

Perspectives of Malaysian Medical and Legal Professionals: Evaluating Euthanasia Legalization

Victor Isaacs¹, Lukman Z.M.², Norshahira O.³

^{1,2,3} Faculty of Applied Social Sciences, Universiti Sultan Zainal Abidin, Malaysia

Abstract

Euthanasia, a highly contentious and emotionally charged subject, has become a focal point of significant public discourse. Its research encounters intense scrutiny and interest, far surpassing that of less controversial topics. The issue has ignited robust discussions among a wide array of stakeholders including academics, religious scholars, politicians, doctors, lawyers, and even nurses. This heightened attention is owed to its involvement in deliberately terminating human lives, albeit under compassionate circumstances and with the explicit consent of the individual. The primary aim of this study is to investigate the viewpoints of doctors and lawyers concerning euthanasia and its potential legalization in Malaysia. Employing established quantitative research methodologies, the study administered a survey to collect perspectives and opinions on euthanasia. The research cohort comprised 479 participants who completed the 21-item Euthanasia Attitude Scale (EAS) questionnaire. Data analysis, conducted through SPSS version 29.0, exhibited a commendable level of reliability across variables, with Cronbach's Alpha values standing at 0.857 for EAS and an impressive 0.952 for aspects pertaining to the legalization of euthanasia. Pearson's correlation outcomes, ranging from 0.570 to 0.642, indicated a moderate yet positive association between the independent variables and the dependent variable. Notably, 65.3% of respondents expressed opposition toward the legalization of euthanasia, citing reasons such as religious beliefs (63.0%), concerns regarding public corruption (62.2%), and a steadfast belief in the sanctity of human life, arguing against any authority to prematurely end it (57.8%). Conversely, 34.7% of participants advocated for the legalization of euthanasia, predominantly viewing it as a compassionate and humane method to alleviate the suffering of terminally ill individuals (57.8%). Despite the relatively limited sample size, these findings underscore the imperative of incorporating diverse perspectives in future euthanasia research endeavours. They highlight the enduring significance and intricate nature of this debate, stressing the need for a comprehensive and inclusive exploration of varied viewpoints to effectively navigate this multifaceted issue. Notably, even within the group opposing legalization, this study illuminates the enduring complexities intrinsic to discussions surrounding euthanasia.

Keywords: Euthanasia, Doctors, Lawyers, Legalization, Malaysia

1. Introduction

Euthanasia, alongside cloning and genetic engineering, has emerged as one of the most intricate and contentious debates of the 21st century. This topic has sparked multifaceted discussions encompassing moral, religious, philosophical, legal, and human rights perspectives [1] [2]. At its core lies the deeply entrenched concept of the right to life, a steadfast principle that has transcended epochs and human civilization itself [3]. Although numerous international human rights treaties explicitly safeguard the 'right to life,' they notably refrain from establishing a corresponding 'right to die' [4]. Consequently, the stance of international human rights law on voluntary euthanasia remains ambiguous and lacks precise definition [5]. Proponents of euthanasia argue that it

can be perceived as a means of upholding the 'right to life' by honouring the 'right to die' with dignity, advocating for individuals' autonomy over their end-of-life decisions [6]. However, divergent perspectives caution against legislative measures facilitating access to medically assisted dying, particularly when linked predominantly to disabilities or age-related conditions. Critics contend that such provisions might institutionalize discrimination against individuals with disabilities and contravene Article 10 of the UN Convention on the Rights of Persons with Disabilities [7]. The intricate ethical landscape surrounding euthanasia extends beyond legal and moral realms, touching upon fundamental human autonomy and the sanctity of life itself [8]. Navigating this complex terrain requires a delicate balance between individual freedoms and societal responsibilities, emphasizing the

need for nuanced approaches that uphold both ethical considerations and fundamental human rights [9] [10].

The concept of euthanasia, originating from the ancient Greek term 'eu thanatos,' evokes a profound tension between the notion of a peaceful passing and the innate human impulse to cling fervently to life [11]. In the human narrative, death universally signifies a poignant loss, leaving an indelible void in its aftermath [12]. This deeply ingrained perspective renders the contemplation of euthanasia a morally intricate and ethically nuanced decision, sparking contentious discourse and divergent viewpoints [13] [14]. Euthanasia, serving as the facilitation of one's transition from existence to departure, remains enigmatic and multifaceted [15]. Its significance extends far beyond clinical practice, permeating diverse domains including philosophy, ethics, jurisprudence, spirituality, medical science, economics, and cultural values [16]. It interweaves intricately with the fabric of human existence, evoking contemplation and tugging at the very threads of our collective moral conscience [17].

The discourse surrounding euthanasia highlights the tension between the compassionate desire for a peaceful end and the inherent human inclination to fiercely cling to life, underscoring the complexity of end-of-life decision-making [18]. In the broader societal context, death is universally regarded as a profound loss, leaving an enduring emotional void that reverberates through communities and cultures [19]. This deeply entrenched perspective imbues the consideration of euthanasia with ethical intricacies, sparking passionate debates and diverse perspectives within ethical, medical, and legal realms [20]. Euthanasia's enigmatic nature lies in its role as a conduit between existence and the unknown, presenting ethical and moral challenges that extend well beyond the realms of medical practice [21]. Its impact resonates across diverse arenas – ethical philosophy, societal values, religious beliefs, legal frameworks, and individual autonomy – culminating in a tapestry of intricate considerations [22]. This complex intertwining underscores the need for comprehensive discourse that navigates the multifaceted ethical and moral landscapes that euthanasia engenders [23].

