



Termination of life to relieve their suffering: Malaysian Medical, Legal, and Nursing Perspectives on Euthanasia

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ABSTRACT

Euthanasia, a contentious and emotionally charged subject, sparks significant public debate and attracts heightened scrutiny compared to less controversial topics. It garners widespread attention and sparks lively discussions among various stakeholders, including academics, religious scholars, politicians, doctors, lawyers, and nurses, due to its involvement in intentionally ending human lives, albeit for compassionate reasons and with the voluntary consent of the individual. The present study aims to delve into the attitudes of doctors, lawyers, and nurses toward euthanasia and its potential legalization in Malaysia. Employing a survey methodology following established quantitative research protocols, the study administered questionnaires to 719 participants to gather their perspectives and opinions on euthanasia. Participants completed the 21-item Euthanasia Attitude Scale (EAS) questionnaire. Data analysis, conducted using SPSS version 29.0, measured data variables through mean, median, and standard deviation. The study revealed a high level of reliability among the variables, with Cronbach's Alpha values of 0.857 for EAS and 0.952 for reasons regarding euthanasia legalization. Pearson's correlation results fell within the range of 0.570 to 0.642, indicating a moderate and positive relationship between the independent variables and the dependent variable. The study found that 64.3% of respondents held opposing views on euthanasia legalization, while 35.7% believed it should be legalized. Primary reasons for opposing legalization included religious beliefs (56.9%), concerns about public corruption (56.2%), and the belief in the sanctity of human life, with no one having the authority to end it (54.9%). Among those in favour of euthanasia legalization, 52.2% viewed it as a compassionate and humane means to alleviate the suffering of terminally ill individuals. The relatively small sample size underscores the necessity for diverse input in future research on euthanasia legalization. These findings underscore the ongoing relevance and need for thorough examination, reflecting the multifaceted nature of the topic. Despite opposition to legalization, the study highlights the enduring complexity of the euthanasia debate and the necessity for diverse perspectives to navigate it effectively.

Keywords: Euthanasia, Doctors, Lawyers, Malaysia, Nurses.

1. INTRODUCTION

Euthanasia stands as one of the most intricate and contentious issues of the 21st century, rivalling the debates surrounding cloning and genetic engineering in complexity and controversy (Reingold & Mora, 2019; Arif et al., 2002). This topic has sparked extensive moral, religious, philosophical, legal, and human rights discourse. Rooted in the fundamental right to life, which has been a steadfast principle throughout human history (Picon-Jaimes et al., 2022), the discussion surrounding euthanasia is multifaceted. Although international human rights treaties do not explicitly establish a 'right to die', many contain explicit protections of the 'right to life' (Scopetti et al., 2023). The stance of international human rights law regarding voluntary euthanasia remains ambiguous and lacks clear definition (Australian Human Rights Commission, 2016). Some argue that euthanasia can be viewed as a means to uphold the 'right to life' by respecting the 'right to die' with dignity (Covic, 2023). However, others express apprehension that legislative measures facilitating access to medically assisted dying, particularly based on disability or age-related

conditions, could institutionalize and legally endorse ableism, potentially contravening Article 10 of the UN Convention on the Rights of Persons with Disabilities (United Nations, 2021).

The term 'euthanasia,' originating from the ancient Greek 'eu thanatos,' meaning 'good death,' encapsulates a profound paradox (Gupta & Bansal, 2023). It represents the juxtaposition of the serene concept of a 'good death' with the innate human instinct to cling to life tenaciously (Dore, 2023). Across cultures, death is universally perceived as a profound loss, leaving an irreplaceable void (Doherty et al., 2022). This deeply ingrained perspective renders the acceptance of euthanasia a morally intricate and ethically nuanced decision, steeped in controversy and debate (Castro et al., 2016). Euthanasia, as the act of facilitating one's transition from life to death, remains a complex puzzle (Ortega-Galan et al., 2023). Its significance extends beyond clinical practice, intertwining with philosophy, ethics, morality, law, spirituality, medical science, economics, and cultural beliefs (Grove et al., 2022). Essentially, it becomes interwoven into the fabric of human existence, influencing the very essence of our collective conscience (Rubinfeld & Sulmasy, 2022).

Euthanasia is aimed at terminating the life of a patient who has endured prolonged, relentless, and intolerable suffering, intending to prevent further similar misery (Emanuel et al., 2016). In modern medicine, it is seen as an effort to alleviate prolonged and unjustified suffering, while also acknowledging the possibility that addressing pain or other symptoms might inadvertently shorten someone's lifespan, such as through administering lethal drugs at the explicit request of a patient (Khatony et al., 2022; Scopetti et al., 2023). In practice, euthanasia can be categorized as either passive or active. Active euthanasia entails intentionally taking action to end the patient's life, while passive euthanasia involves abstaining from actions that would otherwise prolong the patient's life (Lachowski et al., 2023).

