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Do Turkish physicians support euthanasia / death tourism?

<https://doi.org/10.2478/ejthr-2025-0002>

received September 19, 2023; accepted July 18 2024

Abstract: This study aims to examine the attitudes of Turkish physicians towards euthanasia (death) tourism and to investigate the differences in these attitudes according to demographic variables. The questionnaire form prepared was applied to 424 physicians in the Marmara Region, where medical tourism is most intense. Physicians have generally expressed that individuals should be given the right to die, especially in cases of medically untreatable painful illnesses, they have shown support for euthanasia. The vast majority of physicians think that culture, lifestyle, religion are effective in the fact that euthanasia is not legal in Turkey. Turkish physicians have stated that they do not believe euthanasia will become legal in Turkey within the next decade. Determining whether Muslim Turkish physicians, who are the practitioners of euthanasia, support or oppose euthanasia and euthanasia tourism despite their religious beliefs, and the results of the study may serve as an example for many Muslim countries.

Keywords: Euthanasia tourism; Death tourism; Turkish physicians; Physician-assisted suicide

1 Introduction

In recent years, it has been observed that many individuals who cannot bear the pain caused by the illnesses they are suffering from want to end their lives through eutha-

nasia and travel to different countries for this purpose (Rather & Sharma, 2017). These travels are called “suicide tourism, euthanasia tourism, or death tourism” in international literature (Kurnaz et al., 2013, p. 58).

Suicide tourism, death tourism or euthanasia tourism is defined as the voluntary travel of a person to another country in order to obtain medical assistance to end their life (Miller & Gonzalez, 2013). According to Gauthier et al. (2015) and Srinivas (2009), foreign nationals who visit destinations where they can receive medical assistance to end their lives are referred to as *suicide tourists* or *death tourists*. This practice, which is prohibited in most states and countries but cannot be legally prevented, is considered an example of medical tourism (Srinivas, 2009).

Some countries and nations take a strong stance against euthanasia and assisted suicide in particular (Miller & Gonzalez, 2013). The Netherlands is among the countries that have legalised (April 1, 2002) euthanasia worldwide (Singer, 2015). Countries where euthanasia and assisted suicide are legal, along with the Netherlands, include Belgium, Colombia, Canada, Luxembourg, Switzerland and some states of the USA. There is no requirement for individuals who wish to undergo assisted suicide in Switzerland to be Swiss citizens, as the practice is legal in Switzerland (Higginbotham, 2011). Especially after the opening of the Dignitas clinic in Zurich, Switzerland, in 1998, which offered assisted suicide services to non-Swiss citizens, “euthanasia tourism” or “death tourism” has begun to appear in the media as a phenomenon (Srinivas, 2009). Although there is no explicit provision regarding euthanasia in the Turkish Penal Code, it is possible to say that active euthanasia includes actions that will provide the elements of one of the crimes of wilful homicide or assisting suicide, and that the doctor who is in the position of perpetrator can be prosecuted for these crimes (Özen & Şahin, 2010).

Although euthanasia and assisted suicide may be considered legal or illegal according to the laws and regulations of countries, it is ultimately the physicians who will directly perform these practices and direct patients to

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them. In this context, the attitudes, perspectives, thoughts on the right to die, and religious beliefs of physicians play an important role in euthanasia and assisted suicide.

The aim of the study is to determine the attitudes of Turkish physicians towards euthanasia tourism and to reveal the differences in these attitudes according to demographic variables. When national and international literature was reviewed, it was found that a study was conducted to develop an attitude scale towards euthanasia tourism for healthcare professionals (Akin et al., 2022). However, no study was found that measures the attitudes of physicians towards euthanasia tourism (also known as suicide tourism/death tourism) and relates these attitudes to the demographic structure of physicians. In this regard this study is considered original and it is thought to be important in terms of filling the gap in the literature. However, in Turkey, a country governed by a Muslim community, euthanasia is considered prohibited according to religious beliefs. Therefore, determining whether Turkish physicians, who are the practitioners of euthanasia, support or oppose euthanasia and euthanasia tourism despite their religious beliefs, and the results of the study may serve as an example for many Muslim countries.

