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The Media Impact on the Public Acceptability of Euthanasia

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Abstract: The article presents the results of a micro-research among students from a non-medical specialty at a university in the N.E. area of Romania, which aims at analysing the changes in the opinions regarding the moral, social and juridical acceptability of euthanasia according to the discursive context in which the opinions are expressed. The microtest was developed based on the repeated application of a questionnaire on euthanasia, before and after watching "Me before you". The film presents the issue of euthanasia from the point of view of a youngster who is accustomed to practicing extreme sports, and suffers from tetraparalysis after an accident, and a young woman who is committed to taking care of the young man and who falls in love with it. The film has an emotional impact considered by researchers to be particularly high. The hypothesis of the research is that a discursive context with a special emotional load changes the social and ethical acceptability threshold of a social fact - the voluntary request of the interruption of the course of life - considered unacceptable by that interpretative community. The micro-research sought to measure the changes in public perceptions regarding the moral acceptability of euthanasia in terms of exposure of the public to euthanasia-friendly media. Specifically, a group of students questioned the ethical acceptability of euthanasia before and after exposure to media euthanasia, in particular the movie *Me Before You*, a film by Thea Sharrock after the novel with the same title of author Jojo Moyes.

Keywords: Euthanasia, Ethical Acceptance, Ethical Decision, Media Influence.

Introduction

Through the public perception of its moral and (bio) ethical acceptability. The multidimensionality of this problem involves taking into account the opinion of specialists from various fields, politicians, sociologists, lawyers, physicians and ordinary people. From this point of view, opinions are divided into two streams: those who consider it necessary to legalize euthanasia, and those who oppose to it. The difficulty of the theme stems from the duality of its approach in literature: on one side in its

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moral aspect - euthanasia is an act of exerting compassion on a person in distress and / or exertion of respect for finite human dignity in a terminal condition? Or is it just a merciful killing? - on the other hand, and legal in nature, if it is necessary to legalize it or not. From a bioethical point of view, the issue is highlighted in the following questions: what moral principles should a doctor consider in case of a terminally ill patient who is asking for an easy and dignified death through euthanasia or assisted suicide? (Beauchamp & Davidson, 1979). How should it be done for patients whose life is supported by special devices? One of the reasons why the issue of euthanasia continues to attract the attention of the academic community, but also to society may be that society may not be prepared to adopt a consensus on overcoming the ethical dilemma that arises especially between the values of sacredness and the universal value of human life, the right of the individual to decide himself autonomously on his own life.

Euthanasia has been analysed since the 1970s, and so far has been in heated debate among specialists. At present, a particular emphasis is placed on respecting human rights in health care and health care services, correlated with it, starting to emerge in specialized studies that will operationalize the concept of the right to death.

This article presents the results of a micro-research among students from a non-medical specialty at a university in N.E. area of Romania, which aims at analysing the changes in opinion regarding the moral, social and legal acceptability of euthanasia depending on the discursive context in which the opinions are cast. The microtest was developed based on the repeated application of a questionnaire on euthanasia before and after watching "Me before you". The film presents the issue of euthanasia from the point of view of a youngster who is accustomed to practicing extreme sports and suffers from tetraparalysis after an accident, and a young woman who is committed to taking care of a young man and who falls in love with him. The film has an emotional impact considered by researchers to be particularly high. The hypothesis of the research is that a discursive context with a special emotional load changes the social and ethical acceptability threshold of a social fact - the voluntary request of the interruption of the course of life - considered unacceptable by that interpretative community.