Euthanasia remains illegal in the vast majority of countries worldwide, and administering it can lead to murder charges for the physician involved (Rathor et al., 2014). Nevertheless, a small yet increasing number of countries have opted to legalize euthanasia in specific, extreme cases, subject to strict conditions. As of 2023, euthanasia has been legalized in Belgium, Canada, Colombia, Luxembourg, the Netherlands, New Zealand, Spain, and Australia (World Population Review, 2023). The growing trend of countries adopting euthanasia legislation has sparked discussions among intellectuals, politicians, philosophers, and medical professionals (Economos et al., 2023). Numerous nations, including those in Latin America, have initiated deliberations on the topic within their governmental systems (Picon-Jaimes et al., 2022).

This article aims to explore the diverse perspectives surrounding euthanasia within the Malaysian context, focusing particularly on the attitudes of healthcare and legal professionals. In this realm, doctors, lawyers, and nurses are pivotal stakeholders, each offering distinct insights and experiences to the discussion. Historically, the medical profession has maintained a cautious stance towards euthanasia, while lawyers play a fundamental role in end-of-life decision-making, concentrating on the legal and regulatory dimensions of medical choices (Mulugeta & Alemu, 2023). Furthermore, nurses play a crucial role in providing care for patients who express a desire for euthanasia (Cayetano-Penman et al., 2021). Understanding the perspectives of experts in the field of euthanasia is paramount, especially given their roles in providing care and support to patients during this sensitive period. If legalized, euthanasia would involve the active participation of the medical community within both public and private healthcare systems.

2. LITERATURE REVIEW

In the domain of medical ethics and end-of-life decision-making, it is noteworthy that there has been limited research conducted on euthanasia within the context of Malaysia (Siau et al., 2021). Despite the increasing importance of comprehending the nuances and ramifications of euthanasia in the Malaysian healthcare setting, there has been a noticeable scarcity of comprehensive research in this area (Kamaluzaman et al., 2022). The paucity of dedicated studies and investigations concerning euthanasia in Malaysia emphasizes the necessity for a deeper exploration of this intricate and sensitive topic, one that considers the unique cultural, legal, and ethical factors within the Malaysian context (Alias et al., 2015).

In Malaysia, all forms of euthanasia, encompassing active, passive, voluntary, non-voluntary, and involuntary euthanasia, regardless of whether conducted with or without the individual's consent and often aimed at mitigating suffering or pain, are prohibited (Farahwahida et al., 2013). Hehsan & Shukeri (2021) underscored that during the 97th Muzakarah of the Fatwa Committee of the National Council for Islamic Religious Affairs Malaysia in December 2011, it was decreed that hastening death through euthanasia practices, irrespective of whether voluntary, non-voluntary, or involuntary, or mercy killing, is unlawful under Islamic law. Such actions are equated with homicide and contradict medical ethics in Malaysia. Additionally, during the 24th Sarawak State Fatwa Board Meeting in March 2014, it was declared that euthanasia, defined as terminating a person's life before they are officially deceased, through any means or for any reason, is strictly prohibited in Islamic law. Patients expressing a desire for euthanasia, whether verbally, in writing, or by any other means, may be considered as displaying suicidal tendencies. Intentionally terminating a patient's life by medical professionals in any manner may be interpreted as committing a form of homicide. Supporters of euthanasia may be regarded as parties who have consented to the patient's killing.

In Islam, it is clear that euthanasia is neither permissible nor a right that can be demanded (Farah Salwani, 2022). The decision to end the life of any individual, including a terminally ill patient who requests it, is deemed to be beyond the boundaries of moral ethics. According to Madadin et al. (2020), Islamic jurisprudence covers various aspects of life and death, unequivocally forbidding any act of self-inflicted death. Within the Islamic framework, life is regarded as sacred and a gift from God, with a consistent emphasis on its preservation and well-being. Consequently, Muslims, who adhere to Islamic principles, are not allowed to end their own lives. All Islamic doctrines uniformly reject Physician-Assisted Suicide (PAS) and euthanasia. Farahwahida et al. (2013) noted that euthanasia encounters strong opposition from Muslim scholars and Islamic Sharia in Malaysia. This opposition arises because euthanasia involves the taking of a life, affecting not only the well-being of patients but also touching upon the sensitivities of family members, physicians, and followers of various religions. When individuals comprehend and respect the sanctity of life, they are inclined to abstain from choosing to end it in such a manner. It is crucial for humans to exercise wisdom in interpreting, analyzing, and applying appropriate ethical considerations to prevent negative consequences that may undermine the essence of human nature. In another study, Farah Salwani (2022) pointed out that the Penal Code in Malaysia is in line with Islamic principles. Under section 299 of the Code, it states that anyone who causes their own death through a deliberate act is considered to have committed suicide. The same Act further explains that if a person causes bodily harm to another individual who is suffering from a disorder, disease, or bodily infirmity, resulting in the hastening of death, that person is regarded as having committed the offense of culpable homicide.

