

# Beyond Black and White: Thematic Exploration of Factors Influencing Attitude Towards Euthanasia

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**Abstract:** *Euthanasia is a sensitive topic that sparks a wide range of feelings and emotions. People have different opinions about it, influenced by their personal experiences, values, cultural backgrounds and various other factors. The present study aims to understand what influences people's attitudes toward euthanasia by exploring the factors that shape these views. To better understand the perspectives within this context, the present study used qualitative methodology. The study sample consists of 9 participants between the age range 18-29 years, selected through purposive sampling from various departments of University. The thematic analysis was conducted to identify main themes, revealing ten major themes: personal and vicarious experiences, role of emotions, ethical and moral beliefs, cultural and religious beliefs, financial constraints, legal and policy context, media and public perception, role of healthcare professionals, autonomy and personal control, family and loved ones' influence. These findings offer valuable insights into the complex interaction of factors that shape attitudes toward euthanasia. The insights gained from this research can help healthcare workers, counselors, and policymakers approach the topic with greater understanding and compassion.*

**Keywords:** Euthanasia, Attitude, Beliefs, Emotions, Autonomy

## INTRODUCTION

Over the 20th century, degenerative and chronic illnesses have surpassed infectious diseases to become the leading causes of death. At the same time, notable developments in biomedical science have increased the life expectancy of those with these illnesses (Zhavoronkov, 2012). But the extension of life frequently results in significant pain and suffering because of various illnesses. This scenario calls into doubt the effectiveness of life-extending medical procedures because they can cause increased suffering and humiliation before to death. In this situation, people with fatal conditions that cause them constant agony and suffering may consider euthanasia as a final choice. The goal of euthanasia is to purposefully end a patient's life to relieve their unbearable and prolonged pain and spare them from more suffering (Akdeniz et al., 2021; Singh, 2022). The word "eu," which means good, and "thanatos," which means death, suggests the idea of a "good death" (Manning, 1998). In the past, euthanasia debates have often involved philosophical questions about what life and death are really all about, as well as the individual's right to decide how and when to end their life. Some support euthanasia as a humane decision, whereas others believe it violates the sanctity of life (Hegde et al., 2024).

Legal framework and societal narratives have great influence over how people view euthanasia. In countries like, Netherland and Belgium, where euthanasia is legally permitted, people have open discussions about end-of-life options. Whereas, in countries where it is prohibited, still has a stigma attached to it, which causes misconceptions and fear associated to end-of-life discussions (Karumathil & Tripathi, 2022). These societal narratives can create an environment in which individuals feel inhibited in expressing their views, especially in cultures where discussions about death and dying are taboo (Glyn-Blanco et al., 2023).

## REVIEW OF LITERATURE

A topic that frequently comes up with the discussion of euthanasia is autonomy (Rudnev, & Savelkaeva, 2018). The right of an individual to make informed decisions about their lives. Proponents of euthanasia often argue that people should be allowed to choose when and how to end their lives, especially when they are suffering intolerably and there is no cure available. This perspective is consistent with the concept

of “patient-centered care”, which priorities patients’ interests and preferences in healthcare decision-making (Constand et al., 2014). Another important theme around this discussion is suffering and quality of life. A common defense in support of euthanasia is that extending life in the face of excruciating pain might lead to a worse standard of living (Rollin, 2006). This viewpoint challenges the conventional idea of protecting life at all costs, which sparks debate over what constitutes a “good life” and freedom to ask for help when one is in pain. Because everyone has different experiences of pain, and this subjective nature of suffering leads to further debate over this topic (Gilbert, 2016).

Various research have identified different aspects that influence individual’s attitude towards euthanasia. Findings shows that societal norms, cultural background, personal experiences and religious beliefs all interact together (Terkamo-Moisio, 2016). For instance, people who themselves have experienced any fatal illness or witnessed a loved one suffering from one, are more likely to accept euthanasia as a humane alternative of living in suffering (Hains & Hulbert-Williams, 2013). On the other hand, people who have grown up in culture that values sanctity of life could have different opinions (Forycka et al., 2024).

There is a limited number of studies in the Indian context that address this issue from a psychological perspective. The present research aims to explore the factors influencing people’s attitudes toward euthanasia using a qualitative approach. Understanding these diverse factors are essential for developing policies that align with the values and beliefs of society.

