Religion and Nurses' Attitudes to Euthanasia and Physician Assisted Suicide

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In this review of empirical studies we aimed to assess the influence of religion and world view on nurses' attitudes towards euthanasia and physician assisted suicide. We searched PubMed for articles published before August 2008 using combinations of search terms. Most identified studies showed a clear relationship between religion or world view and nurses' attitudes towards euthanasia or physician assisted suicide. Differences in attitude were found to be influenced by religious or ideological affiliation, observance of religious practices, religious doctrines, and personal importance attributed to religion or world view. Nevertheless, a coherent comparative interpretation of the results of the identified studies was difficult. We concluded that no study has so far exhaustively investigated the relationship between religion or world view and nurses' attitudes towards euthanasia or physician assisted suicide and that further research is required.

Introduction

Religion, faith, belief, and more generally, ideology and world view, entail more than just participation in rituals or the acceptance of certain doctrines. As religion and world view are expected to have repercussions on every aspect of life, it can be assumed that religious and ideological convictions will influence the professional attitudes and practices of medical professionals. In the specific context of treatment decisions in advanced disease, however, the influence of religion and world view is not obvious. Professional experience, insights provided by training in palliative care, and personal religious or ideological convictions, can conflict when professional caregivers have to decide which attitude to adopt or what should be done in a particular situation. The possibility that experience and training or a specific legal or societal context exercise a more profound influence on the attitudes and practices of medical professionals than religious or ideological convictions sounds more probable when the declining influence and increasing individualization of religion and world view in present western society are taken into consideration.[1]

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In order to assess properly the relationship between religion and world view, and attitudes to treatment decisions in advanced disease, the Interdisciplinary Centre for the Study of Religion and World View of the Catholic University of Leuven, Belgium, decided to undertake a broad research project, 'Religion and Ethics at the End of Life. A Study of the Influence of Religious and Ideological Affiliation and World View on Attitudes Towards End-of-life Decisions', sponsored by the Research Foundation – Flanders. A large-scale quantitative study was conducted among all nurses and physicians working in palliative care in the Dutch-speaking region of Belgium. Within the study's context it was imperative to review all empirical studies that dealt with the relationship between religion and ideology, and the attitudes of medical and nursing professionals to end-of-life decisions.

Although in end-of-life care nurses and physicians are part of an interdisciplinary team, the position of nurses differs significantly from that of physicians. When a decision is made about a patient's end of life, the physician bears the final responsibility. Nurses, however, may have had the opportunity to express their opinions in the decision-making process, but in the end they could be left with executing an order that they do not fully endorse. Nurses are often closer to patients and their suffering, and are more closely confronted with distressed and mourning family members or friends. It was therefore considered important to conduct a specific review about the attitudes of nurses towards treatment decisions in advanced disease and the respective role played by their religion and world view. In this article we do not restrict our scope to the study of religion in a narrow sense; we analyse the influence of ideology and world view, thus also including non-theistic and non-religious world views. We deal specifically with nurses' attitudes towards euthanasia and, to a lesser extent, physician assisted suicide. In the identified articles, different opinions are expressed about the meaning of the term 'euthanasia'. We therefore attempted to reformulate the findings of each article using the following terms.[2–4]

- Euthanasia: the intentional administration of lethal drugs in order to terminate painlessly the life of a patient suffering from an incurable condition deemed unbearable.
- Voluntary euthanasia: the intentional administration of lethal drugs in order to terminate painlessly the life of a patient suffering from an incurable condition deemed unbearable by the patient, at this patient's request.
- Non-voluntary euthanasia: the intentional administration of lethal drugs in order to terminate painlessly the life of a patient suffering from an incurable condition deemed unbearable, not at this patient's request.
- Physician assisted suicide: a physician intentionally assisting a patient, at this patient's request, to terminate his or her life.