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Literature review

This term has caused countless questions, ranging from doctors to lawyers and to the common man, becoming a topic of fierce debate in the society. A definition of euthanasia is "a method of physically challenging a painless death, to an incurable patient in order to end a heavy or prolonged suffering" (DEX, 2017). Etymologically, the term euthanasia comes from the Greek "eu" which means good and "thanatos" meaning death, the combination of these two words is "good death". Good death in the conception of the Greek-Roman world is expressed in the ideology of a painless death with reference to help from a person (Young, 2017). Philosopher Francis Bacon (1561-1621) re-launched this term, taking over and developing the concept of euthanasia that was first met at Plato. At various stages of history, euthanasia appeared in a negative aspect - a concrete example being the takeover of the concept of euthanasia by the Nazis, and its extension to undesirable populations, people with disabilities, people belonging to ethnic communities considered inferior to the Nazi doctrine. The justification of euthanasia of people with disabilities was made on humanitarian grounds. Euthanasia was authorized, followed by eugenic practice. A frightening figure appears in historical data, about 5,000 children were exterminated by morphine or luminal administration, clinics were required to report information on newly born babies with disabilities. For the first time in history, the idea of "worthless lives" was accepted, after which "T-4 - the Nazi euthanasia program" (Flandorfer, 2016) was used. The Nazi example - authorizing a genocide on behalf of alleged humanitarian reasons, demonstrates that it is possible to legitimize homicide as euthanasia. Such an approach has led to the creation of a large current against euthanasia, amid a strong negative emotional reaction. Currently, the term euthanasia focuses on "volunteer death" (Young, 2017) to a person suffering from an end-stage incurable disease who suffers from pain that they consider unbearable. It also takes into account the solution of euthanasia, in the states where it is admitted, the fact that the person believes that he cannot live a dignified life because of the rapid deterioration of the state of health and the profound and generally irreversible impairment of his physical condition.

Type of euthanasia

The literature mentions: active and passive, voluntary and involuntary, direct and indirect euthanasia and assisted suicide (Young, 2017).

Diagram by Florina POSTICA

Diagram by Florina POSTICA

The term Euthanasia is defined by offering death on demand, following a medical act done by a physician, by the direct administration of lethal substances (Brock, D., 1993). In the case of assisted suicide, the physician deliberately helps the patient to interrupt the course of his life, he alone administers his or her medication at the voluntary and competent request. In the case of euthanasia, the doctor performs the action of lethal substances at the patient's request. With similar effect, ending the patient's life occurs when the patient refuses to continue the treatment considered unnecessary. "The Marbella World Medical Association Declaration of 1992 clearly distinguishes both assisted suicide and euthanasia from the patient's right to refuse treatment" (Vaidiuc, 2006). Considering the patient's right to decide upon his own life, it can be considered that when the physician's

actions when he is subject to the patient's desire to give him only "palliative care", and to cease other therapeutic measures, are ethical from the professional point of view, the patient acknowledging his right to a dignified death, if this is his wish. However, there may be a doubt as to the moral acceptability of the patient's decision to give up treatment (especially from the perspective of religious morality), and hence the moral character of supporting the decision by the physicians and even by the doctor (Singer, 1994). Active Euthanasia is achieved by administering a lethal injection by the medical practitioner causing death to the patient while passive euthanasia is the cause of death of the patient by cessation of treatment that sustains his life, subsequently leading to a natural death (Pusca, 2005).

The terms and forms of euthanasia must be clearly understood and outlined, because the boundary between its forms is fragile. It is not easy, from the perspective of a non-specialist in medicine or bioethics, to make a distinction between "strict action" and "omission" from the perspective of the general public, for example between lethal injection and the disconnection from a device that supports the life of the patient, since the visible effects of both procedures are immediate and direct and consist in producing the person's death.

Thanatic Tourism

Paradoxically, Switzerland attracts visitors not only through its tourist attractions, but also by the fact that the legalization of assisted suicide determines the arrival of people who want to end their lives, usually people with end-stage incurable diseases who also have considerable financial resources (Fischer et al., 2008).

The Swiss Dignitas Clinic is based on moral principles based on the following values:

- Respecting the individual's core values of freedom and autonomy;
- Defending individual rights when ideological, religious, and political discrimination occurs;
- Pluralism and the freedom to have one's own opinion;
- Protecting people seeking relief from human suffering through assisted suicide (Fischer et al., 2008; Burkhardt, La Harpe, Harding & Sobel, 2006).

The work of a similar clinic, without being directly nominated, was preceded by the movie *Me Before You*, a film used in our research to illustrate the acceptability of the patient's decision to resort to euthanasia.

Legal regulation of euthanasia and assisted suicide

An interdisciplinary domain called bio-retreat brings together specific legal regulations in the field of medicine into the international human rights law. The application of euthanasia contravenes the right to life, as the fundamental right of man.

- According to the European Convention on Human Rights, Article 2(2) provides that "death shall not be regarded as caused by the violation of this article in cases where it results from an absolutely necessary use of force: **a.** the defence of any person against illegal violence; **b.** to make a legal arrest or prevent the escape of a person legally detained; **c.** In order to repress, according to the law, violent disturbances or insurrection." (ECHR) Therefore it results that euthanasia is an illegal medical process. However, in 1999, the Council of Europe states that the obligation to respect and protect the dignity of an incurable patient or a dying person must be respected.