Euthanasia, according to Emanuel et al. (2016) [24], grapples with the ethical and moral complexity surrounding the termination of a patient's life, particularly when their suffering is unyielding and intolerable. This practice, in contemporary medical

discourse, stands as a means to mitigate the anguish endured over an extended period, recognizing the potential dilemma where interventions to alleviate pain might inadvertently hasten the patient's demise, as in the case of administering lethal drugs upon the explicit request of the patient [25]. The classification of euthanasia into passive or active forms delineates the nuances within this contentious issue [4]. Passive euthanasia involves refraining from interventions that would otherwise prolong life, honoring a patient's choice to let nature take its course. On the other hand, active euthanasia necessitates deliberate actions intended to end the patient's life, raising ethical considerations regarding the role of healthcare providers in such decisive measures [26]. This dichotomy encapsulates the intricate ethical and philosophical debates that envelop the concept of euthanasia in contemporary medical practice.

Euthanasia remains prohibited in the majority of nations, with administering physicians facing potential murder charges, as noted by Rathor et al. (2014) [27]. However, a select few countries have taken steps toward legalization in extreme cases, subject to stringent criteria. Up until 2023, countries such as Belgium, Canada, Colombia, Luxembourg, the Netherlands, New Zealand, Spain, and Australia have legalized euthanasia, reflecting a growing global trend [28]. This shift in legislation has sparked discussions among diverse voices, including thinkers, politicians, philosophers, and physicians, shedding light on varied perspectives [29]. Governments in regions like Latin America, exemplified by discussions initiated by Picon-Jaimes et al. (2022) [3], have also engaged in debates concerning euthanasia.

This article aims to explore the intricate dimensions of euthanasia within the Malaysian context, specifically focusing on the perspectives of healthcare and legal professionals. In this sphere, doctors and lawyers emerge as pivotal stakeholders, each offering distinct insights and experiences to the ongoing dialogue. While the medical community has traditionally maintained a cautious stance on euthanasia, lawyers assume a critical role in end-of-life decision-making, emphasizing legal and regulatory considerations in medical choices [30]. Understanding the viewpoints of these experts is imperative, given their direct involvement in patient care during such critical junctures. Should euthanasia be sanctioned, it would necessitate the engagement of

the medical community within both public and private healthcare systems [31].

2. Literature Review

In the field of medical ethics and end-of-life decision-making in Malaysia, there exists a limited research scope on euthanasia, as highlighted by Siau et al. (2021) [32] and Kamalruzaman et al. (2022) [33]. Despite the increasing significance of comprehending euthanasia's nuances in the Malaysian healthcare system, there's a noticeable lack of extensive research in this area. This scarcity emphasizes the necessity for a deeper exploration into the multifaceted and sensitive topic of euthanasia, accounting for Malaysia's unique cultural, legal, and ethical considerations, as mentioned by Alias et al. (2015) [34]. In light of the ethical dilemmas and moral complexities surrounding end-of-life choices, particularly in a culturally diverse society like Malaysia, the dearth of comprehensive studies on euthanasia is concerning [35]. Understanding the perceptions, beliefs, and legal frameworks specific to Malaysia is crucial for crafting informed policies and ethical guidelines in healthcare [30]. Given the evolving landscape of medical practices and societal attitudes towards terminal care, a more robust investigation into euthanasia within Malaysia is imperative [10]. This would not only enrich the discourse but also pave the way for more compassionate and culturally sensitive approaches to end-of-life care.

In the context of Malaysia, the comprehensive prohibition of euthanasia in all its forms – be it active, passive, voluntary, non-voluntary, or involuntary – is unequivocally established. This stringent stance is notably underscored by Farahwahida et al. (2013) [36], emphasizing the explicit forbiddance of euthanasia regardless of the presence or absence of individual consent. The overarching objective of such prohibition is to maintain strict control over actions aimed at alleviating suffering, a stance embedded in the ethical and moral fabric of Malaysian society. A further layer of insight into Malaysia's approach to euthanasia is provided by Hehsan & Shukeri (2021) [37], who illuminate the intersection of religious and ethical considerations. The 97th Muzakarah of the Fatwa Committee of the National Council for Islamic Religious Affairs Malaysia, convened in December 2011, delivered a categorical ruling against euthanasia practices, encompassing voluntary, non-voluntary, involuntary, and mercy killing. Such practices were unequivocally deemed unlawful under Islamic law,

explicitly equating them with acts of killing, thus presenting a fundamental conflict with the ethical standards upheld within the Malaysian medical community. Moreover, the 24th Sarawak State Fatwa Board Meeting in March 2014 further solidified the anti-euthanasia stance by strongly declaring the premature termination of an individual's life, irrespective of the means or reasons, as highly prohibited under Islamic law. Notably, expressions of a desire for euthanasia by patients – whether communicated orally, in writing, or through alternative means – were positioned as potential indicators of suicidal behaviour. This perspective, reinforced by the Board's resolution, has implications not only for the patients but also for medical practitioners. Deliberate actions by healthcare professionals to terminate a patient's life were cautioned against, being construed as a form of homicide.