In Malaysia, the primary focus of euthanasia research centres on its legal and ethical dimensions. For example, Talib (2005) highlighted that euthanasia presents a significant ethical dilemma. Those involved in end-of-life decision-making generally agree that this domain is not only fraught with medical challenges but also intricate legal and ethical quandaries. In addition to medical, legal, and ethical considerations, religious beliefs and cultural traditions also wield considerable influence over end-of-life choices. A study by Kassim & Alias (2015) also noted a growing presence of ethical dilemmas and legal interventions in end-of-life decision-making within the medical field. Establishing well-defined ethical guidelines and legal standards is crucial to provide healthcare professionals with guidance in determining the most suitable course of action for their patients. It is important to consider relevant ethical codes and legal provisions in Malaysia concerning various aspects of end-of-life decision-making. However, the lack of legal precedents in this area, combined with constraints in the Malaysian regulatory framework, presents significant challenges. Therefore, it is advisable to develop comprehensive ethical codes and legal standards to navigate the process of end-of-life decision-making in Malaysia. Alias et al. (2015) emphasized the urgent need to establish a regulatory framework for end-of-life care in Malaysia. To establish an effective end-of-life care pathway, a well-structured legal framework addressing both ethical and legal considerations is essential, providing enhanced guidance and confidence to healthcare professionals regarding the legitimacy of their actions. While several non-governmental organizations and medical societies currently produce written guidelines for the practical aspects of end-of-life care, the development of a comprehensive regulatory system in this field has not yet reached its full potential.

In Islamic nations such as Malaysia where euthanasia remains illegal, some scholars contend that Islam does not prohibit the use of Advance Medical Directives (AMDs) as a means to honour patients' preferences regarding their end-of-life care (Malek et al., 2021). Essentially, if a patient is afflicted with a terminal illness where medical interventions would prove futile, refraining from or discontinuing such treatment is deemed permissible, provided healthcare professionals obtain the patient's consent before proceeding with any medical procedures (Madadin et al., 2020). However, several factors necessitate careful consideration, including the patient's cognitive capacity during the AMD creation process, the expert opinions of medical professionals, the involvement of family members in end-of-life care decisions, and the limitations on a patient's decision-making when formulating an AMD. According to Kamalruzaman et al. (2022), euthanasia and AMD in this particular context pose highly contentious issues that warrant thorough examination at each stage before contemplating potential legalization. The primary source of contention stems from the fact that these practices have not yet garnered full societal acceptance, leading to persistent disputes rooted in varying beliefs, legal perspectives, cultural disparities, political influences, and societal norms. To pave the way for the potential legalization of euthanasia and AMD, it is imperative for healthcare professionals to strictly adhere to their ethical standards while intensifying efforts to deliver the highest quality end-of-life care to all individuals. Simultaneously, governments should establish a legal framework that considers the multifaceted factors that arise within a nation when considering the legalization of these practices. A fundamental principle that must be safeguarded is the preservation of the inherent value of human life. It is essential to recognize that ethics cannot exist in isolation from morality, a principle that also extends to the realm of legality.

This study reviewed previous quantitative research on euthanasia in Malaysia, which uniformly opposed its legalization. Rathor et al. (2014) highlighted that a majority of Malaysian doctors and patients expressed opposition to euthanasia or physician-assisted suicide, irrespective of circumstances. Only 15% of doctors reported encountering patients seeking assistance in dying. However, both doctors (29.2%) and patients (61.5%) expressed willingness to withdraw or withhold life-sustaining treatment for patients with no chance of recovery. Notably, religious beliefs significantly influenced patient perspectives more than the severity of the illness. Similarly, in a study by Arif et al. (2002), 67.91% of the 399 participants comprising doctors, nurses, and medical students were against euthanasia, with religion playing a pivotal role in shaping this stance. Despite the participants' considerable awareness of euthanasia, the majority remained opposed to its legalization in Malaysia. Furthermore, Adchalingam et al. (2005) conducted a cross-sectional survey involving 400 medical students from diverse backgrounds to explore their attitudes toward euthanasia and factors influencing their medical decision-making and ethical reasoning on issues like prolonging life, the right to die, and euthanasia. The survey found that a majority of respondents (52%) supported the withdrawal of active therapy for terminally ill and suffering patients, while 48% opposed it. Additionally, about 71% of students were against active euthanasia, such as administering a lethal injection, while 27% believed there was moral justification for assisting patients in end-of-life decisions. Concerning the legalization of euthanasia in Malaysia, approximately 32% of respondents expressed support, while a significant majority of 67% strongly opposed it. Interestingly, the majority (61%) indicated they would neither practice euthanasia as doctors nor opt for it themselves, even if legally permitted. A prevalent concern among respondents regarding euthanasia was the potential for misuse by unethical healthcare practitioners, emphasizing the necessity for further debate on this matter at both local and international levels.

While many Malaysians oppose the idea of legalizing euthanasia in the country, there is a significant need to establish a clear and comprehensive regulatory framework governing its legality, particularly concerning passive euthanasia (Alias et al., 2015). Passive euthanasia refers to a form of euthanasia where a patient's life is allowed to end naturally, without active medical intervention to prolong it (Gupta & Bansal, 2023). In passive euthanasia, medical professionals or caregivers may choose to withhold or withdraw life-sustaining treatments or interventions, such as ventilators, feeding tubes, or medications, when these interventions are deemed no longer beneficial or are causing undue suffering to the patient (Grove et al., 2022). Passive euthanasia is typically carried out in accordance with the patient's advanced directives, living will, or the decision of a legally authorized surrogate decision-maker when the patient is unable to make their own choices. It is considered legally and ethically distinct from active euthanasia, where deliberate actions are taken to actively end a patient's life, such as administering a lethal dose of medication

