

Euthanasia in opinions of the first year Polish students of medicine

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Abstract

Background : The aim of this work is to present opinions of medical students about euthanasia.

Study design: The anonymous questionnaire was conducted among first-year students of medicine at the Medical University of Lublin (Poland).

Methods: The anonymous questionnaire consisted of 35 questions that concerned three components of euthanasia attitude: knowledge, evaluation, and declaration to conduct euthanasia. The study was attended by 281 students of medicine (77.6% of all first-year students).

Results: Although euthanasia in Poland is legally prohibited, almost one fifth of students of medicine expressed a positive attitude towards euthanasia, and over a quarter of students opted for its legalization. Only two independent variables, i.e., family size (number of children) and religious involvement of the respondents, differentiate both the overall assessment of euthanasia and the level of acceptance for its legalization. Non-religious respondents frequently expressed their positive evaluation of euthanasia (43.3%) than those, who were religiously involved (6.4%).

Conclusions: The attitudes of students towards euthanasia are often inconsistent. There is a need to evaluate medical study programs in the context of creating the right attitudes of future doctors towards euthanasia.

Background

The term euthanasia often refers to the situation when one person (physician or medical staff) undertakes actions resulting in accelerating or facilitating the quick and painless death of another person. Two important characteristics of this act are mentioned: 1) euthanasia assumes the deliberate deprivation of life of another human being; 2) the reason for the termination of life of another human being is for this person's good,[1]. This usually concerns a person (patient) who is terminally ill, and to whom illness results in great suffering. By definition, euthanasia consists in the deprivation of life – through directly or indirectly causing death, not preventing it, or possibly assisting in the taking of one's own life – of a person suffering (physically or mentally) by the perpetrator motivated by compassion, acting for the good of the person in order to ensure a dignified death through deliverance from the suffering, and acting according to this person's will (explicit or implied), and not against this will,[2]. Euthanasia may be active or passive, or take the form of assisted suicide,[3, 4]. It may be of a voluntary or involuntary characteristics,[5].

Currently, euthanasia or physician-assisted suicide may be legally practiced only in Holland, Belgium, Luxemburg, Columbia and Canada (Quebec from 2014, in the whole country from June 2016). Suicides assisted by a physician, excluding euthanasia, are legal in Switzerland and in 5 states in the USA: Oregon, Washington, Montana, Vermont and California,[6, 7].

In the Polish legal system, euthanasia - both active and passive - is prohibited. A person committing this act is punishable by imprisonment from 3 months to 5 years,[8]. The Code of Medical Ethics refers directly to the problem of euthanasia, and Article No. 31 states that a physician cannot apply euthanasia nor assist a patient in committing suicide. According to the Article No. 31, a physician should alleviate the suffering of patients in terminal state to the end, and maintain, as far as possible, the quality of life to its end,[8].

Sociological studies demonstrate that irrespective of legal regulations in effect in individual countries, in the last decades, an increase has been observed in the acceptance of the use of euthanasia procedures, [9, 10]. Analyses performed by the Centre for Public Opinion Research confirm the presence of such a tendency also in Poland. In the study of 1988, nearly 1/3 of Polish respondents (30%) agreed with the opinion that a doctor should fulfil the wish of a terminally ill patient who demands administration of agents causing death, while in 2009, nearly a half of the examined Poles agreed with this opinion,[11]. However, a study carried out in 2012 showed a decrease in the percentage of respondents who accept euthanasia by 5 percentage points (down to 43%). Simultaneously, it should be mentioned that in the study of 2009, a nearly two-fold decrease was observed in the percentage of indecisive persons (13.0%), compared to the 1988 study (23.0%),[11].

In the context of discussion between supporters and opponents of euthanasia and legal regulations with respect to this type of practice, the attitude of physicians towards this phenomenon is a very interesting problem. The objective of the presented study is to provide an answer to the question about opinions of students of medicine concerning euthanasia who, although not yet physicians, but are preparing for this profession.

