regard, beyond that thought... So, my religion does not influence my thinking and my ideals because I see it as an act of help to those who are suffering." (E8).

Most of the participants felt that the legalisation of euthanasia is necessary, especially for palliative processes. Moreover, their discourses stressed the need for the introduction of a new healthcare paradigm

whose ultimate aim would not be to avoid the patient's death at all costs, but to ensure their wellbeing and allow them to end their lives in a way that is most appropriate for them in terms of their personal values and beliefs.

"We still take a biomedical approach where professionals are only meant to save the patient's life... when the only thing we achieve is prolonging their suffering with what we call therapeutic obstinacy" (E12).

3.1.2. Against euthanasia

There were also positions against euthanasia on religious grounds. Students felt that they would be killing someone, as euthanasia is against their religious beliefs, a morally wrong act that would have consequences in the present and in the future, even after death, for the person performing it.

"I'm totally against euthanasia. For religious reasons... life is most sacred in our religion, so the one who gave you life is the one who should take it away from you. You have no right to take your own life. If I chose to be euthanised, which amounts to suicide in my religion, I would go straight to hell" (E3).

They also believe that the reasons for requesting euthanasia, such as a serious and incurable condition, are not sufficient grounds for legalising or decriminalising euthanasia. They argue that they would strive for patients to find hope and meaning in their days until the end of their lives.

"An incurable patient, as we say, is not actually incurable. It's just that they have not yet found a cure... What we have to do as nurses is give [patients] hope in life" (E7).

3.1.3. Conscientious objection to euthanasia

Most students view the regulation of conscientious objection as something positive and necessary, as professionals can act in accordance with their principles, beliefs, and values.

"After all, you're not compelled to perform a particular action that goes against your principles" (E1).

Some of the participants would avail themselves of conscientious objection to avoid the psychological consequences of euthanasia, which they claim they would suffer.

"I think that, even if I'm in favour of it, it could lead to me becoming depressed... In the end, even if you are a healthcare professional, you're a person above all" (E9).

Other participants were against the possibility of objection. Their reasons include that euthanasia is an inherent part of the profession and a right of the individual. Therefore, professionals have to be prepared for that, even over and above their religion.

"If you're pursuing a career in health care, you have to be prepared to deal with these kinds of situations that challenge your opinion" (E6).

3.2. Knowledge and ability to manage euthanasia

3.2.1. Knowledge of the law

The majority of participants in the research did not read the bill in its entirety, meaning that the future nursing professionals interviewed were not aware of this law, nor of its characteristics, nor of its current stage of

Table 3
Categories, subcategories, and codes.

Categories	Subcategories	Codes
Extreme positions on euthanasia and conscientious objection.	In favour	Right to die, freedom, choice, respect for decisions, suffering, beneficence, biomedical paradigm, therapeutic obstinacy, palliative care.
	Against	Religion, sin, killing, moral principles, respect.
Students' perceived ability to manage euthanasia	Perception of conscientious objection	Conscientious objection, professional freedom, conscience, values.
	Knowledge of the law	Law, sections, interpretation of the law, assumptions, criteria for euthanasia, committees.
	Information that raises questions	Information, law, committees, procedure, questions.
	Do I feel prepared?	Emotional impact, emotional burden, qualms, fear, sequelae.
	Need for further training and reflection	Training, simulation, actors, needs.

regulation.

“I haven’t read the law as it stands, but I’ve read a bit about it in news outlets. I think it doesn’t include assisted suicide... I think that’s a pretty good first step” (E6).

3.2.2. Information that raises questions

However, there are also more interested students who are more informed about euthanasia legislation, in which case, they have some misgivings about its application because of the loopholes they see in the law.

“Generally speaking, I’m a little concerned about the bill because I see [it has] a lot of loose ends in many respects”

(E11).

Their discourses also made reference to the timing of the law’s implementation, given the current situation in Spain, which is heavily marked by excess deaths due to COVID-19 and the lack of care in nursing homes.

“And at a time that is perhaps not the most appropriate, when the health crisis has exposed the shortcomings of our health system”

(E8).

3.2.3. Do I feel prepared?

Participants perceived that they would not be capable of managing situations of this magnitude—the end-of-life process of a patient requesting euthanasia—due to a lack of training and information, together with the emotional impact and the emotional burden involved in such an action. They reported feeling unprepared even to manage the death of a patient due to natural causes and interacting with the family to provide assistance.

“Personally, being as emotional as I am, I wouldn’t have a good time... I tend to get too involved with everything, with everyone, and I wouldn’t have a good time, but above all I would respect it”

(E9).

3.2.4. Need for further training and reflection

Participants voiced their need for further training, as they felt uneasy about their lack of skills to manage euthanasia. However, they did not agree on the subject matter to be taught, when it should be taught, and when it should begin to be taught so as to equip them with the necessary skills and confidence in this area.

“We need real preparation... Purely theoretical preparation is not enough... You have to prepare using actors or simulations or by being there yourself... bringing out the worst and the best in you so that you know how far you can go, right?”

(E10).

4. Discussion

The results obtained are similar to previously published studies (Crusat-Abelló and Fernández-Ortega, 2021; Khatony et al., 2022; Kim, 2019; Terkamo-Moisio et al., 2017; Naseh and Heidari 2017; Yildirim, 2020). However, this study provides new ways of thinking that have a number of implications for policy, education, clinical practice, and future studies on the topic. The fact that some of the nursing students were in favour of euthanasia is not surprising, considering the gradual spread of this line of thought among healthcare professionals in Spain (Crusat-Abelló and Fernández-Ortega, 2021; Rodríguez-Calvo et al., 2019; Tamayo-Velázquez et al., 2012). However, it is important to note that in this study we only found two clearly opposing positions, which may be related to a lack of reflection and training in moral deliberation

(Martins et al., 2020; Ranjbar et al., 2018) about the complexity of this ethical conflict and its consequences in undergraduate education (Rafi et al., 2019).

