The role of individual characteristics and judgment pattern in attitude toward euthanasia

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Abstract

Introduction: While euthanasia is the most controversial subject in end-of-life care field, there is very little available information about psychological correlations of attitude towards it particularly in Iran. The present study aimed “to assess the acceptance rate of euthanasia and evaluate the role of personality and religious variables in attitudes towards euthanasia”.

Methods: This was a descriptive-analytical study on 233 students of Tehran University. The data collection tools included the following questionnaires: euthanasia acceptance, euthanasia attitude scale, five-factor personality models and religious orientation scale. Furthermore, the participants studied the “Trolley Scenario” and judged about it. The data were analyzed using software SPSS and descriptive and inferential statistics including frequency, t-test, correlation and regression.

Results: The results indicated that 63.9% and 58.8% of the participants were opposed with active and passive euthanasia, respectively. The opposition rate with active euthanasia was more than the opposition rate with passive one (p<0.05). Sex and age of the participants had no association with acceptance of euthanasia and attitude towards it. Among the personality and religious variables, only the religious variables were associated (negatively) with attitude towards euthanasia. Besides, the judgment pattern of the pros and cons of euthanasia had not so much difference.

Conclusion: According to the study findings, the majority of the Iranian students were opposed with euthanasia and their opposition with active euthanasia was more than that of the passive one. The role of religiosity in opposition with euthanasia was not affected by the personality factors. The findings of the present study in addition to emphasizing the difference of active and passive euthanasia, weakly supported the slippery slope argument.

Keywords: Euthanasia, Attitude toward euthanasia, Trolley scenario, Individual characteristics, Medical ethics.

Introduction

Recent developments in medicine and associated technologies have changed the concept of death. Most of the medical technologies are effective on changing life process and people are able to live a long time despite the diseases. Using technology in medicine and consequently giving and saving lives or reducing their suffering, the issue of where and how to die has been particularly important in recent years. Euthanasia is the most important issue which has been discussed in this context. The important points about euthanasia are more the ethical issues. Some fundamental questions have been suggested; e.g., is there any right to facilitate death based on someone's will? Is it an ethical issue to end another person's life which has no hope to live for saving life of others [1, 2]?

Euthanasia has been divided into two active and passive types. In the active type, the patient himself is the decision maker and would ask the physician to end his life which is done by an "act" like injection of a lethal medication. In the passive type, the patient would refuse his treatment for hastening his death without any specific activity. For instance, the patient with discontinuation of the treatment process, discontinuation of the medications, and removing the equipments puts himself in a situation which would be impossible to survive from [3]. The pros and cons of euthanasia traditionally distinguished the active and passive types. But, there are debates and uncertainty about the ethical and moral differences of the two types. Distinguishing between active and passive euthanasia is based on moral difference between "killing" and "letting die" [4, 5]. This analysis also could not solve the euthanasia puzzle; because some believe that distinction between "killing" and "letting die" is not clear and even if it is, morally it is not important [6]. One of the concerns and arguments of the euthanasia opponents is the "slippery slope" [7, 8]. The proponents of this theory state: when a society can accept ending the life, there would be no rational and logical
The role of individual characteristics and judgment approach to limit euthanasia and deter from its abuse. According to slippery slope theory, euthanasia is like the thin edge of a wedge which when settled, it would be highly prevalent in the society. Legalization of voluntary euthanasia inevitably would lead to legalization of involuntary euthanasia [1]. The scope of this slope would develop to legal suicide, killing the elders and those who are not able to defend themselves, the poor and people with AIDS [9, 11]. There is not much end and the distance between euthanasia of end-to-life patients to euthanasia of the mental patients [12].

Experimental studies have evaluated different types of euthanasia, the arguments of pros and cons, and some of the correlations of attitude towards euthanasia. Among the correlations of attitude towards euthanasia, demographic variables have been given more attention. In one study, forty percent of the Mexican physicians agreed to help the end of life patients to die voluntarily due to intolerable suffering caused by irremediable diseases. The main reason of the proponents was to respect the autonomy of the patients and their families and to avoid the suffering whereas the other opponents expressed ethical considerations especially religious considerations [13].