Methods

In January 2018, a survey was conducted among students of the first year of the Faculty of Medicine at the Medical University in Lublin concerning their attitudes towards euthanasia. Out of the total number of 362 first-year students, an auditory questionnaire was completed by 281 students (77.6%), who participated in classes on the day of study and expressed their consent to take part. An anonymous questionnaire consisted of 35 items, including 6 questions which required providing a proper reply (open) and 29 with a ready list of answers (closed). The study covered three components of attitudes: knowledge concerning the phenomenon of euthanasia, evaluation of this phenomenon, and a declaration of readiness of behaviours towards euthanasia. The questionnaire also contained questions pertaining to respondents' demographic characteristics, and assessment of their religious engagement.

The majority of the examined students were females (65%), and urban inhabitants (71.8%) (Table 1). Despite the fact that all respondents were first-year students, their age relatively varied. A half of them (50.9%) were aged 18–19, while the remaining were aged 20–24. The majority of students (69.5%) came from families with a small number of children (one or two), including 15.5% of the total number of respondents who had no siblings at all – they were the only children. Nearly 1/3 of respondents came

from large families (30.5%). The majority of families of the students (58.2%) were two-generation families (parents and children) (Table 1).

Table 1
Characteristics of students in the study.

Characteristics of students in the study.		No.	%
Gender	Female	184	65.5
	Male	97	34.5
	Total	281	100.0
Permanent place of residence	Urban	201	71.8
	Rural	79	28.2
	Total	280	100.0
Number of siblings	Only child	43	15.4
	One	151	54.1
	Two or more	85	30.5
	Total	279	100.0
Cohabitation of grandparents in a family	Cohabitate	64	22.9
	Cohabitated in the past	53	18.9
	Do not cohabit	163	58.2
	Total	280	100.0
Age	Younger (18–19 years)	143	50.9
	Older (20 years and over)	138	49.1
	Total	281	100.0
Attitude towards religion	Believers – practicing	187	67.3
	Believers - not practicing	57	20.5
	Non-believers	34	12.2
	Total	278	100.0
Lack of data not considered.			

The respondents were also asked about their attitudes towards religion, assuming that these characteristics may be related with their attitudes towards euthanasia. The majority of the students

(67.3%) mentioned that they were practicing believers. Every fifth respondent (20.5%) reported that he/she was a believer, but not practicing, and 12.2% of the examined students identified themselves as non-believers. Considering the above-presented declarations, the respondents were divided into two groups: persons who were religiously engaged (67.3%) and those not engaged religiously (32.3%).

Results

Nearly a half of first-year students at the Faculty of Medicine (47.9%) evaluated the practice of euthanasia in negative terms, including 26.8% of the total number – definitely negatively, and 21.1% – rather negatively. An almost twice as low percentage of students evaluated this phenomenon positively (18.2%), including only 4 persons (1.4% of the total number) definitely positively. Every third respondent could not provide an unequivocal opinion (33.9%), and stated that euthanasia can be ascribed neither a positive nor negative evaluation.

— Fig. 1 about here —

Euthanasia is prohibited in many countries worldwide, including Poland. More than 1/4 of students (27.6%) opted for legalization of euthanasia. However, it may be presumed that the majority of them had some doubts, because they indicated the reply 'Rather Yes' (20.1% of the total number of respondents). In turn, 7.5% of students of medicine definitely supported the legalization of euthanasia; whereas 28.3% of the students were unable to respond to this problem.

A strong relationship was observed between general evaluation of euthanasia and the acceptance of practices in this respect (Table 2). In the group of respondents who positively evaluated euthanasia, more than 4/5 were for the acceptance of its legalization (84.0%), while only 4 students (8.0%) were against legalization.

Table 2

Acceptance of legalization of euthanasia according to the general evaluation of this phenomenon.

Acceptance of legalization of euthanasia	General evaluation of euthanasia						Total	
	Positive, rather positive		Difficult to say		Negative, rather negative			
	N	%	N	%	N	%	N	%
Yes. rather Yes	42	84.0	30	31.6	5	3.8	77	27.7
Difficult to say	4	8.0	54	56.8	20	15.0	78	28.1
No. rather No	4	8.0	11	11.6	108	81.2	123	44.2
Total	50	100.0	95	100.0	133	100.0	278	100.0
Chi ² = 207.332; p < 0.001.								

Interesting declarations were observed in the group of students who were indecisive – unable to unequivocally evaluate the phenomenon of euthanasia (Table 2). Although the majority of these students had no opinion concerning legalization of euthanasia (56.8%), nearly 1/3 accepted the need for its legalization, whereas 11.6% of students were against it.