(Mulugeta & Alemu, 2023). Supporters of passive euthanasia present several arguments, including the alleviation of pain and suffering in terminally ill individuals, respecting individual autonomy and self-determination, and upholding the right to make decisions about the timing and manner of one's death (Economos et al., 2023). Additionally, proponents argue for reducing dependence on medical life-support systems, preserving dignity throughout the dying process, prioritizing quality of life over its duration, and eliminating legal risks for healthcare professionals, families, and loved ones (Ortega-Galan et al., 2023). On the contrary, opponents argue that individuals in vulnerable situations should be protected from coercive actions. They contend that legalizing euthanasia could expand eligibility criteria, potentially compromising the inherent sacred value of life, and advocate against altering laws to accommodate a small minority desiring euthanasia (Scopetti et al., 2023). Moreover, arguments against euthanasia are rooted in the belief that hastening death contradicts the fundamental purpose of medicine, which is to heal. Critics express concerns about wrongful deaths resulting from diagnostic errors and assert that pain can be effectively managed through appropriate palliative care. Additionally, they argue that legalizing euthanasia might dampen motivation to invest in research and implement best-practice treatments (Herath et al., 2021).

Recognizing the validity of all arguments and understanding the significance of both perspectives in the debate, a tension arises from the delicate balance between the cherished principle of the right to life and the deeply personal autonomy individuals possess over their own bodies. The right to life stands as an unwavering foundation of our societal values, contrasting with the equally profound principle of individual agency – the right for individuals to make decisions about their own lives and bodies. In the context of the euthanasia discourse, we find ourselves navigating a complex terrain where these principles intersect, prompting us to grapple with questions about when and how the right to life should yield to the autonomy of individuals who may be enduring unbearable suffering (Lachowski et al., 2023). Given that only a small fraction of individuals has direct experience with or a desire to undergo euthanasia, it underscores the significant role that mediated sources play in shaping perceptions and providing the framework through which we understand matters related to health, illness, and end-of-life experiences (Rubenfeld & Sulmasy, 2022).

3. RESEARCH METHOD

This study does not aim to explore new topics or provide detailed explanations for causal relationships. Its main objective is to offer an overview of euthanasia and the related issues surrounding legalization in Malaysia at the time of the study. To achieve this, a quantitative research approach was utilized to examine the perspectives of healthcare professionals, including doctors, lawyers, and nurses. The researcher conducted an extensive review of current literature, analysing over 60 sources, to develop a self-report questionnaire tailored to the research objectives. This questionnaire includes the Euthanasia Attitude Scale (EAS), along with questions about respondents' backgrounds and their positions on either supporting or opposing the legalization of euthanasia. The EAS consists of 21 items divided into four domains: ethical considerations (11 items), practical considerations (4 items), treasuring life (4 items), and naturalistic beliefs (2 items). Respondents provided their answers on a 5-point Likert-type scale, ranging from 5 = strongly agree to 1 = strongly disagree, with a total score range of 21 to 105. Higher scores indicate more favourable attitudes toward euthanasia.

A panel of 13 professionals, comprising 3 doctors, 4 lawyers, 3 nurses, and 3 academicians, subsequently confirmed the suitability and relevance of the questionnaire. The internal consistency of the questionnaire was evaluated, and Cronbach's alpha values were calculated, ranging from 0.857 to 0.952 in the pilot study involving a sample of 40 respondents, indicating strong agreement among participants with the statements. Non-probabilistic sampling was utilized to recruit 719 Malaysian respondents, including 241 doctors, 238 lawyers, and 240 nurses. To ensure anonymity and convenience, the questionnaire was distributed online via Google Forms, a platform known for creating anonymous and user-friendly surveys. English was chosen as the language for the questionnaire since it is widely used in the healthcare and legal professions in Malaysia, alongside the Malay language. As the EAS was not translated or modified, internal validation was not necessary. The survey was conducted for data collection over a two-month period, from March 1st to April 30th, 2023. Ethical considerations were addressed by obtaining approval for the research and its data collection protocol from the School of Social Work Research Ethics Committee.

The collected data underwent statistical analysis using Statistical Package for Social Sciences (SPSS) version 29.0. Measures such as mean, median, standard deviation, frequencies, and percentages were utilized to assess data variables. The significance level was set at $p < 0.05$. The normality of quantitative variables was evaluated using the Kolmogorov-Smirnov test. Ninety-five percent confidence intervals were calculated for both means and proportions. Pearson's correlation was applied to explore relationships between quantitative variables. Finally, a multiple linear regression analysis was conducted for EAS total scores, with significant correlations observed among independent variables considered in the analysis.