In addition, in line with other recent studies (Kim, 2019), a clear utilitarian tendency emerges from the students’ arguments, which is influenced by the values of today’s society, in which they have grown up and had their conscience shaped (Kim et al., 2015). Consequently, one of the most influential determinants for students is respect for the patient’s right to autonomy. This is in line with previous studies in which this ethical principle is key and is decisive in nurses’ thinking about euthanasia and assisted suicide (Lavoie et al., 2016; Terkamo-Moisio et al., 2017; Wilson et al., 2021; Wright et al., 2020).

Likewise, this study shows the positive relationship between being religious and being against the legalisation of euthanasia and being against the practice itself (Yildirim, 2020). However, this study also reflects a position of respect by standing aside when a patient requests euthanasia, even putting patients’ desires above what religion determines regarding euthanasia (Barnett et al., 2020).

In this respect, the term ‘conscientious objection’ is known to students and viewed positively, which is not in consonance with other studies (Toro-Flores et al., 2019) in which conscientious objection is perceived as a serious problem, as it interferes with the needs of the patient and the personal values of the healthcare professional. This reality can pose a serious difficulty in healthcare practice. The value of autonomy can be understood and respected by the new generations only when referring to the autonomy of patients rather than that of professionals. It appears that the exercise of conscientious objection is viewed in a negative light, which is a clear indicator of the evolving way of thinking of the new generations. This situation must be recognised and identified as a new challenge for the transmission of values within the university teaching of nurses. Institutions and individuals responsible for the design of university curricula, which are based on the universal values of the evolving model of society, must take this into consideration.

Their general perception of whether or not they felt prepared and able to engage in this practice is consistent with previous studies (Crusat-Abelló and Fernández-Ortega, 2021), i.e. while recognising that euthanasia is a common, necessary good, they feel that more training is needed in this regard (Poreddi et al., 2020) and that they do not believe they are educated to manage such a decisive situation in someone’s life. This situation can lead to what other studies refer to as moral distress among nursing students as a consequence of the great difficulty of making ethically and morally important decisions without adequate preparation and decision-making skills, especially in scenarios involving requests for hastened death (Range and Rotherham, 2010).

In this respect, and in agreement with other researchers, it is necessary to advance ethics training in undergraduate and postgraduate university education (Green et al., 2022), which should be done across the board and with sufficient credits in the training curricula. It is also important to develop new educational strategies to promote ethical awareness (Radka and Sirokova, 2013) among these professionals. This requires innovation in teaching methodology in the field of nursing ethics. For instance, high-fidelity clinical simulation (Parker and Grech, 2018) could be used in the classroom for moral deliberation in ethical conflict scenarios in nursing, which could also help to bridge the gap between nursing theory and practice (Weeks et al., 2019). Educational and healthcare institutions need to come together and move in the same direction.

4.1. Future lines of research

The data collected during the interviews suggest that there is a lack of information and interest in euthanasia legislation and procedure. Given the lack of data on the subject prior to this study, the causes and consequences of euthanasia should be explored in greater depth in future research. In addition, students reported finding a clash between

what they study at university and the reality they experience in their day-to-day clinical settings, and that they had no tools to tackle this inconsistency. For this reason, we need further research to understand the causes of this serious situation and to be able to design educational interventions that will help them to bridge the gap between knowledge and practice and inform the way they address the major ethical conflicts of our time within health systems.

4.2. Limitations

Despite all the results obtained, this study has a number of limitations. Firstly, the number of women interviewed is greater than that of men, which may have a certain impact on the perceptions of the subject analysed. Despite this difference, it is mostly women who pursue nursing studies, which represents a reality rather than a limitation. Also, restrictions imposed by the Spanish government due to the COVID-19 pandemic limited the possibility of conducting the interviews in person. However, at the time of the interviews, the students were quite accustomed to remote communication methods. In addition, the interviewers sought to create a welcoming environment for the interviewees by using active and attentive listening and giving them opportunities to express themselves even with non-verbal communication in an attempt to replicate face-to-face interviews.

5. Conclusions

The new generations of nurses are mostly in favour of euthanasia and its decriminalisation. However, these stances do not appear to be the fruit of a reflective, deliberative process. The positive attitudes towards euthanasia of this generation of students stems largely from the liberal and utilitarian culture in which they have grown up and by which they have had their conscience shaped. In addition to being familiar with ethical conflicts and their regulation, nursing students should be trained in their undergraduate and postgraduate curricula to learn self-awareness, values, and moral deliberation in clinical settings, especially the most complex ones, as is the case of euthanasia. Methods should also be adapted to integrate high-fidelity simulation of ethical conflict scenarios into the teaching of care bioethics.

Finally, there is an urgent need to reduce the clash between what is taught at university and what is actually done in the health sector, as this institutional dissonance causes great discomfort and confusion among students. Much of the knowledge and skills they have acquired at university are lost in healthcare practice. Therefore, institutional and political commitment is needed to ensure that educational and clinical strategies continually feed back into each other and do not compete with each other.

CRediT authorship contribution statement

All authors have contributed to the drafting and revision of the manuscript until its publication. MDRF, AMOG and ROA contributed to conceptualization, formal analysis, methodology and writing. AAC, PAGB and DDM contributed to investigation review and editing.

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Declaration of competing interest

The authors declare no conflict of interest.

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