The general evaluation of euthanasia and the degree of its acceptance in the countries where it is prohibited was compiled with variables characterizing the examined students, such as: gender, age place of permanent residence, experience of living together with grandparents, size of the family of origin (number of children), and the respondents' religious engagement.

Students from large families (3 or more children) significantly more often evaluated the phenomenon of euthanasia in negative terms, compared to those from families with one or 2 children. Negative evaluation of this phenomenon were expressed by 40.0% of students from large families and by a half lower percentage of students from small families (21.2%). Simultaneously, the respondents from small families more often evaluated euthanasia positively or rather positively, than those coming from large families (21.8% and 10.6%, respectively) (Table 3).

Different size of the family of origin of the students was also related with their acceptance of legalization of euthanasia in the countries where it is prohibited. Acceptance of such actions was significantly more frequently declared by students from small rather than large families (Table 3).

Table 3

General evaluation of euthanasia according to the number of children in the family of origin and religious engagement

	Number of children in family of origin*				Religious engagement**				
	One – two		Three or more		Engaged		Not engaged		
	N	N	N	%	N	%	N	%	
Definitely or rather positive	42	21.8	9	10.6	12	6.4	39	43.3	
Neither positive nor negative	65	33.7	28	32.9	59	31.6	33	36.7	
Rather negative	45	23.3	14	16.5	48	25.7	11	12.2	
Definitely negative	41	21.2	34	40.0	68	36.4	7	7.8	
Total	193	100.0	85	100.0	187	100.0	90	100.0	
*Chi ² = 13.024; p < 0.01; ** Chi ² = 68.946. p < 0.001.									

Significant differences in general evaluations and opinions concerning euthanasia were observed according to the students' religious engagement (Table 3, 4). The majority of students who were religiously engaged (62.1%) evaluated euthanasia negatively or rather negatively (Table 3). In the group of respondents who were not religiously engaged, the percentage of students who indicated such evaluations was three times lower (20.0%). Simultaneously, in the group of students who were religiously engaged, only 6.4% evaluated euthanasia positively or rather positively, while such evaluations were expressed by 43.3% of students who were not religiously engaged (nearly 7 times higher percentage).

Table 4

Acceptance of opinions that euthanasia should be legalized, according to the number of children in the family of origin and religious engagement.

	Number of children in family of origin*				Religious engagement**			
	One - two		Three or more		Engaged (a)		Not engaged	
	N	%	N	%	N	%	N	%
Definitely Yes	17	8.9	4	4.7	1	0.5	20	22.5
Rather Yes	46	24	9	10.6	22	11.8	33	37.1
Difficult to say	51	26.6	27	31.8	54	28.9	23	25.8
Rather No	33	17.2	12	14.1	39	20.9	6	6.7
Definitely No	45	23.4	33	38.8	71	38.0	7	7.9
Total	192	100.0	85	100.0	187	100.0	89	100.0
*Chi ² = 12.503. p < 0.05; ** Chi ² = 84.432; p < 0.001.								

A relatively low percentage of students who were religiously engaged (12.3%) accepted legalization of euthanasia in the countries where it is prohibited (Table 4), and only one person definitely supported legalization. Acceptance of such actions was declared by the majority of students who were not religiously engaged (59.6%).

The highest percentage of respondents agreed with the opinion that euthanasia creates possibilities for abuse in the form of the deliberate, groundless disposal of persons who are inconvenient or useless. Such an attitude was shared by the majority of respondents (75.3%) and only 14.7% of students were against it (Fig. 2).

— Fig. 2 about here —

More than a half of respondents (56.6%) considered that each person has a right to decide about own life and its termination; thus, euthanasia is the exercising of this law. Every fifth respondent was against this opinion. Approximately a half of respondents agreed with the opinion that euthanasia is unacceptable. The remaining opinions concerning euthanasia pertain to its positive aspects and justify the possibility of its legal application. More than 2/5 of students agreed with the opinion that euthanasia is a good solution for persons who suffer greatly physically, because it shortens their suffering (42.9%). Nearly 1/4 of respondents (23.6%) considered euthanasia as a good solution for terminally ill persons, because they have an opportunity to leave this world when they are still in a relatively good condition. A relatively low percentage of students shared the opinion that euthanasia is beneficial for others, or even institutions (Fig. 3).