4. FINDINGS AND DISCUSSION

4.1 Pearson's Correlation Coefficient and Descriptive Analysis

Pearson's Correlation Coefficient is crucial for thoroughly exploring and quantifying the complex relationships among the variables under investigation. The correlation results consistently fell within a specific range, ranging from 0.570 to 0.642. These results clearly indicate a moderately strong and positive relationship between the independent variables, which encompass various reasons for both supporting and opposing euthanasia legalization, and the dependent variable represented by Euthanasia Attitude Scale (EAS). To understand the distribution patterns within the EAS dataset, a descriptive analysis was conducted. This analysis involved computing mean values, standard deviations (SD), median values, and t-values, which collectively revealed the characteristics inherent in the dataset. The findings presented in Table 1 provide insightful insights. The mean score for the EAS scale was 32.3 ± 23.68 , with a t-value of -6.617 and $p = 0.000$. Notably, the highest mean score was observed in the ethical considerations section, recorded at 21.75 ± 15.28 , with a corresponding t-value of -8.439 and a p-value of 0.001. In contrast, the naturalistic belief category exhibited the lowest mean score, measured at 4.34 ± 2.97 , accompanied by a t-value of -2.409 and a p-value of 0.003. These findings collectively support the prevailing sentiment among many doctors, lawyers, and nurses in Malaysia, who strongly oppose the legalization of euthanasia.

Table 1: EAS total score

Variables	Items	Range	Mean	SD	Medium	Tested value = 719	
						t-value	p-value
EAS (total score)	21	21–105	32.3	23.68	34	-6.617	0.000
Ethical considerations	11	11–55	21.75	15.28	23	-8.439	0.001
Practical considerations	4	4–20	11.36	6.67	12	-3.335	0.014
Valuing life	4	4–20	6.22	7.92	7	-7.527	0.000
Naturalistic beliefs	2	2–10	4.34	2.97	4	-2.409	0.003

4.2 Socio-Demographic Characteristics of Respondents in the Study

Among the total respondents, 33.5% were doctors, 33.4% were nurses, and 33.1% were lawyers as indicated in Table 2. The majority of participants held a bachelor's degree in their respective fields (51.5%), while 23.5% possessed a master's or Ph.D. degree. Female respondents (52.2%) slightly outnumbered male respondents (47.8%), with 41.7% falling within the 25-34 age bracket and 25.0% aged between 45-54 years old. In terms of marital status, 64.3% of respondents were married, and the majority (54.2%) identified as Muslim.

Table 2: Socio-demographic Characteristics of Respondents in the Study (n = 719)

Socio-demographic Characteristics		No.	%
Occupation	Doctor	241	33.5
	Nurse	240	33.4
	Lawyer	238	33.1
Level of Education	Diploma	180	25.0
	Bachelor	370	51.5
	Master	51	7.1
	Ph.D.	118	16.4
Gender	Male	344	47.8
	Female	375	52.2
Age (years)	25-34	300	41.7
	35-44	130	18.1
	45-54	180	25.0
	>55	109	15.2
Marital Status	Single	220	30.6
	Married	462	64.3
	Divorces	37	5.1
Religion	Islam	390	54.2
	Cristian	163	22.7
	Buddha	70	9.7
	Hindu	96	13.4

4.3 Reason for Opposing the Legalization of Euthanasia

Our survey findings reveal that 64.3% of respondents expressed opposition to euthanasia and its legalization, while 35.7% supported it. In contrast, a poll conducted by the Royal College of Nursing in the UK reported 49% in favour and 40% against euthanasia (Lachowski et al., 2023). Similarly, studies conducted in countries such as Croatia, Turkey, South Africa, and Kuwait also indicate low levels of acceptance of euthanasia (Dore, 2023; Sabriseilabi, & Williams, 2022). Religion emerged as a significant factor, with 56.9% of our respondents citing religious beliefs as their reason for opposition, as shown in Table 3. Previous studies consistently indicate that individuals with religious affiliations or those residing in religious societies tend to oppose euthanasia more than those in secular environments (Herath et al., 2021). Apart from religious affiliations, opposition to euthanasia is also associated with concerns about moral integrity and scepticism regarding a dying patient's ability to make an informed decision (Green et al., 2022).

The act of euthanasia is generally discouraged by the majority of religions. In Malaysia, a nation renowned for its diverse array of faiths and cultural backgrounds, religious beliefs significantly influence decisions regarding end-of-life matters (Devandiran et al., 2023). It's crucial to highlight that euthanasia is presently prohibited by law in Malaysia, and as of now, there exists no pro-euthanasia organization in the country (Rathor et al., 2014). Our findings align with similar studies conducted on this subject (Ortega-Galan et al., 2023). These results provide valuable insights into the ongoing discussions surrounding euthanasia in end-of-life care. Further investigation is necessary to capture the perspectives of healthcare professionals who closely engage with chronically ill and suffering patients, which can contribute to a more comprehensive understanding of the matter.

Table 3: Reason for Opposing the Legalization of Euthanasia in Malaysia (n=719)

	Reasons for Opposing the Legalization of Euthanasia	No.	%	p-value
1	Euthanasia goes against my religious beliefs.	409	56.9	0.001
2	Euthanasia cannot be legalized in Malaysia due to the prevalence of public corruption in the country.	404	56.2	0.001
3	Euthanasia should remain illegal because human life is sacred, and no one should have the authority to end their own life.	395	54.9	0.001
4	Legalizing euthanasia in Malaysia could be challenging, as there is a concern that people may exploit it for personal gain.	375	52.2	0.001

In a broader context, religion serves as a comprehensive framework providing guiding principles to regulate our biological behaviours and address internal conflicts arising from external stimuli (Dopelt et al., 2020). Moreover, it instils values into life, aiding individuals in aligning with its core purpose, particularly when some struggle to discern life's specific objectives. The spiritual equilibrium fostered by religion is vital for maintaining a sense of order. Consequently, all major religions universally denounce euthanasia and suicide as unethical, invalid, and inappropriate actions (Elmahjub, 2022). Given Malaysia's racial and religious diversity, it becomes evident that this demographic factor necessitates careful consideration. When formulating ethical guidelines and legal standards for end-of-life decisions, it is imperative to contemplate the values and perspectives of various communities, particularly given the sensitive nature of the issue.