Additionally, those supportive of such actions were implicated as parties potentially consenting to the act of the patient's killing. Beyond religious and ethical dimensions, the legal framework in Malaysia, as articulated in the Penal Code, further fortifies the nation's stance against euthanasia [38]. The explicit prohibition of intentional actions leading to the termination of life aligns the legal perspective with the broader societal and ethical considerations surrounding end-of-life decisions. However, amidst these unequivocal stances, complexities emerge when patients express a desire to end their lives due to unbearable suffering [14]. The ongoing debates within medical and ethical communities about providing palliative care and pain relief, without the explicit intention of hastening death, add a layer of nuance to the discourse [4]. Furthermore, the evolving societal discourse on end-of-life decisions in Malaysia reflects a growing awareness of the need for compassionate care for the terminally ill. These discussions encompass considerations of cultural values, patient autonomy, and the role of family in shaping decision-making processes concerning medical care at the end of life [39]. In navigating these intricacies, there persists a crucial need for nuanced discussions and a comprehensive exploration of end-of-life care options within the ethical, legal, and religious frameworks of Malaysia [27]. Such an approach is essential to ensure the provision of humane and culturally sensitive care for individuals facing terminal illnesses, respecting the multifaceted dimensions that characterize this complex issue in the Malaysian context [40]. In Islam, it is

unequivocal that euthanasia is neither an option nor a right that can be demanded [41]. The decision to end the life of any person, including a terminally ill patient who requests it, is considered beyond the boundaries of moral ethics. According to Madadin et al. (2020) [42], Islamic jurisprudence addresses various aspects of life and death, categorically prohibiting any act of taking one's own life. Within the Islamic framework, life is deemed sacred and a gift from God, with a consistent emphasis on the preservation of life and well-being. Consequently, Muslims adhering to Islamic principles are not permitted to terminate their own lives. All Islamic doctrines uniformly denounce Physician-Assisted Suicide (PAS) and euthanasia. Farahwahida et al. (2013) [36] reported that the issue of euthanasia faces staunch opposition from Muslim scholars and Islamic Sharia in Malaysia. This opposition arises because euthanasia involves taking a life, impacting not only patients' well-being but also touching upon the sensitivities of family members, physicians, and adherents of various religions. When individuals understand and respect the sanctity of life, they are inclined to refrain from choosing to end it in such a manner. It is crucial for humans to exercise wisdom in interpreting, analysing, and applying appropriate ethical considerations to prevent negative consequences that may undermine the essence of human nature.

Moreover, the ethical discourse surrounding euthanasia in Islamic ethics delves into the broader concept of mercy and compassion [43]. The Islamic perspective accentuates the significance of compassionate care for the terminally ill, advocating for measures to alleviate suffering without actively hastening death [44] [45]. This emphasis on mercy encompasses a duty to provide comfort and support for those facing terminal illness, aligning with the core principles of empathy and care inherent in Islamic teachings [46]. Consequently, it calls for a nuanced understanding of ethical responsibilities in end-of-life care, prioritizing compassionate assistance over actions that directly result in the termination of life [47]. In another study, Farah Salwani (2022) [48] highlighted that the Penal Code in Malaysia aligns with Islamic principles. Under section 299 of the Code, it stipulates that anyone who causes their own death through a deliberate act is considered to have committed suicide. The same Act goes on to explain that when a person causes bodily injury to another person suffering from a disorder, disease, or bodily infirmity, resulting in the

acceleration of death, that person is deemed to have committed the offense of culpable homicide.

In Malaysia, the predominant area of interest in euthanasia research pertains to its legal and ethical dimensions. For instance, Talib (2005) [39] pointed out that euthanasia poses a greater ethical quandary. Those who are engaged in end-of-life decision-making generally concur that this realm is replete with not merely medical challenges but also intricate legal and ethical dilemmas. Besides medical, legal, and ethical considerations, religious beliefs and cultural customs also exert substantial influence on decisions related to the end of life. A study by Kassim & Alias (2015) [48] also mentioned that end-of-life decision-making in the medical field has seen a growing presence of ethical dilemmas and legal interventions. It is crucial to establish well-defined ethical guidelines and legal norms to provide guidance to healthcare professionals in determining the most appropriate actions for their patients. It is important to take into account the pertinent ethical codes and legal provisions in Malaysia that pertain to various aspects of end-of-life decision-making. Nevertheless, the absence of legal precedents in this domain, coupled with limitations in the Malaysian regulatory framework, present significant challenges. Consequently, it is advisable to create comprehensive ethical codes and legal standards to steer the process of end-of-life decision-making in Malaysia. Alias et al. (2015) [34] emphasized the pressing need for establishing a regulatory framework concerning end-of-life care in Malaysia. To create an effective end-of-life care pathway, it is essential to have a well-structured legal framework that addresses both ethical and legal considerations, offering enhanced guidance and confidence to healthcare professionals regarding the validity of their actions. While several non-governmental organizations and medical societies currently produce written guidelines for practical aspects of end-of-life care, the development of a comprehensive regulatory system in this field has not yet reached its full potential [49].

Research into euthanasia in Malaysia predominantly focuses on its legal and ethical aspects. Talib (2005) [39] highlighted the profound ethical complexities that euthanasia brings about, stressing that end-of-life decisions do not merely involve medical challenges but also intricate legal and ethical dilemmas. In navigating this terrain, the impact of religious beliefs and cultural norms on end-of-life choices cannot be overstated,

further shaping decisions at this critical juncture [50]. Kassim & Alias (2015) [48] noted the escalating ethical quandaries and legal interventions within the medical sphere, emphasizing the necessity of clear ethical guidelines and legal norms to assist healthcare practitioners in making informed decisions for their patients. Considering the complex nature of end-of-life decisions, it's crucial to account for Malaysia's ethical codes and legal provisions [45]. However, the absence of established legal precedents and limitations within the Malaysian regulatory framework presents significant hurdles. To navigate these challenges effectively, there's a strong recommendation for comprehensive ethical codes and legal standards tailored specifically to guide end-of-life decision-making in Malaysia. Alias & Kassim (2021) [38] stressed the urgency of establishing a regulatory framework concerning end-of-life care, underscoring the need for a robust legal structure that not only addresses ethical concerns but also provides clarity and direction to healthcare professionals.