A study in Finland showed that 34% of the physicians, 46% of the nurses and 50% of the general public in some cases did not accept the euthanasia. Passive euthanasia in severe dementia cases was more acceptable than other cases and all the euthanasia types were acceptable for the elders [14]. A study in elderly people indicated that among the variables of gender, race and religion, only the race variable was correlated with euthanasia attitude [15]. In Australia, the secular nurses or those with weakest religious beliefs had the most support for euthanasia [16]. In Hong Kong, none of the variables of gender, race, educational level, individual experience and religious beliefs correlated with attitudes towards end-of-life decisions [17].

The conducted studies in Australia and six European countries also suggested the negative relationship of importance of religion for the physicians and their attitude towards euthanasia [18]. In Turkey, 77% of the physicians stated that everyone has the right to decide about his life, but only 16% of them agreed with legalization of euthanasia [19]. In Turkish students, age and gender had no association with euthanasia acceptance; but religiosity had the highest association. Islamic standpoint on attitude towards euthanasia had negative effects [20]. In Iranian interns working in the hospitals also, 54% were opposed with euthanasia. In this study, attitude towards euthanasia was not correlated with gender and age of the respondents [21].

Studies about attitudes towards euthanasia all over the world with different cultures and religions have indicated that religious trends are one of the strongest negative attitudes towards euthanasia [9, 11, 13, 14, 16, 18, 20, 22, 29]; but the question is whether this correlation is unique or is affected by a third personality variable? The study of Lester et al [30] indicated that morality of the subjects related to death of the self such as suicide was correlated with high scores of psychosis whereas morality of the subjects related to death of others such as wars was correlated with low scores of OCD (obsessive compulsive disorder). Their findings indicated that morality of passive euthanasia was correlated with low scores of OCD and morality of active euthanasia was correlated with low scores in lie scale. In addition, their findings indicated that attitude towards active and passive euthanasia was correlated with suicide. They suggested that euthanasia would provoke the thoughts about the death of himself. The study of Lester and Francis showed religiosity had a negative association with suicidal ideation.

Religiosity could also explain the suicidal ideation with controlling documentation center and depression, but after controlling the personality factor of OCD, could not predict the suicidal tendency scores. These findings indicated the role of the some of the personality factors in the attitudes towards death and life, and trends to related behaviors. Our results indicated that there was not a similar study about the association of
religiosity, personality factors, and attitudes towards euthanasia; hence, this question would be highlighted again that whether in the Iranian samples, there would be any association between personality factors and attitudes towards euthanasia? And, whether the negative correlation of religiosity with attitudes towards euthanasia is unique or is affected by personality factors?

Trolley dilemma is an ethical dilemma which in addition to compare profit-oriented judgment (end-oriented) and ethics oriented (task-oriented), would allow judgment about underlying concepts of the two types of euthanasia, i.e., killing and letting die and slippery slope. In this puzzle, the individual can choose the followings: A. killing someone to save life of five other people and B. not doing anything to save those five people’s life which means "letting die". Preference of killing would be interpreted to moral difference of killing and letting die and would also be interpreted in favor of moral distinction of active and passive euthanasia. Accordingly, the present study was done aimed the followings: evaluating acceptance rate of euthanasia in a group of Iranian students, evaluating the role of individual characteristics such as gender, age, personality factors and religious trends in attitude towards euthanasia and evaluating the role of judgment pattern in attitudes towards euthanasia.

Methods
This was a descriptive-analytical study which was done on students of different disciplines of Tehran University including humanities disciplines, basic sciences, technical, arts and medicine in the academic year of 2009-2010. The reason of choosing the mentioned academic center was because it was available to the researchers.

