



SOUTH AFRICAN COLLEGE OF  
FAMILY PHYSICIANS

**25th National Congress**  
**Integrating Primary Care – creating a more connected  
health and care system.**

# **Perspectives and attitudes of South African medical professionals towards voluntary euthanasia and physician-assisted suicide: a phenomenological research study**

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## ***Introduction***

- Voluntary euthanasia and physician-assisted suicide (active euthanasia) is a controversial topic globally and in South Africa.
- Recent legal cases has kept this complex issue in the public discourse.
- There is a dearth of research on this topic in South Africa – although studies show increasing favourability towards euthanasia in medical student's vs older medical professionals.
- Qualitative research can share greater light on this phenomenon to inform public, legal, ethical and scientific debate in South Africa.

## ***Aim***

To explore the perspectives and attitudes of South African medical professionals toward voluntary euthanasia and physician-assisted suicide.

## ***Methods***

- Phenomenological research design.
- Semi-structured in-depth interviews.
- Purposive sampling.
- 13 Participants – saturation reached
- Coding and inductive thematic analysis.

## Results

- Ten themes identified:
  1. Religion and Medicine - poorly compatible.
  2. Respect for autonomy is paramount.
  3. Aim of medicine is broad and holistic.
  4. The problem of suffering.
  5. Family in end-of-life care is important.
  6. Euthanasia is complex.
  7. Euthanasia – against religion and nature.
  8. Euthanasia – killing vs letting die.
  9. Euthanasia and medical values.
  10. Palliative care in South Africa is poor.

## Discussion

1. Religion should not play a role in the management of patients – should not be imposed under any circumstances.
2. Respecting the autonomy of patients is foundational to medical practice.
3. The aim of medicine is more than a curative endeavour – relieving of suffering is primary.
4. Suffering is universal. Personal experiences shape views on euthanasia.
5. The dying experience is not a journey taken alone – Family is important

## *Discussion*

6. Euthanasia is multifaceted – regulations and abuse, case-specific, grey areas, treatment exhaustion, unknown future.
7. Euthanasia conflicts with religious tenets and nature – playing “God”.
8. Instinctive feeling that killing is morally worse than letting die – distinction is not clear, however.
9. Euthanasia conflicts with traditional (Hippocratic) values of medicine.
10. Palliative care is very poor in South Africa – especially in public health.

## *Conclusion*

- Euthanasia is divisive, but some common ground amongst medical professionals.
- Respecting autonomy and relief of suffering main argument for euthanasia amongst medical professionals.
- Religion and poor state of palliative care in South Africa main argument against euthanasia amongst medical professionals.

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