Method

The bibliographical search undertaken for this review was part of a broader search for empirical studies about the attitudes of physicians and nurses towards end-of-life issues. We conducted our search on the PubMed database, using combinations of the terms 'euthanas*', 'attitude*', 'questionnaire', 'palliati*', 'hospice', 'assisted suicide' and 'survey'. The results were supplemented by a snowball search. A total of

Table 1 Overview of identified articles (some studies surveyed not only nurses, but also, for example, physicians or the general public; only the numbers and response rates of the nurses are given)

Study	Publication year	Country	Type of survey	Participants	% response
Anderson[20]	1993	USA	Distributed	40 nurses attending a workshop for oncology professionals	NA
Asai[13]	1999	Japan	Mail	145 nurses listed in the members' list of the Japanese Association of Palliative Medicine	68
Asch[21]	1997	USA	Mail	1139 subscribers to *Nursing*, who indicated that they were working in critical care units	73
Berghs[22]	2005	NA	Review	NA	NA
Bendiane[32]	2007	France	Phone	602 district nurses	75
Bittel[15]	2002	Switzerland	Mail	286 nurse members of the Swiss Association for Palliative Care	68
Cartwright[16]	1997	Australia	Mail	231 critical care nurses	79
Cuttini[30]	2004	11 European countries[a]	Mail	3410 nurses working in tertiary neonatal intensive care units: Italy: 527 Spain: 305 France: 425 Germany: 647 Netherlands: 483 UK: 346 Sweden: 367 Hungary: 213 Estonia: 39 Lithuania: 58	86 92 89 87 88 83 70 87 90 95 92
Davis[24]	1993	7 countries[b]	Structured interview	319 nurses who either worked in cancer care in an acute setting, or who worked with elderly patients with senile dementia in long-term settings	NA
Davis[26]	1995	USA	Structured interview	80 nurses working in a large acute care hospital's oncology unit or a large long term care facility with dementia units	NA
DeKeyser Ganz[28]	2006	Israel	Distributed	71 critical care nurses in a major non-sectarian, secular teaching hospital	NA
Dickenson[5]	2000	UK, USA	Distributed	469 UK nurses studying the Open University Course on 'Death and Dying' 759 USA nurses taking the Hastings Center course on 'Decisions near the end of life'	NA

Table 1 *(Continued)*

Study	Publication year	Country	Type of survey	Participants	% response
Kitchener[6]	1998	Australia	Mail	1218 registered nurses	61
Kuhse[12]	1993	Australia	Mail	943 nurses	49
Matzo[31]	2001	USA	Mail	440 oncology nurses[c]	74
Musgrave[19]	2000	27 countries[d]	Distributed	139 midwives attending an international midwifery conference held in 1996	69
Musgrave[27]	2001	Israel	Distributed	71 nurses working in an oncology setting of a major teaching hospital 52 nurses working in the maternity and nursery departments of a major teaching hospital	NA
Portenoy[23]	1997	USA	Distributed	276 nurses	64
Richardson[7]	1994	USA	Mail	148 nurses chosen from the 1992 membership list of the Oncology Nurses' Society	74
Rurup[38]	2006	Netherlands	Mail	178 nurses	94
Ryynanen[8]	2002	Finland	Mail	582 nurses	73
Shuman[29]	1992	USA	Mail	153 nurses	38
Sorbye[9]	1995	Norway	Distributed	289 students from four different schools of nursing	NA
Stevens[39]	1994	Australia	Mail	289 nurses	58
Tanida[14]	2002	Japan	Mail	145 nurses listed in the members list of the Japanese Association of Palliative Medicine	68
Vega Vega[10,11]	1992 1993	Spain	Mail	346 nurses of the University Hospital San Carlos in Madrid	NA
Verpoort[40]	2004	NA	Review	NA	NA
Verpoort[17]	2004	Belgium	Semistructured interviews	12 palliative care nurses	NA
Young[18]	1993	USA	Mail	1210 randomly selected Oncology Nursing Society members from across the USA	61
Youngner[25]	1979	USA	Distributed	32 intensive care nurses	94

NA: not applicable or information not available in the article
[a]Original sample: France, Germany, Italy, Luxembourg (data not reported), Netherlands, Spain, Sweden, UK, Estonia, Hungary, Lithuania.
[b]Australia, Canada, People's Republic of China, Israel, Sweden, USA.
[c]Matzo's study is based on additional written comments provided by 110 nurses (25%).
[d]The greatest number of midwives were working in the UK (20.1%), the USA (18.7%) and Australia (12.7%).