2 Literature review and theoretical framework

2.1 Literature review

Tourism academics and practitioners have carried out important studies on euthanasia tourism, which is a new research area, both nationally and internationally. Studies focusing on suicide tourism and euthanasia tourism in the literature have gained momentum since the 2000s. The first known study on the subject was addressed by Miller (1997) in the “Ethics and Medicine” journal under the title “Euthanasia tourism”. These are critical studies on whether euthanasia or assisted suicide is a type of tourism and limited studies that measure the perceptions and attitudes of physicians towards euthanasia and assisted suicide tourism.

Academic discussions on suicide tourism and euthanasia tourism have continued with studies conducted by Amujo and Otubanjo (2012), Bowen and Clarke (2009), Hall (2011), Higginbotham (2011), Huxtable (2009) and Miller and Gonzalez (2013). There are numerous studies that deeply analyse the concept of euthanasia tourism

(Hall, 2011; Higginbotham, 2011; Miller & Gonzalez, 2013) and discuss whether it is a type of tourism that defines the boundaries of tourism (Beaver, 2002; Cooper & Hall, 2008, Goeldner & Ritchie, 2009; Hall et al., 2004).

There have been very limited studies attempting to determine the attitudes of physicians towards euthanasia tourism. Only one attitude scale study developed by Akin et al. (2022) is available on this subject. However, there are numerous studies that attempt to determine the views and attitudes of physicians towards euthanasia. There are studies indicating that physicians support and believe that euthanasia should be legal, such as Azizoğlu (2014), Asai et al. (2001), Cuttini et al. (2004), Dopelt et al. (2020), Fried et al. (1993), Glebocka et al. (2013), Gonçalves (2010), McGlade et al. (2000), Rivera et al. (2000), and Subba et al. (2016). However, there are also studies indicating that physicians do not support euthanasia, such as Mayda et al. (2005) and Özkara et al. (2002).

According to some US doctors, euthanasia or physician-assisted suicide is seen as an absolute necessity in patients with uncontrollable pain or weak physical function (Emanuel et al., 1998). A large majority of doctors in Victoria also support the legalisation of active voluntary euthanasia (Neil et al., 2007). Italian hospital doctors and general practitioners support euthanasia or assisted suicide for terminally ill patients (Grassi et al., 1999). There are many studies that have determined the attitudes of Australian doctors towards voluntary euthanasia. Some Australian doctors show a positive attitude towards the legalisation of voluntary euthanasia (Löfmark et al., 2008; Stevens & Hassan, 1994; Wilson et al., 1997), while others have expressed their opposition and lack of support (Cartwright et al., 2002; Munday & Poon, 2019; Sheahan, 2016).

The majority of UK doctors in most studies oppose the use of both active voluntary euthanasia and physician-assisted suicide. Several studies have found that religious beliefs/affiliation are a statistically significant factor in influencing doctors’ attitudes (Lee et al., 2009; Seale, 2009).

According to Dopelt et al. (2020), physicians specialising in internal medicine and, according to Glebocka et al. (2013), those specialising in intensive care and oncology units have more positive attitudes towards euthanasia compared to physicians working in other units. In addition, physicians have more positive attitudes towards euthanasia as their work experience increases (Dopelt et al., 2020). Subba et al. (2016) reported that male physicians with an average age of 37.9 and Cuttini et al. (2004) found that male physicians had a more positive attitude towards voluntary euthanasia in their studies. In addition,

studies (Georges et al., 2008; McGlade et al., 2000) have shown that general practitioners and assistants (Rivera et al., 2000) exhibit a negative attitude towards euthanasia and are reluctant to participate in such actions.

2.2 Theoretical framework

The study was guided by an extended version of the Theory of Planned Behaviour (TPB). The TPB was found suitable for predicting and understanding the behaviour of healthcare professionals, such as physicians and nurses from various fields of clinical practice (Bosnjak et al., 2020). TPB was developed by Ajzen (1991), and it is one of the most widely implemented theories for understanding individuals' social behaviour (Bosnjak et al., 2020).

Intention represents one's motivation to adopt a given behaviour. The intention to implement a particular behaviour is determined by three direct factors: personal attitudes toward the behaviour, subjective norms, and perceived behavioural control (Ajzen, 1991). Attitude towards a behaviour is the positive or negative assessment of the individual's behaviour performance (Ajzen, 2023). Attitudes were evaluated by using their two components, cognitive and affective attitudes, as suggested by Triandis (Triandis, 1980). Subjective norms reflect the social influence on the individual (Ajzen, 2023). Perceived behavioural control refers to people's evaluation of their ability to adopt a given behaviour (Lavoie et al., 2014).

