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Research Article

**KNOWLEDGE ABOUT EUTHANASIA AMONG NURSING
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The University of Lahore**Abstract:**

Background: Even in nations where it is not legal, such as Brazil, euthanasia is becoming a hotly contested topic among trained professionals and laypeople. However, it's debatable if these individuals are aware of the concept of euthanasia.

Objective: To assess the knowledge about euthanasia among nursing students of university of Lahore.

Methods: This descriptive cross-section study was conducted at university of Lahore, Lahore, Pakistan. Data was collected by a self-administered questionnaire, questions related to euthanasia knowledge. Random sampling technique was used to collect data, structured questionnaire administered to the selected students to collect the data for assessing the knowledge regarding euthanasia among nursing students. The collected was analyzed through descriptive as well as inferential statistics using SPSS software (22). The descriptive analysis was performed using frequencies and percentage.

Results: The findings of this study found that 36.6 percent of nursing students have average understanding about euthanasia. The study also revealed that students should focus on euthanasia knowledge.

Conclusions:

Results shows that nursing students has low awareness about euthanasia, but a very minor proportion of students accepted of it.

Keywords: Knowledge, euthanasia, nursing students.

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INTRODUCTION:

Euthanasia is a term which is defined as the practice of intentionally ending of life to relieve pain and suffering with incurable diseases. Nowadays euthanasia is a very blistering topic in medical ethics, public and legislative debates. The word "euthanasia", derived from the Greek words "eu" (good) and "thanatos" (death), literally means "good death". Many define it as "killings the grace" of those who suffer from fatal illness, injury, disability, or extreme pain and end their lives in the most painless way possible (Banovic, 2014).

Euthanasia is the most active area Study of modern life to ethics. Euthanasia is called active if a person is intentionally killed, for example by injecting a lethal dose. It is called passive when it is intentionally killed by removing the necessary life support (Rachels, 2019).

Over the last 20 to 30 years, the rapid development of medical knowledge and technology has changed the nature of death. In several nations, life expectancy has surpassed 100 years. With advanced technologies, even the terminal stage patient's life can be extended. Their agony and long-term disease, on the other hand, have risen to the fore. All of these fast changes in human existence make euthanasia a contentious issue(Crimmins, 2015).

In recent years there has been a complex ongoing debate on ethical issues related to euthanasia. Difficulties arise from the role of doctors in mercy. Everyone believes that a doctor or surgeon or doctor, whether a doctor or patient, a medical student, a supporter or non-supporter of euthanasia, is ethically responsible for keeping the patient alive according to historical ethical standards(Boudreau & Somerville, 2013).

Today, procedures such as dialysis machines, ventilators, mechanical pacemakers, nutritional devices, and direct current counter shock increase human life expectancy and face health care providers with greater ethical and moral challenges than ever before doing(Pinho, 2020).

People who support euthanasia, on the other hand, are a minority. According to them, euthanasia can be justified if a person is suffering from a terminal illness with little possibility of recovery or survival. To begin with, the person would be granted a peaceful death by being relieved of agony. Second, because hospitals have a limited number of beds, young patients who have hope will be given preference over those who are

attempting the impossible(Douglas, Lewis, Douglas, Scott, & Garrison-Wade, 2008).

Because the sanctity of human life is so crucial in Islamic beliefs, suicide is objectively wrong, a sign of God's displeasure, and a danger to moral principles. It is regarded as a "mortal sin." Aggressive euthanasia is illegal under Sharia law, according to several Islamic scholars' judgments and fatwas. If therapy, including mechanical breathing, becomes ineffective, it is pointless to make extraordinary measures to keep the patient alive. Patients require emotional, social, and psychological assistance (Horowitz, 2010).

Islamic countries such as Pakistan, on the other hand, are still averse to the notion. Hassan et al. performed a survey in Pakistan to examine medical students' awareness about euthanasia. They found that more than half of the students (58%) were opposed to enacting legislation allowing for the practice of euthanasia, while just 27% agreed(Banović & Turanjanin, 2014).