347 articles that dealt with attitudes and practices of physicians and nurses regarding euthanasia and physician assisted suicide were searched. On the basis of the abstracts, but frequently also on a more profound analysis of the content of the articles, studies that addressed the phenomenon religion or world view together with nurses' attitudes towards euthanasia and physician assisted suicide were identified. The bibliographical search was completed in August 2008. Articles that were at that time available in PubMed were also included in the review. No further limits were set. This resulted in 31 relevant articles, comprising two reviews, one qualitative study, and 28 quantitative studies (Table 1).

Results

There was no unanimous agreement among the identified articles about the influence of religion or world view on attitudes towards euthanasia or physician assisted suicide (Table 2). The authors of 20 surveys reported such influence, while, in eight studies, the existence of such a relationship was denied. The results are, however, not fully comparable because not all the researchers interpreted religion or world view in the same way. We found that the influence of four specific aspects of religion and world view was assessed: religious or ideological affiliation, observance of religious practices, importance of religion or world view in the respondent's professional or personal life, and religious doctrines.

Table 2 Influence of religion in the qualitative and quantitative studies (i.e. excluding the 2 review articles)

Study	Influence of religion on attitudes
Anderson[20]	A majority of Protestants agreed with a doctor committing euthanasia in a vignette; a majority of Catholics disagreed Negative relationship between religious commitment and agreement with euthanasia
Asai[13]	Attitudes towards voluntary euthanasia were more influenced by secular ethical principles than by religion
Asch[21]	Catholic and more religious nurses held more negative attitudes towards euthanasia
Bendiane[32]	Legalization of medical acts that deliberately end the life of a patient was supported by fewer of the nurses who reported believing in a God who masters their destiny than of those who did not (55% versus 68%)
Bittel[15]	20% mentioned 'religion' as a decisional base, which was less than 'ethics' (72%), 'experience' (70.3%) and 'alternatives' (37.1%)
Cartwright[16]	Half of the nurses indicated that beliefs influence their attitudes A further analysis of the results could not establish a relationship between beliefs and attitudes
Cuttini[30]	Nurses who considered religion important in their life were less likely to support legal changes that would allow euthanasia more easily
Davis[24]	Religious affiliation and involvement in religious practice did not influence attitudes towards euthanasia
Davis[26]	Experience makes nurses drift away from religious dogma

Table 2 *(Continued)*

Study	Influence of religion on attitudes
DeKeyser Ganz[28]	Nurses who perceived themselves as religious or very religious were less likely to agree with voluntary euthanasia
Dickenson[5]	Nurses without religion are more favourable towards physician assisted suicide
Kitchener[6]	Nurses without religion are more in favour of voluntary euthanasia A majority of the religious nurses favoured changing the law on voluntary euthanasia and would be willing to be involved in voluntary euthanasia if it were legal Attitudes differ between Christian denominations
Kuhse[12]	Influence of religion on attitudes is limited
Matzo[31]	Some nurses based their negative attitudes towards active hastening of the dying process on religious values
Musgrave[19]	There was a significant relationship between religiosity and religious affiliation on one hand and attitudes towards voluntary euthanasia on the other
Musgrave[27]	Nurses who were more religious were less likely to favour voluntary euthanasia and its legalization The more nurses observed religious traditions, the less likely they were to agree with voluntary euthanasia
Portenoy[23]	Catholics held less favourable attitudes towards physician assisted suicide than other respondents There was a negative correlation between level of religious belief and willingness to endorse physician assisted suicide[a]
Richardson[7]	Religion was the only variable that influenced the nurses' attitudes towards voluntary euthanasia Nurses with a strong religious belief did not favour the legalization of voluntary euthanasia.
Rurup[38]	Religious nurses were less open towards hastening death in incompetent patients with or without request
Ryynanen[8]	Religious nurses were less open towards all forms of euthanasia when compared with non-religious nurses
Shuman[29]	There was a negative relationship between religious belief and approval of euthanasia
Sorbye[9]	Nurses with at least some degree of religious belief showed more conservative attitudes towards voluntary euthanasia Religious belief was the strongest predictor for attitudes towards voluntary euthanasia
Stevens[39]	There were no statistically significant differences between nurses with different religious affiliations who had practiced euthanasia
Tanida[14]	Only a very small minority of nurses reported that their views on the morality of voluntary euthanasia were based primarily on religious beliefs No relationship was established between religion and the attitudes of nurses
Vega Vega[10]	Non-believers tended to agree more with legalization of euthanasia[b]
Vega Vega[11]	Catholics were least in favour of euthanasia[b]
Verpoort[17]	The perception of life as a gift from God made some nurses regard euthanasia as unacceptable
Young[18]	There was variation between different religions and denominations
Youngner[25]	The influence of a religious upbringing on attitudes towards care of critically ill people was less than the influence of the professional background

[a]Results for physicians, nurses and social workers were combined.
[b]Results for physicians, nurses, students and retired people were combined.

