Special Issue: Psychology: Challenges and Current Research

Available online at **www.ijmrhs.com**

International Journal of Medical Research & Health Sciences, 2016, 5, 5(S):77-84

ISSN No: 2319-5886

Comparing treatment team and the patients' perspectives regarding euthanasia (white death) in conscious patients connected to ventilator with long term ICU stay

Seyyed Ali Naji[1*], Shahrokh Yousefzadeh[2] and Asra Remyad[3]

[1]Ph.D .of Nursing Education , Faculty member,, Nursing and Midwifry Faculty, Isfahan (Khorasgan) Branch ,Islamic Azad University ,Isfahan, Iran

[2]Brain and nerve surgeon, professor in the medical sciences universities in Gilan, trauma research center Rasht, Gilan, Iran.

[3]MSc of nursing education, Islamic Azad University, Isfahan (Khorasgan) Branch,Islamic Azad University ,Isfahan, Iran (corresponding author) .

Corresponding email: A.Ramyad@yahoo.com

ABSTRACT

With the current status of the technological and medical knowledge advancements the subject of the quality of death and the way one dies has become remarkably important. Such findings have also had their own influences. Therefore, the present study with the objective of comparing the treatment team and the patients' perspectives regarding euthanasia in conscious patients connected to ventilator with long term ICU stays. the present research is an analytical-descriptive study which has dealt with the comparison of the 123 points of view from a treatment team (physicians and nurses) with 100 patients points of view in one of the therapy centers in Gilan Province based on the availability method. The data have been collected by making use of the questionnaires. The data were then analyzed through the use of SPSS software and the application of Spearman, Mann Whitney and Kruskal Wallis U-tests as well. The results indicated that that the study population significantly opposed the conduction of euthanasia of any sort respective to the treatment team. There was not observed any significant statistical difference between the matched obtained scores from the general overview of the euthanasia in the studied patients based on the demographic variables (gender, age, education level and hospital stay duration) (P>0.05 in the entire cases). From the other side, according to the treatment team education level the results are indicative that the higher the education level of the treatment team the rate of euthanasia acceptance by them would be higher as well. considering the changes and evolutions advancement pace in the current era regarding technology, culture and other cases the medical sciences cannot be excluded from such a principle and the treatment team as the leaders in health area can enhance their care services through attracting the trust and confidence of the patients as the main treatment centers clients.

Keywords: treatment team, patients, euthanasia, conscious patients, ventilator

INTRODUCTION

In biology, life has been defined as "a plant or animal asset which provides it with the capacity to nourish, obtain growth and energy, to reproduce and adapt to the environment." According to the mutual relationship between life

and death, naturally, in biological terms death means "the lack of such asset and the termination of the body metabolism activities[1].

In the current era, the death meaning has changed through the creation of evolutions and changes and many of the diseases such as syphilis, measles, poliomyelitis, and malaria which have been fatal previously have been cured or controlled. Human beings rarely die as a result of such diseases. The adaptation to the environment quality has been fundamentally changed during the recent century. These cases are accompanied with the change in the death form and the human beings are now confronted with heart diseases, AIDS, cancer and diabetes which a result of the change in the life style[2].

It may be possible to say that during the course of history death had been considered as an intra-familial phenomenon and the people usually died after a short fight with the ailment consequent to a sort of a happening. But, today death increasingly takes place in an institution such as asylums or hospitals after the application of various types of technological innovations on the patient to lengthen his or her life. Of course, the majority of such technologies are quite effective and the human beings can live for months or years even with the existence of a disease. From among the most important expressions which conjoin the present subject to our discussion is euthanasia [3].

On the other hand, many of the impotent patients continue their lives even with brain death or the vegetative state and maybe with suffering from a lot of pain and agony and they may incur an exorbitant cost for their families and the health system[4].

Therefore, in Iran and other countries it has been dealt with the white death challenge or euthanasia.