In Pakistan, just 25.6 percent of students thought that euthanasia should be authorized. The most popular rationale for euthanasia's legalization was to alleviate a patient's suffering, but only if a committee of physicians agreed to approve it. The most prevalent argument given by students who opposed legalization (74.4 percent) was barriers to future medical research, followed by the potential of misuse by clinicians or family members. Religious convictions were identified by just 8.9% of students as a reason for opposing legalization. In Pakistan, there is a need for further discourse about euthanasia(Shaikh & Kamal, 2011).

Euthanasia is lawful in Australia, Canada, India, and a number of other nations; however it is not permitted in the majority of Muslim countries, such as Pakistan, Saudi Arabia, and Turkey. Euthanasia is becoming more common in several parts of the world, including the United States and India(Banović & Turanjanin, 2014).

The Netherlands established the permissive circumstances required for euthanasia to be carried out. First, it should be noted that the Law on the Termination of Life does not use the term euthanasia, but instead uses the phrase termination of life on demand, without providing a definition, despite the fact that the term euthanasia was used in the recommendations in the early twentieth century. Euthanasia is legal in the United States if the following conditions are met:

1. The request comes from the patient and is offered freely and voluntarily;
2. The patient is in excruciating agony that cannot be relieved;
3. The patient is aware of his medical condition and options;
4. Euthanasia is the final resort for people who have no other options;
5. The doctor must do an autopsy(Banović & Turanjanin, 2014).

Studies in Pakistan and India have shown that doctors' knowledge of euthanasia is inadequate and most opinions are controversial. Most euthanasia doctors adhere to cultural and religious beliefs. However, research means that religion has nothing to do with practice. Researchers at the University of Aga Khan found that there was ambiguity between doctors and nurses on this issue, but nevertheless, 83.2% of doctors in the intensive care unit were withdrawing life support(Kumar et al., 2017).

However, few studies have been conducted in Pakistan to gain the perspective of Pakistani nursing students. The purpose of this study is to assess the knowledge and views on euthanasia among senior nursing students(Raja et al., 2021).

Rational:

The major issue found that an only few researches conducted on this topic in Pakistan. So, there is much need to provide knowledge about euthanasia among nursing students. There is no exposure of this topic among medical staff yet. So this is the basic reason to choose this topic, to assess knowledge among nursing students of university of Lahore, Lahore.

LITERATURE REVIEW

Numerous researches had been finished to recognize the perspectives of doctors, nurses and college students concerning euthanasia. One examine determined that the elements related to the want to hasten loss of life taken into consideration bodily symptoms, mental suffering, perceiving themselves as a burden to others, better stages of demoralization, much less self-assurance in symptom support, fewer social supports, much less pride with studies and less non-secular beliefs(Sinha, Basu, & Sarkhel, 2012).

Euthanasia is prohibited and considered murder in Turkey, a secular, democratic country with a predominantly Muslim population. Nurses and students may encounter ethical issues and a lack of legal authority when it comes to euthanasia, as well as a clash between religious views and societal and

cultural norms. The majority of students (96.9%) were female and single, with an average age of 21.3 1.5 years. The majority of people (78.9%) said they have never undergone any kind of euthanasia training or education. Nearly one-third of the students (32.4%) were opposed to euthanasia, while 14.3% believed that passive euthanasia might be used if their family were suffering from an incurable, deadly disease. Furthermore, 24.8 percent of students believed that passive euthanasia might be used if they were in an irreversible, deadly state. Less than half of the students (42.5%) believed that discussing euthanasia would be beneficial. There was a significant relationship between the study year and opposition to euthanasia ($p < 0.05$), the belief that euthanasia may be misused ($p < 0.05$), and the belief that euthanasia could be abused ($P > 0.05$)(Ozcelik, Tekir, Samancioglu, Fadiloglu, & Ozkara, 2014).

