

# Knowledge and Personal Determinants of Euthanasia in Caregivers of Patients with Terminal Illness, Sutiaba - León Iii Quarter 2022

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## ABSTRACT

Traditionally, death has not been a clinical problem since the doctor's role has been to preserve life and promote health. Euthanasia has been addressed by two philosophical currents, made up of men of science and religion. For its defenders, the human dignity of the patient consists of freely choosing the moment of his death. For its detractors, is to oppose the law by considering it a human arbitrariness in the face of an exclusively divine or legal matter. In Nicaragua there has never been an aspiration to create a movement in favor of assisted suicide or euthanasia for social, cultural and religious reasons.

The general objective was to describe knowledge and personal determinants of euthanasia in caregivers of patients with terminal illness. Therefore, this qualitative phenomenological research was carried out at the Félix Pedro Picado Health Center, Sutiaba, León – Nicaragua. The sample was made up of 8 caregivers of patients with terminal illness. An instrument on knowledge and personal determinants of Euthanasia was applied, perceiving that, the work of caring for these types of patients causes both physical and mental exhaustion due to the simple fact of not finding a cure for the disease. The ethics of health professionals and the social consideration regarding human life are important factors to take into account because there is not inclination between the good and bad of this procedure, with a human thought in terms of expressing that euthanasia is a practice to die with dignity. From a phenomenological point of view, the knowledge and personal determinants that caregivers of terminally ill patients have, it's controversial; the feeling of losing a loved one prevents and could be considered a selfish act from prolonging the patient's life, taking into account that this also would prolong the suffering, pain and anguish.

**Keywords:** Euthanasia, Knowledge, Personal Determinants

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## INTRODUCTION

Euthanasia is a word, with a resounding etymological origin: good death; this means giving death to a person who freely requests it to free themselves from suffering that is irreversible and that they consider intolerable [1]. In New Zealand, voluntary euthanasia was approved by referendum in October, 2020. From then on, a doctor will be allowed to administer a lethal drug to an adult who has a maximum of six months of life, be a victim of an unbearable terminal illness, as long as the patient consciously and voluntarily has requested it [2]. Euthanasia and assisted suicide have been legal in Luxembourg since 2009. The person who requested euthanasia or assisted suicide must have a serious, incurable and irreversible affliction that causes unbearable physical or mental suffering [3]. Canadá started in Quebec, state that approved an end-of-life care law and it was extended to the entire country since 2016.

In Nicaragua there has never been an aspiration to create a movement in favor of assisted suicide or euthanasia for social, cultural and religious reasons [4-6]. Zurriarán Roberto (2019) conducted a study regarding the social aspects of Euthanasia, stating that euthanasia does not only affect the subject who makes the decision to end his or her life [7-9]. López Rosalinda y colaboradores (2020), in a study carried out with students and medical professionals regarding euthanasia, they concluded that euthanasia was not perceived in a negative way, demonstrating a high significance in attention to the ethical implications surrounding this concept, both in society and in the medical profession [10]. Traditionally, death has not been a clinical problem since the doctor's role has been to preserve life and promote understood health. Currently, when death is medicalized, whether at the hospital level, in palliative care units or through a home hospitalization program, the doctor witnesses this circumstance first-hand [11-13]. The knowledge and personal determinants of caregivers of patients with terminal illness regarding Euthanasia is a topic that is rarely addressed; it is seen as the method of escape from the suffering of the patient who is facing a degenerative disease. The results will serve: Primary care units so that they can strengthen counseling; Family and caregivers of patients with terminal illness to execute new actions and strategies to guarantee an adequate state of comfort and the stability of the patient's condition throughout the evolution

of their disease; Future researchers so that they can obtain information necessary to develop new studies. Euthanasia has been handled by two philosophical currents, made up of men of science and religion based on the beliefs and knowledge that until then their peers, as social beings, have developed invoking human dignity, both to defend it and to reject it [14]. The decision to apply euthanasia has been a persistent problem in the history of humanity; diverse ideologies confront each other defending their arguments as to whether or not it should be practiced, which is why the following question arises: What are the knowledge and personal determinants about euthanasia in caregivers of patients with terminal-stage disease in Sutiaba - León, III quarter 2022?. General objective. Describe knowledge and personal determinants of euthanasia in caregivers of patients with terminal illness, Sutiaba, León, III quarter 2022. Specific objectives. Characterize the study population {Demographically}; Explore the knowledge of euthanasia that caregivers of patients with terminal-stage disease have; To know the personal determinants that caregivers of patients with terminal-stage disease have regarding euthanasia.