In 1987, following the Madrid Declaration, the World Medical Association has determined the process of ending life at the request of the sick or relatives is against ethics, because it contravenes the natural process of death. However, European countries such as Belgium and the Netherlands make exceptions to this principle. The Belgian Parliament legalized euthanasia in September 2002. In the same year, Dutch law recognized euthanasia as practice, formulating certain conditions, to carry out the act itself. These conditions also have a moral connotation, as they provide relief for the pain of the dying patient. The Dutch legislative framework requires the formation of a board of physicians who will decide on the appropriateness of euthanasia. Dutch legislation regulates the validity of the statement previously pronounced by a person, by which she expresses the desire to be subjected to euthanasia if she is in a situation where it would be imposed, but could not express her consent. According to the laws in the Netherlands on euthanasia, euthanasia demand is rejected if there is a real therapeutic alternative to improve the patient's condition. For euthanasia to be done, the existence of not only an incurable disease, but also of physical pain that the patient can no longer bear, is unbalanced. Thus there is a need to assess factors of a psychic, moral, religious nature. In situations where unbearable pains are unclear, the physician is required to show arguments to challenge what the patient claims. In situations where the patient suffers from a mental illness, the analysis of the physical painlessness is carried out by two experts, one being a psychiatrist. Statistical data shows that in 2002 there were 1626 official cases of euthanasia in the Netherlands (Rotaru, 2005), and 148 assisted suicides. The presence of the physician in assisted

suicide is mandatory to ensure that the lethal substance will not be accidentally used by another person, or to intervene in case of failure.

In march 2009, Luxembourg legalized Euthanasia (Rotari, 2001). Luxembourg became, after the Netherlands and Belgium, the third EU country to permit euthanasia and assisted suicide. Under the laws of Luxembourg, a doctor will not be criminally sanctioned if he responds to a request to commit euthanasia or suicide.

For euthanasia to be applicable in Spain, it is necessary to meet two cumulative conditions: to have a serious, irreversible disease that leads to death or that causes unbearable suffering, and that the patient writes an explicit and unequivocal request. When treatment is omitted because cerebral death occurs or treatment is being done to reduce pain, there is no criminal liability (Burkhardt, La Harpe, Harding, Sobel, 2006).

The Romanian Penal Code does not mention euthanasia, therefore active euthanasia is considered to be murder. But with regard to passive euthanasia it is necessary to analyse each case in part to determine whether the deed is inscribed in the sphere of criminal offense.

Regarding euthanasia in the world, there are three distinct points of view. In the first category of states that prohibits euthanasia or assisted suicide, criminal codes sanction any kind of murder even on request, thus forbidding euthanasia. This category includes France, Finland, Germany, Italy, Spain, Greece, Iceland, Austria, Romania etc. For Romania, the old criminal code sets a 1 to 5 year imprisonment for involuntary or compassionate murder, and 3 to 8 years for killing a person under the influence of emotional pity to curtail the pain of a sick person. The current criminal code, euthanasia is not expressly sanctioned, and is included in the murder category.

- The second category of states only admits the biological testament or the advance directive conducted in 40 US states.

- The third category of states have legalized euthanasia or assisted suicide. In Switzerland, assisted suicide has been practiced since 1936, in the State of Oregon, USA since 1994, in California (1976), the "act of natural death" was adopted in Washington in 1990 (Brush, 2011).

The adherents to the legalization of euthanasia do not demand unconditional legalization, but, based on the legal-medical aspect, formulate the basic conditions for the legalization of the problem. These would be: **a)** the existence of an incurable disease or any other disease that causes the patient's suffering; **b)** directing the work of medical workers or other persons is based on a well-defined vector, namely: the cessation, alleviation or reduction of these unbearable pains, which must be initiated by feelings

of pity, mourning or compassion; **c)** the activity in question must have as its starting point the patient's request, the request must be voluntary, insistent and come from a responsible person; if people are not able to manifest their desire for themselves, this is done by his relatives; **d)** The patient or the ill person, as well as his legal representative, must be fully objective and understand the irreversible character of the process started (Young, 2017).

Euthanasia reflected in movies

Cinematographic discourse is a privileged space for bioethics. The imaginative component perceived by the artistic space can create presumed contexts that generate a prospective ethics. The issue of euthanasia is of interest to filmmakers, prompting them to blend the rational component with emotional persuasion. However, the scientific reflection on the reflection of euthanasia in cinematographic art is very little represented. In the Thomson Reuters data base, we have found a single entry into the search for euthanasia combined with movies (Schmidt, 2017). This article criticizes the film's reflection on euthanasia, considering that taboos devoted to this subject are neither educational nor even documentary.