According to a Polish study conducted by Matejuk and colleagues, nearly one-third (33.3%) of medical college students supported euthanasia legalization, with more than 20% unable to respond; 19.2 percent of students considered performing euthanasia if the patient was suffering from an incurable illness, provided it was legal. Another research by Sameer et al. on a cohort of health profession students found that almost half of the students (47.9%) disapproved with euthanasia(Leppert et al., 2013).

For decades, Australia has had a reputation for prohibiting euthanasia and assisted suicide. However, there has been duration whilst the northern territory approved euthanasia. The Act got here into impact in 1996 and made the Northern Territory the primary vicinity in the international to legally allow energetic voluntary euthanasia and health practitioner assisted suicide(Maloolf, 2002).

Under this law, competent terminal adults over the age of 18 can ask their doctors to help their death. However, the law was short-lived after the federal government overturned it by the 1997 euthanasia law in 1997. The 1997 Euthanasia Act denied expressing legislative power to allow euthanasia or assisted suicide. Over the past decade, many attempts have been made to enact euthanasia and assisted suicide in various Australian states, but all have not reached the date due to the majority of euthanasia(Wallis, 2018).

The views of university nursing students on euthanasia were investigated using convenience sampling in four Pakistani cities. A total of 836 students (316 males and 520 females) answered a questionnaire in which

euthanasia was defined as a doctor deliberately administering an overdose of a medicine to relieve pain and suffering of a dying patient at his or her explicit request to terminate his or her life (Sheikh & Kamal, 2011).

In Canadian research, 991 people from the general public were asked to remark on two distinct crimes' justifications, none of which used the word "euthanasia." The first question portrayed euthanasia in a more favorable light, emphasizing that patients' lives were short and they suffered greatly. Doctors "should be legally entitled to take a patient's life by mercy," according to 80.8 percent of respondents. "Yes," "No," and "I don't know" were the options. The second question asked if it was "entirely" or "very acceptable" for doctors to provide "deadly injections" based on the facts and the scenario, with 69.6% agreeing it was "totally" or "quite acceptable. The results show the compounding effect. However, not only the explanation of euthanasia, but also the alternative reaction was different. The latter may be partly involved in the observed effect. The order of the questions may have influenced the answers, as all respondents asked both questions in the same order. The study also found that there was considerable confusion about terminology. 20% failed to correctly identify the euthanasia description with the correct term. A higher percentage of those who could not distinguish euthanasia from withdrawal or refusal of life prolonging treatment accepted euthanasia (Karesa, 2015).

One of the most hotly disputed issues revolved around people's opinions and decisions about whether or not euthanasia was legal. The debate over euthanasia is considered to boil down to a question of ethics and morality. The euthanasia discussion is a value dispute between persons who value weight differently, world attributes differently, and human location differently (Brock, 1992).

The euthanasia debate is so blistering and controversial that there is a main reason for to question people's values. According to Taylor, Peplau, and Sears (2003), attitude-related concepts are values, and important attitudes reflect basic values (AcaDemon, 2004).

Gap Analysis:

There were few researches conducted on euthanasia in Pakistan and nursing students have less knowledge about euthanasia. In university of Lahore no research has been conducted on knowledge about euthanasia.

1.3 Research Objectives:

- To assess the knowledge about euthanasia among nursing students of university of Lahore.

1.4 Purpose of the study:

The aim of this study is to assess the knowledge about euthanasia among nursing students of university of Lahore.

1.6: Operational definition:

Knowledge:

Knowledge in this study was defined as the understanding of information regarding euthanasia on 14 items'.

Knowledge about Euthanasia:

Measure students' knowledge about euthanasia by using data collection tool questionnaire. If participant score less than 60% than it considers poor knowledge, 61-70% consider good knowledge and above 75% consider excellent knowledge.