233 students including 117 females and 116 males were selected using convenient sampling method. The mean age of the participants was 23.18 ± 2.5 years with the age range of 18 to 35 years. Sample size was sufficient and appropriate based on applied tests in the study. The assessment of the study variables was done using the following tools:

Acceptation of Euthanasia
The participants, after studying the definition of active and passive euthanasia, identified their agreement or disagreement with them in a seven-degree scale. The definitions were: "Euthanasia is a medical term which refers to deliberate and painless termination of someone’s life with irremediable disease, severe suffering and with no hope to heal" which is divided into two main types:

1. active euthanasia: the patient would ask the physician to end his life which is done by an "act" like injection of a lethal medication;
2. passive euthanasia: the patient would refuse his treatment for hastening his death without any specific activity. For example, the patient with discontinuation of the treatment process, discontinuation of the medications, and removing the equipments will put himself in a situation which would be impossible to survive from [3]. This definition has the main components of euthanasia despite lack of technical complexities.

The Euthanasia Attitude Scale (EAS)
This scale was designed in 1970s to assess students’ attitudes towards euthanasia and was revised in 90s by Rogers [9] to assess social values and moral judgments about euthanasia. In a new revision, the factors of this scale were classified under four domains: ethical considerations, practical considerations, honoring the life and nature-oriented beliefs [2]. But, the most recent factor analysis by Tang et al. indicated a three-factor structure [33]. Cronbach's alpha of the scale was equal to 0.85 and its correlation with right to die scale was 0.46 which respectively illustrated the satisfactory of internal reliability and convergent validity of the scale [2, 9].

The Persian version of this scale passed the standard translation and retranslation process to obtain accuracy of the translation. To assess convergent validity of the Persian version, the scores of the participants in this scale were compared to their scores in ethical judgment about euthanasia. The correlation of these score was equal to 0.54. Internal reliability of the Persian version also obtained
The role of individual characteristics and judgment… 0.88 through Cronbach's alpha coefficient method[34]. The reliability of the scale in another study was equal to 0.89 [35]. Furthermore, factor analysis of the Persian version like Tang et al [33]. illustrated a three-factor structure [34].

**Personality Big Five-Factor Scale**

This five-factor scale designed by Goldberg [36, 37] based on personality five-factor model and assess five factors of emotional stability, extraversion, and openness to experience, agreeableness and conscientiousness. Its validity obtained 0.73 through correlation with several personality questionnaires including sixteen factors of Ketel. The Persian version of this scale was translated and retranslated by Ghorbani et al [38].

Cronbach's alpha coefficient in the subscales of emotional stability, extraversion, and openness to experience, agreeableness and conscientiousness in a group of Iranian students was 0.50, 0.60, 0.70, 0.70 and 0.65, respectively [38] The correlation of the self-report version of the scale with peer-report in another group of Iranian students for the mentioned subscales was 0.38, 0.27, 0.37, 0.30 and 0.25, respectively [39].

**The Religious Orientation Scale-Revised**

This fourteen-factor scale which was taken from Allport and Ross includes three internal, external social and external individual religious orientation factors. Internal reliability of this scale obtained 0.83 using Cronbach's alpha coefficient. This scale has the ability of application in people with different educational levels [40, 41]. The Persian version of this scale also was obtained by standard translation and retranslation by Ghorbani et al. Internal reliability of the subscales by Cronbach's alpha coefficient in the United States was 0.84, 0.59 and 0.62, respectively and in Iran 0.74, 0.68 and 0.65, respectively. The correlation of this scale with Muslim-Christian Religious Orientation Scales in Iran and the United States indicated the convergent validity of the scale. The participants in a five-degree scale answered to this questionnaire and two previous questionnaires from "mostly not correct" to "mostly correct".