Euthanasia (white death) or[o-ta-nazi] is the French pronunciation of this scientific expression and its English pronunciation. It is derived from the Greek word meaning death. Euthanasia practically means "THANATUS" meaning good and exhilarating and the prefix "eu-" which in fact, is taking an action for the patient to die and this is done with an intention or purpose. In Persian language the expressions such as "dying for the good", "easy death", "sweet death", "elegant death", "dying dignifiedly", "solemn death", or "respectful death"are also used as synonyms for euthanasia [5]. Euthanasia or mercy killing is derived from the word death[4]. Euthanasia is divided into two groups of active and passive or direct and indirect based on the forms that the individuals intervene in the patients' death. The active euthanasia takes place via the direct involvement of the individuals such as a doctor or the patients' kin. From the other hand, euthanasia can be divided into three forms of voluntary, involuntary and compulsory based on the patients volition and will. In the passive form the patient is not aware of the euthanasia at all [6].

Therefore, there are various understandings of the euthanasia concept; for instance in the indirect method, the physician sets the ground for the patient's death through prescribing a drug and the patient fully informed and aware of the consequences embraces this voluntary death, but in the involuntary death the physician or the nurse is the death agent. Injecting a lethal drug and disconnecting the patient from his or her supportive instruments are but some examples of such methods which sometimes happen without the patient being informed. Therefore, disconnecting the patient with brain death from his or her supportive devices is considered as "involuntary, inactive or passive euthanasia" by many[5].

When talking about euthanasia the voluntary form is often considered and intended [7].According to the legal and jurisprudential principles the active euthanasia, whether voluntarily or involuntarily, is an unacceptable and despicable; since the sacredness of life in our ideology is to the extent that any sort of policy or prudence cannot be thought of against it. And if the physician acts on behalf of the patient personally based on the patient's request to terminate his or her life does not change the heinousness of such undertakings. Even if the physician provides the patient with the necessary guidance and instructions (suicide with the help of the physician) it is also considered as an undertaking which helps a sin and crime to take place (crime sponsorship) and it can be sued [8]. From the perspectives of the religious schools and thoughts including catholic, protestant and orthodox, humanism and existentialism executing suicide can be justified by this saying that it is the person who is in possession of his or her life and not the God. And this action is indicative of the lack or deficiency of sympathy or love towards oneself which is frequently followed by the deficiency in performing one's social duties. Performing such an act contradicts the indigenous propensities and tendencies of all of the creatures. Therefore, they oppose the suicide legalization by

the help of the physicians. But, the secularism allows this action on the condition that the individual is fully consent and satisfied and the Hinduism schooling only allows suicide provided that the individual him or herself sacrifices him or herself. From the Islam's perspective, based on the Verse 32 of "MAEDEH" in the Holy Quran "Allah has bestowed life and existence to all of the human beings and HE gives this life a great value and importance"[9].

Performing euthanasia is legally allowed in countries such as Denmark, Sweden, Norway, Holland and Luxemburg [4]. In Iran, there are few studies dealing with the subject of euthanasia [10]. The reasoning of euthanasia misuse claims that euthanasia and suicide by the help of the physicians will eventually result in murder. In fact, it is possible that some individuals may be following their personal interests through getting guidance from another person for executing suicide and if euthanasia is committed via performing suicide by the help of a doctor and it can be considered as legal and as done according to the medical sciences considerations there is the possibility for the physicians to lose their sensitivities and they perform euthanasia in cases that it can be avoided. On the other hand, the feeling that the doctors are provided with the killing permit cause the people and the health providers and the individuals involved in the health centers to lose their trust in the physicians because their responsibility shifts from the life-giving ones to life-takers. In such cases, there cannot be a distinguishing line between none of the euthanasia forms, because the physician cannot allow his or her patient to die and s/he should try his best to the last moment to preserve patient's life even if there is no hope and it is a desperate effort [11].