METHDOLOGY:

Study Design:

The cross-sectional descriptive study design was used in the study.

Study Site:

The study site was nursing department of university of Lahore.

Study Setting:

Nursing Department of university of Lahore was setting area for research.

Study Duration:

The study duration of this study is four months from 22-09-2021 to 17-01-2022.

Target population:

Target population is nursing students of nursing department of university of Lahore.

Sampling technique:

Random sample technique was used to collect the data.

Variables:

1. Dependent variable

- Knowledge

2. Independent Variable

- Knowledge regarding euthanasia of nursing students

Sample size:

Sample size was the 152. Proportion of knowledge euthanasia was 88.9% taken from the study

"The opinions about euthanasia among students in elderly care department of vocational school of health services at Bingol University". With 95% confidence level and 80% anticipated population proportion with 5% absolute precision required. Sample size calculated by using this formula;

$$n = z_{1-\alpha/2}^2 (1 - P) / \epsilon^2 P$$

Data analysis:

Data was analyzed on the statistical package for the social sciences (SPSS) version 22. Data was analyzed by frequencies and percentages.

Inclusion criteria:

Following inclusion criteria was used in the study

- Students of nursing department were included (BSc. Nursing, PBSN).
- Age: 18-30 years
- Gender: Male/Female

Exclusion criteria:

Following nursing students were excluded from the study

- Students who are doing jobs in hospitals.
- Students who did OT technician courses.
- Students who have attended seminar regarding euthanasia.

Data collection technique:

This study was implemented in nursing department of university of Lahore, and university was composed of four year nursing students. The study sample consisted of 152 students randomly selected from this group (BSc Nursing and PBSN). The data were collected by using questionnaire.

Ethical Considerations:

While conducting the research, the ethical committee of the University of Lahore will define the rules and

regulations, and the rights of the research participants will be protected.

- All participants will provide written informed consent.
- All information and data gathered will be kept private.
- Throughout the study, participants will remain anonymous.
- The subjects will be informed that there are no dangers or drawbacks to the study procedure.
- They will also be notified that they can withdraw at any moment during the research procedure.
- All data will be kept under lock and key. It will be password-protected on the laptop.

RESULT:

In order to meaningfully answer the research question, this section presents the analysis and interpretation of data collected from 152 nursing students of university of Lahore, to assess the knowledge regarding euthanasia. A cross-sectional descriptive research design was used in present study. The data was collected on the based on the objective of the study and organized, tabulated, analyzed and interpreted by using descriptive and inferential statics and described with the help of tables and graphs.

Table1. Demographic Analysis

| Age | | |
|--------------|---------------|----------------|
| Variables | Frequency (f) | Percentage (%) |
| 20-25 | 90 | 58.8 |
| 26-30 | 62 | 41.2 |
| Total | 152 | 100 |
| Gender | | |
| Variable | Frequency | Percentage |
| Male | 73 | 48 |
| Female | 79 | 52 |
| Total | 152 | 100 |
| Education | | |
| Variable | Frequency | Percentage |
| BSN | 94 | 61.8 |
| PBSN | 58 | 38.2 |
| Total | 152 | 100 |

The above table 1 indicates that 58.8 % (n=90) participants belong to the 20-25 age group, 41.2 % (n=62) participant belong to 26-30 age group. The 48 % (73) participants are male and 52 % (n=79) participants are female nursing students, 61.8 % (94) participant was from BSc. Nursing and 38.2 % (58) were from PBSN.