## METHODOLOGY

This study employed a qualitative research design with purposive sampling to investigate individual attitudes towards euthanasia through in-depth interviews.

### Setting and Recruitment

In September 2023, researcher organized a debate with title “Quality vs. Quantity of Life: Debate on Euthanasia” at the university premises. Students from various departments participated in the event. All participants who were aware of the concept of euthanasia and held an opinion on it were eligible for inclusion. The researcher informed the participants about the study, and they were contacted for inclusion. Participants were included in the study if they were not undergoing any mental health treatment and had not lost a loved one in the past month.

### Data collection

The interview schedule was developed based on a comprehensive literature review, previous research, and the researchers’ expertise. Before its finalization, an expert reviewed the schedule to ensure its rigor. All participants provided informed consent, and the interviews were recorded, anonymized, and transcribed for analysis. Interviews were conducted until thematic saturation was achieved, where no new themes emerged, resulting in a total of 10 interviews. One interview was excluded from the analysis as it did not yield any conclusive themes. The specific questions asked during the interview are presented in Table 1.

**Table 1: Questions Asked in the Interview**

Sr No	Question
1	What comes to mind when you hear the term “euthanasia”? How familiar are you with the concept?
2	How would you define “euthanasia” in your own words?
3	Have you had any personal experiences or encounters that have influenced your views on euthanasia?
4	Can you share any stories, case studies or media articles related to euthanasia that you’ve come across and found particularly impactful or thought-provoking?
5	Are there specific conditions or circumstances in which you believe euthanasia should be allowed?
6	Are there specific conditions or circumstances in which you believe euthanasia should not be allowed?
7	Are there any cultural or religious beliefs that influence your perspective on euthanasia?
8	Would your opinion on euthanasia change with the age of the person being considered for euthanasia?
9	Would your opinion on euthanasia change with the gender of the person being considered for euthanasia?
10	How do you perceive the autonomy and personal choice aspects of euthanasia? Do you believe individuals should have the right to make decisions about their own lives, in situations of severe illness or suffering?
11	What role do emotions, such as empathy or fear, play in shaping how you view euthanasia?
12	How do you think the availability of euthanasia might impact end-of-life decisions and discussions?
13	What do you believe are the potential benefits and risks associated with legalizing euthanasia for individuals and society as a whole?

## Data Analysis

The interviews were transcribed verbatim and reviewed to identify and correct any errors or inconsistencies. Thematic analysis was employed, with themes and subthemes manually extracted through a systematic coding process. The authors carefully examined the transcripts to identify recurring patterns and concepts. After the initial coding, the data were revisited to refine and further develop the coding framework. Each author reviewed the coded themes to ensure they accurately captured the participants' perspectives. Any discrepancies in coding were thoroughly discussed. Consensus was reached to ensure the reliability and validity of the themes.

## RESULTS

### Participant's Demographics

Out of the 15 individuals who initially registered for the debate, 13 met the inclusion criteria, though 3 declined to participate in the study. Ultimately, 10 participants, aged between 18 and 29 years ( $M = 23.2$ ), from various academic departments were interviewed. None of the participants had recently (within the past month) lost a loved one. To protect confidentiality, each participant was assigned an alphanumeric ID code. A detailed overview of the participants' demographic characteristics is presented in Table 2.

**Table 2: Demographic Characteristics of Respondents**

Participant ID	Sex	Age	Education Level	Department
1F	Female	23	PG	Psychology
2F	Female	19	UG	Psychology
3M	Male	24	PG	Psychology
4F	Female	29	PhD	Psychology
5M	Male	28	PhD	Political Science
6M	Male	26	PG	Journalism
7F	Female	19	UG	Psychology
8M	Male	21	UG	Psychology
9F	Female	24	PG	Law
10M	Male	19	UG	Psychology

The thematic analysis revealed ten primary themes and their respective subthemes, each contributing to the formation of attitudes toward euthanasia are presented in Table 3.