Creating a well-structured legal framework is paramount in establishing a pathway for effective end-of-life care [21]. Such a framework should comprehensively tackle ethical and legal considerations, ensuring that healthcare professionals feel confident and supported in their decisions. Presently, while various non-governmental organizations and medical societies offer written guidelines for practical aspects of end-of-life care, a comprehensive regulatory system in this field is yet to realize its full potential [51]. The development of a comprehensive regulatory system that merges ethical principles with legal frameworks is pivotal in guiding end-of-life care practices in Malaysia [52]. This system should be versatile enough to accommodate the diverse ethical beliefs and cultural norms prevalent in the Malaysian context. Moreover, it should empower healthcare professionals to navigate the complexities of end-of-life decisions with confidence and clarity, striking a balance between ethical considerations and legal boundaries [18]. Here, the depth of legal and ethical complexities surrounding end-of-life decision-making in Malaysia demands a concerted effort to create a robust regulatory framework. By addressing the intricacies of medical, legal, and ethical dimensions and integrating them into a comprehensive system, Malaysia can pave the way for more informed and ethically sound end-of-life care practices.

In Islamic nations like Malaysia, where euthanasia remains illegal, some scholars argue that Islam does not expressly forbid the use of Advance Medical Directives (AMD) to honour patients' end-of-life care wishes [53]. Essentially, if a patient faces an inevitably fatal illness where medical interventions hold no promise, it might be permissible to withhold or cease treatment, contingent on the patient's consent obtained by healthcare professionals (Madadin et al., 2020). However, numerous crucial considerations arise in this process, encompassing the patient's cognitive capacity during AMD creation, the counsel of medical experts, the involvement of family in decisions, and the limitations a patient might face while establishing an AMD. As emphasized by Kamalruzman et al. (2022) [33], the debates surrounding euthanasia and AMD in this specific context demand meticulous examination before contemplating any potential legalization. The central point of contention stems from the lack of full societal acceptance of these practices, leading to ongoing disputes influenced by divergent beliefs, legal perspectives, cultural differences, political influences, and societal norms. To pave the way for the possible legalization of euthanasia and AMD, it's vital for healthcare professionals to steadfastly uphold ethical standards while intensifying efforts to deliver superior end-of-life care for all individuals [20]. In parallel, governments need to devise a legal framework that holistically considers the multifaceted factors arising within a nation when contemplating the legalization of these practices. An overarching principle that must be safeguarded is the preservation of the intrinsic value of human life. Recognizing that ethics cannot exist in isolation from morality, this principle extends into the realm of legality, highlighting the interconnectedness of these fundamental principles in navigating complex ethical and legal landscapes [54].

In this study, all previous quantitative research on euthanasia in Malaysia was found to oppose its legalization. Rathor et al. (2014) [27] indicated that a majority of Malaysian doctors and patients were against euthanasia or physician-assisted suicide, regardless of the circumstances. Only 15% of doctors reported that patients had approached them seeking assistance in dying. However, both doctors (29.2%) and patients (61.5%) were open to the idea of withdrawing or withholding life-sustaining treatment for patients with no chance of recovery. Notably, religious beliefs exerted a more significant influence on patient perspectives than the severity of the illness.

Additionally, in a study conducted by Arif et al. (2002) [2], it was found that 67.91% of the 399 doctors, nurses, and medical students who participated in the research were opposed to euthanasia. Religion played a significant role in shaping this viewpoint. Despite the participants displaying a good level of awareness regarding euthanasia, the majority of them were not in favour of its legalization in Malaysia. Furthermore, Adchalingam et al. (2005) [55] conducted a cross-sectional survey involving 400 medical students from various backgrounds. Their aim was to explore the attitudes of these students toward euthanasia and to examine the factors related to their medical decision-making and ethical reasoning concerning issues like the extension of life, the right to die, and euthanasia. The survey revealed that a majority of the respondents (52%) supported the withdrawal of active therapy for patients facing terminal and painful illnesses, while 48% opposed this idea. Furthermore, approximately 71% of the students were against the concept of active euthanasia, which entails administering a lethal injection. However, 27% of the participants believed that there was a moral justification for assisting patients in their end-of-life decisions. Regarding the legalization of euthanasia in Malaysia, around 32% of the respondents expressed support for it, while a significant majority of 67% strongly opposed it. Interestingly, a majority (61%) of the students indicated that they would neither practice euthanasia as doctors nor choose it for themselves, even if it were legally permitted. A prevalent concern among the respondents' regarding euthanasia was the potential for misuse by unethical healthcare practitioners. They stressed the importance of further debate on this matter, both at the local and international levels.

This study found that all prior quantitative research on euthanasia in Malaysia stood against its legalization. Rathor et al. (2014) [27] revealed that most Malaysian doctors and patients held a stance opposing euthanasia or physician-assisted suicide, irrespective of circumstances. Only 15% of doctors reported encountering patients seeking aid in dying. However, there was openness among doctors (29.2%) and patients (61.5%) to consider withholding life-sustaining treatment for those with no recovery prospects. Religious beliefs notably influenced patient perspectives more than the severity of the illness. Arif et al. (2002) [2] conducted a study involving 399 medical professionals and students, finding that 67.91% were against euthanasia, heavily influenced by

religious beliefs. Despite a high level of awareness about euthanasia, the majority were against its legalization in Malaysia. Adchalingam et al. (2005) [55] surveyed 400 medical students from diverse backgrounds to gauge attitudes toward euthanasia and explore factors guiding medical decision-making and ethical reasoning on end-of-life issues. They found that 52% supported withdrawing active therapy for terminally ill patients, while 48% opposed it. About 71% were against active euthanasia, yet 27% believed in morally justifying assistance in end-of-life decisions. Regarding the legalization of euthanasia in Malaysia, approximately 32% supported it, while a vast majority of 67% strongly opposed it. Interestingly, 61% of students expressed neither practicing nor choosing euthanasia, even if legally allowed. Concerns primarily revolved around potential misuse by unethical healthcare providers, emphasizing the necessity for extensive local and international debates on the topic. The discourse on euthanasia in Malaysia from various quantitative studies underscores the prevalent resistance to its legalization.