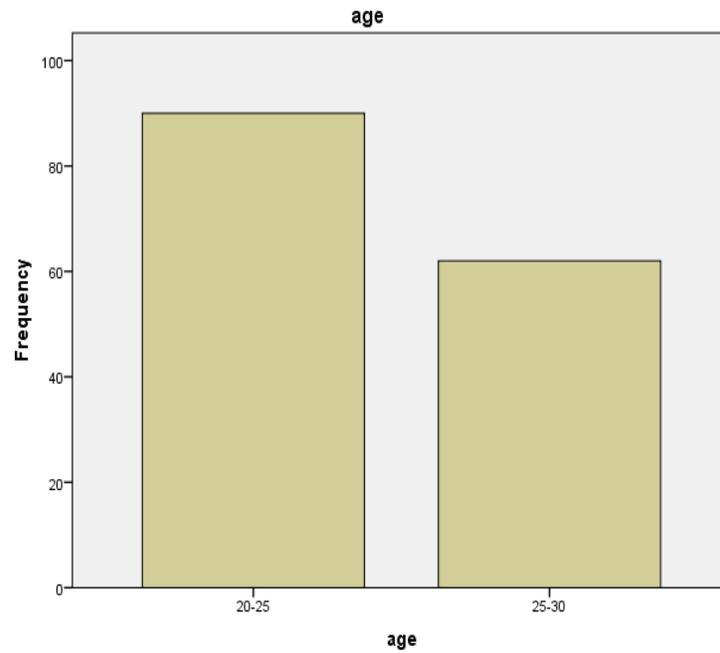


Figure 1 shows that (n=90) belong to 20-25 age group in this study, and (n=62) belongs to 26-30 age group.

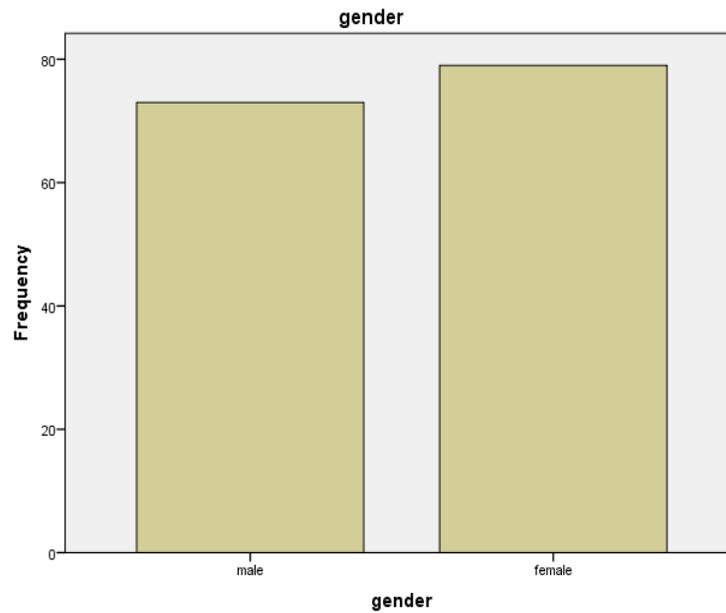


Figure 2. Shows that (n=73) participants are male and, (n=79) are female participants in this study.