**Trolley Dilemma**

This is one of the most known ethical dilemmas in which the researchers with manipulation of the components of the story could study the moral judgment [43]. In addition to the researchers of philosophy [44] and psychology [45], those who are interested in studying ethics nerve substrates [46] also use trolley dilemma in neurological studies as a stimulant. The applied text in this dilemma was as the following: "an empty trolley is moving fast toward five workers. In distance between trolley and the workers, there is a bridge and someone with a large packsack is standing on it. If no action is conducted, the trolley would hit the five workers and would kill them. But the death of these five workers can be prevented. Bob, who is watching this event, incidentally is near a button than can open pedestrian gate of the bridge, the gate that the worker with the big packsack is standing on. Bob realized that he can push the bottom and fall the worker with the packsack away on the rail but prevent the death of those five workers. The trolley would hit the worker; combination of weight of the worker with the large packsack is enough to stop the trolley and would prevent the death of those five workers. But, accident would cause the death of the worker with the packsack".

Figure 1. Trolley dilemma taken from Greene et al [45].
Participants, after reading the story, responded to these questions: 1. Morally, is this acceptable that Bob push the button to save lives of the five workers which in turn would lead to death of one worker? 2. How much Bob's attempt is acceptable morally? The answers are from 1 (totally unacceptable) to 9 (totally acceptable). To better understand the scenario, the story was given along with relevant image (Figure 1).

Analyzing the data was done using software SPSS version 16. The applied statistical methods included frequency, correlation coefficient, dependent and independent t-test, and regression analysis.

**Results**

The results indicated that 63.9% and 58.8% of the respondents were opposed with active and passive euthanasia, respectively. 24.9% and 24.5% of them agreed with active and passive euthanasia, respectively. 6.9% and 12.4% also neither were opposed nor agreed with active and passive euthanasia, respectively. Mean scores of active and passive euthanasia were 2.79 ± 2.1 and 3.04 ± 2.0, respectively. Dependent t-test showed that agreement rate with passive euthanasia was more than that of active one (p<0.05). In order to analyze the data, independent t-test was done to compare scores of the two sexes in the study variables. Findings indicated that two sexes had no significant difference in any of the euthanasia variables (Table 1). Considering that this difference in two sexes had not very effect on other variables, statistical analysis of the study on female and male participants was conducted as one group.

Correlation analysis showed a negative association of religious and personality variables in attitudes towards euthanasia. Among the personality variables, attitudes towards euthanasia had a low association with agreeableness. Among the religious variables, it had the strongest association with internal orientation and the weakest association with external social orientation. Age of the respondents had no correlation with any of the euthanasia scales. As in table 2, among the four domains of attitudes towards euthanasia, ethical consideration and then, practical considerations had the strongest association with acceptance of euthanasia. Honoring the life had no association with active euthanasia and its association with euthanasia was weak.