The proponents of the sliding slope reason that when the quality of life decreases the society can accept the life termination and there is no rational method of limiting euthanasia and its misuse prevention. Based on the sliding slope theory euthanasia is like the thin edge of a wedge upon the establishment of which it can deeply advance and spread in the society [12].

The important subject matter in the discussions regarding euthanasia is the respect paid to the individual's request, independence and choice till the time that no harm is meant to the others by such a choice. This respectability and reverence is in a direct relationship with being in the possession of thinking potential and qualification regarding the most important life decision of continuing or disrupting life. The people should be allowed to decide about the most important decision of their lives that is to say the decision about continuing or terminating their lives based on their beliefs and thoughts specific to them. In the discussion about independence or the personal decision making the proponents of the euthanasia believe that since death is an integral part of the living process the individual should consciously shoulder the responsibility of continuing or terminating his or her life. Many of the individuals who think of voluntary death are not worried about the intolerable pain or the fear of the ending stages of life, rather they are considerate of the self-respect which has always been with them during their life time and they wish to keep it that way to the last moment. The intervene made by the advanced tools and instruments for lengthening one's life although heartwarming and encouraging, it sometimes brings about a continuation in life which is accompanied with the losses in the physical vigor and intelligence and the awareness and consciousness in the nonhuman patient. There is no vivid and straightforward answer to the question as when the individuals enter such a stage. The opponents of the voluntary death are from various groups. Some of them are of the belief that the euthanasia legalization conditions need to be surveyed from many aspects and they seem to have accepted this subject's main issue. Some others, in which the religious governments and states can be observed, consider the proposition of such issue as unacceptable from religious and ethical perspectives [13].

Regarding the euthanasia discussion, the treatment team and especially the physicians and the patients have many things in common and their attitude towards the enactment or the legal or illegal implementation of the euthanasia plays a significant role [14].

Since we will never have enough evidences for the justification of such belief that the request made by the incurable and stricken patient for dying can be correct, fixed and with a real autonomy nature and from the other side considering the great pain and agony the patients connected to ventilators suffer and then with observing their hope for continuing life the present study has been designed to compare the perspectives and points of view from the treatment teams and the conscious patients connected to the ventilators with long ICU stays in one of the medical-educational centers in Gilan Province during the years 2014-2015.

Study methodology:

The present study is an analytical-descriptive research from the correlation type which has been performed via the availability method and it is undertaken on the treatment team and the patients of one of the medical-educational

centers in Gilan Province. According to the extant conditions and the reluctance exhibited by some of the treatment team staff members we were forced to make use of the availability method for collecting the required data and 300 questionnaire was administered to the participants after the explication of the study objectives and acquiring oral consent from them and aftermath they showed that they are willing to participate and respond to the questionnaire. Regarding the conscious patients connected to ventilators the questionnaires were completed by the researcher and by getting help from their informed and trained companions. Finally, by omitting the cases which were imperfectly completed by the participators or which were left un-responded there were 123 questionnaires which were collected from the treatment team (physicians and nurses) and 100 questionnaires from patients collected. The instrument used by the present study was the euthanasia attitude scale (EAS) which was applied by the researcher Aqababaee (2011) in an study entitled "euthanasia attitude survey" which was corrected to 74 expressions and phrases after the preparation of the items and these were evaluated by 19 judges expert in thanatology and 21 items were selected. In this way the content validity was confirmed and its reliability was calculated as equal to 0.081 based on Cronbach Alpha method. After the instrument was modified and finally confirmed it was translated into Persian language by researcher Aqababaee, then the scales items were categorized in four domains of moral, practicality, life superiority and naturalistic beliefs considerations. In the end, a standard 20-item questionnaire was obtained which can be completed based on Likert 's 5-point scale from 1 "completely disagree" to 5 "completely agree". From among the questionnaire's questions 6 questions are related to the euthanasia acceptance realm, 5 questions are related to the moral considerations area, 3 questions are related to the practicality concerns, 3 questions are related to the life superiority domain and 3 questions are related to the naturalistic beliefs compass. Based on this, obtained scores amplitude in the acceptance region is between 6 and 30 and it is between 5 and 25 in the moral concerns circle and it ranges from 3 to 15 in the practicality concerns, life superiority and naturalistic beliefs realms. Through the summation of the total obtained scores the general euthanasia attitude score can be obtained which ranges from 20 to 120. The data obtained from the questionnaires were analyzed by taking advantage of the SPSS software version 20.0 and the descriptive statistics (means, frequency, Cronbach's alpha coefficient) and the inferential statistics (Spearman correlation coefficient, variance analysis, heuristic factor analysis).