Religious or ideological affiliation

When in the articles under review respondents were asked to indicate their religion or world view, they could often choose from a list of affiliations, not only including different religions and denominations, but also non-religious world views like 'non-believer' or 'atheist'. The centrality of the exhortation to respect life in many religions suggests that religion nurtures negative attitudes towards euthanasia and physician assisted suicide, and that, therefore, the attitudes of atheists or non-believers would be much more positive when compared with those of believers. Indeed, in several articles a statistically significant difference was found between believers and non-believers concerning attitudes towards (the legalization of) euthanasia and physician assisted suicide.[5–11] Although Kitchener[6] and Kuhse and Singer[12] noted that non-believers were more open to euthanasia than believers, they also found that a majority of respondents in each religious group favoured the legalization of euthanasia or were prepared to assist in euthanasia themselves. It is possible that religious arguments prompted the believing nurses to favour euthanasia, but it could also be the case that they were not the main factor that influenced religious nurses' attitudes. Several studies seemed to demonstrate the more dominant influence of professional experience or secular ethics on nurses' attitudes. In the studies by Asai *et al.*,[13] Tanida *et al.*[14] and Bittel *et al.*,[15] respondents were offered the possibility to indicate which factor was decisive for their attitude towards several items, including euthanasia. In the studies by Asai *et al.* and Tanida *et al*., an overwhelming majority (85%) stated they based their views on secular ethical principles. Only 3% of the respondents stated that their opinions had been influenced by a religious ethical approach.[13,14] In the study conducted by Bittel *et al.*, 72% indicated 'ethics' as a decisional base, while only 20% opted for 'religion'.[15] Cartwright *et al.*[16] found a more pervasive influence of religion. Only 50% of their respondents indicated that their religious beliefs in no way influenced their opinions with respect to issues such as physician assisted suicide or voluntary euthanasia. Yet, since only 26% reported no religious affiliation, at least one third of the nurses belonging to a religious community believed that their professional attitudes were not influenced by religious teaching. Although 50% of the nurses had indicated that beliefs do influence their attitudes, no significant relationship between attitudes and religious affiliation was observed.[16] In another study, qualitative interviews offered nurses the possibility to refine their answers. Several nurses said they were aware of the apparent contradiction between being religious and euthanasia, but nevertheless did hold the conviction that euthanasia should not always be illegal because they had come across situations in which they had thought it would have been the better option.[17]

The influence of professional experience or secular ethics may explain why sometimes the differences between believing and non-believing nurses are small, yet it does not necessarily prove the absence or irrelevance of the influence of religious or ideological affiliation on nurses' attitudes to euthanasia or physician assisted suicide. The influence of religion may be much stronger among members of specific faiths or religious denominations. In at least three articles no statistically significant difference was observed between believers' and non-believers' attitudes towards euthanasia, physician assisted suicide and their legalization. The authors of these articles therefore did not make the distinction only between believers and non-believers, but among certain believers versus other groups of believers and non-believers. Kitchener[6] found that agnostics, atheists and Anglicans were most supportive of changes in the law on voluntary euthanasia and were most likely to be willing to be involved in the provision

of voluntary euthanasia. Young *et al.*[18] contrasted the more supportive attitude of Jews, agnostics and atheists with the negative attitudes of Protestants and Catholics. In the study by Musgrave and Soudry,[19] agnostics and atheists were less likely to agree with euthanasia and its legalization than Jews. The attitudes of Roman Catholics were most negative.[19] The fact that some authors saw that the attitudes of some groups of believers resembled those of non-believers reveals diversity within the group of believers, even within the same religion. Christians, for instance, cannot be considered as a whole. One way of doing justice to the variation within Christianity is to classify Christians into the denominations to which they belong. At least eight studies found that Roman Catholics tended to be least open to euthanasia,[6,12,18–23] while, among Protestants, Anglicans were most supportive.[6,12]