### Table 1. Comparison the scores of both sexes in the study variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (SD)</th>
<th>P value (independent t)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting active euthanasia</td>
<td>2.81 (1.99)</td>
<td>2.77 (2.35)</td>
</tr>
<tr>
<td>Accepting passive euthanasia</td>
<td>3.15 (1.98)</td>
<td>2.91 (2.13)</td>
</tr>
<tr>
<td>Ethical considerations</td>
<td>2.62 (1.05)</td>
<td>2.67 (1.09)</td>
</tr>
<tr>
<td>Practical considerations</td>
<td>2.18 (0.88)</td>
<td>2.27 (0.93)</td>
</tr>
<tr>
<td>Honoring the life</td>
<td>2.84 (0.42)</td>
<td>2.90 (0.46)</td>
</tr>
<tr>
<td>Nature-oriented beliefs</td>
<td>2.59 (0.84)</td>
<td>2.39 (0.78)</td>
</tr>
<tr>
<td>Total score of attitude toward euthanasia</td>
<td>10.31 (2.44)</td>
<td>10.21 (2.41)</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.08 (0.74)</td>
<td>3.12 (0.62)</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>4.03 (0.51)</td>
<td>3.86 (0.55)</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>3.77 (0.72)</td>
<td>3.36 (0.71)</td>
</tr>
<tr>
<td>Emotional stability</td>
<td>3.04 (0.75)</td>
<td>3.06 (0.75)</td>
</tr>
<tr>
<td>Openness to experience</td>
<td>3.64 (0.54)</td>
<td>3.65 (0.58)</td>
</tr>
<tr>
<td>Internal religious orientation</td>
<td>3.40 (0.76)</td>
<td>3.29 (0.75)</td>
</tr>
<tr>
<td>Social external religious orientation</td>
<td>1.90 (0.85)</td>
<td>12.2 (0.85)</td>
</tr>
<tr>
<td>Individual external religious orientation</td>
<td>3.80 (1.02)</td>
<td>3.45 (1.17)</td>
</tr>
<tr>
<td>Trolley dilemma</td>
<td>3.75 (2.66)</td>
<td>4.16 (2.94)</td>
</tr>
</tbody>
</table>
In regression analysis, among three agreement and three religious orientation subscales, only internal religious orientation could significantly predict the variables as the following: 9% of variance of agreement score with active euthanasia ($R^2=0.09$, $F=11.04$), 20% of the variance in scores of ethical considerations ($R^2=0.20$, $F=18.48$) and 11% of the variance in scores of practical considerations ($R^2=0.11$, $F=9.12$). Individual internal and external religious orientation also totally predicted 17% of the variance of the total score of scale in attitudes towards euthanasia ($R^2=0.11$, $F=22.75$). Furthermore, individual external religious orientation predicted 10% of the variance of the total score of scale in agreement with passive euthanasia ($R^2=0.10$, $F=8.51$) and agreeableness predicted 6% of the score of honoring the life ($R^2=0.06$, $F=6.03$). None of the variables could predict the nature-oriented beliefs.

Evaluation of responses to the trolley dilemma showed that 66.1% of the respondents believed Bob's attempt in killing one person to save lives of other five people morally was unacceptable. Analyzing the association of respond to the trolley dilemma and euthanasia variables showed that two pro and con groups in Bob's attempt had difference only in one subscale of practical considerations; the subjects who ethically believed killing was acceptable had higher scores in this subscale. The proponents of killing one person to save lives of other five people also had lower scores in openness to experience and conscientiousness (Table 3).

**Discussion**

Euthanasia is the most controversial subject of medical ethics in end-of-life care fields. But, about the correlations of attitude towards it, particularly in Iran, there is not very much information available. The present study aimed to evaluate euthanasia acceptance rate