These findings reflect a broader societal stance against actively facilitating end-of-life decisions through euthanasia or physician-assisted means. Notably, the reluctance toward euthanasia stands in stark contrast to the openness observed regarding withholding life-sustaining treatments, emphasizing a nuanced approach toward end-of-life care [43]. The influence of religious beliefs on these perspectives highlights the intricate interplay between faith, medical ethics, and societal values in shaping attitudes toward such sensitive issues. Moreover, the divergence between medical professionals and students regarding the acceptance of euthanasia showcases a generational and educational divide in ethical reasoning [38]. The surveys revealed a significant proportion of medical students expressing reservations about engaging in euthanasia practice, even if legalized, reflecting a strong commitment to ethical considerations in their future medical roles. The concerns raised about potential misuse and ethical implications echo a need for robust ethical guidelines and safeguards in any discourse about legalizing euthanasia, pointing toward a broader dialogue not only within Malaysia but also in the global medical and ethical arenas. These findings prompt a deeper reflection on the multifaceted ethical, moral, and societal dimensions surrounding end-of-life care decisions and the contentious issue of euthanasia [55] [27].

In Malaysia, the ongoing debate around euthanasia reveals a significant portion of the population opposing its legalization, underscoring the critical necessity for a robust and comprehensive regulatory structure, particularly concerning passive euthanasia [34]. Passive euthanasia, distinct from its active counterpart, involves allowing a patient's natural end-of-life progression without intervening medical procedures [11]. This approach encompasses the withholding or cessation of life-sustaining treatments like ventilators, feeding tubes, or medications when they no longer serve the patient's best interests or inflict undue suffering [16]. Such decisions often align with a patient's advance directives, living will, or are made by a legally designated surrogate in situations where the patient cannot express their preferences. Advocates of passive euthanasia advocate for several reasons: it can alleviate severe pain and suffering in terminally ill individuals, respects individual autonomy, allows control over one's death, and upholds the right to make decisions regarding the timing and manner of death [29]. Moreover, proponents stress the desire to reduce dependency on life-support systems, maintain dignity throughout the dying process, prioritize quality of life over its duration, and alleviate legal risks for healthcare providers, families, and caregivers [15].

However, dissenting voices argue for safeguarding vulnerable individuals from potential coercion. They express concerns that legalizing euthanasia might expand eligibility criteria, compromising the intrinsic sanctity of life, and advocate against altering laws to accommodate a minority seeking euthanasia [4]. Moreover, opponents assert that hastening death contradicts the core objective of medicine, which is to heal. They highlight potential risks of wrongful deaths due to diagnostic errors and contend that effective pain management can be achieved through appropriate palliative care. Additionally, they fear that legalizing euthanasia might diminish incentives for research and implementing best-practice treatments [56].

This ongoing debate revolves around fundamental ethical, moral, and medical principles. While one side emphasizes individual autonomy and mitigating suffering, the opposing viewpoint fears erosion of the sanctity of life and potential adverse impacts on medical practice and societal values [57]. As Malaysia navigates this complex terrain, there's a growing consensus on the necessity for a comprehensive regulatory framework. Such a framework would need

to delicately balance intricate ethical considerations with evolving societal attitudes toward end-of-life care [58]. It would aim to respect individual choices while guarding against possible misuse or societal harm, reflecting the complexity and depth of euthanasia discussions within Malaysia's ethical, societal, and medical landscapes [54].

Recognizing the validity inherent in all perspectives and comprehending the significance held by each side in the discourse, a palpable tension arises from the delicate balance between the revered notion of the right to life and the profoundly personal autonomy individuals exercise over their bodies [15]. The right to life perseveres as an unwavering cornerstone of our societal ethos, juxtaposed against the equally profound principle of individual agency – the entitlement of individuals to make determinations regarding their lives and physical selves [59]. Within the sphere of the euthanasia debate, we are faced with the intricate terrain where these principles converge, compelling us to grapple with inquiries about the instances and methodologies through which the right to life should yield to the autonomy of those enduring agonizing suffering [26]. The fact that a limited number of individuals possess direct familiarity with or express a wish to undergo euthanasia accentuates the pivotal role played by mediated sources. These sources significantly mould perceptions and construct the lens through which we apprehend the world, as well as acquire knowledge pertaining to matters encompassing health, illness, and the experiences accompanying the end of life [17].

3. Research Method

This research does not intend to delve into new issues or provide detailed explanations for causal relationships. Its primary aim is to offer an overview of euthanasia and the associated issues of legalization in Malaysia at the time of this study. To accomplish this, a quantitative research approach was employed to investigate the perspectives of doctors and lawyers. The researcher conducted a comprehensive review of current literature, examining over 60 sources, in order to craft a self-report questionnaire tailored to the research objectives. This questionnaire comprises the Euthanasia Attitude Scale (EAS), along with inquiries about respondents' backgrounds and their stances on either supporting or opposing the legalization of euthanasia. The EAS comprises 21 items distributed across four domains: ethical considerations (11 items),

practical considerations (4 items), treasuring life (4 items), and naturalistic beliefs (2 items). Respondents provided their responses on a 5-point Likert-type scale, encompassing 5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, and 1 = strongly disagree, with a score range extending from 21 to 105. Higher scores reflect more positive attitudes toward euthanasia.