Table 2. Knowledge regarding euthanasia

| Questions | Responses | Frequency(N) | Percentage% |
|---|---------------------------------------|--------------|-------------|
| Euthanasia is popularly known as? | a. silent killing | 47 | 30.9 |
| | b. deliberate killing | 44 | 28.9 |
| | c. killing on willingness | 29 | 19.1 |
| | d. mercy killing | 32 | 21.1 |
| How many types of euthanasia? | a. Five | 37 | 24.3 |
| | b. Four | 48 | 31.6 |
| | c. Three | 44 | 28.9 |
| | d. Two | 23 | 15.1 |
| Where a person's life is ended at their request in order to relieve them of suffering? | a. Passive euthanasia | 41 | 27.0 |
| | b. Active euthanasia | 49 | 32.2 |
| | c. Indirect euthanasia | 42 | 27.6 |
| | d. Voluntary euthanasia | 19 | 12.5 |
| A patient taking his or her own life with the aid of a physician is known as? | a. Suicide | 39 | 25.7 |
| | b. Passive suicide | 49 | 32.2 |
| | c. Physician assisted suicide | 40 | 26.3 |
| | d. Active euthanasia | 24 | 15.8 |
| Allowing someone to die by not doing something that would prolong life is called? | a. Voluntary Euthanasia | 39 | 25.7 |
| | b. Passive euthanasia | 49 | 32.2 |
| | c. Non voluntary euthanasia | 37 | 24.3 |
| | d. Active euthanasia | 27 | 17.8 |
| Proponents of active voluntary euthanasia believe that the right to die? | a. Compels others to help someone die | 35 | 23.0 |
| | b. Does not compels other | 44 | 28.9 |
| | c. Justify involuntary euthanasia | 47 | 30.9 |
| | d. Apply only to the nonreligious | 26 | 17.1 |
| The view of death that says an individual should be considered dead when the higher brain operations responsible for consciousness permanently shut down is called? | a. Whole brain death | 35 | 23.0 |
| | b. Chemical death | 52 | 34.2 |
| | c. Traditional Standard of death | 25 | 16.4 |
| | d. Higher brain death | 40 | 26.3 |
| | a. Voluntary | 42 | 27.6 |

| | | | |
|--|--------------------------------|----------------|-------------|
| Which form of euthanasia is legalized by most of the countries? | b. Non voluntary euthanasia | 48 | 31.6 |
| | c. Involuntary euthanasia | 38 | 25.0 |
| | d. None of the above | 24 | 15.8 |
| Among the following, identify the country where the euthanasia is legal? | a. Leibniz | 39 | 25.7 |
| | b. Netherland | 48 | 31.6 |
| | c. Switzerland | 39 | 25.7 |
| Which Euthanasia conducted when explicit consent of the individual concerned is unavailable? | d. Hume | 26 | 17.1 |
| | a. Voluntary euthanasia | 39 | 25.7 |
| | b. Non voluntary euthanasia | 50 | 32.9 |
| The term euthanasia normally implies of life by another at the explicit request of the person who wishes to die? | c. In voluntary euthanasia | 44 | 28.9 |
| | d. None of the above | 19 | 12.5 |
| | a. An Intentional termination | 36 | 23.7 |
| Which was the first country to legalized euthanasia? | b. A General termination | 46 | 30.3 |
| | c. A Slow termination | 43 | 28.3 |
| | d. A Good death | 27 | 17.8 |
| Is euthanasia legalized in Pakistan? | a. Pakistan | 43 | 28.3 |
| | b. Don't know | | |
| | c. Brazil | 51 | 33.6 |
| According to your religion euthanasia is? | d. Netherland | 38 | 25.0 |
| | c. No | 47 | 30.9 |
| | d. Switzerland | 19 | 12.5 |
| Is euthanasia legalized in Pakistan? | a. Yes | 34 | 22.4 |
| | b. Don't know | | |
| | c. No | 47 | 30.9 |
| According to your religion euthanasia is? | d. Under restricted conditions | | |
| | a. Allowed | 44 | 28.9 |
| | b. Allowed certain condition | 49 | 32.2 |
| According to your religion euthanasia is? | c. Prohibited completely | 34 | 22.4 |
| | d. I don't know | 25 | 16.4 |
| | Total Score | Correct | 511 |
| | Incorrect | 889 | 63.5 |

Table 2 describes the answers of the students about the knowledge of euthanasia. The table shows that 36.5% participants were aware of euthanasia, and 63.5% participants have no knowledge regarding euthanasia. Only 21.1% participants knows about the definition of euthanasia, 79% participant have no knowledge about

the definition of term euthanasia. 28.9% nursing students knows about types of euthanasia. About 32.2% have knowledge regarding non-voluntary and 12.5% have knowledge about voluntary euthanasia.

DISCUSSION:

Different studies obtained on the topic of euthanasia that give different results conducted among nurses, medical students, physicians, nursing students and other departments. In this study, the total sample size is 152 nursing students of nursing department of university of Lahore, Lahore. The selection of age group was 18 to 30 years nursing students made an objective of assessing the knowledge about euthanasia. The 36.5% participants have good knowledge about euthanasia, while 63.5% have poor knowledge.