<table>
<thead>
<tr>
<th>Variable</th>
<th>Accepting active euthanasia</th>
<th>Accepting passive euthanasia</th>
<th>Ethical considerations</th>
<th>Practical considerations</th>
<th>Honoring the life</th>
<th>Nature-oriented beliefs</th>
<th>Total score of the scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting active euthanasia</td>
<td>1</td>
<td>0.63</td>
<td><strong>0.75</strong></td>
<td><strong>0.57</strong></td>
<td>0.11</td>
<td><strong>0.34</strong></td>
<td><strong>0.66</strong></td>
</tr>
<tr>
<td>Accepting passive euthanasia</td>
<td>0.63</td>
<td>1</td>
<td><strong>0.63</strong></td>
<td><strong>0.54</strong></td>
<td>*0.16</td>
<td><strong>0.35</strong></td>
<td><strong>0.63</strong></td>
</tr>
<tr>
<td>Extroversion</td>
<td>0.08</td>
<td>0.04</td>
<td>0.05</td>
<td>0.04</td>
<td>0.02</td>
<td>-0.04</td>
<td>0.05</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-0.05</td>
<td>-0.01</td>
<td>-0.08</td>
<td>*-0.13</td>
<td><strong>-0.21</strong></td>
<td>-0.07</td>
<td>-0.11</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-0.10</td>
<td>-0.01</td>
<td>-0.08</td>
<td>-0.06</td>
<td>-0.02</td>
<td>-0.04</td>
<td>-0.05</td>
</tr>
<tr>
<td>Emotional stability</td>
<td>-0.01</td>
<td>0.00</td>
<td>-0.09</td>
<td>-0.01</td>
<td>0.08</td>
<td>0.12</td>
<td>-0.01</td>
</tr>
<tr>
<td>Openness to experience</td>
<td>0.08</td>
<td>0.10</td>
<td>-0.01</td>
<td>-0.06</td>
<td>-0.04</td>
<td>-0.07</td>
<td>-0.02</td>
</tr>
<tr>
<td>Internal religious orientation</td>
<td><strong>-0.27</strong></td>
<td><strong>-0.23</strong></td>
<td><strong>-0.42</strong></td>
<td><strong>-0.31</strong></td>
<td><strong>-0.16</strong></td>
<td><strong>-0.19</strong></td>
<td><strong>-0.39</strong></td>
</tr>
<tr>
<td>Social external religious orientation</td>
<td>-0.07</td>
<td>*-0.14</td>
<td><strong>-0.19</strong></td>
<td>-0.05</td>
<td>0.10</td>
<td>-0.04</td>
<td>-0.11</td>
</tr>
<tr>
<td>Individual external religious orientation</td>
<td><strong>-0.26</strong></td>
<td><strong>-0.32</strong></td>
<td><strong>-0.34</strong></td>
<td><strong>-0.24</strong></td>
<td><strong>-0.20</strong></td>
<td><strong>-0.20</strong></td>
<td><strong>-0.34</strong></td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.01
in a group of Iranian students and showed that the association of religion with euthanasia was independent and stronger than any other personality factor. Lack of association of euthanasia acceptance with personality factors made its change more accessible. If at the level of reasoning, the most important reason was the religious reasoning [1, 10] and if in the level of psychological characteristics, religious commitment was its most important negative correlation [11], theoretically, changing the attitude towards euthanasia and facilitating its legalization would be possible in two ways: either religion base would adopt a more flexible position towards euthanasia, e.g., accepting passive euthanasia by some of the religions [47], or religious commitment of the community population would reduce. Based on this logic, Peretti-Watel et al. [24] attributed the high level of acceptance of euthanasia by French in comparison with Italian and American due to secularization process of the French society which probably is ongoing faster than two other communities. Explanation of the negative association of agreeableness with euthanasia would be clarified according to characteristics of this personality factor. The subjects with high score in agreeableness factor are those who obtain higher score in characteristics such as trust, altruism, compliance, modesty and suppleness against others. People with high agreeableness and conscientiousness would be motivated for agreement with the rules and conscientiousness would cause faithfulness and commitments to the rules. On the other hand, among the personality factors, agreeableness is one of the strongest correlations of religiosity [48, 49]. Therefore, people with high level of agreeableness would be motivated not to hurt others in cases such as euthanasia. They will follow the social, religion and political rules and will not violate the laws and customs.

Findings of the study about trolley dilemma were related to euthanasia in three directions. First, this dilemma provided the possibility of assessing underlying concepts of active and passive euthanasia (i.e., killing and letting die). The opposition of most of the respondents with killing once again confirmed the moral difference between killing and letting die. The respondents, even where killing of someone which can save lives of several people, did not prefer it to let to die. Second of all, this dilemma can be used for studying slippery slope phenomenon. It is true that this dilemma has the underlying concepts