— Fig. 3 about here —

Evaluation of the degree of acceptance of individual statements concerning euthanasia was approached as an ordinal scale (Fig. 3). The statement most accepted by the respondents was that it creates the possibility for abuse by the elimination of the unwanted ($M = 4.0$). The least accepted was the opinion that euthanasia is a good solution for mentally ill persons because it solves their problems ($M = 1.6$). The order of individual statements considering the mean evaluations is consistent with that presented in Fig. 2.

The degree of acceptance of euthanasia was significantly different in the group of students coming from small and large families with respect to 6 statements (Table 5). Students from small families, to a greater degree than the remaining, shared the opinion that euthanasia is a good solution for terminally ill persons (passing away in a relatively good condition), and also to a greater degree accepted that euthanasia is a good solution for people who suffer greatly physically (shortens suffering). Students from large families, to a greater degree, accepted statements indicating the lack of acceptance of euthanasia. This concerned the statements that euthanasia violates the inalienable human right to life, and is contrary to God's law, and that it is an expression of the lack of respect for human dignity and it is inhumane.

Table 5. Mean level of acceptance of statements concerning euthanasia according to the family of origin and

religious engagement.

Opinions concerning euthanasia	Size of family		Mann-Whitney U test		Religious engagement		Mann-Whitney U test	
	Small	Large	U	p<	Yes	No	U	p<
	Mean	Mean			Mean	Mean		
Right to decide about own life and its termination	3.6	3.3	7085	0.054	3.1	4.3	4328.0	0.000
Good solution for terminally ill persons – allows passing away in good condition	2.8	2.3	6292	0.001	2.3	3.4	4286.0	0.000
Unacceptable – violates inalienable human right to life	3.0	3.5	6590	0.008	3.7	2.1	3337.0	0.000
Good solution for persons who physically suffer - shortens suffering	3.2	2.8	6690	0.012	2.7	3.7	4725.5	0.000
Unacceptable - contrary to God's law	3.1	3.9	5839	0.000	4.0	1.8	2069.5	0.000
Good solution for persons suffering mentally – solves their problems	1.6	1.5	7604	0.284	1.4	1.8	6499.0	0.000
Inhumane	3.0	3.5	6429	0.003	3.5	2.3	3961.0	0.000
Beneficial for families of terminally ill persons	2.4	2.2	7394	0.220	2.2	2.7	6504.0	0.004
Lack of respect for human dignity	2.7	3.3	6362	0.005	3.4	1.9	3479.5	0.000
Creates possibility for abuse – elimination of the unwanted	4.0	4.0	7877	0.618	4.2	3.7	6189.0	0.000
Beneficial for society – savings in health care system pension and health benefits scheme	2.3	2.2	7930	0.644	2.2	2.5	7341.0	0.072

Considering the acceptance of statements concerning euthanasia, even greater differences were found according to the religious engagement of students (Table 5). Statistically significant differences were noted according to almost all statements. Only in the case of one statement – euthanasia is beneficial for society – no significant difference in acceptance was observed. The respondents who were religiously engaged, to a greater degree than those not engaged, shared the view that euthanasia is an undesirable, or even unacceptable phenomenon.

Discussion

Studies conducted both in Poland and other European countries show that the level of social acceptance for self-determination of life span in illness, suffering, and disability is relatively high. In the countries where freedom of the individual is also identified with the right to terminate life, e.g. in the countries of Western Europe, increasing support has been observed for euthanasia and suicide assisted by a physician, with a simultaneous decrease in this support in the countries of Central and Eastern Europe,[6]. This, to a great extent, is the result of a change of attitudes to death as such, as well as the desire to maintain control over how and when to die,[12, 13].