Prior studies have suggested that individuals with higher levels of education are generally less inclined to oppose euthanasia compared to those with lower educational attainment (Gutierrez-Castillo et al., 2020; Colleran & Doherty, 2023). However, findings from this survey revealed that a majority of doctors, lawyers, and nurses expressed opposition to euthanasia in this context. Besides religious beliefs, three primary reasons for their opposition in this country include concerns about perceived public corruption (56.2%), the belief in the sanctity of human life, advocating against individual authority to terminate it (54.9%), and apprehensions regarding the potential exploitation of euthanasia for personal gain (52.2%). These findings are in line with earlier research (Demedts et al., 2023; Cayetano-Penman et al., 2021). Furthermore, healthcare professionals tend to be more supportive of euthanasia in countries where it is legally accepted. For instance, in Turkey, where euthanasia is prohibited, approximately half of nurses do not advocate for its legalization (Khatony et al., 2022).

4.4 Reasons for Supporting the Legalization of Euthanasia

The majority of respondents (52.2%) expressed support for the legalization of euthanasia, citing its compassionate and humane-nature, which aims to alleviate the suffering of terminally ill individuals (Table 4). These findings are consistent with previous research highlighting the relief of suffering and the respect for patient autonomy as primary motivations for pro-euthanasia viewpoints (Gutierrez-Castillo et al., 2020). In this context, the prioritization of freedom from pain and suffering over preserving life or avoiding death diverges from traditional healthcare principles (Dopelt et al., 2020). Euthanasia is perceived as a means to assist individuals with incurable diseases, enduring prolonged palliative care, or undergoing ineffective treatments while maintaining dignity in the dying process (Malliarou et al., 2022; Green et al., 2022). Furthermore, less than 50% of participants supported euthanasia legalization for reasons such as symbolizing individual wisdom and self-determination in end-of-life decisions (46.9%), providing mentally challenged, physically impaired, and elderly individuals with the opportunity to make dignified choices about their end of life (45.1%), and offering an option for individuals whose lives have lost meaning and purpose, with little prospect of extending existence (42.3%).

Table 4: Reason for Supporting the Legalization of Euthanasia in Malaysia

	Reasons for Supporting the Legalization of Euthanasia	No.	%	p-value
1	Euthanasia is seen as a compassionate and humane act, driven by empathy and kindness, with the intention of relieving the pain and suffering of those who are terminally ill.	375	52.2	0.001
2	Euthanasia symbolizes the recognition of an individual's wisdom and self-determination in making the decision for their own death.	337	46.9	0.001
3	Euthanasia grants mentally challenged, physically impaired, and elderly individuals the opportunity to make a dignified decision about the end of their lives.	324	45.1	0.001
4	Euthanasia is frequently contemplated for individuals whose lives have become devoid of significance and purpose, as it appears improbable that their existence can be prolonged.	304	42.3	0.001

The research findings are poised to spark considerable debates between proponents and critics of euthanasia, especially concerning legal frameworks. As societies evolve and their beliefs and values become more nuanced, the ethical challenges surrounding euthanasia are anticipated to become increasingly intricate. Our results suggest that a majority of survey respondents harbour unfavourable opinions toward euthanasia and oppose its legalization. Therefore, it comes as no surprise that only a minority of doctors, lawyers, and nurses support euthanasia.

5. CONCLUSION

The discourse on euthanasia is intricate and multifaceted, transcending individual viewpoints to become a significant societal issue. This longstanding moral dilemma has generated numerous arguments both for and against it, making consensus elusive. Research findings play a vital role in advancing the conversation on end-of-life euthanasia, highlighting the imperative for ongoing research efforts to capture the preferences of those grappling with chronic illness and suffering, along with the perspectives of healthcare professionals closely involved in their care. Globalization and evolving healthcare systems are reshaping attitudes toward euthanasia among both medical practitioners and the public. Meanwhile, the availability of alternatives like palliative care and hospices offers terminally ill individuals the chance for a dignified and pain-free end-of-life, potentially reducing the need for euthanasia. This evolving landscape poses challenges not only to the ethical and moral dimensions of euthanasia but also to its practical implementation. In Malaysia, there's a clear need for comprehensive ethical guidelines and legislation to address euthanasia's complexities. Presently, Malaysian law explicitly prohibits active euthanasia, while passive euthanasia's legal status remains ambiguous, creating uncertainty. Addressing this legal gap is essential for safeguarding the rights and choices of individuals making end-of-life decisions and providing healthcare professionals with clear directives when navigating critical end-of-life care decisions.