RESULTS

According to the results obtained from the data analysis, the patients' age average is (58.97±15.23) and the average stay duration is (37.28±45.85). In the comparison between the treatment team and the conscious patients the highest average belongs to the euthanasia acceptance area (4.96±0.28) and the lowest average goes to the moral concerns area (1.04±0.28). 29.8% of the treatment team had job history of less than 5 years and 6.5% had job history of more than 20 years. Also, it is observed from the patients and the treatment team perspectives in responding to the items 18 and 20 that statistically there is no significant difference solely in their attitudes towards the natural death and longevity of life (P=0.768, P=0.99).It has become clear, by Kruskal Wallis and Mann Whitney U-tests, that there is no significant difference between the acquired and matched scores of the general attitude to euthanasia in patients based on the demographic variables (gender, age, education level and the stay duration) (P>0.05).

Also, there was not observed any significant statistical difference among age, gender, the expertise type, job history, job shifts and occupational position in the treatment team with euthanasia approval attitude. On the other hand, according to the education level of the treatment team the results indicate that the higher the treatment team education level, the more the euthanasia acceptance rate. And the average score obtained in the individuals with diploma in nursing is (2.46±0.7). considering euthanasia acceptance and agreement score by making use of the Spearman correlation coefficient between the scores obtained from the various euthanasia attitude areas of concern by the treatment team under study it became evident that there is a significant statistical difference in all of the areas of concern in P<0.01 level. And generally the treatment team attitude towards committing euthanasia in all of the areas of concern is significant and positive. Also, the Spearman correlation coefficient indicates a significant correlation among the scores obtained from the various areas of concern in the patients under study.

DISCUSSION

In the present study the obtained results are indicative of the fact that a great many of the conscious patients connected to the ventilator oppose the implementation of euthanasia. Because over half of the patients (57%) are documented to have below-diploma degree and because they are not aware and informed about euthanasia therefore they disapprove such a matter.

On the other hand, 96% of the patients were married and they are of the kernel or extended style families which are indicative of the affective and spiritual attachment among and between the family members. So, despite suffering from great pain and agony they are hopeful to continue their lives and accordingly oppose euthanasia.

But the results obtained in the current study showed the high rate of agreement to the euthanasia execution in the treatment team. The higher the education and correspondingly the awareness and experience of the treatment team their attitudes shifts more towards positive.

Taqaddosinejad et al(2013) in their study in line with the present study did not express a significant difference from the perspective of the education level, marital status and gender variables[4]. Rastegari et al (2010) also in the results of their studies expressed that there is no significant difference between the education level and the rate of accepting euthanasia[15]. During the course of the studies performed by Van Wijmen and his colleagues (2010) the high euthanasia acceptance rate was reported in higher education levels[16].

Therefore, according to the results obtained from the aforementioned studies it may be possible to state that attitude, internalized beliefs and the religious opinions of the individuals working in clinical centers changes in higher education levels.

In the results obtained in the present study there was not observed any significant statistical difference between job history and the clinical team euthanasia acceptance rate. In an study performed by Wakili et al (2013) the increase in the interest in performing euthanasia in the personnel of the intensive care units was found to have relationship with the increase in the job history[17]. Therefore, it is likely that the longer job histories with an increase in the treatment team age overshadow their attitude toward human beings and also their caring for the ethics principles.