Despite the fact that in Poland euthanasia is legally prohibited, the attitude towards this phenomenon among students of medicine at the Medical University in Lublin varies. Nearly 20% of students expressed a positive attitude towards euthanasia, and more than ¼ of them were in favour of its legalization. Similar results were obtained in studies conducted among students of medicine at other universities in Poland, as well as in other European countries, where there is a lack of legal permission for euthanasia and assisted suicide. Support for the legalization of euthanasia was expressed by 26% from among 401 the examined students of the third year of medicine at the Faculty of Medicine of the University of Poznań in Poland, and 19% of respondents considered that this is a permissible form of termination of life in patients with incurable diseases,[14], despite the fact that a considerable percentage of students expressed a positive attitude towards legalization of this phenomenon, although 82% of the total number of respondents would not personally commit euthanasia or provide assistance with suicide. A study by Anneser et co-workers, who examined 241 German students, showed that 19.2% of them expressed their acceptance of the phenomenon of euthanasia, and 51.4% supported physician assisted suicide,[15]. Simultaneously, as many as 83.8% of the total number of respondents were for palliative sedation.

Earlier studies conducted among students of medicine in 2008, at three universities in Europe at the same time, i.e. the Pomeranian Medical University in Szczecin (Poland), Ernst-Moritz-Arndt University Greifswald (Germany) and Lund University (Sweden) demonstrated that the acceptance of the phenomenon of euthanasia was on a higher level than in recent years. At that time, as many as 82% of the examined German students, 61% of Swedish, and 48% of Polish students declared acceptance of euthanasia,[16]. At the same time, these studies showed that Poles were more frequently against euthanasia (29%), compared to the Swedish (12%), and German (3%). In turn, a growing support for active euthanasia was observed among students of medicine in Austria (an increase from 16.3% in 2001 to 29.1% in 2003–2004, and up to 49.5% in 2008–2009,[10]. A considerable acceptance of euthanasia was also confirmed by a study conducted among Greek students. More than a half of them (52%) approved euthanasia, and 70% supported physician assisted suicide,[17].

A high level of acceptance of assisted suicide was noted in a study of students of medicine in countries where it is legally allowed. For example, in Canada, where from 2016 assisted suicide has been legal, the majority of students (88%) supported the decision by the Supreme Court concerning the legalization of

assisted suicide, 61% would provide a patient the possibility to terminate life, and 38% would personally administer lethal drugs,[9]. Similar results were observed in study of students in Belgium,[7].

Analysis of the results in this study demonstrated that differences in the general evaluation of euthanasia and level of acceptance of its legalization were found only according to two independent variables, i.e. size of the family of origin (number of children), and the respondents' religious engagement. Students from small families more often evaluated euthanasia in positive terms than those from large families (21.8% and 10.6%, respectively). Similarly, the respondents who were not religiously engaged more often expressed a positive evaluation of euthanasia (43.3%) than those who were religiously engaged (6.4%). Such a distribution of replies confirms the regularity according to which religiously engaged people are more keen to accept religious moral norms. The majority of the Polish population are Catholics, and the attitude of the Catholic Church towards euthanasia is definitely negative, and indicates the inviolability of human life from conception to natural death,[18].

The relationship between religious engagement and acceptance of euthanasia has also been observed by other researchers. Such a relationship was indicated by an international study conducted in 2008 among 67,786 people in 47 European countries. The conducted analyses showed that the level of acceptance of euthanasia was significantly higher in the group of non-believers, compared to the groups of people who declared affiliation to one of the four churches (Catholic, Orthodox, Protestant, Muslim),[19]. The effect of religious beliefs as the factor deciding about the lack of acceptance of euthanasia or resigning from the procedure of assisted suicide was also confirmed in studies carried out among students of medicine in South Africa,[20], Greece,[17], or Canada,[9].

Conclusions

A study conducted among students of medicine at the Medical University in Lublin, Poland demonstrated that their attitudes towards euthanasia varied and were frequently inconsistent. Despite the fact that the respondents were aware that Polish law does not permit euthanasia or physician-assisted suicide, more than a half of them considered that every individual has the right to decide about own life and its termination, and euthanasia is the execution of this right. More than 1/4 of the examined students expressed their support for the legalization of euthanasia in Poland. Nevertheless, it should be emphasized that the respondents were first-year students, thus at the beginning of medical study. Thus, it is very important and interesting to trace the direction of changes in these students' attitudes towards euthanasia during the further course of their study, until they obtain the right to practise the profession. The results also show the need for evaluation of the medical school curricula from the aspect of shaping the appropriate attitudes of the future physicians towards such a difficult problem, that some severely ill patients will request the termination of life with the support of a physician.

Declarations

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Competing interests: None declared.