The efficacy of the TPB (Emanuel, 2002) in predicting intentions to adopt various health behaviours, including among health professionals, and the key role of intentions to predict behaviours have already been established in several meta-analyses (Armitage & Conner, 2001; Conner & Sparks, 2005). Socio-demographic and contextual variables may affect the intention to adopt euthanasia behaviour in terms of the number of end-of-life patients that nurses and doctors care for annually, whether they have relatives receiving palliative treatment, length of experience, age, gender, religious belief, attitude towards the legalisation of euthanasia, and external factors (Lavoie et al., 2014). Considering the Theory of Interpersonal Behaviour there is evidence that professional and moral norms are determinants of healthcare professionals' intentions to adopt various behaviours (Côté et al., 2012). Lee and Kang (2020) found that attitudes and perceived control predict nurses' intention to care for patients with infectious diseases, where perceived control was the strongest predictor.

3 Methods

3.1 The purpose, hypothesis & design of the research

The aim of the study is to examine the attitudes of Turkish physicians towards euthanasia tourism and to investigate the differences in these attitudes according to demographic variables. The hypothesis established in the study is as follows:

H1. The attitudes of Turkish physicians towards euthanasia tourism vary according to demographic variables.

In this study, the survey method, which is a quantitative research method, was used. The design of the study is appropriate for a general survey model, as the study aims to make estimates and generalisations about the population through sampling. According to Karasar (2012), studies aimed at determining the specific characteristics of a group are called survey research, and singular or relational scans can be performed with these models.

3.2 Data collection tools

In this study, the Attitudes Towards Euthanasia Tourism Scale, developed by Akın et al. (2022) was used. The Euthanasia Tourism Attitude Scale (ETAS) is a scale designed to determine the level of attitudes of healthcare professionals towards euthanasia tourism. The scale, which consists of 26 items with three of them (questions: 6, 7, 8) being reverse worded, is a five-point Likert scale and has a three-factor structure. The first factor consists of 13 items and represents Euthanasia Perception, the second factor consists of 10 items and represents Euthanasia Prediction, and the third factor consists of 3 items and represents Social Values.

3.3 Data analysis

The prepared survey form was applied to physicians in the Marmara Region, where medical tourism is most intense in Turkey. In determining the number of surveys planned to be administered to physicians, Hair et al.'s (2019) widely used to reach maximum sample volume in limited universes, the non-clustered single-stage random probability sampling method based on population proportions was used. It was observed that the sample size to be reached should be at least 384; it was intended to reach at least 420 people in case of missing data. Between

01.11.2022-01.12.2022, a survey form was applied face-to-face and one-on-one to 424 physicians reached by the convenience sampling method, and the data collection process was completed. The data collected in accordance with the purpose were processed with the help of the SPSS package program and basic statistical analyses such as reliability analysis, frequency distribution, mean, standard deviation, and skewness-kurtosis were performed; Number, percentage, mean $\pm$ standard deviation and minimum–maximum values were used for descriptive variables. The average scores and frequency values obtained from the scales were examined according to the demographic characteristics of the participants. Before conducting any difference analyses, it was investigated whether the data met the normality assumption through skewness–kurtosis coefficients, and it was found that the skewness–kurtosis coefficients were within the range of ± 2 for each item. The fact that the kurtosis and skewness coefficients are between +2 and -2 emphasizes that the data show a normal distribution (Pallant, 2020). Therefore, parametric techniques were used in the analysis of the data. When examining the differences in average scores obtained from the attitude scale towards euthanasia tourism based on demographic variables, independent samples t-test was used for dichotomous variables, and ANOVA was used for variables with more than two categories. The statistical significance level of 0.05 was accepted in interpreting the obtained results.

3.4 The sample of the study and demographic characteristics of participants

The population of the research is the Marmara Region of Turkey where medical tourism is intense, and the sample consists of physicians working in healthcare facilities located in Kocaeli and Istanbul.