REFERENCES

- Adchalingam, K., Kong, W.H., Zakiah, M.A., Zaini, M., Wong, Y.L. & Lang, C.C. (2005). Attitudes of medical students towards euthanasia in a multicultural setting. *Medical Journal of Malaysia*, 60(1), 46-9.
- Alias, F., Muhammad, M. & Kassim, P.N.J. (2015). The Legality of euthanasia from the Malaysian and Islamic perspectives: An overview. *Medical Law*, 34(1), 509-532.
- Arif, A.M., Jeyasingam, V. & Chan L. (2002). Euthanasia in Malaysia: Opinions and controversies. *JUMMEC*, 2, 92-99.
- Australian Human Rights Commission. (2016). *Euthanasia, human rights and the law*. Sydney: Australian Human Rights Commission.
- Castro, M.P., Antunes, G., Marcon, L., Andrade, L.S., Rückl, S., & Andrade, V.L. (2016). Euthanasia and assisted suicide in Western countries: A systematic review. *Revista Bioetica*, 24(7): 355-367.
- Cayetano-Penman, J., Malik, G. & Whittall, D. (2021). Nurses' perceptions and attitudes about euthanasia: A scoping review. *Journal of Holistic Nursing*, 39(1), 66-84.

- Colleran, M. & Doherty, A.M. (2023). Examining assisted suicide and euthanasia through the lens of healthcare quality. *Irish Journal Medical Science*, 10(6), 1-10.
- Covic, A. (2023). Euthanasia: The right to die between god's will and the will of a man. *Strani Pravni Zivot*, 67, 229-250.
- Demedts, D., Cools, W., Fobelets, M., Tricas-Sauras, S. & Bilsen, J. (2023). Nursing students' attitudes regarding euthanasia due to unbearable mental suffering: Cross-sectional study using the adapted and validated Euthanasia Attitude Scale. *Journal of Advance Nursing*, 79(2), 676-685.
- Devandiran, R.S., Singh, A.B., Romola, P. & Rushita, C. (2023). Perception and Attitude towards Passive Euthanasia among Doctors in a Tertiary Care Hospital in Northeast India: A Cross-sectional Study. *Journal of Clinical and Diagnostic Research*, 17(3): 15-19.
- Doherty, A., Axe, C. & Jones, D. (2022). Investigating the relationship between euthanasia and/or assisted suicide and rates of non-assisted suicide: Systematic review. *BJPsych Open*, 8(4), 1-8.
- Dopelt, K., Cohen, D., Amar, E. & Levy, C. (2020). Doctors' attitudes towards euthanasia. *Harefuah*, 159(7), 477-82.
- Dore, M. (2023). Assisted suicide a 20th century problem, palliative care a 21st century solution. *Ulster Medical Journal*, 92(1), 4-8.
- Economos, G., Moulin, P., Perceau-Chambard, E., Xavier, M., Marion, B., Cécile, B., Van Lander, A., Mathilde, L., Vincent, M., Sahut-dizarn, M. & Claire, F. (2023). Legalised active assistance in dying: palliative care stakeholders' national e-consultation. *BMJ Supportive & Palliative Care*, 1, 1-8.
- Emanuel, E.J., Onwuteaka-Philipsen, B.D., Urwin, J. W. & Cohen, J. (2016). Attitudes and practices of euthanasia and physician-assisted suicide in the United States, Canada, and Europe. *JAMA*, 316(1), 79-90.
- Elmahjub, E. (2022). Normative account of Islamic bioethics in end-of-life care. *Global Bioethics*, 33:1, 133-154.
- Farah Salwani, M. (2022). Medical dilemmas from the eyes of Islam. *International Journal of Social Science Research*, 4(1), 77-82.
- Farahwahida, M.Y., Tamar, J.N., Siti Norlina, M. & Nurain, M.N. (2013). Euthanasia: Melanggar etika dan hak asasi manusia. *Jurnal Teknologi*, 64(1), 33-41.
- Green, G., Reicher, S., Herman, M., Raspaolo, A., Spero, T. & Blau, A. (2022). Attitudes toward euthanasia-dual view: Nursing students and nurses. *Death Studies*, 46(1), 124-131.
- Grove, G., Lovell, M. & Best, M. (2022). Perspectives of major world religions regarding euthanasia and assisted suicide: A comparative analysis. *Journal of Religion and Health*, 61(6), 4758-4782.
- Gupta, A.K. & Bansal, D. (2023). Euthanasia - Review and update through the lens of a psychiatrist. *Industrial Psychiatry Journal*, 32(1), 15-18.
- Gutierrez-Castillo, A., Gutierrez-Castillo, J., Guadarrama-Conzuelo, F., Jimenez-Ruiz, A. & Ruiz-Sandoval, J.L. (2020). Euthanasia and physician-assisted suicide: A systematic review of medical students' attitudes in the last 10years. *Journal of Medical Ethics and History of Medicine*, 13(22), 1-13.
- Hehsan, M.R. & Shukeri, W.F.W.M. (2021). Protocols and fatwa in Malaysia on withholding and withdrawal of life-sustaining treatment in intensive care units: An overview. *Malaysian Journal of Syariah and Law*, 9(2), 1-18.
- Herath, H.M.M.T.B., Wijayawardhana K.W.S.M, Wickramarachchi, U. & Rodrigo, C. (2021). Attitudes on euthanasia among medical students and doctors in Sri Lanka: A cross sectional study. *BMC Medical Ethics*, 22(162), 1-8.
- Kamalruzaman, M.S., Jafri, N.I. & Nuing, D.B. (2022) Euthanasia and advanced medical directives in the perspective of ethical, moral, religious and legal issues in Malaysia and under common law. *Current Legal Issues*, 4, 97-121.
- Kassim, P.N. & Alias, F. (2015). End-of-life decisions in Malaysia: Adequacies of ethical codes and developing legal standards. *Journal of Law and Medicine*, 22(4), 934-50.
- Khatony, A., Fallahi, M., Rezaei, M. & Mahdavian, S. (2022). Comparison of attitude of nurses and nursing students toward euthanasia. *Nursing Ethics*, 29(1), 208-216.
- Lachowski, S., Łuszczki, J., Lachowska, B. & Florek-Łuszczki, M. (2023). Euthanasia in opinions of students of medicine. *Annals of Agricultural and Environmental Medicine*, 30(1), 148-155.
- Madadin, M., Al Sahwan, H.S., Altarouti, K.K., Altarouti, S.A., Al Eswaikt, Z.S. & Menezes, R.G. (2020). The Islamic perspective on physician-assisted suicide and euthanasia. *Medical Science and Law*, 60(4), 278-286.