Out of eight studies that listed 'Jew' or 'Jewish' as an option for religious or ideological affiliation, four stated that the attitudes of Jews towards euthanasia were more positive than the attitudes of Christians.[18,19,23,24] Only one of these studies did not find a significant influence of religious or ideological affiliation in general,[25] one was qualitative and did not provide statistically relevant results because only two nurse participants were Jewish,[26] and in two studies the attitudes of Jewish nurses were not compared with the opinions of other nurses.[27,28]

Most authors analysed the attitudes of non-Christian and non-Jewish 'believing' nurses using one general category, such as 'other religion'. This was, however, not the case in the studies by Asai *et al.*[13] and Davis *et al.*,[24] which involved a relevant number of nurses working in countries that are not predominantly Christian or Jewish and included the options 'Buddhist', 'Shinto', and 'Socialist/Communist'. These authors did not detect any relationship between religious or ideological affiliation and attitudes to euthanasia.

Fourteen studies that enquired about religious or ideological affiliation had a category 'other' in addition to Christian (sometimes further divided into denominations), non-believer and possibly Jew. Yet, in the analysis or discussion of the results, only two of these articles devoted separate attention to the results of the 'other' category. Kuhse and Singer[12] found that nurses who had indicated they were neither Christians nor non-believers were least willing to be involved in voluntary euthanasia if it were legal, and that nurses indicating 'other religion' had less often agreed with a request to take part in an action that would directly and actively end a patient's life. Kitchener[6] noted that nurses stating that they were not Christian, agnostic or atheist were closer to Catholics than to Anglicans regarding attitudes to voluntary euthanasia. All remaining articles that mentioned a category 'other religion' in the analysis of religious or ideological affiliation either did not further discuss the results for this group or find a significant influence of religion or world view on attitudes to euthanasia or physician assisted suicide.

Observance of religious practices

Five studies attempted to measure religious practice. The international research group headed by Davis[24] concluded that attitudes to euthanasia were not related to degree of involvement in religious practice. Three other articles used an overarching religious category that included religious practice.[20,23,29] In these studies the singular influence of religious practice on attitudes to euthanasia or physician assisted suicide was not assessed. In the questionnaire used by Shuman *et al.*[29] the respondents had to note the

frequency of their religious participation. These authors concluded that religious belief and activity explained one third of the variance in attitudes to euthanasia, but they did not analyse the singular effect of frequency of religious participation. Portenoy *et al*.[23] designed a subscale to measure level of religious belief, which was calculated on the basis of five questions, three of which dealt with religious observance. They reported a negative relationship between level of religious belief and willingness to endorse physician assisted suicide.[23] In that study, different religious elements were used to construct one general religious category, thus it is impossible to say to which extent present or past frequency of religious attendance influenced the nurses' attitudes towards euthanasia. Anderson and Caddell[20] calculated the level of religious commitment on the basis of answers to questions assessing eagerness to know God's will while making decisions; joy and satisfaction derived from participation in Church activities; and frequency of prayer, church attendance and religious reading. They found that participants with greater religious commitment were more likely to oppose euthanasia.

Only in one study was a clear positive relationship between religious practice and attitudes towards euthanasia or physician assisted suicide revealed. Musgrave *et al*.[27] enquired about the degree of observance of religious traditions and found that the more religious traditions were observed by Jewish nurses, the less likely they were to agree with physician assisted suicide.

Importance of religion or world view

Other authors attempted to measure religion and world view by gauging personal importance attributed to these factors by the respondents. Some researchers simply asked nurses how religious they were. They found that nurses who consider themselves more religious are more often against euthanasia and physician assisted suicide.[8,9,19,23,27] According to Cuttini *et al*.,[30] considering religion to be important in one's life is negatively related to the belief that laws on euthanasia should be more liberal. Asch and DeKay[21] reported that nurses who have been involved in an act of euthanasia often attribute less importance to religion. The studies conducted by Portenoy *et al*.[23] and Richardson[7] led to the conclusion that nurses who think that religion influences their lives do not favour legalization of voluntary euthanasia and are less willing to be involved in physician assisted suicide. In the case of Portenoy *et al*.,[23] this is however only an indirect conclusion because the perceived influence of spiritual beliefs was only one of five items that together constituted the overarching category 'level of religious belief' (see above).