Of the physicians participating in the study, 223 (52.6%) are male and 201 (47.4%) are female. A number of 266 (62.7%) of the participants are married, while 158 (37.3%) are single. Additionally, 186 (43.9%) are graduates of a bachelor's degree, and 238 (56.1%) are medical specialists. Of the physicians, 148 (34.9%) work in state hospitals, 169 (39.9%) work in medical faculties, and 107 (25.2%) work in private hospitals. Of the physicians participating in the study, 163 (38.4%) are between 22-39 years old, 157 (37%) are between 40-59 years old, and 104 (24.5%) are 60 years old and above. Of the participants, 64 (15.1%) have an income between 20,000 ₺–30,000 ₺, 55 (13%) have an income between 30,001 ₺–40,000 ₺, and 305 (71.9%) have an income of 40,001 ₺ and above. When looking at

the physicians' perceptions of their income, 237 (55.9%) stated that their income is less than their expenses, 153 (36.1%) stated that their income is equal to their expenses, and 34 (8%) stated that their income is greater than their expenses. Of the physicians participating in the study, 157 (37%) have 0–10 years of work experience, 114 (26.9%) have 11-20 years of work experience, and 153 (36.1%) have 21 years or more of work experience. In addition, 168 (39.6%) of the physicians are faculty members, 125 (29.5%) are medical specialists, and 131 (30.9%) are assistants. 85 (20%) physicians work in the emergency department, 89 (21%) work in internal medicine units, 152 (35.8%) work in surgical units, 67 (15.8%) work in intensive care units, and the remaining 31 (7.3%) work in other clinical units.

4 Results

In this study conducted to examine the attitudes of Turkish physicians towards euthanasia tourism, firstly the average scores of attitudes towards euthanasia tourism were examined, and then it was investigated whether these attitudes differed according to demographic variables.

4.1 Examination of Turkish physicians' attitudes towards euthanasia tourism

The attitudes of Turkish physicians towards euthanasia tourism were examined and the average scores obtained were presented in Table 1.

When the average scores of Turkish physicians' attitudes towards euthanasia tourism were examined, it was seen that their overall perspective on euthanasia tourism was positive. It was seen that the accepted idea among the sub-dimension was in the social values dimension, while the dimension with the lowest average score was the perception level of euthanasia. The majority of the physicians believe that the culture, lifestyle, and religion have an influential role in the fact that euthanasia is not legal in Turkey. They also expressed that the legalisation of euthanasia in Turkey would increase travel and tourism revenues to the country.

The majority of physicians expressed that individuals should be given the right to die, and they particularly support euthanasia in cases of terminal illnesses that cause unbearable suffering and have no medical cure or treatment. As a result, they have also stated that they can respond positively to euthanasia requests from domestic and foreign tourists. Only a small percentage of the

Table 1: The average scores of Turkish physicians' attitudes towards euthanasia tourism.

		$\bar{X}$	SD
Perception of Euthanasia	1. Just as individuals are given the right to live, in some cases, the right to die should also be granted	3.92	1.15
	2. I support euthanasia	3.79	1.18
	3. If I were to be diagnosed with an incurable terminal illness, I would like to have euthanasia applied to myself.	3.59	1.22
	4. Granting the right to die to individuals with incurable illnesses instead of making them suffer is an ethical situation	3.87	1.14
	5. I support euthanasia tourism	3.69	1.21
	6. Euthanasia is equivalent to murder.	1.63	1.05
	7. Euthanasia should not be an alternative for incurable diseases.	2.32	1.19
	8. Euthanasia is equivalent to suicide.	1.82	1.18
	9. I support the euthanasia requests of our country's citizens.	3.73	1.12
	10. I support the euthanasia requests of foreign tourists.	3.81	1.14
	11. If euthanasia tourism were legal in Turkey, I would fulfil the requests of individuals who want to undergo euthanasia within the framework of legal requirements	3.76	1.18
	12. Euthanasia may become legal in Turkey in the next 10 years	3.00	1.22
	13. Since euthanasia is legal in only a limited number of countries, there may be a travel mobility to regions where euthanasia is legal worldwide.	3.85	.97
Dimension of the Perception of Euthanasia: 3,29±0,64			
Euthanasia Prediction	14. Travel made within the scope of euthanasia increases tourism revenues	3.87	1.12
	15. Euthanasia tourism can be seen as a stage of medical tourism	3.74	1.11
	16. If euthanasia were legal, there would be an increase in travel demand to Turkey for this purpose	3.98	.97
	17. Euthanasia can be seen as a solution instead of palliative care	3.75	1.14
	18. If euthanasia tourism becomes legal, I will perform voluntary euthanasia	3.62	1.22
	19. If euthanasia tourism is legalised, I will perform the non-volunteer (decision taken based on the request of the first-degree relatives of the patient without consulting the patient) type of euthanasia.	3.11	1.12
	20. If euthanasia were legal in Turkey, the number of for-profit healthcare institutions would increase	3.97	.89
	21. If euthanasia were legal in Turkey, healthcare workers would have the psychological competence for euthanasia.	2.96	1.02
	22. If euthanasia were legal in Turkey, hospitals would have the necessary equipment for euthanasia	3.63	.95
	23. An individual requesting euthanasia must undergo psychological tests	4.40	.83
The Dimension of Euthanasia Prediction: 3,70±0,77			
Social Values	24. Culture is effective in the fact that euthanasia is not legal in our country.	3.95	.75
	25. Lifestyle is effective in making euthanasia legal in our country.	3.77	.78
	26. Religion is effective in the fact that euthanasia is not legal in our country.	4.61	.83
Dimension of Social Values: 4.11±0,60			
Euthanasia General: 3.54±0,60			