Ethics: The local ethics committee (Bioethics Committee of the Institute of Rural Health) ruled that no formal ethics approval was required in this particular case (decision no: 1/10/2019/KB/IMW).

Consent to Participate: The informed consent obtained from this study was verbal because the anonymous surveys did not concern the state of human health, but only the respondents' opinion. The local bioethics committee approved this procedure.

Consent to Publish: Not Applicable

Authors' Contributions:

Conception or design of the work – SL, MFŁ

Preparation of survey questions – SL, MFŁ, BL

Acquisition, analysis or interpretation of data – JJL, SL

Preparation of figures – JJL

Collection of references – MFŁ, BL

Drafting and editing the work – JJL, MFŁ, SL

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Availability of Data and Materials

The data that support the findings of this study are available on request from the corresponding author J.J.Łuszczki

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Figures

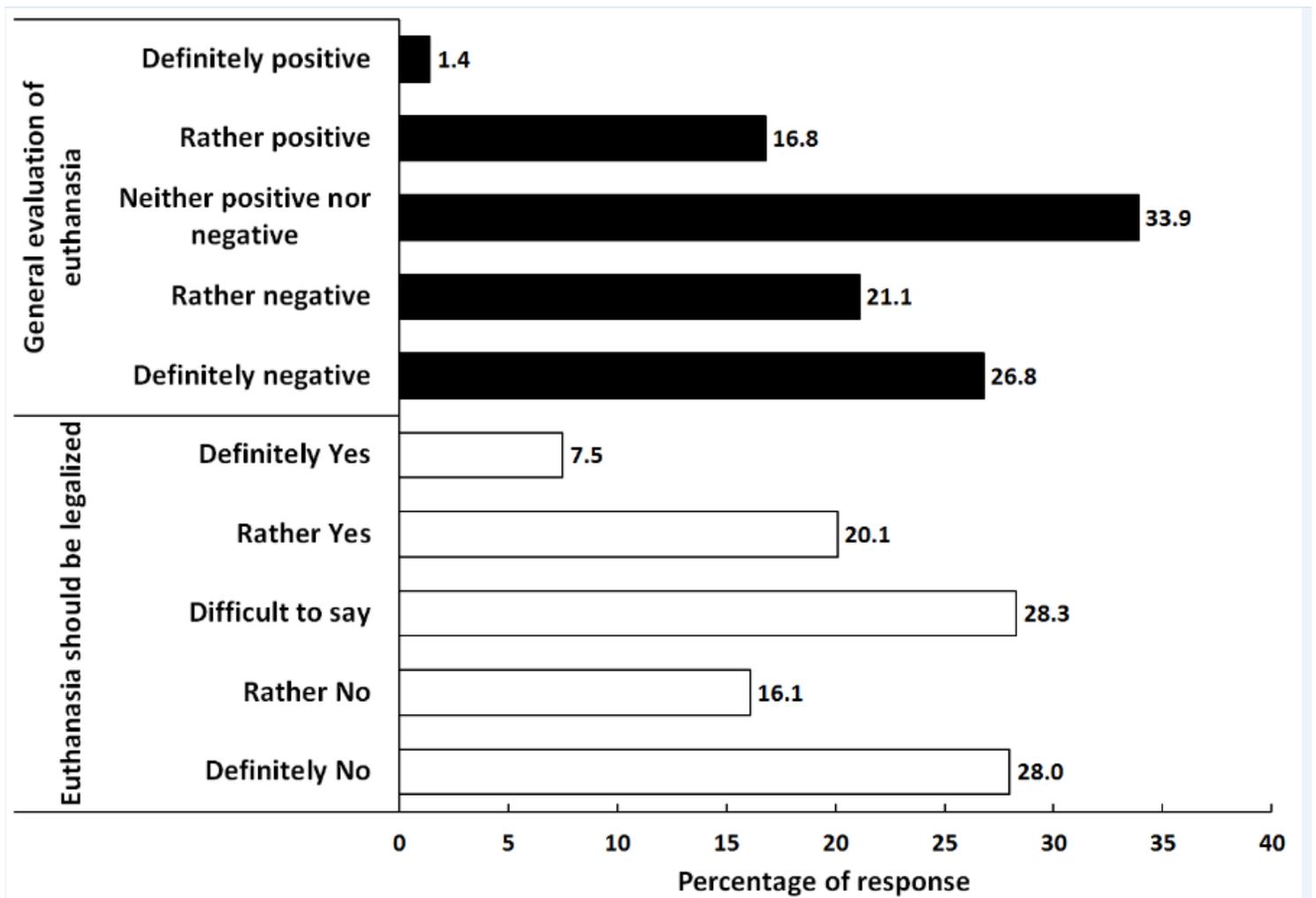


Figure 1

General attitude of students towards euthanasia.