## MATERIALS AND METHODS

### Type of Study

A qualitative, phenomenological and cross-sectional research was carried out.

### Qualitative

Because information was obtained based on knowledge and personal determinants about euthanasia to analyze and understand the information obtained. Phenomenological: It was based on the study of life experiences, regarding an event, from the perspective of the universe under study. Cross-sectional: Because the knowledge and personal determinants of the population under study were studied, in the time in which a cross-sectional section will be made to measure the prevalence of a result of a specific population.

### Study Area

Family and Community Félix Pedro Picado Health Center, León Department, Nicaragua; It has 25 resources, four nurses, two gynecologists, an internist, an orthopedist, a general practitioner, a psychologist, three doctors working in emergency area, three bioanalysts, two pharmacists, two resources in statistics area, two resources in equipment

central, and two security guards. Approximately 30,000 patients are treated in this health unit, including the care of families from the communities of Goyena, Troilo, Abangasca north and south, in addition, residents of the Las Peñitas-Poneloya resort can make use of the emergency services offered by this health unit, which is open 24 hours a day.

### **Universe or Population**

Patients of both sexes at the Félix Pedro Picado Health Center - Sutiaba, León.

### **Sample**

The sample was made up of caregivers of patients with terminal illness from the Sutiaba sector enrolled in the Oncology Patients Program of the Félix Pedro Picado Health Center reaching information saturation with 8 participants.

### **Sampling**

Convenience sampling was carried out, selecting from the population only caregivers of patients with terminal-stage disease in the Sutiaba sector who were enrolled in the Oncology Program of Félix Pedro Picado Health Center that were within our reach regarding the distance from their homes to be approached. Primary Source: The information was collected through an in-depth interview that was applied directly to caregivers of patients with terminal illness in the study, obtaining the information verbally through open questions. Secondary

**Source:** Population census, clinical record, daily record.

**Inclusion Criteria:** Indefinite age, Caregivers of patients diagnosed with a terminal-stage disease, Caregivers of patients who are enrolled in the Health Center's Oncology Program., Of both sexes, Who wish to participate in the study.

**Exclusion criteria:** Caregivers of patients who do not have a terminal illness, Caregivers of patients with a terminal illness who do not wish to participate in the study, Caregivers of patients with a terminal illness who are not enrolled in the Health Center's Oncology Program.

**Dependent variable:** Euthanasia.

**Independent variable:** Knowledge and personal determinants.

**Information collection method:** To access the information, letters were delivered to the current director and nursing

area manager of the Félix Pedro Picado Health Center requesting permission to access the confidential data of the study population and to approach them. Once authorized, the application of the data collection instrument to the study population began.

### **Collection Technique**

Information collection was carried out through an in-depth interview with open questions that contained

4 items on sociodemographic data, 5 items on knowledge of euthanasia and 7 items on personal determinants of euthanasia. Study instrument: The instrument used for data collection was the in-depth interview, which was structured with open questions that included the independent variables.

### **Pilot Test**

In order to validate the study, it was applied to 10% of caregivers based on the study sample who are enrolled in the chronic program of the Primero de mayo Health Center in the Municipality of León who had the same characteristics as the study population, the pilot test was carried out in a place different from the study site so as not to contaminate the sample.

### **Analysis Plan**

The analysis of the qualitative data was carried out with the open code 4.03 analysis program, content analysis was used for the interpretation of texts, seeking to obtain through systematic procedures. Once the interview was applied, it was pre-analyzed to determine the saturation of the information and was recorded in written form in Microsoft Word, which was coded to avoid confusion of information and avoid analyzing the same interview twice. A categorization process was carried out where the information was filtered according to the problem and variable studied, with the objective of having a study free of possible biases. These processes were carried out using smart cell phones, computers and the Microsoft Word operating system.

### **Ethical Aspects**

#### **Informed consent**

The participants were presented with a written document that contained a complete description of the researchers, the topic and objectives of the study, which they signed if they wished to participate.

### Autonomy

It was explained to them that their participation would be voluntary and that they would have the right to autonomy, which consists that they could have withdrawn at any time or not respond if they so desired.