physicians have stated that they are against euthanasia they consider euthanasia equivalent to murder or suicide. The physicians, despite expressing their support for euthanasia and euthanasia tourism, stated that they do not think euthanasia will be legalised in Turkey within the next decade.

4.2 Examination of Turkish physicians' attitudes toward euthanasia tourism based on demographic variables

An independent sample t-test was conducted to examine the differences in Turkish physicians' attitudes towards euthanasia tourism based on gender, marital status, and education level, and the results were presented in Table 2.

When the results were examined, it was observed that the attitudes of Turkish physicians towards euthanasia tourism were more positive among males and singles, but this difference was not statistically significant. However, it was determined that the perspectives of physicians who specialise in medicine towards euthanasia tourism were more positive compared to general practitioners, and this difference was statistically significant in the sub-dimensions of general attitude, perception and prediction towards euthanasia. When it comes to the dimension of social values, no statistically significant difference was found. One of the reasons for this is that the culture, life-style, and religion that prevail among almost all physicians in Turkey are believed to have a strong influence on the fact that euthanasia is not legal in Turkey.

ANOVA (F test) was conducted to examine the differences in Turkish physicians' attitudes towards euthanasia

Table 2: Examining the differences in attitude towards euthanasia tourism based on gender, marital status, and education level.

	Gender, Marital Status and Education Level	N	$\bar{X}$	SD	Sig.
Euthanasia General Attitude	Male	223	3.8447	.74959	0.127
	Female	201	3.7339	.74064	
	Married	266	3.7683	.78680	0.395
	Single	158	3.8322	.67387	
	Bachelor's Degree	186	3.6810	.76963	0.007
	Ph.D./Medical Specialisation	238	3.8790	.71768	
Perception of Euthanasia	Male	223	3.8569	.94159	0.110
	Female	201	3.7110	.93036	
	Married	266	3.7589	1.00575	0.413
	Single	158	3.8361	.81208	
	Bachelor's Degree	186	3.6619	.92756	0.014
	Ph.D./Medical Specialisation	238	3.8860	.93631	
Euthanasia Prediction	Male	223	3.7463	.75941	0.223
	Female	201	3.6550	.78046	
	Married	266	3.6814	.80557	0.453
	Single	158	3.7395	.70678	
	Bachelor's Degree	186	3.5794	.83677	0.004
	Ph.D./Medical Specialisation	238	3.7997	.70001	
Social Values	Male	223	4.1196	.67313	0.688
	Female	201	4.0962	.50181	
	Married	266	4.0990	.58833	0.672
	Single	158	4.1245	.61416	
	Bachelor's Degree	186	4.1022	.63033	0.847
	Ph.D./Medical Specialisation	238	4.1134	.57182	

tourism by age, income level and clinic, work experience, and position in the institution, and the results were presented in Tables 3 to 7.