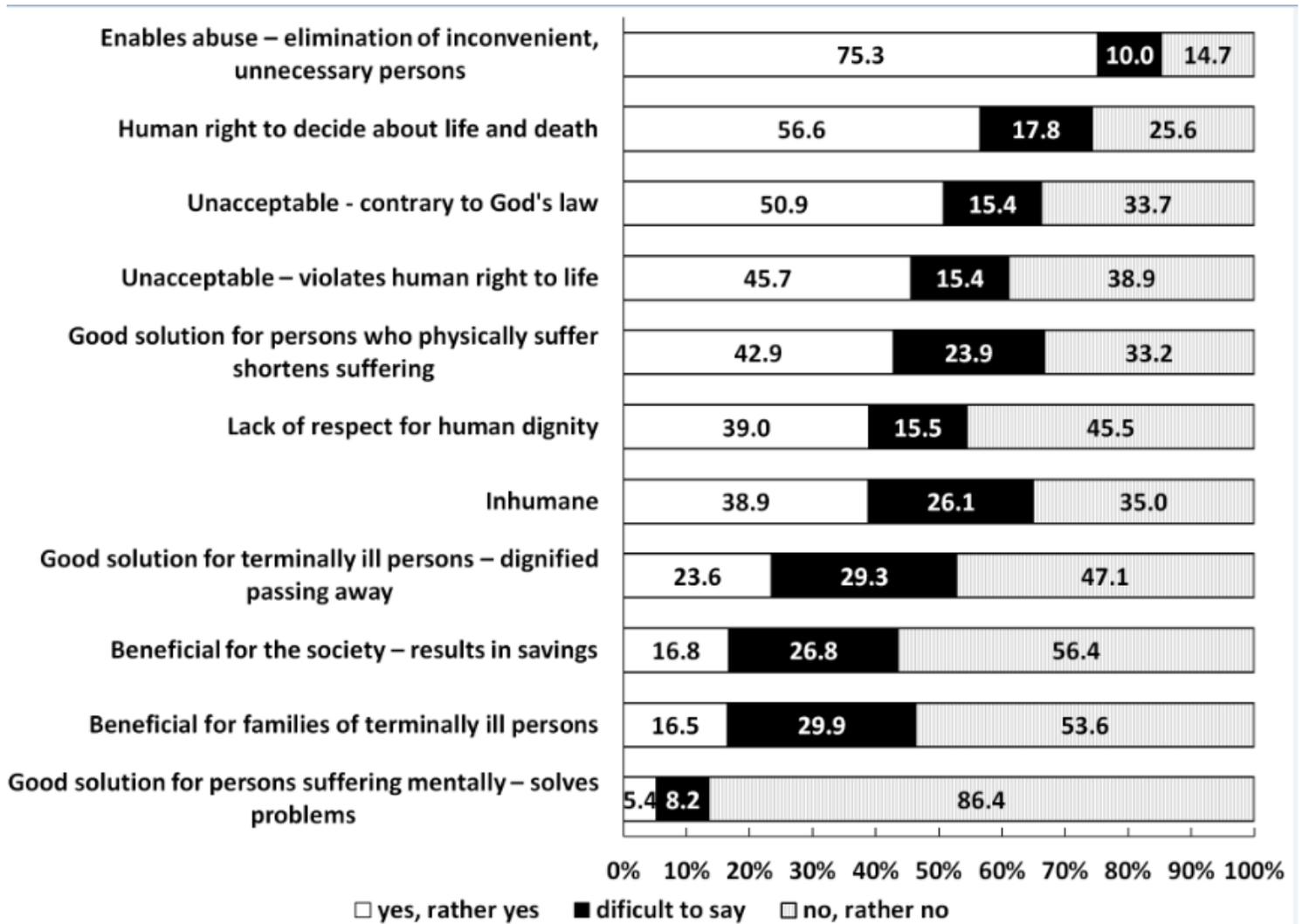


Figure 2

Acceptance of opinions concerning euthanasia.