- Malek, M.M., Saifuddeen, S.M., Abdul Rahman, N.N., Yusof, A.N.M. & Abdul Majid, W.R. (2021). Honouring wishes of patients: An Islamic View on the implementation of the advance medical directive in Malaysia. *Malaysian Journal Medical Science*, 28(2), 28-38.
- Malliarou, M., Tzenetidis, V., Papathanasiou, I., Vourdamis, K., Tzenetidis, N., Nikolentzos, A. & Sarafis, P. (2022). Validation of the Greek version of euthanasia attitude scale (EAS) in Greek medical doctors. *Nursing Report*, 12(2), 304-312.
- Mulugeta, T. & Alemu, S. (2023). Knowledge and attitudes toward euthanasia among final year pharmacy and law students: a cross-sectional study. *Journal of Pharmaceutical Policy and Practice*, 16(41), 1-9.
- Ortega-Galan, A.M., Ibanez-Masero, O., Fernández-Martínez, E., Ortiz-Amo, R., Fernández-Santos, L. & Ruiz-Fernández, M.D. (2023). The paradoxical position of nurses regarding euthanasia and its legalisation: A descriptive quantitative study. *Journal of Clinical Nursing*, 2023(00), 1-10.
- Picon-Jaimes, Y.A., Lozada-Martinez, I.D., Orozco-Chinome, J.E., Montaña-Gómez, L.M., Bolaño-Romero, M.P., Moscote-Salazar, L.R., Janjua, T. & Rahman, S. (2022). Euthanasia and assisted suicide: An in-depth review of relevant historical aspects. *Annals of Medicine and Surgery*, 75(4), 1-6.
- Rathor, M.Y., Rani, M.F.A., Shahar, M.A., Jamalludin, A.R., Abdullah, S.T.C., Omar, A.M. & Shah, A.S.M. (2014). Attitudes toward euthanasia and related issues among physicians and patients in a multi-cultural society of Malaysia. *Journal of Family Medicine and Primary Care*, 3(3), 230-237.
- Reingold, R. & Mora, L. (2019). *An international human right to die with dignity?* Washington: O'Neill Institute.
- Rubinfeld, S. & Sulmasy, D.P. (2022). Physician-assisted suicide, euthanasia, and bioethics in Nazi and contemporary cinema. In Gallin, S. & Bedzow, I. (Eds.). *Bioethics and the holocaust*. Berlin: The International Library of Bioethics/Springer. (p. 173-208).
- Sabriseilabi, S. & Williams, J. (2022). Dimensions of religion and attitudes toward euthanasia. *Death Studies*, 46(5), 1149-1156.
- Scopetti, M., Morena, D., Padovano, M., Manetti, F., Di Fazio, N., Delogu, G., Ferracuti, S., Frati, P. & Fineschi, V. (2023). Assisted suicide and euthanasia in mental disorders: Ethical positions in the debate between proportionality, dignity, and the right to die. *Healthcare*, 11(10), 1-19.
- Siau, C.S., Wee, L.H., Wahab, S., Visvalingam, U., Yeoh, S.H., Halim, N.A.A. & Ibrahim, N. (2021). The influence of religious/spiritual beliefs on Malaysian hospital healthcare workers' attitudes towards suicide and suicidal patients: A qualitative study. *Journal of Research in Nursing*, 26(8), 723-740.
- Talib, N. (2005). Dilemmas surrounding passive euthanasia: A Malaysian perspective. *Medical Law*, 24(3), 605-613.
- United Nations. (2021). *Disability is not a reason to sanction medically assisted dying – UN experts*. Geneva: United Nations.
- World Population Review. (2023). *Countries where euthanasia is legal / where is euthanasia legal? 2023*. Lancaster, Pennsylvania: World Population Review.