When examining the difference in attitudes of Turkish physicians towards euthanasia tourism according to age, it was found that older physicians have a more positive

Table 3: Examination of the difference in attitude towards euthanasia tourism according to age.

	Age	N	$\bar{X}$	SD	Sig.	Source of the Difference
Euthanasia General Attitude	22-39 ^a	163	3.6468	.84554	0.000	c>a (p=0.000)
	40-59 ^b	157	3.7908	.71815		c>b (p=0.035)
	60 and more ^c	104	4.0220	.54446		
Perception of Euthanasia	22-39 ^a	163	3.5919	1.08194	0.000	c>a (p=0.000)
	40-59 ^b	157	3.7803	.90090		c>b (p=0.015)
	60 and more ^c	104	4.1057	.61664		
Euthanasia Prediction	22-39 ^a	163	3.5692	.82615	0.003	c>a (p=0.002)
	40-59 ^b	157	3.7111	.77853		
	60 and more ^c	104	3.9006	.61235		

Table 4: Examining the difference in attitudes towards euthanasia tourism according to income level.

	Income Level	N	$\bar{X}$	SD	Sig.	Source of the Difference
Euthanasia General Attitude	20,001 ₺-30,000 ₺ ^a	64	3.2288	.90498	0.000	b>a (p=0.002)
	30,001 ₺-40,000 ₺ ^b	55	3.6754	.84945		c>a (p=0.000)
	40,001 ₺ and more ^c	305	3.9314	.62358		c>b (p=0.036)
Perception of Euthanasia	20,001 ₺-30,000 ₺ ^a	64	3.2136	1.11464	0.000	b>a (p=0.046)
	30,001 ₺-40,000 ₺ ^b	55	3.6095	1.14192		c>a (p=0.000)
	40,001 ₺ and more ^c	305	3.9403	.79793		c>b (p=0.034)
Euthanasia Prediction	20,001 ₺-30,000 ₺ ^a	64	3.0532	.96255	0.000	b>a (p=0.000)
	30,001 ₺-40,000 ₺ ^b	55	3.6345	.82890		c>a (p=0.000)
	40,001 ₺ and more ^c	305	3.8517	.63151		
Social Values	20,001 ₺-30,000 ₺ ^a	64	3.8802	.83014	0.003	
	30,001 ₺-40,000 ₺ ^b	55	4.0970	.57260		c>a (p=0.002)
	40,001 ₺ and more ^c	305	4.1585	.53121		

Table 5: Examining the variation in attitudes towards euthanasia tourism based on work experience.

	Work Experience	N	$\bar{X}$	SD	Sig.	Source of the Difference
Euthanasia General Attitude	0-10 years ^a	157	3.6852	.79464	0.020	
	11-20 years ^b	114	3.9417	.55793		b>a (p=0.014)
	21 and more	153	3.7905	.80181		
Perception of Euthanasia	0-10 years ^a	157	3.6268	1.01389	0.009	
	11-20 years ^b	114	3.9764	.67017		b>a (p=0.007)
	21 and more	153	3.8123	1.00280		

Table 6: Examining the differences in attitude towards euthanasia tourism according to one's position within the institution.

	Position in the Institution	N	$\bar{X}$	SD	Sig.	Source of the Difference
Euthanasia General Attitude	Faculty Member ^a	168	3.8974	.69763	0.000	a>c (p=0.001) b>c (p=0.003)
	Specialist Physician ^b	125	3.8761	.65563		
	Resident Physician ^c	131	3.5770	.84290		
Perception of Euthanasia	Faculty Member ^a	168	3.9128	.88647	0.001	a>c (p=0.001) b>c (p=0.005)
	Specialist Physician ^b	125	3.8903	.83970		
	Resident Physician ^c	131	3.5294	1.04083		
Euthanasia Prediction	Faculty Member ^a	168	3.8246	.71095	0.001	a>c (p=0.001) b>c (p=0.018)
	Specialist Physician ^b	125	3.7558	.67405		
	Resident Physician ^c	131	3.4968	.88397		

Table 7: The examination of the differences in attitudes towards euthanasia tourism according to the clinic where the physicians work.