### Anonymity

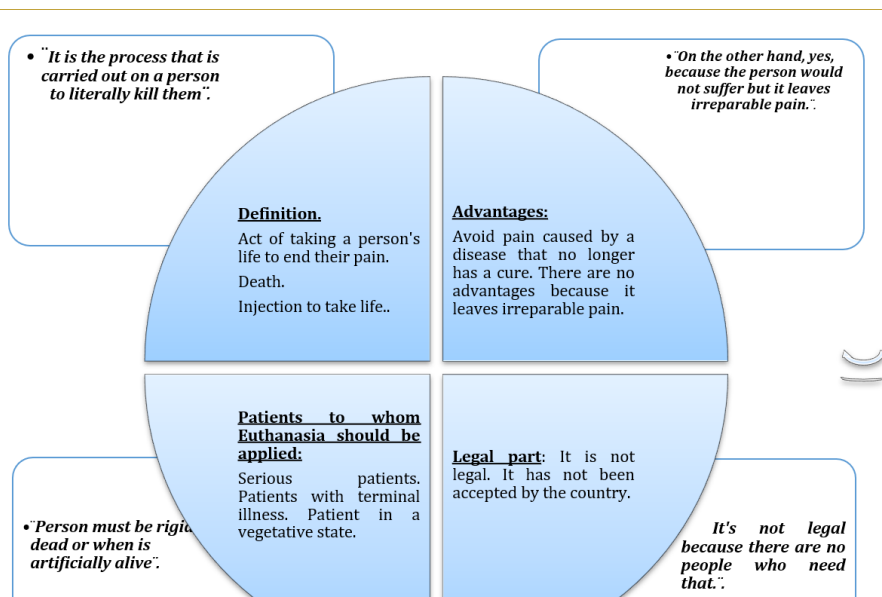
It was explained to the caregivers who participated in our study that the responses and information they provided would be completely private, that the information provided would be solely for study purposes. Results and discussion. The participants surveyed had an average age of 27 years, the majority were of evangelical christian religion, from an urban area, and nephew kinship predominated.

**Table 1:** Sociodemographic data.

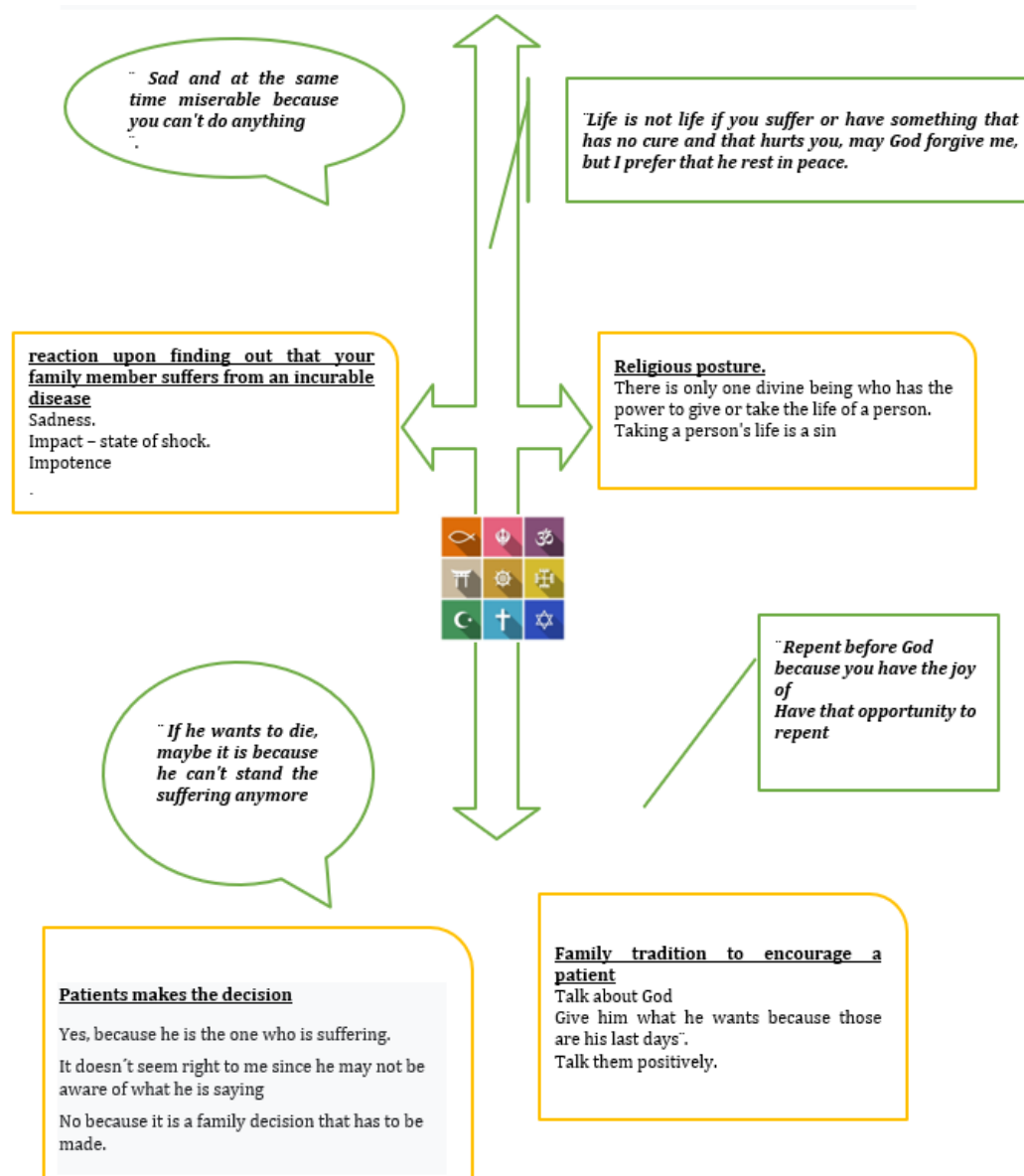
Variable	Indicador	Número	%
Age	Average	27 years old	
Sex	Male	0	0
	Female	8	100
Religion	Catholic	2	25
	Evangélical	4	50
	Free apostolic mission	2	25
Kinship	Daughter	2	25
	Granddaughter	2	25
	Niece	3	37.5
	daughter-in-law	1	12.5
Total		8	100