Naseh et al (2013) in their study results showed that the increase in the individual's age increases their positive attitude toward performing euthanasia which is not consistent with the results obtained by the present study[18].

In studies such as Given and Mitchen (2009) in the US the higher rate of women's disapproval of the euthanasia in comparison with the men has been reported [19]. Tall et al (2013) reported no statistical relationship between gender, marital status and expertise in the results of their study[20].

Corresponding to the results of the study performed by Taqadosinejad et al (2011) the euthanasia acceptance rate,solely with the conscious patient request, has been significantly higher in the patients group respective to the physicians group which is not consistent with the results obtained in the present study[4]. In the results obtained from a study performed by Alizadeh et al (2011) it can be observed that performing euthanasia is not allowed in the law system and religious teachings in many of the countries, but some of the people base their conclusions on the patient's consent and Kant autonomy premise that "based on the patient's request and consent performing euthanasia is flawless which does not conform to the results obtained by the present study[21]. In another study performed by Moqaddasyan et al (2013) the testees negative view has been shown regarding the Do-Not-Resuscitate order which does not match the results obtained in the present study[22].

The present study aims at the comparison between the perspectives of the treatment team and the patients in relation to executing euthanasia. In the findings of the study there was not observed any significant difference regarding the euthanasia acceptance based on the gender and age variables in both of the treatment team and patients groups. Taqadosinejad et al (2013) in their study along with the present study did not state a significant difference regarding the above mentioned variables[4]. Naseh and his colleagues (2013) in their study results showed that with the increase in the age of the study population the positive attitude towards euthanasia increases which does not conform to the results obtained by the present study[18]. But, researches such as Given and Mitchen (2009) in the US reported the higher ate of euthanasia disapproval by women respective to men[19].

In the results obtained by the present study it has been shown that a great majority of the treatment team agree with committing euthanasia and the higher their education level become their agreement percentage increases as well. Rastegari et al (2010) in their study results indicated that there is no significant statistical difference among the education level and the euthanasia acceptance rate[15]. Based on the researches performed by VanWijmen et al (2010) the higher euthanasia acceptance rates were reported in the higher education levels[16]. It may possible to

state that the attitude, internal beliefs and the religious opinions in the individuals working in the treatment centers in higher education levels suffers vicissitudes.

In the results obtained by the present study there was not observed any significant statistical difference between the job history and the euthanasia acceptance rate in the treatment team. In the study performed by Wakili et al (2013) the increase in the euthanasia performance propensity in the individuals working in ICU section was found to be correlated with the increase in the job history[17]. It may be possible to assert that the increase in the job history and therefore the increase in the treatment team age average overshadow their attitude to human beings and also their attention and caring for the moral principles.

Corresponding to the results obtained in a research performed by taqadosinejad et al (2011) the euthanasia agreement rate solely with the conscious patient consent has been significantly higher in the patients respective to the physicians groups which does not conform to the results obtained by the present study[4]. In the results obtained by a research performed by Alizadeh et al (2011) it is observed that committing euthanasia is not allowed in the jurisdictional system and religious teachings of many of the countries, but some of the countries base their inferences on the patients' consent and Kant autonomy to state that "based on the patients request and consent one can commit euthanasia" which is not consistent with the present study results[21]. In another study which was performed by Moqadasyan and his colleagues (2013) the participants' negative attitude toward performing Do-Not-resuscitate order was indicated which do not match the results obtained in the present study[22].

The results of the present study signify that the patients obtained the highest scores of opposition to euthanasia in the moral and naturalistic beliefs areas of concerns. According to the Holy Quran verses that "Allah has predetermined a definite life length for the servants based on His theosophy and prudence", it is possible to state the reason why the conscious and even incurable patients oppose such matter as euthanasia.