**Table 3: Showing Quotation, Sub-themes and Themes**

ID	Quotation	Sub-theme	Theme
1F	"For the longest period of time I was that child who was not going to school who was sitting in the hospital every single day because she was in problem which not necessarily had a cure."	Direct Experience	Personal and Vicarious Experiences
6M	"A friend's father was in a coma for a long period and had to be kept on a ventilator. Eventually, they turned off the ventilator at home, fulfilling his wish to die there."	Indirect Experience	
2F	"If you are in that state where you are suffering you can understand what others are going through."	Empathy for Suffering	Role of Emotions
7F	"The component of hope that exists within Indians works a lot. We always hope that things will get better."	Hope	
7F	"But my emotional side or the feeling part will be greatly affected. Even I think, after that, I will feel guilty my entire life, thinking I probably shouldn't have done that."	Guilt and Regret	
9F	"Suffering person's pain is emotionally impactful."	Compassion	
2F	"It is wrong in many ways but yet it is right in so many ways and there is a dark and bright side to everything right?"	Moral Dilemmas	Ethical and Moral Beliefs
3M	"I am afraid of it because it could go wrong or it could actually end up badly. Or maybe I will regret it the moment it is about to happen. Or maybe I will regret it the moment it's done."	Personal Values	
9F	"Who we are to take our life. So that's why I said that we are the human resource of the state."	Ethical Dilemma	
2F	"In India if we go forward and put the idea of Euthanasia even if I go forward and talk about this even to my parents right now they will not approve of it."	Cultural factor	Cultural and Religious Beliefs
9F	"In Hinduism, only God has the right to decide for the life of someone. This influences people's attitudes towards euthanasia."	Religious Beliefs	
1F	"One major reason is finances. Not everyone is rich. Not everyone can afford the level of medical health and care that is required to treat serious issues."	Economic Factors	Financial Constraints
3M	"Strong legal and medical safeguards are essential to ensure that euthanasia is carried out ethically and with full consent."	Legal Safeguards	Legal and Policy Context
8M	"Media stories and case studies often highlight extreme cases, which can skew public perception and understanding of euthanasia."	Media Influence	Media and Public Perception
3M	"There's a lot of stigma around euthanasia, with many people seeing it as an act of cowardice rather than a legitimate choice."	Public Stigma	
4F	"Support from healthcare professionals who understand the patient's suffering and provide compassionate care is crucial."	Support from Healthcare Providers	Role of Healthcare Professionals
3M	"It stresses them out and it consumes them. The negativity of suffering and people in pain consumes them."	Experiences of Healthcare Providers	
9F	"In cases of severe illness with no cure, individuals should have the right to make decisions about their own lives."	Autonomy	Autonomy and Personal Control
1F	"If they are in external care, and are not sure that they're able to sustain by themselves. They're already in a distressing scenario where their thinking patterns and their feelings are challenged."	Loss of Control	
2F	"Euthanasia doesn't just affect the person who chooses it, but also their family and loved ones. It leaves a mark on everyone involved."	Impact on Family	Family and Loved Ones' Influence
4F	"Family dynamics play a significant role in the decision-making process, sometimes leading to conflict or agreement."	Family Dynamics	

## DISCUSSION

The present study aimed to explore the various factors that influence individuals' attitudes towards euthanasia. Findings highlight ten major themes. Together, these themes offer a comprehensive framework for understanding the complex nature of attitudes toward euthanasia.

### Personal and Vicarious Experiences

The opinion toward euthanasia is highly influenced by participants' individual experiences of suffering, whether from their own illnesses or those of loved ones. Previous research has also found that firsthand experiences with terminal illness can change perspectives toward euthanasia (Hains & Hulbert-Williams, 2013). Vicarious experiences, such as seeing other people suffering can also have similar influences (Terkamo-Moisio, 2016). These findings emphasize the importance of personal narratives in discussions about euthanasia, as they help in deeper understanding.

### Role of Emotions

Participants expressed empathy for those in pain, as well as discussed, the emotional distress caused by the decision to euthanasia. Empathy can promote acceptance of euthanasia as a compassionate option (Montañés et al., 2023). However, guilt and regret also occurred, showing the complex emotional interplay in these decisions. These findings are in line with previous research by Grassi et al. (2022). This complexity of emotions highlights the sensitivity of this topic and the need to have inclusive discussions.

### Ethical and Moral Beliefs

Many participants recognized the benefits of euthanasia, such as alleviating suffering, but also expressed concerns about the abuse and moral implications of choosing death. This duality is consistent with findings by Akdeniz et al. (2021), who noted that ethical concerns often complicate attitudes toward euthanasia. Participants emphasized the importance of strict legal safeguards to prevent misuse.