**Fuente:** Interview conducted on September 20 and 21, 2022

**Graph 1:** Knowledge of Euthanasia



Graph 2: Personal determinants of euthanasia



## Knowledge of Euthanasia

### Euthanasia

Euthanasia is the deliberate action carried out by a person with the intention of causing painless death to another subject, or not preventing death from natural causes, in the case of terminal illness or irreversible coma. "Euthanasia is the process carried out on a person to literally kill them." "I understand that it is the act of taking a person's life while avoiding unnecessary suffering or pain".

### Legality of Euthanasia

It is the state protection and recognition of the inherent rights of the human person of strict respect, promotion and protection of human rights and their validity. "It's not

legal because there are no people who need that. "However, it is convenient to reiterate that some legislation alludes to the fact that every individual has the right to have timely treatment for their illness, which is stated through the advance directive document. "Which is not allowed in this country, but in other countries the patient is the one who makes the decision." Advantages of performing Euthanasia: The terminally ill patient has a fatal prognosis in a short period of time, described as less than 6 months, the end of the patient's suffering can be considered (although the pain can be controlled with medications, many times the person cannot stand being like this). "For me it would be the only advantage to directly take the person's life". This must be determined precisely by an expert doctor. Many times euthanasia is performed because the treatment is too



expensive and they do not have the financial help to support it. "The only advantage of euthanasia is to spare the patient the pain caused by a disease that has no cure. For me, it would be the only advantage to directly take the person's life". Whom to apply Euthanasia: These practices should be applied as palliative treatments, where the disease is incurable and, with the aim of reducing the suffering and pain of the terminal patient. "Everything must be rigidly dead or when it is artificially alive". "In a terminal state that will no longer get out of bed, in a vegetative state". Euthanasia and reduction of patient suffering: The main objective of Euthanasia is not to cause the death of the terminally ill patients, but to reduce their pain. Medications with an analgesic function are administered, which as an adverse effect causes them to shorten the pain. Yes, because patient dies and does not continue feeling any pain."

### **Personal Determinants of Euthanasia**

Reaction of the family member upon finding out that his patient had a disease that no longer has a cure: The experience of family members who take the role of primary caregivers in the process of a terminal illness such as cancer provides information about decision-making at the end of life. "Sad and at the same time miserable because you can't do anything". Euthanasia is not an individual decision that would affect only the patient who requests it. Its legalization is something that has an impact on the relationships between the patient and their families, on the ethics of health professionals and on the social consideration of respect for human life, which is why it has been determined that euthanasia is a practice to die with dignity. "When the doctors explain to you, you lose hope."

