

Cultural Perspective on Euthanasia

Nico Nortje*

¹Department of Psychology, University of the Free State, South Africa

*Corresponding author: Nortjen1@ufs.ac.za

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Abstract Questions about life and death will always be among the major issues people have to answer both collectively and individually. Such a re-assessment essentially also needs to address ethnic diversity, because different belief systems and norms of behaviour will affect people's views of euthanasia. 120 Respondents from the three major ethnic groupings in South Africa were drawn and were asked to complete a basic demographic questionnaire and the Euthanasia Attitude Scale. This study found no statistically significant differences between the opinions of people from different ethnic backgrounds.

Keywords: euthanasia; older adults; South Africa; meaning in life; cultural differences

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1. Introduction

Questions about life and death will always be among the major issues people have to answer both collectively and individually – by every member of society. The ageing population, the increase in deaths from cancer and the expected deaths from AIDS, the development and expansion of life-prolonging technologies, the possible generational and cultural changes in the attitudes of patients, and care of the dying are fast creating grave moral dilemmas for society.

These matters have created a serious need to re-examine the ethical and legal status of euthanasia and physician-assisted suicide [1,2] in South Africa. Such a re-assessment essentially also needs to address ethnic diversity [3,4], because different belief systems and norms of behaviour [5] will affect people's views of euthanasia. Although their culture presents people with norms and guidelines according to which their lives may find meaning [6], attitudes towards euthanasia are more complicated than simply voicing an opinion for or against it. This complex situation is the result of various factors which have a great influence on most people's view of euthanasia. These factors include their cultural and religious values and customs, political orientation, economic situation, the latest developments in medicine and legal issues [4,7,8,9,11,12].

Attitudes toward life and death are socio-culturally based and culturally specific. [3,4] According to Comaz-Diaz and Griffith [13], a person's ethno-cultural identity, that is, the collective values and norms of a specific ethnic group within a specific culture, gives a member of the group a unique view of life and death. It is therefore important to include ethnicity in a study that assesses attitudes towards euthanasia.

1.1. Ethnicity and Euthanasia

Various authors [8,9,14,15,16,17,18,19] find that people from an African background are more opposed to

euthanasia than those from a European background. MacDonald [15] suggests that a possible explanation for this lies in the fact that members of the African ethnic groups are less likely to relinquish their control of their lives and hand it over to others. Other explanations are that Africans are not self destructive because they direct their aggression outwards rather than inwards and that they expect life to be harsh [9,19,20]. Early and Akers [14] are of the opinion that major social factors, particularly religion and family, provide a buffer of social forces which prevent self-destruction in any form.

Within the South African context, African communities have an effective social support system and are stereotyped as 'looking after their own'. [20] For Africans, death and dying form an integral part of their everyday existence. [21,22] According to the African belief system, the soul of the departed person passes to the world of the ancestral spirits where it continues to live. [21,23,24] However, the soul of a person who has committed suicide is doomed and becomes an evil spirit. [25] It was found [25] that only 14,3% of the African respondents – compared to 10% according to Mayekiso [26] – find it acceptable for somebody to end his or her own life in the event of unbearable illness. The remaining 85.7% [25] or 90% [26] find it totally unacceptable because of the view that all problems can be solved and one does not collapse in despair in the face of difficulty.

Coloured people, on the other hand, are not part of a tribal system and speak no unique language. [27] Even though they have acquired most of the prominent norms and values of the European community [20,28], the Coloured community are still characterised by a great amount of inter-group coherence and a strong religious belief system. [20] There is, however, no literature regarding the attitudes of members of the Coloured community concerning euthanasia.

1.2. Profile

South African society is characterised by a complex array of economic, cultural, class and ideological factors,

many of which are in sharp contrast with one other and conflict with one another. [29] One dimension of this complexity flows from the contrast between the First World and Third World orders in South African society [21,30].