	Working Clinic	N	$\bar{X}$	SD	Sig.	Source of the Difference
Euthanasia General Attitude	Emergency Department ^a	85	3.83	.662	0.000	a>e (p=0.000)
	Internal Medicine Department ^b	89	3.59	.930		b>e (p=0.000)
	Surgical Department ^c	152	3.97	.565		c>b (p=0.001)
	Intensive Care ^d	67	3.98	.549		c>e (p=0.000)
	Other ^e	31	2.97	.864		d>b (p=0.005) d>e (p=0.000)
Perception of Euthanasia	Emergency Department ^a	85	3.82	.837	0.000	a>e (p=0.000)
	Internal Medicine Department ^b	89	3.51	1.210		b>e (p=0.004)
	Surgical Department ^c	152	4.01	.693		c>b (p=0.000)
	Intensive Care ^d	67	4.03	.647		c>e (p=0.000)
	Other ^e	31	2.86	1.146		d>b (p=0.003) d>e (p=0.000)
Euthanasia Prediction	Emergency Department ^a	85	3.74	.633	0.000	a>e (p=0.000)
	Internal Medicine Department ^b	89	3.54	.883		b>e (p=0.000)
	Surgical Department ^c	152	3.89	.638		c>b (p=0.003)
	Intensive Care ^d	67	3.87	.624		c>e (p=0.000)
	Other ^e	31	2.84	.978		d>b (p=0.036) d>e (p=0.000)

view towards euthanasia tourism compared to younger physicians, and that the attitude towards euthanasia tourism increases positively with age. It was determined that this difference is statistically significant in the sub-dimensions of general attitude towards euthanasia, as well as perception and prediction of euthanasia. When examining the dimension of social values, on the other hand, the opposite situation was observed. It was found that the idea that euthanasia is not legal in Turkey due to the influence of culture, way of life, and religion was more

common among young doctors in the dimension of social values.

When examining the differences in Turkish physicians' attitudes towards euthanasia tourism by income level, it was found that physicians with higher incomes have more positive attitudes towards euthanasia compared to those with lower incomes, and that as income increases, attitudes towards euthanasia tourism also tend to become more positive (see Table 4). This difference was also found to be statistically significant. The results

indicate that the idea of being able to easily participate in euthanasia tourism without financial concerns is dominant among physicians with high income levels.

When examining the attitudes of Turkish physicians towards euthanasia tourism in relation to their work experience, it was found that physicians with 11-20 years of work experience had a more positive view of euthanasia compared to physicians with 0-10 years of work experience, and this difference was statistically significant (see Table 5). However, the differences in the sub-dimensions of euthanasia prediction and societal values were found to be statistically insignificant.

When the differences in Turkish physicians' attitudes towards euthanasia tourism were examined according to their positions within the institution, it was determined that the perspectives of professors and specialist physicians towards euthanasia were more positive compared to assistants, and this difference was identified to be significant (see Table 6). This difference was found to be statistically significant except for the social values sub-factor. The fact that professors and specialist physicians carry out numerous critical surgeries, encounter many patients in critical condition and in intensive care whose pain cannot be relieved, may have contributed to their having a more positive (supportive in nature) view towards euthanasia compared to assistants.

When the differences in attitudes of Turkish physicians towards euthanasia tourism according to the clinic where they work were examined, it was determined that physicians working in intensive care and surgical units had more positive attitudes towards euthanasia compared to physicians working in other units (see Table 7). The situation of physicians working in intensive care, surgical units, encountering more seriously ill, painful patients compared to physicians working in other units, can lead them to think more positively about euthanasia.

5 Discussion

When the responses of the physicians reached through convenience sampling to the scale were examined, it was seen that the overall view of Turkish physicians on euthanasia was positive. Furthermore, they also stated that if euthanasia were to become legal in Turkey, there would be an increase in travel to the country, resulting in a boost in the country's tourism. The result obtained is consistent with many studies that examine the attitudes of physicians towards euthanasia and show positive results (Azizoglu, 2014; Asai et al., 2001; Cuttini et al., 2004;

Dopelt et al., 2020; Fried et al., 1993; Glebocka et al., 2013; Gonçalves, 2010; McGlade et al., 2000; Rivera et al., 2000, Subba et al., 2016). Turkish physicians mostly expressed that individuals should be given the right to die, and especially in cases of incurable and painful terminal illnesses, they support euthanasia. In their study, Emanuel et al. (1998) found similar results and stated that some American physicians were also in favour of euthanasia in patients with uncontrollable pain or weak physical function. Grassi et al., (1999) found similar results and reported that hospital doctors and general practitioners in Italy supported euthanasia for terminally ill patients. Only a small portion of Turkish physicians expressed opposition to euthanasia, equating it with murder or suicide. Similarly, Cartwright et al. (2002), Mayda et al. (2005), Munday and Poon (2019), Özkara et al. (2002) and Sheahan (2016) reported on physicians who did not support euthanasia in their studies.