### Cultural and Religious Beliefs

Many participants expressed their commitment to traditional beliefs. They believed in upholding the sanctity of life and the supremacy of God over death. Studies have often demonstrated that communities with strong religious beliefs are less likely to accept euthanasia (Forycka et al., 2024). Another concern expressed is difficulty in having a conversation about euthanasia in their cultural contexts. Where healing miracles and hope are frequently valued, it is difficult to have end-of-life discussions. This is a reflection of the larger social narrative that could hinder open dialogue regarding end-of-life decisions (Glyn-Blanco et al., 2023; Karumathil & Tripathi, 2022).

### Financial Constraints

At present times when healthcare costs are skyrocketing, many participants considered euthanasia as a feasible alternative due to the financial burden of continuing medical care. Scitovsky (2005) supports this conclusion by pointing out that financial constraints frequently influence people's views toward euthanasia. Participants emphasized how unequal access to high-quality healthcare might worsen hopelessness and give the impression that euthanasia is a morally acceptable option. This theme highlights the significance of taking economic considerations into account when having a conversation about euthanasia because they have a significant impact on personal choices.

## Legal and Policy Context

Participants believed that robust legal safeguards are necessary to prevent abuses and ensure ethical practices. Singh's (2022) findings also point out the importance of comprehensive policies for protecting vulnerable populations. The participants' fears regarding legal repercussions underline the complex relationship between individual autonomy and societal regulations, reflecting concerns about inadequate legal protections discouraging open discussions about end-of-life choices.

## Media and Public Perception

The media plays a crucial role in shaping public perceptions of euthanasia. It often contributes to both awareness and stigma. Sensationalized portrayals can lead to misunderstandings, framing euthanasia as an act of cowardice rather than a compassionate choice, as highlighted by Motappa (2024). However, as Florina and Sandu (2017) suggest, media narratives can also influence perceptions positively by raising awareness of ethical issues. Addressing these stigmas is essential for creating a space where meaningful, open discussions about euthanasia can take place.

## Role of Healthcare Professionals

Participants emphasized the need for compassionate care that acknowledges patients' suffering. Research shows that the attitudes of healthcare professionals significantly affect patients' experiences with end-of-life decisions (Kranidiotis et al., 2015). Participants highlighted the necessity of support from healthcare providers in addressing the complexities of euthanasia. And called for training and resources to promote compassionate care in these sensitive situations.

## Autonomy and Personal Control

The theme of personal autonomy highlights the belief that individuals should have the right to make decisions about their own lives, especially in situations of unbearable suffering. Participants strongly felt that end-of-life choices should be made from personal preference rather than external pressures. This view aligns with Hegde et al. (2024), which highlighted the significance of respecting individual autonomy in healthcare. The focus on autonomy reflects a societal shift towards valuing patient-centered care and informed consent.

## Family and Loved Ones' Influence

Participants noted that family members play an important role in the decision-making process, which can lead to conflict or agreement. Research by Dees et al. (2013) supports this notion, indicating that family discussions significantly influence attitudes toward euthanasia. The emotional impact on families and the importance of having supportive systems to guide these discussions are crucial. This indicates that open family communication is pivotal in managing the complex decisions surrounding euthanasia.

## LIMITATIONS AND FUTURE DIRECTIONS

This study focuses on young adults, whose perspectives on euthanasia may differ from those who are terminally ill or elderly. While this provides insight into future decision-makers' attitudes, it limits direct lived experience perspectives. Future research could incorporate older adults and terminally ill individuals for a more comprehensive



understanding. Additionally, as the study relies on interviews, participants' responses may still be influenced by social and personal biases. Expanding the sample to diverse cultural and socio-economic backgrounds could further enhance the generalizability of findings. Despite these limitations, the study offers important psychological insights into euthanasia attitudes.

## CONCLUSION

The study highlights how opinions on euthanasia are strongly ingrained in larger social and cultural contexts and are not just personal preferences. Participants expressed empathy for those suffering, highlighting the moral dilemmas associated with euthanasia while also acknowledging the importance of personal autonomy in end-of-life decisions. Understanding these points of view is essential for fostering compassionate conversations and directing policy development in a way that upholds social values and individual rights. This study provides a basis for further investigations into how evolving attitudes can inform future discussions and frameworks regarding euthanasia and end-of-life care.

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