### **Would you practice Euthanasia on your Family Member?**

The patient's autonomy is essential for making decisions at the end of life. If the patient or the family does not have information about the diagnosis and/or prognosis, it is very difficult for them to make decisions and avoid a death with suffering and discomfort. "I prefer that he die naturally than die because of that injection." Euthanasia not only affects the subject who makes the decision to end his or her life, it always involves a third party who cannot be denied the possibility of determining whether or not, he or she, is in favor of euthanasia and assisted suicide. "We hope that something can still be done for her".

### **Religious Position Regarding Euthanasia**

Proclaiming that God is the owner of life, and that the moment of death is in his hands, that we must accept the most terrible pain and death because Jesus Christ died on the cross and saved the world, those are beliefs that cannot be imposed. "God gives us and takes life, it should not be taken by another human being." "Life is not life if you suffer or have something that has no cure and that hurts you, may God forgive me, but I prefer that he rest in peace."

### **Should Euthanasia be Approved in Nicaragua**

Euthanasia appears as something "reasonable" in materialistic societies, which consider human life as something useful and pleasant, forgetting its intrinsic value. Some countries have legalized or decriminalized euthanasia, at the request of their nationals, but imposing requirements for carried out. "I do not see that it is a good thing to kill a person who is still sick." This determination is justified by the consideration of euthanasia as a dignified death, in humane conditions, without suffering, misery or pain. "We are selfish if we allow keep living, but with pain". The patient makes the decision: The needs to be cared for, listened to, respected, fed, among others, are unavoidable for those who are in the process of dying. If they want to die, perhaps it is because they can no longer bear the suffering. The patient becomes responsible for the burden that he places on his family, because he can always choose the alternative of death. Added to the physical illness is the pressure to which he would be subjected. Traditionally, the patient was the one who, due to his situation, was relieved of all responsibility.

### **Family Tradition**

The exclusion of the so-called passive forms and 'in general of omission' as a possible procedure or behavior for causing death and the need for the patient's explicit voluntariness would delimit very specifically the concept of euthanasia. "Repent before God because you have the joy of having that opportunity to repent." Give him what he wants because those are his last days".

### **CONCLUSIONS**

According to the study carried out, it can be concluded that: In relation to the sociodemographic data, the participants surveyed had an average age of 27 years, the majority of the evangelical Christian religion, from an urban area and the relationship between nephews predominated. Regarding

the knowledge of euthanasia in caregivers of patients with terminal illness, it was possible to demonstrate that caregivers have basic knowledge regarding Euthanasia. There was no unanimity of response on the part of the study population since, on the one hand, a certain number reported that this procedure is inhuman because the life of the sick patient is taken away, the counterpart argued that the inhuman act is prolonging the life of the terminal patient, causing anguish, pain and more suffering. Regarding the personal determinants of euthanasia in caregivers of patients with terminal illness, the people interviewed expressed that, Euthanasia is not an individual decision that would affect only the patient who requests it. They expressed that its legalization is something that affects the relationships between the patient and their families; The ethics of health professionals and the social consideration of respect for human life are important factors to take into account since there is no inclination in the good and bad of this procedure, but there is a human thought in terms of expressing that euthanasia is a practice to die with dignity.

## RECOMENDATIONS

### To primary care units

Coordinate with other social organizations to promote and improve the necessary care for patients with terminal illness, as well as its proper follow-up. Adapt new technologies and means of dissemination to promote new techniques for the management of patients with terminal illnesses from their diagnosis until their death, so that they can enjoy specialized, dignified and humanistic care.

### To the families and people in charge of caring for the terminally ill patient

Adopt positive attitudes regarding your patient's condition to reduce tension levels throughout the evolution of their illness. Further strengthen the bond with your patient to be able to identify the patient's needs, feelings and attitudes that he or she has not been able to express due to fear or pride.

### To Future Researchers

Extrapolate the study to other sectors to complement and/or strengthen the results of this investigative study. Take this

study as a reference with the purpose of reinforcing, adapting and revealing significant data about this phenomenon, adapting it to other qualitative or mixed studies.

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