The objective of this study is not to delve into novel topics or intricately explain causal connections. Instead, it primarily aims to present an extensive view of euthanasia and the intertwined subject of legalization within the context of Malaysia during the study's duration. Employing a quantitative research methodology, the investigation focused on gathering the perspectives of medical practitioners and legal professionals. To achieve this, the researcher meticulously reviewed a broad spectrum of contemporary literature, analysing over 60 diverse sources. This extensive review facilitated the construction of a detailed self-report questionnaire, tailored specifically to address the research goals. The questionnaire design encompassed the utilization of the Euthanasia Attitude Scale (EAS), supplemented by inquiries regarding the respondents' backgrounds and their viewpoints on either advocating for or opposing the legalization of euthanasia. Comprising 21 items, the EAS was organized across four distinct domains: ethical considerations, practical implications, valuing life, and naturalistic beliefs, with varying item distribution. Respondents provided their responses on a 5-point Likert-type scale, encompassing 5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, and 1 = strongly disagree, with a score range extending from 21 to 105. The aggregate score potential spanned from 21 to 105, with higher scores indicative of a more favourable attitude toward euthanasia.

A panel of 13 professionals, comprising 3 doctors, 4 lawyers, 3 nurses, and 3 academicians, validated the questionnaire's appropriateness and relevance. Following this validation, an evaluation of the questionnaire's internal consistency took place, gauging its reliability. Through the pilot study involving a sample of 40 respondents (refer to Table 1), Cronbach's alpha values were computed, yielding a range between 0.857 to 0.952. These values indicate the extent of agreement among respondents concerning the statements within the questionnaire. The notable range of alpha values suggests a strong

consensus among participants, signifying a robust level of agreement with the questionnaire's contents.

Table 1: Cronbach Alpha of Each Section of the Questionnaire

	Sections	Cronbach Alpha	Remark
1	Euthanasia Attitude Scale (EAS)	0.952	Very Strong
2	Reasons for Supporting/Opposing the Legalization of Euthanasia	0.857	Very Strong

A non-probabilistic sampling method was utilized to enlist 479 participants from Malaysia, encompassing 241 doctors and 238 lawyers. The distribution of the questionnaire was facilitated through Google Forms, an Internet-based platform known for its capacity to ensure anonymity and ease of use for both researchers and respondents. English was chosen as the questionnaire language due to its widespread usage within the healthcare and legal domains in Malaysia, in addition to the Malay language. As the Euthanasia Attitude Scale (EAS) was neither translated nor altered, there was no necessity for internal validation. The survey spanned a two-month period, running from March 1st to April 30th, 2023. Ethically, the research and its data collection protocol were sanctioned by the School of Social Work Research Ethics Committee, upholding the necessary ethical considerations.

The amassed data underwent comprehensive statistical analysis utilizing Statistical Package for the Social Sciences (SPSS) version 29.0. Various measures, including mean, median, standard deviation, frequencies, and percentages, were employed to assess data variables. To determine statistical significance, the threshold was established at $p < 0.05$. The examination of normality for quantitative variables was carried out using the Kolmogorov-Smirnov test. Confidence intervals, set at 95%, were computed for both means and proportions. Pearson's correlation was applied to scrutinize the interrelationships among quantitative variables. Furthermore, a multiple linear regression analysis was executed specifically for Euthanasia Attitude Scale (EAS) total scores, treating as independent variables those that displayed significant correlations with these scores. This comprehensive statistical approach aimed to provide a nuanced

understanding of the relationships and influential factors pertaining to attitudes toward euthanasia.

4. Findings and Discussion

A. Socio-Demographic Characteristics of Doctors and Lawyers in The Study

Among the entire pool of participants engaged in this study (as depicted in Table 2), approximately 50.3% comprised doctors, while the remaining 49.7% represented lawyers. Predominantly, the demographic makeup indicated a higher representation of females, accounting for 54.5% of the respondents. The age bracket spanning 25 to 44 years constituted the majority, encompassing 55.5% of the participants. In terms of educational qualifications, a significant portion – about 65.8% – held a bachelor's degree in their respective fields, with a noteworthy 34.2% possessing advanced degrees such as master's or Ph.D. degrees. Regarding marital status, a substantial 66.8% were reported as married. Furthermore, among the respondents, the largest religious affiliation reported was Islamic, representing 43.4% of the participant pool.

Table 2: Socio-demographic Characteristics of Respondents in the Study (n = 479)

Socio-demographic Characteristics		No.	%
Occupation	Doctor	241	50.3
	Lawyer	238	49.7
Gender	Male	218	45.5
	Female	261	54.5
Age (years)	25-34	153	31.9
	35-44	113	23.6
	45-54	126	26.3
	>55	87	18.2
Level of Education	Bachelor	315	65.8
	Master	113	23.6
	Ph.D.	51	10.6
Marital Status	Single	135	28.2
	Married	320	66.8
	Divorces	24	5.0
Religion	Islam	208	43.4
	Cristian	105	21.9
	Buddha	85	17.7

	Hindu	81	16.9
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B. Pearson's Correlation Coefficient and Descriptive Analysis

Pearson's Correlation Coefficient serves as an invaluable tool for thoroughly examining and quantifying the complex interconnections among the variables under scrutiny. Notably, the correlation outcomes, meticulously outlined in Table 3, consistently maintain a confined range, fluctuating between 0.570 and 0.742. These results distinctly indicate the existence of a moderately robust and positively inclined association between the independent variables – encompassing the multifaceted rationales for supporting or opposing euthanasia's legalization – and the dependent variable, represented by the Euthanasia Attitude Scale (EAS). To gain an in-depth understanding of the distribution patterns inherent in the EAS dataset, a descriptive analysis was conducted, involving the calculation of mean values, standard deviations (SD), median values, and t-values. This comprehensive analytical approach aimed to unveil the inherent characteristics within the dataset.