Until recently, under the apartheid system, the South African population was loosely defined in terms of three racial groups, namely African, Coloured and European. According to Rabe [20], these racial groups did not necessarily represent meaningful cultural groups, especially since the classification of Africans included a wide range of different ethnic groups, such as the Nguni, Sotho, Venda and Ndebele. Groenewald [28] furthermore explains that, according to Proclamation 123 of 1967, the Coloured ethnic group included any person who was a descendant of a Cape Coloured, a Malaysian, Griqua, Chinese, Indian, or other Asian immigrants or slaves. The entire social, political and legal structures of South Africa were designed around these racial categories [20].

For the purpose of this article, the term *Africans* will refer to members of the Xhosa group and *Coloureds* to all people classified as Coloured in terms of the Population Registration Act (Act 30 of 1950). According to this act, a Coloured is any person who is from neither European nor from African descent, or any person with mixed bloodlines [28].

The estimated population of the Western Cape forms 11.25% of the total South African population and is proportionally represented by 26.7% Africans (mostly Xhosa), 53.9% Coloureds, 1% Indian/Asian and 18.4% Europeans. [31,32] In terms of life expectancy, the Western Cape has the highest average life expectancy (59.9 years for males and 65.8 years for females) [33].

2. Sample and Methodology

Through simple random sampling, an equal number of respondents, 40 from the African (predominantly Xhosa), 40 from the Coloured and 40 from the European communities were identified – 120 in total. All the respondents were older than 65 years of age and resided in the Greater Cape Town area. The reason for choosing the target population was to investigate Cicerelli's [9] argument who points out that it is significant that a large proportion of older people strive to live as long as possible, no matter how onerous life becomes, and therefore would oppose euthanasia. This argument is supported by Twycross [41] who showed that older people tend to disapprove of euthanasia because of the fear that their lives may be ended against their will when they are no longer in complete control of their circumstances.

A qualitative field study was conducted through interviews, and participation in this study was voluntary. In addition, each respondent's anonymity was assured and the interviews with the participants were conducted in private. No names or any other personal information was recorded. Once a participant showed any distress or discomfort with any of the questions, the researcher suspended the interview and re-assured the participant. The researcher read each question and statement, explained any uncertainties and recorded the responses in written format.

A basic demographic questionnaire and the full version of the Euthanasia Attitude Scale of Holloway et al. [34] were used. The Euthanasia Attitude Scale was developed to assess a person's general attitude towards end-of-life decisions. This scale further investigates issues concerning patients' rights, the role of life-sustaining technology, the physician's role, and values and ethics. The questionnaire consists of thirty-five questions to be answered on a seven-point Likertscale, of which half were written from a positive perspective, i.e. they were affirmative (pro-euthanasia) and half from a negative perspective (anti-euthanasia). The questions furthermore deal with a variety of issues concerning both active and passive euthanasia, such as the status of brain dead people, life-extending technology, ethics and legal issues. [34] Higher scores indicate more positive, accepting attitudes towards euthanasia. The questionnaire has excellent psychometric properties, such as stability, internal consistency, discriminant validity, and test-retest reliability. Although the test was standardised for the American population, the reliability score for this specific study using the Euthanasia Attitude Scale had an Alpha of 0.55.

2.1. Statistical Techniques Used

An analysis on the raw scores of the collected data was done by the computer software programme *Statistical Package for Social Sciences* [35].

3. Results

Table 1 indicates the mean and standard deviation of the demographic variable, ethnicity, towards euthanasia, while Table 2 shows the results of an ANOVA analysis of the total Euthanasia Attitude Scale and Ethnicity.

Table 1. Descriptive analysis of euthanasia attitude scale and ethnicity

Variable	Description	\bar{x}	SD	CV
Ethnic Origin	African	84.98	20.94	24.64%
	Coloured	84.55	17.53	20.73%
	European	90.33	17.54	19.42%

Table 2. Results of a one-way ANOVA of Total Euthanasia Attitude Scale and Biographical Variables

Variable	df	F	p
Ethnic Origin	2	1.180	.311

Table 3. Frequency distribution of Total Population Regarding the Euthanasia Attitude Scale (EAS) (N = 120)

EAS subscale	\bar{x}	SD
Total EAS	86.62	18.77
EAS: General orientation	36.97	10.83
EAS: Patients' rights issues	23.01	6.57
EAS: Technology	16.67	4.10
EAS: Professional role	11.03	2.76
EAS: Values and ethics	11.81	3.80

There is not much difference between the scores of each group within the ethnicity demographic variable. Table 2 also indicates that there are no statistical differences between any ethnic group and the person's attitude towards euthanasia. The application of the one-way ANOVA presupposes variance equality (homogeneity) and the high p-value (0.311) therefore strongly indicates that the null hypothesis that older adults do in fact favour euthanasia should be accepted.