In this study nursing students had poor knowledge about the legalization of euthanasia in Pakistan and the history of euthanasia, students also confused about laws of euthanasia in Pakistan. Nursing students was not confirmed that in our religion euthanasia is legalized are not.

According to a survey conducted in Iran, 34.2 percent of nursing students have negative sentiments toward euthanasia. Another survey in Germany found that 19.2 percent of medical students thought euthanasia was ethically acceptable, while 56.9% opposed it. According to research conducted in Turkey among students studying various disciplines of medicine, the percentage of students opposed to euthanasia ranged from 35 percent to 55.9%. This study's findings were combined with those of previous surveys.

A survey done in Mexico, 44.4 percent of medical students favored active euthanasia while 52.1 percent favored passive euthanasia. In our study, students favored voluntary euthanasia (36%) over non voluntary euthanasia (25%). Furthermore, a substantial difference was discovered in this survey between the reasons mentioned by final year students opposed euthanasia.

The top reason for opposing euthanasia (26.7 percent) among BSc. Nursing students was the potential of misuse, whereas the primary reason (27.9%) for PBSN students was that it was not ethically appropriate. This could indicate that as students' progress through medical institute and gain practical experience, their understandings toward patients alter.

The majority of students agree that they have the right to vote to die, but only by a small margin, and this acceptance is usually a question of personal choice. The transition from life to death is fraught with doubts, and active participation in euthanasia and assisted suicide is not essential. Furthermore, an important finding is that students do not wish to participate in

active euthanasia since it would affect their conscience; this is consistent with other studies' findings.

Without taking specific efforts to take someone's life, students are more likely to engage in passive euthanasia and non-resuscitation. When they consider active euthanasia, they consider it for themselves rather than for their patients or relatives. If a person is suffering from a sickness that cannot be treated or if the therapy is damaging to the patient, modern Islamic scholars allow passive euthanasia.

The human body, on the other hand, is considered to be God's property in Islam. The emphasis placed on human life is also reflected in the Qur'an, which states, "Whoever murders a person, he kills all people." Those who keep a person alive have given life to everyone else.

The most widely accepted rationale for permitting euthanasia in our survey was to relieve a patient's suffering, but only when a committee of physicians agreed to approve it. Students who opposed the legalization of euthanasia said that it would stymie future medical research into better ways to care for dying patients. The misuse of euthanasia by doctors or family members was the third most often expressed reason for opposition to legalization. Although 75.1 percent of students characterized themselves as moderately or somewhat religious, only 8.9 percent expressly mentioned religion as a reason for opposing legalization

In Pakistan, professional medical associations should foster a broader dialogue about euthanasia, taking into account religious beliefs and ethical concerns about the suffering of dying patients. The importance of population-based surveys to ascertain public opinion on euthanasia is critical for informing the debate in Pakistan.

CONCLUSION:

The aim of this study is to assess the knowledge among nursing students of university of Lahore the nursing students in this study group had average knowledge and a lot of misconceptions about the concept of euthanasia and the legal status of it in Pakistan. This subject should be introduced to in-service training programs after the curriculum has been evaluated to address the incorrect knowledge. More in-depth investigations on the attitudes of the general public and healthcare professionals toward euthanasia should be done, and detailed legislative rules should be enacted based on the findings.

Recommendation:

In this study, researcher recommend that more studies should conducted on knowledge about euthanasia among nursing students because students have poor knowledge about euthanasia.

Limitations:

Because of the study's cross-sectional methodology, causal and temporal associations between the variables are limited. These questions were self-administered, which could lead to recollection and information bias. The conclusions of this study were based on a tiny sample size in one Pakistani medical school, so they cannot be applied to the entire Pakistani medical student community.

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