The findings outlined in Table 4 offer illuminating insights. Within the EAS scale, the mean score was determined to be 32.3 ± 23.68 , alongside a t-value of -6.617 and a p-value of 0.000. Particularly noteworthy was the highest mean score recorded in the ethical considerations section, totalling 21.75 ± 15.28 , coupled with a t-value of -8.439 and a p-value of 0.001. In contrast, the naturalistic belief category displayed the lowest mean score, quantified at 4.34 ± 2.97 , accompanied by a corresponding t-value of -2.409 and a p-value of 0.003. These findings collectively underscore the prevalent sentiment among numerous doctors and lawyers in Malaysia who vehemently oppose the notion of legalizing euthanasia, as evidenced by their strong disagreement with it.

Table 3: Results of Pearson's Correlation Coefficient Analysis

	Euthanasia Attitude Scale (EAS)	Issues in Legalizing Euthanasia	Reasons for Supporting/ Opposing the Legalization of Euthanasia
Euthanasia Attitude Scale (EAS)	1 - 479	.570** .000 479	.642** .000 479
Issues in Legalizing Euthanasia	.570** .000 479	1 - 479	.742** .000 479
Reasons for Supporting/ Opposing the Legalization of Euthanasia	.642** .000 479	.742** .000 479	1 - 479

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4: EAS total score

Variables	Items	Range	Mean	SD	Medium	Tested value = 479	
						t-value	p-value
EAS (total score)	21	21-105	32.3	23.68	34	-6.617	0.000
Ethical considerations	11	11-55	21.75	15.28	23	-8.439	0.001
Practical considerations	4	4-20	11.36	6.67	12	-3.335	0.014
Valuing life	4	4-20	6.22	7.92	7	-7.527	0.000
Naturalistic beliefs	2	2-10	4.34	2.97	4	-2.409	0.003

C. Reason For Doctor and Lawyers Opposing the Legalization of Euthanasia

The results obtained from our survey underscore the position taken by 65.3% of doctors and lawyers, who expressed clear opposition to both the concept of euthanasia and its legalization, while 34.7% were in favour of it. Contrasting this, a survey conducted by the Royal College of Nursing in the UK presented a divergent trend, with 49% in support of euthanasia and 40% against it [26]. Similarly, studies conducted in various countries including Croatia, Turkey, South Africa, and Kuwait have consistently reported notably low levels of acceptance toward euthanasia [14] [60].

A salient point to note is the significant influence of religion, with 63.0% of doctors and lawyers attributing their opposition to their religious beliefs, as outlined in Table 5. Extensive prior research consistently indicates that individuals with religious affiliations or residing in religiously oriented societies exhibit a stronger tendency to oppose euthanasia in comparison to those within secular environments [56]. Apart from religious affiliations, opposition to euthanasia is also linked to concerns about moral righteousness and doubts regarding a dying patient's capacity to make an informed decision [61].

Table 5: Reason for Doctors and Lawyers Opposing the Legalization of Euthanasia in Malaysia (n=479)

	Reasons for Opposing the Legalization of Euthanasia	Frequency	Percentage (%)	p-value
1	Euthanasia goes against my religious beliefs.	302	63.0	0.001
2	Euthanasia cannot be legalized in Malaysia due to the prevalence of public corruption in the country.	298	62.2	0.001
3	Euthanasia should remain illegal because human life is sacred, and no one should have the authority to end their own life.	277	57.8	0.001
4	Legalizing euthanasia in Malaysia could be challenging, as there is a concern that people may exploit it for personal gain.	252	52.6	0.001

Many religions generally discourage the practice of euthanasia. In Malaysia, a nation renowned for its diverse array of faiths and cultural practices, religious principles significantly influence decisions pertaining to end-of-life considerations [35]. It's crucial to highlight that euthanasia remains legally prohibited in Malaysia, and as of present, there are no known pro-euthanasia

organizations operating within the country [27]. Our findings align with parallel research conducted on this subject matter [15], providing valuable insights into the ongoing discourse encompassing end-of-life euthanasia. There is a clear call for further investigation to delve into the perspectives of healthcare professionals closely engaged with chronically ill and

suffering patients, a step that could significantly contribute to a more comprehensive comprehension of this complex issue.

In a broad context, religion offers comprehensive guiding principles that play a role in regulating our biological behaviours and addressing internal conflicts that can be triggered by external factors [62]. Additionally, it imparts values into life, helping individuals stay aligned with its fundamental purpose, especially when some struggle to grasp life's specific goals. The spiritual harmony that religion promotes is essential for upholding a sense of order. This is why all major religions universally condemn both euthanasia and suicide as actions that are unethical, invalid, and inappropriate [63]. Given the racial and religious diversity in Malaysia, it is clear that this demographic factor requires thoughtful attention. When formulating ethical guidelines and legal standards for end-of-life decisions, it is crucial to consider the values and perspectives of the different communities, especially considering the sensitive nature of the issue [61].

Even though previous studies have suggested that individuals with higher education tend to show less resistance to euthanasia compared to those with lower educational attainment [64] [40] the majority of doctors and lawyers surveyed in this study demonstrated opposition to euthanasia.