The mean and standard deviation of the scores for the subjects of this study relating to euthanasia, as well as each individual scale are presented in Table 3.

Table 3 indicates the average score of the total population on the Euthanasia Attitude Scale, as well as of each individual scale. This, in itself, proves helpful if it is taken into account when looking at Table 3. Table 4 compares

the means and standard deviations of those favouring euthanasia and those opposing it.

Table 4 indicates that people who favour euthanasia have higher scores on the scale than those who oppose it. Consequently, people opposing euthanasia also had lower means on each of the five sub-scales. The differences between the two groups on the Euthanasia Attitude Scale and the sub-scales were significant ($p < 0.01$).

Table 4. Mean differences on the Total Euthanasia Attitude Scale and Sub-Scales for People Favouring and Opposing Euthanasia

EAS Subscale		\bar{x}	SD	df	t	p
Total EAS	Favour	103.00	10.78			
	Oppose	71.29	9.19	118	-17.379	0.00000
EAS: General orientation	Favour	46.02	7.52			
	Oppose	28.50	5.02	118	-15.101	0.00000
EAS: Patient rights issues	Favour	27.67	4.42			
	Oppose	18.65	5.10	118	-10.329	0.00000
EAS: Technology	Favour	18.98	2.67			
	Oppose	14.50	4.02	118	-7.138	0.00000
EAS: Professional role	Favour	12.12	2.75			
	Oppose	10.02	2.37	118	-4.501	0.00002
EAS: Values and ethics	Favour	14.38	3.16			
	Oppose	9.40	2.60	118	-9.499	0.00000

4. Discussion

While various authors [3,4,13] argue that attitudes toward life and death are socio-culturally based, culturally specific, and influenced by a person's ethno-cultural identity, this study found no statistically significant differences between the opinions of people from different ethnic backgrounds. Since only 33% of the population included men and 67% female the gender differences of their attitude was not included in the study.

The social reality in South Africa is such that few Africans are untouched by the pressures and demands caused by a shift away from traditional beliefs, values, social structures, customs and the influences of acculturation. [36] Urbanisation and industrialisation have had a profound impact on family life amongst the different ethnic groups. Among European groups, it has led to the break-up of the traditional, extended family network and the emergence of the nuclear family system. [29,37] For the Coloured population, urbanisation has resulted in less stable family life. To some extent, this is also true of the African population [29].

According to Rautenbach [37], an important characteristic of urbanisation is that the members of families have become more isolated within their own nuclear families, and that this affects their interaction with the broader ethnic-social group. In addition, the extended family and broader ethnic group usually prescribe the norms and values. [37] However, urbanisation restricts the influence of the extended family, with the result that members of the specific ethnic group receive less guidance on how to approach certain situations. Thus they are alienated from their extended family's morals and values. [37] Rautenbach [37] illustrates this point by focussing on the change in urbanised Africans' social, religious and legal structures, which area direct product of the acculturation process. She explains that indigenous laws no longer apply, the hierarchy of authority is becoming less effective, parenting approaches are changing from authoritarian to become more permissive, the extended family structure is being replaced by the nucleus family – which is a result of

a change in economic status - and the influence and importance of ancestral spirits are declining. According to Frankl [38,39] and Havenga [40], the result of these fading forces of religion, traditional morality and values is that people fall prey to conformity and this leads to the disappearance of definite differences between different ethnic groups. Furthermore, the transformation process in South Africa has lead to the amalgamation of cultures, resulting in the loss of cultural identity and uniqueness.

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