According to the results obtained in the study and according to the other studies results various arrays of the reasons can be arranged for the treatment team agreement regarding the euthanasia commitment. From among the most important of these reasons one can refer to the followings: the individuals becoming handicapped and even an overburden in doing their humane natural activities, the individuals' right for being able to decide about their lives, a great agonizing pain that the individuals with incurable diseases suffer and should tolerate, but, in the Islam religion, it is believed that "at the time of great sorrows and tragedies Allah, with His mercifulness, invites us to be patient and tolerant and any sort of euthanasia and suicide is rejected. Therefore, in various verses such as verse 33 of Maeda and verse 151 of the verse Al-An'am and the verse 29 of the verse Al-Nisa and in various narratives it is referred to this important theme and from the collection of these verses and narratives it can be concluded that Islam does not authenticate the right to die for human beings and realizes life as something which is consigned to us as trustees and does not consider human beings as the possessor of their lives to be able to terminate it and the murderee consent and the murderer motivation does not affect the nature of this murder and the forbiddance of such an act [23]

On the other hand, opposing euthanasia dates back to the Hippocrates era and it is considered as an endangering factor which destroys the relationship between the physician and the patient and implementing such an act undermines the physicians' role as the health therapists and the life value in the impotent and disabled patients' minds. Observing the individual independency and freedom, preserving the individual's value and dignity, the individual's religious opinions and beliefs are some of the reasons posed by the euthanasia proponents and the life sacredness, clinical decisions indecisiveness and the improvement and restoration possibility are but some of the reasons valued by the euthanasia opponents [24].

Medical sciences basically consider death from the physical and body lens and recognize it as the loss of blood circulation or the catastrophic damage to the brain. While the Holy Quran looks at death is substantially focused on the self and knows death as traversing through the narrow path of the physical body and it also underscores the body variations at the time of dying. Such an attitude can be of great effect and value in discussions such as euthanasia, final cares and abortion [25].

Corresponding to the results obtained in the present study in the life superiority area of concern the patients indicated a significant statistical difference with the treatment team. More than half of the studied conscious patients

enumerated respecting human beings, the existence of options and choices and volition and will as their own absolute rights.

CONCLUSION

Considering the changes and transformations advancement pace in the present era regarding technology, culture and other cases the medical sciences cannot be excluded from this principle and the treatment team as the health realm leaders can enhance their quality of offering heath services via attracting the confidence and trust of the patients as the main clients of the treatment centers instead of thinking of ways to terminate the incurable patients' lives. Therefore, the treatment team individuals and staff members including the physicians and the nurses should envisage themselves in the position of the conscious patient connected to ventilator to be able to comprehend the shimmering lights of hope to continue life even in the incurable patients and make a correct and responsible decision for their lives as humans.

Acknowledgements
We would like to thank the treatment team and the patients and their families who greatly helped us in undertaking the present study.