<table>
<thead>
<tr>
<th>Variable</th>
<th>Opponents of Bob's attempt</th>
<th>Proponents of Bob's attempt</th>
<th>P value (independent t)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting active euthanasia</td>
<td>2.66 (2.15)</td>
<td>3.10 (2.22)</td>
<td>0.165</td>
</tr>
<tr>
<td>Accepting passive euthanasia</td>
<td>3.13 (2.07)</td>
<td>2.88 (2.01)</td>
<td>0.405</td>
</tr>
<tr>
<td>Ethical considerations</td>
<td>2.58 (1.08)</td>
<td>2.80 (1.05)</td>
<td>0.163</td>
</tr>
<tr>
<td>Practical considerations</td>
<td>2.15 (0.91)</td>
<td>2.41 (0.88)</td>
<td>0.047</td>
</tr>
<tr>
<td>Honoring the life</td>
<td>2.87 (0.45)</td>
<td>2.88 (0.43)</td>
<td>0.884</td>
</tr>
<tr>
<td>Nature-oriented beliefs</td>
<td>2.46 (0.84)</td>
<td>2.57 (0.78)</td>
<td>0.383</td>
</tr>
<tr>
<td>Total score of attitude toward euthanasia</td>
<td>2.57 (0.77)</td>
<td>2.74 (0.72)</td>
<td>0.106</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.08 (0.71)</td>
<td>3.16 (0.64)</td>
<td>0.428</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>3.98 (0.53)</td>
<td>3.86 (0.56)</td>
<td>0.123</td>
</tr>
<tr>
<td>conscientiousness</td>
<td>3.65 (0.72)</td>
<td>3.43 (0.73)</td>
<td>0.034</td>
</tr>
<tr>
<td>Emotional stability</td>
<td>3.06 (0.78)</td>
<td>3.06 (0.65)</td>
<td>0.891</td>
</tr>
<tr>
<td>Openness to experience</td>
<td>3.70 (0.57)</td>
<td>3.54 (0.53)</td>
<td>0.045</td>
</tr>
<tr>
<td>Internal religious orientation</td>
<td>3.40 (0.75)</td>
<td>3.23 (0.71)</td>
<td>0.115</td>
</tr>
<tr>
<td>Social external religious orientation</td>
<td>1.94 (0.85)</td>
<td>2.14 (0.84)</td>
<td>0.091</td>
</tr>
<tr>
<td>Individual external religious orientation</td>
<td>3.59 (1.12)</td>
<td>3.73 (1.06)</td>
<td>0.378</td>
</tr>
</tbody>
</table>
The role of individual characteristics and judgment…

of euthanasia, but its difference with euthanasia is that attempt of physicians or nurses in euthanasia was associated with request and satisfaction of the individual; but, Bob’s attempt in the trolley dilemma can be a kind of slippery slope from voluntary to involuntary euthanasia. The pros and cons of killing attempt, among the euthanasia variable only had difference in subscale of practical considerations. The proponents reported a higher score in this subscale. Although this finding can be interpreted in support of slippery slope argument, it is possible that confirmation of the mentioned argument requires stronger association. The difference only in one subscale does not seem very persuasive and eventually, the trolley dilemma can provide the possibility of separating two patterns of profit-oriented judgment and ethics-oriented one [50]. Profit-oriented people believe that outcome does not determine the value of the action and ethics-oriented people believe ethical rules are not based on outcomes [12]. The preference of killing someone because its outcome would be saving lives of five people is based on profit-oriented judgment or end-oriented [50]. As it was said earlier, pros and cons among the euthanasia variables only had difference in one subscale. This finding is not enough for this claim that proponents of euthanasia are profit oriented people. It seems that such a claim needs stronger evidences.

The present study conducted in a student group. This limitation should be taken into account in generalization of the results. Since students have more noble view towards the society, it is predicated that agreeableness rate of the general population would be lower than what was obtained in this study [10]. Showing the attitude of the society towards euthanasia needs more studies. Studying euthanasia in groups such as public society will be the next step in this field. It will be worth to consider the role of other variables such as anxiety, depression and death anxiety in the future researches.

Conclusion

Euthanasia acceptance rate in Iran as many other countries is very low. Opposition with active euthanasia and its underlying concept, i.e., killing was more than that of passive euthanasia and its underlying concept, i.e., letting die. Opposition with euthanasia from one hand is affected by religious concerns and religious orientations. On the other hand, practical considerations like possibility of abusing euthanasia would be considered as a gigantic obstacle for accepting euthanasia in the society. Minute association of euthanasia acceptance with personality variables would be an expectancy point for its proponents; but, passing from flexibility of moral and religious foundations of the society in association with phenomenon of death and life and true death on one hand, and removing practical and functional concerns of the community about euthanasia on the other hand, are two big challenges which proponents of euthanasia are facing with.

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