Religious doctrines

Religious doctrines that may determine attitudes to euthanasia and physician assisted suicide are, first, direct exhortations by religious authorities (e.g. the command of the Roman Catholic Church that no Catholic should be involved in acts of euthanasia). Second, attitudes towards euthanasia and physician assisted suicide may be influenced by more abstract religious or spiritual doctrines and values that may be shared by non-believers. For instance, both believers and non-believers may adhere to the idea of the inherent 'sanctity' of life. In the study by Davis *et al*.,[26] 20% of the nurses opposing euthanasia referred to the principle of sanctity of life. The view of the world as being

created by God is more particular to Jewish, Islamic and Christian traditions and is generally not accepted by non-believers. Life is considered by believers as a gift from God. Several nurses stated that the hour of death can be determined only by God and that people should not interfere by actively hastening death.[17,26,31] Bendiane *et al.*[32] observed that nurses who expressed their belief in a God who masters their destiny were less likely to favour the legalization of medical acts that deliberately end a patient's life.

Discussion

When Stark and Glock[33,34] attempted to chart the phenomenon of religion and world view, they distinguished five dimensions: (1) the ideological dimension; (2) the ritualistic dimension; (3) the experiential dimension; (4) the intellectual dimension; and (5) the consequential dimension. According to Glock and Stark,[34] the ideological dimension 'is constituted ... by expectations that the religious person will hold to certain beliefs'. The ritualistic dimension 'encompasses the specifically religious practices expected of religious adherents'. The experiential dimension includes 'direct knowledge of ultimate reality' and 'religious emotion'. The intellectual dimension is related to the ideological dimension and entails the assumption that a religious person will comprehend the essential teachings and scriptures of his or her faith. Glock and Stark[34] described the consequential dimension as 'the secular effects of religious belief, practice, experience, and knowledge on the individual'.

Many researchers have treated religious affiliation as a valid category to measure all aspects or dimensions of religion and world view at once. The assumption seems to be that, through religious or ideological affiliation, the overall influence of religion and world view on attitudes to euthanasia and physician assisted suicide can be adequately assessed. Several studies indeed found a significant positive relationship between religious or ideological affiliation and attitudes to euthanasia and physician assisted suicide.[6,10–12,18–20,23] Yet, the finding by Bittel *et al.*[15] that, in Switzerland, more people state they derive their attitudes from ethics rather than religious notions, may seem to contradict the hypothesis of a religious or ideological influence on attitudes towards euthanasia and physician assisted suicide. However, in secularized western Europe nurses may have internalized Christian values without being aware of such influences, or without being willing to acknowledge their indebtedness to Christianity. In contemporary society people like to see themselves as autonomous beings, rather than as being shaped by an age-old system.[35] Ethics can also include ethical opinions derived from religious principles.

The studies by Asai *et al.*[13] and Tanida *et al.*[14] in which most respondents indicated that they based their views on secular ethical principles, seem to confirm the irrelevance of religiosity and world view to attitudes to euthanasia. Their survey, however, was carried out in Japan and the interpretation of religion and religiosity in Asian countries may sometimes be unclear.[36] In addition, studies that showed a majority of the religious nurses favouring euthanasia[6,12] do not necessarily contradict the influence of religion on attitudes to euthanasia because, in these studies, it was shown that even more non-religious nurses supported euthanasia. Support for euthanasia and physician assisted suicide may also be nourished by values such as compassion that are also part of religious ethics. The final ethical decision made by study participants may not depend

only on whether they believe in a transcendent reality and belong to a particular religion or religious denomination. The capacity or incapacity of a person to interpret religious ideas and teachings symbolically, and to refrain from a selective literal interpretation, may be of equal importance.[37]