Based on the results obtained, the majority of physicians believe that culture, lifestyle, and religion are effective in the fact that euthanasia is not legal in Turkey. Lee et al. (2009) and Seale (2009) studies also show parallelism with the research results.

According to the results obtained, Turkish physicians have stated that they only support voluntary euthanasia. Similar results have been seen in studies conducted by Löfmark et al. (2008), Neil et al. (2007), Stevens and Hassan (1994), and Wilson et al. (1997). Asai et al. (2001) have stated that only a small percentage of Japanese doctors and nurses support active voluntary euthanasia.

The Turkish physicians, despite expressing their support for euthanasia, have stated that they do not think euthanasia will be legalised in Turkey in the next decade.

The findings obtained regarding the attitudes of Turkish physicians towards euthanasia tourism in terms of demographic variables are compatible with the theoretical framework of TPB regarding the research. When examining the attitudes of Turkish physicians towards euthanasia tourism in terms of demographic variables, it was found that specialists in medicine had a more positive outlook towards euthanasia tourism compared to general practitioners. There are also studies that show that general practitioners have a negative attitude towards euthanasia and are reluctant to participate in such actions (Georges et al., 2008; McGlade et al., 2000). However, it has been observed that older physicians have a more positive attitude towards euthanasia compared to younger physicians, as age increases, the attitude towards euthanasia tourism also shows a positive increase. In their study, Subba et al. (2016) indicated that male physicians with an average age

of 379 exhibited a more positive attitude towards voluntary euthanasia.

It was determined that individuals with 11-20 years of work experience had a significantly more positive attitude towards euthanasia compared to physicians with 0-10 years of work experience. Dopelt et al. (2020) stated that physicians with more work experience also have a positive attitude towards euthanasia. However, it was revealed that the attitudes of faculty members, specialist physicians towards euthanasia were more positive compared to assistants. Similar results were also obtained in the study by Rivera et al. (2000). The fact that faculty members and specialist physicians perform critical surgeries that assistants cannot perform, encounter critical patients more often, and deal with more painful illnesses may have led them to have a more lenient view on euthanasia compared to assistants.

Finally, it was found that physicians working in intensive care and surgical units had a more positive attitude towards euthanasia compared to physicians working in other units. According to Dopelt et al. (2020), physicians specialising in internal medicine, and according to Glebocka et al. (2013), physicians specialising in intensive care and oncology units have more positive attitudes towards euthanasia compared to physicians working in other units. The aforementioned studies share similar characteristics in terms of their research findings. Physicians working in intensive care and surgical units, who are more likely to encounter patients with serious and painful conditions than those in other units, may be more inclined to have positive attitudes towards euthanasia.

6 Conclusions

This study aimed to examine the attitudes of Turkish physicians towards euthanasia tourism and to investigate the differences in these attitudes according to demographic variables. Although euthanasia is illegal in Turkey, there are doctors who believe that it is justified in some cases. The fact that euthanasia is requested by patients and their families shows that even the general public is aware of and accepts this practice. However, gathering the opinions and attitudes of all stakeholders would be beneficial in updating the law on euthanasia in our country and in creating policy guidelines to assist lawmakers in the future.

Although it is controversial from both legal and ethical perspectives, it is observed that as the demand for this service increases and the existence of such a niche market,

the number of countries undergoing legal changes regarding euthanasia is increasing. In this context, it is possible to say that there is a potential for growth in euthanasia tourism in the coming years.

Performing this study in other provinces of the Marmara region or in different regions of Turkey may yield different results. However, it is possible to compare the attitudes of physicians in different countries with Turkish physicians regarding euthanasia tourism. The perspectives of physicians on euthanasia tourism can also be evaluated in conjunction with various factors such as fear of death.

Conflicts of Interest

There are no conflicts of interest between the authors.

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