REFERENCES

[1] Afzali,M., A., marzband, R., A., (2014). "Euthanasia in medical history of western and Islamic world." Religion and health periodical, 1st year, No.22, P.7.
[2]Rafiee Manesh A. et al. (2011). "Death angel (about voluntary death or euthanasia), the journal of justice administration laws .
[3]Poormohammadi (2014). "What does euthanasia mean". Hmashahri Journal.
[4]Taqadosinejad f., Akkazi A., Moqarehzadeh Isfahani M., Yousewfinejad V. (2011). "Physicians and patients attitudes comparison regarding euthanasia in medical centers associated with Tehran medical sciences university", the scientific journal of forensic medicine, issue no.19:4, pp.277-348
[5]Tasnimnews.com/fa/news/2015/11/11/986199.2016. Tasnim news agency (Khabar Afkar)
[6]Salimi A., Fathi M. J. (2013). "Euthanasia law analysis in the Islamic punishment law enactment, 2011," iranian journal of Medical Ethics and History of Medicine, issue no.6:4, pp.18-30
[7]Aqababaee, N., 2011, "The euthanasia attitude evaluation", journal of medical history and morality, issue no.5:1, pp.59-71.
[8]Heydari, A. (2015). "Euthanasia dos and don'ts", Sepid periodical.
[9]Abiri M., Mohammadi Nik M. (2014). "Euthanasia from religions and medical ethics perspectives", the second meeting for the survey of the judicial criteria in medicine, pp.404-417
[10]Kazemiyan A.(2008). Evaluating physicians points of view about terminally ill patients. Iranian Journal of Medical Ethics and History of Medicine.
[11]Tavakkoli q. (2012). "Euthanasia and the difference between doing an action and leaving an action", the Iranian journal of Medical Ethics and History of Medicine, issue no.7, pp.13-27
[12]Javanmard, B. (2009). "Euthanasia concept and its survey from the jurisprudence, law and morality perspectives", medical laws periodical, issue no.3:3.
[13]Shyayaee M. (2009). "Death angel" Stanford encyclopedia of philosophy (sep).
[14]Malcolm H Parker, Colleen M Cartwright and Gail M Williams. Impact of specialty on attitudes of Australian medical practitioners to end-oflife decisions Malcolm H Parker, Colleen M Cartwright and Gail M Williams. MJA 2008; 188 (8): 450-456.
[15]Rastegari, H., Sedaqat M., Saeedi S., Aramesh K., (2010). issue no.5:3, pp.37-44.
[16]vanWijmen MP, Rurup ML, Pasman HR, KaspersPJ, Onwuteaka-Philipsen BD. Advance directivesin the Netherland: an empirical contribution to the exploration of a cross-cultural perspective on advance directives. Bioethics .2010; 24:118-26.
[17]Wakili M., Delavar S., karimian Z., Fotoohi S. (2013). "The attitudes of the nurses and physicians of intensive care units of Yazd Shahid Sadooqi medical sciences university hospital regarding euthanasia in 2012." Society health academic article, issue no.7:4, PP. 1-9.
[18]Naseh L. et al (2013), "The survey of the nursing apprenticeship students attitudes to euthanasia", education and ethics in nursing periodical, issue no.3: 1.

[19]Givens JL, Mitchell SL. Concerns about end-of-life care and support for euthanasia. J Pain Symptom Manage 2009; 38(2): 167-73.
[20]Tal Bl,SHA,RonenH,AndrewM,Siegel and Strous. Attitudes towards Euthanasia And Assisted Suicide: A Comparison Between Psychiatrists And Other Physicians. 2013. Bioethics, 27(7):402-408.
[21]Alizadeh, J. et al. (2013). "Euthanasia from the criminal law and medical accountability points of view", periodical of law thinkers, issue no.5: 3.
[22]Moqaddasian S., Abdollahzadeh F., Rahmani A., Pakanzad A., Pakanzad F., Heydarzadeh H., (2013). "the attitudes of the nursing students of Tabriz and Kurdistan medical sciences universities regarding resuscitate order, the Iranian journal of Medical Ethics and History of Medicine, issue no.6, No.5.
[23]Larijani B., Mobsherm, Tirgres, Zahediov, Tirgres, Shariatiev, Karimi B., Mirzaee M., (Lotfi Azar), (2014). Iranian journal of Medical Ethics and History of Medicine, issue no.7:.4, pp. 17-36.
[24]Rahnama M. (2013). "The criticism and survey of euthanasia in modern medicine and Islam point of view". Rahnama scientific and cultural journal, (medical sciences university, Isfahan, Iran), Nos. 17 & 181(2):61-68. [Persian]
[25]Mahmoodyan, F., Yousefi Manesh H., Behnam, M., Karami M., 2009. "Euthanasia opponents and proponents reasons comparative analysis", the journal of ethics and the history of medicines, issue no.2:3, pp.17-27.