The respondents in the study conducted by Cartwright *et al*.[16] reported a much greater influence of religion on their attitudes to euthanasia. The differences between the surveys by Bittel *et al*.[15] and Cartwright *et al*.[16] may be explained by the different ways of phrasing the question and by the various social and religious contexts of the countries in which the surveys were conducted. Yet, the results of Cartwright *et al*.[16] clearly showed that, also in a western context, many people still feel that religion influences their attitudes. Further support for the hypothesis of an overall influence of religion or world view on attitudes towards euthanasia and physician assisted suicide can be derived from studies that noted significant variation between members of different religious or ideological groups. The greater reluctance of Catholics to accept euthanasia[6,12,18–23] can be explained by the clear pro-life teachings of the Roman Catholic Church. On biblical grounds all Christians are enjoined to respect life and not to kill. Yet, in the Roman Catholic Church this command is amplified by explicit ecclesiastical exhortations. The diversity among Protestant churches, and the lack of an overall leadership encompassing these churches, may cause greater variety among Protestant opinions to euthanasia and physician assisted suicide. The reason why Kitchener[6] and Kuhse and Singer[12] showed that, among Protestants, Anglicans were more supportive of euthanasia remains unclear and may also have been caused by external factors. In neither of these studies is there any indication to which denominations the other Protestant respondents belonged. Additionally, these authors did not seem to be aware of the diversity within Anglicanism.

It is also not clear why in four out of six studies that contrasted Jewish nurses' attitudes with those of other nurses, a greater approval of euthanasia was found among the Jewish nurses. Davis *et al*.[24,26] explained the dissimilarity by pointing out that the Israeli nurses may have considered withholding and withdrawing of treatment to be a form of 'euthanasia', which was defined in the interviews as 'actions that are taken to deliberately shorten human life'. Another explanation for the generally supportive attitude towards euthanasia among Jewish respondents may be the huge presence of secular and barely observant Jewish nurses.[27,28] In western countries in general, not only in Israel, many nurses may feel free to determine their own attitude towards euthanasia and assisted suicide, even if this runs against the teachings of their church or religious or ideological authorities. This would be in line with the findings by Dobbelaere and Voyé,[1] who observed that, in contemporary western society, there is a discrepancy between the religious group among which people count themselves and the way they construct their world view. People who were baptized in the Roman Catholic Church, and regularly attend Catholic services, may consider themselves as Catholics, but may simultaneously feel free to adhere to views considered unorthodox by the Roman Catholic Church.[1]

Only two articles meaningfully contrasted the views of Christians, non-believers and possibly Jews with the views of other believers. The lack of attention to this aspect is justified, given the generally small size of the group of people noted to belong to 'other religions' and given the possible heterogeneity of this group. More specialized surveys focusing on attitudes of non-Christian- and non-Jewish-believing nurses are

needed in order to be able to analyse the differences in attitude towards euthanasia and physician assisted suicide among western nurses of different religious backgrounds.

The complexities arising out of a critical assessment of the influence of religious or ideological affiliation on attitudes to euthanasia and physician assisted suicide indicate that the influence of religion or world view on these attitudes cannot be measured simultaneously. The dimensions of religion and world view have to be dealt with separately. Glock and Stark's[34] five dimensions of religion and world view may serve this purpose very well. None of the identified surveys analysed the phenomenon of religion or world view using the five categories of dimensions. Nevertheless, while assessing the influence of religion and world view on attitudes to euthanasia and physician assisted suicide, starting from this or a similar representation of religion and world view is necessary, otherwise important aspects may be omitted. Distinguishing between the five different dimensions would also enable researchers to determine which religious dimension is of overriding importance in attitudes to euthanasia and physician assisted suicide.

Specific religious doctrines may encourage nurses to adopt certain attitudes. In Stark and Glock's[33,34] scheme, religious doctrines are situated at the levels of the first (ideological) and fourth (intellectual) dimensions. Belief in a God who has power over destiny has been found to be an important doctrine negatively influencing approval of euthanasia and physician assisted suicide.[17,26,31] Yet, only very few studies pay attention to the concrete content of nurses' beliefs. In this regard, further research is certainly required.