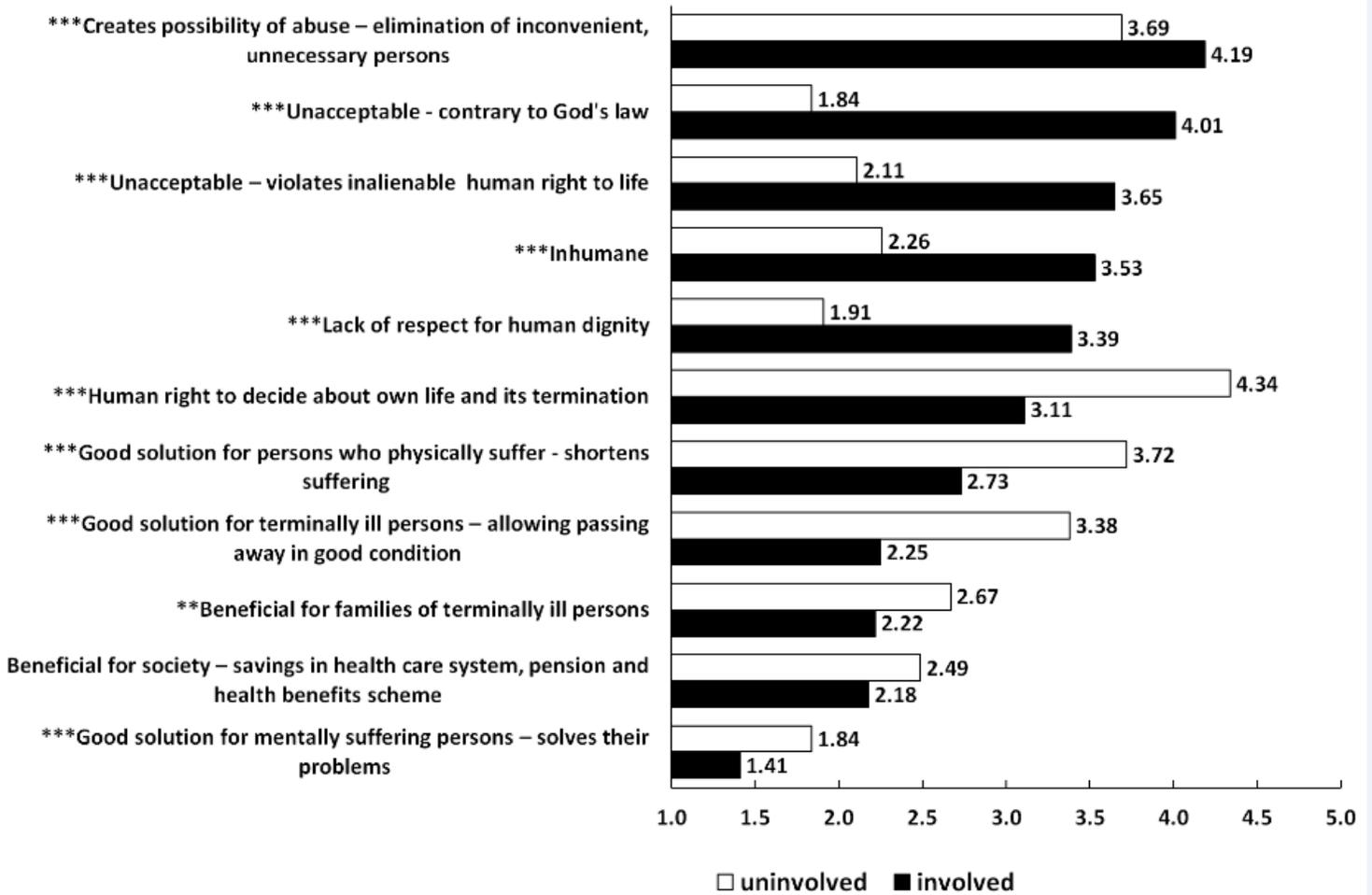


Figure 3

Mean evaluations of acceptance of opinions concerning euthanasia according to respondents' religious engagement.