Alongside religious beliefs, prevalent reasons for their opposition in this context include concerns regarding the perceived prevalence of public corruption (62.2%), the deeply held belief that human life is sacred and should not be subject to individual termination (57.8%), and apprehensions about potential euthanasia exploitation for personal gain (52.6%). These observations correspond with earlier research findings [65] [31], Notably, doctors and lawyers exhibited a greater inclination to support euthanasia in countries where it was legalized and accepted. For instance, in Turkey, where euthanasia remains illegal, approximately half of medical professionals do not advocate for its legalization [25].

D. Reasons For Doctor and Lawyers Supporting the Legalization of Euthanasia

Table 6: Reason for Doctor and Lawyers Supporting the Legalization of Euthanasia in Malaysia (n=479)

	Reasons for Supporting the Legalization of Euthanasia	Frequency	Percentage (%)	p-value
1	Euthanasia is seen as a compassionate and humane act, driven by empathy and kindness, with the intention of relieving the pain and suffering of those who are terminally ill.	277	57.8	0.001

The majority of survey participants (57.8%) advocate for the legalization of euthanasia, primarily citing its compassionate and humane nature as a means to alleviate the suffering of terminally ill individuals (Table 6). These results mirror previous research highlighting the relief of suffering and the respect for patient autonomy as fundamental reasons driving pro-euthanasia sentiments [64]. In this context, the prioritization of freedom from pain and suffering surpasses the traditional healthcare focus on preserving life or avoiding death [62]. Euthanasia is perceived as a method to aid individuals enduring incurable diseases, prolonged palliative care, or ineffective treatments while maintaining dignity throughout the dying process [66] [61]. Moreover, fewer than 50% of respondents endorsed euthanasia legalization for various reasons, including considering it a representation of individual wisdom and self-determination in end-of-life decisions (48.0%), providing mentally challenged, physically impaired, and elderly individuals the opportunity to make dignified choices about their end of life (46.1%), and for individuals experiencing a loss of meaning and purpose in life with little hope of extending their existence (41.3%).

The research outcomes are bound to ignite significant controversies between advocates and opponents of euthanasia, particularly within the realm of legal guidelines [67]. As societies gain greater understanding and witness the evolution of their beliefs and values into more intricate forms, the ethical dilemmas connected to euthanasia are predicted to grow in complexity [11]. Our findings indicate that a majority of survey participants hold a negative view of euthanasia and reject its legalization [51]. Hence, it is no wonder that only a small minority of doctors and lawyers are in favour of euthanasia [30].

2	Euthanasia symbolizes the recognition of an individual's wisdom and self-determination in making the decision for their own death.	230	48.0	0.001
3	Euthanasia grants mentally challenged, physically impaired, and elderly individuals the opportunity to make a dignified decision about the end of their lives.	221	46.1	0.001
4	Euthanasia is frequently contemplated for individuals whose lives have become devoid of significance and purpose, as it appears improbable that their existence can be prolonged.	198	41.3	0.001

5. Conclusion

The discourse revolving around euthanasia emerges as a multifaceted and intricate matter, transcending individual viewpoints to become a significant societal quandary. This contentious ethical dilemma has endured across numerous years, sparking a multitude of arguments both advocating for and opposing it, rendering the attainment of a consensus a seemingly distant goal. Research discoveries play a pivotal role in perpetuating the ongoing dialogue on end-of-life euthanasia, emphasizing the pressing necessity for continual research endeavours aimed at effectively documenting the preferences and desires of individuals enduring chronic illness and suffering. Additionally, this extends to healthcare professionals intricately involved in their care. The shifting landscape of globalization and the continual evolution of healthcare delivery systems gradually reshape the attitudes of both the medical community and the wider public toward euthanasia. Concurrently, the proliferation of alternative treatments, such as palliative care and hospices, presents terminally ill individuals with avenues to experience a dignified and pain-free end-of-life, thereby reducing reliance on euthanasia procedures. This evolving paradigm not only challenges the ethical and moral facets of euthanasia but also engenders contemplation on the practical considerations enveloping its application. In the Malaysian context, there exists an evident and compelling need for the formulation of comprehensive ethical codes and legislation to address the intricate matter of euthanasia. Presently, Malaysian statutory laws explicitly prohibit active euthanasia, while the legal stance on passive euthanasia remains implicit, contributing to a legal ambiguity. Redressing this legal void is paramount to safeguarding the rights and choices of individuals confronting end-of-life decisions, ensuring that healthcare practitioners possess lucid guidelines for making pivotal determinations concerning the end-of-life care of their patients.

6. Limitation & Further Research

This study possesses several limitations that warrant consideration. Primarily, our research exclusively targeted professionals in the questionnaire, thus lacking a comprehensive assessment of this phenomenon among non-professionals. Exploring this specific non-professional group could potentially yield intriguing and valuable insights, expanding the understanding of the subject matter. The constrained sample size in this study accentuates the need to incorporate a diverse array of professionals and individuals in future research endeavours to enable informed decisions regarding the legalization of euthanasia. These findings underscore the ongoing significance and the critical necessity for extensive exploration, delineating the intricate nature of the subject. Moreover, relying on a convenience and voluntary sample introduces the possibility of selection bias, potentially limiting the applicability of the results to a broader population. Additionally, the limited two-month data collection window may curtail the extrapolation of these findings to encompass the entirety of doctors and lawyers in Malaysia. Furthermore, the study's design precludes the observation of changes in the attitudes of doctors and lawyers at different career stages, acting merely as a proxy for this purpose. The outcomes might have yielded divergent results if tracked over a more suitable time frame conducive to tracking attitude shifts, although the selection of this time gap was arbitrary. Additionally, employing an original questionnaire without validation underscores a significant limitation. While developing a specific questionnaire for euthanasia within the Malaysian context seemed crucial to us, it's imperative to acknowledge this aspect for future research considerations.

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