The second (ritualistic) and fifth (consequential) dimensions of Stark and Glock's[33,34] scheme were measured in the identified studies by questions that enquired about observance of religious or ideological practices, and measuring the importance of religion or world view. Measuring the frequency of religious attendance could be warranted by the assumption that frequent attendance at religious services is an expression of the centrality of religion in someone's life. During religious services the essential teachings of a religion will be expressed, therefore more frequent attendance may lead to a higher degree of familiarity and agreement with these opinions. However, as Dobbelaere and Voyé[1] noted, in the West, frequent participation in religious services, and even active involvement in the organization of religious activities, do not automatically imply agreement with all views of the religious authorities. If the hypothesis of a necessary relationship between frequency of religious attendance and agreement with religious doctrines cannot always be upheld, the observation of a limited relationship or its absence between the frequency of religious attendance and attitudes towards euthanasia or physician assisted suicide cannot fully exclude the possibility of religious influence on these attitudes. Even the influence of religious practice in general remains possible, given the fact that this consists of more than mere attendance at religious services. Religious practice comprises prayer, pilgrimage, meditation, private worship, etc. This may explain why, apart from the study by Davis *et al.*,[24] all studies that incorporated frequency of religious attendance within wider religious practice or religious commitment concluded that religiously committed persons tend to have negative feelings towards euthanasia.

Attributed importance to religion or world view may also determine nurses' opinions about euthanasia. Unfortunately, questions that measure attributed importance to religion tend to be very vague and could indeed refer to the second (ritualistic) and fifth (consequential) dimensions of religion, but also to the third (experiential)

or fourth (intellectual) dimensions. As a consequence, results regarding importance attributed to religion and its relation to attitudes towards euthanasia and physician assisted suicide can hardly be interpreted unambiguously.

Conclusion

The majority of the articles identified support the hypothesis that nurses' attitudes towards euthanasia and physician assisted suicide are influenced by religion and world view. Attributing more importance to religion also seems to make agreement with euthanasia and physician assisted suicide less likely. Roman Catholics were more often against euthanasia and physician assisted suicide. These conclusions are, however, very general and do not pay due attention to the many difficulties related to interpretation of the phenomena religion and world view. The poor operationalization of religion and world view in the studies negatively influenced the usefulness of the results and renders comparison between the articles difficult. Consequently, we have not been able to compare the results for individual countries in a detailed manner, or to reach diachronic conclusions.

Although it seems likely that religion and world view do have an impact on the attitudes of nurses to euthanasia and physician assisted suicide, our review certainly does not allow us to conclude that these are the only or most important factors in determining these attitudes. In this review we did not assess the influence of factors such as age, sex, type of professional experience, years of professional experience, personal experience, or the influence of culture or country (e.g. that in one country euthanasia is a legal possibility, while in another hardly any discussion of euthanasia is possible). Even if one finds important differences between the attitudes of, for example, Roman Catholic and non-believing nurses in one country, much greater differences could exist when compared with Catholic nurses from another country.

The following remarks should be taken into consideration when conducting further research on the relationship between religion or world view and attitudes towards euthanasia and physician assisted suicide. First, a more elaborate analysis of the influence of religion and world view on nurses' attitudes to end-of-life decisions in general and euthanasia and physician assisted suicide in particular is urgently needed. A deeper insight into the functioning of religion and world view in the development of personal ethical attitudes to euthanasia and physician assisted suicide would shed light on the dilemmas faced by nurses who are witnessing or are involved in acts of euthanasia or physician assisted suicide, and would add to the effectiveness of personal counselling for nurses who have experienced problems with particular treatment decisions in advanced disease.

Second, it may be worth while to study in more detail which religious doctrines are decisive for which attitudes to euthanasia and physician assisted suicide. Researchers should consider religious ideas such as the world's createdness, sanctity of life, divine intervention in daily life, the impact of religious authorities, and diverging interpretations of life after death. Researchers should be aware that euthanasia and physician assisted suicide can also be justified using religious arguments, for example, on the grounds of compassion based on God's love for every creature. Thus, possible disagreement with ecclesiastical teaching does not necessarily imply an absence of religious influence on attitudes towards euthanasia and physician assisted suicide.

Third, we recommend a separate analysis of the various dimensions of religion. It is important that these are not amalgamated into one overarching category. Admittedly, in this way it would be impossible to determine which respondents were more religious in general, but separate analyses of all the dimensions of religion and world view would make it possible to distinguish more clearly between various types of believers and non-believers. Simultaneously, it would be possible to measure the influence of different dimensions of religion and world view on attitudes to euthanasia and physician assisted suicide. It could also be possible to determine which religious or ideological element or dimension is decisive for these attitudes.

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