Methodology

Scope, objective and hypothesis of research

The scope of the research was to measure the changes in public perceptions regarding the moral acceptability of euthanasia in public exposure to euthanasia-friendly media.

Among the research objectives - which we are interested in, in this article - were:

- highlighting the students' attitude towards euthanasia as a social phenomenon;
- emphasizing the capacity of emotional influence of different positions concerning euthanasia, especially actively supported by the mass-media, in the context of a person's death, who most of the times, may be a close relative;
- highlighting the position of the participants to the micro-research on the legalization of euthanasia in the social and legal context in Romania.

The hypothesis of the research is that a discursive context with a special emotional load changes the social and ethical acceptability threshold of a social fact - the voluntary request of the interruption of the course of life - considered unacceptable by that interpretative community.

Quasi-experimental design

Euthanasia is a social phenomenon and its visions depends on the moral principles of each individual, so this questionnaire was applied to the younger generation to find out whether respondents know about this right that is already legalized in some states, and agree with this right.

Most questions relate to the respondent's own opinion. The research consisted in the repeated application of a questionnaire on the ethical acceptability of euthanasia before and after exposure of research participants to euthanasia-friendly media, in particular the movie *Me Before You*, a film by Thea Sharrock, after the novel with the same title of author Jojo Moyes.

This film depicts euthanasia - assisted suicide as a fact, as a right to the free choice of the individual between life and death, and the decision about his or her own life and / or its termination when the perspectives on one's own life and medical condition are irreconcilable and irreversible with the aspirations of the individual. The film presents the life of a young, extreme sportsman with a highly dynamic lifestyle who, after an accident, becomes irreversibly paralyzed, suffering from atrocious pain. The lack of autonomy and integrity led him to decide what he wanted: a long life dependent on pain and the perpetual help of others and a wheel chair, or euthanasia - the only solution acceptable from his point of view. Prior to euthanasia, the young man meets a girl and a relationship of love develops between the two. The film, among other things, is the soft acceptance of euthanasia, concluding on the primacy of the autonomous decision of the individual and the respect for autonomy as a behaviour to be followed by such persons.

Structure of the questionnaire

The questionnaire is based on 21 opinion questions aimed at assessing the respondents' attitudes to euthanasia and its moral acceptability. Out of the 21 questions, 20 are multi-response, and the last question concerns an argumentative answer of those questioned.

The sample

In the framework of this micro-research, 30 students from a N.E. University of Romania participated in a non-medical profile who did not include bioethics courses in the curriculum, and did not require the accumulation of specific knowledge. People who responded to these questionnaires are aged 20-23. Of the 30 respondents, there were 7 male and 23 females. The selection of participants was non-ballistic, with students from the same specialty being preferred and having a similar level of information on bioethics in general and on euthanasia in particular.

Running the micro-research

The micro-test was conducted between May and June 2017, the application of the questionnaires was carried out by the researchers before and after the visualization of the aforementioned film.

Results

The first question asks respondents to say whether "I think doctors should try to extend the lives of their patients in any situation."

Fig.4.1

The results are affirmative, the only difference is between the "full agreement" and "agreement" answers, this means that according to the respondents, the doctor is seen as a patient's saviour, and his professional responsibility leads him to fight for the life's patient at any price and in any situation. The fact that nobody has chosen the other options of "disagreement" and "utter disagreement" signifies the non-acceptance of situations when the physician may give up treating a patient as he or she accepts the treatment. This can be considered bioethically acceptable, stating that health decisions belong to both the physician and the patient in all situations. We draw attention to the last words of the respondent's question (any situation), it involves a wide range of circumstances that occurs in medical practice, as an example of situations where the patient suffers from an incurable disease and the end is imminent. Although medicine has progressed tremendously, yet no effective solutions and treatments have been found for certain diseases, and physician's attempts to extend patients' lives in these cases are unfortunately useless - the therapeutic overdose is not indicated. Practically, respondents did not take into account situations in which the patient decides to omit the life-long treatment (passive euthanasia), the doctor not having the right to force him / her to change his / her decision.

After watching the movie, the data changed as seen in Figure 4.2, but the changes are not major.

Fig.4.2

Only 4 people - 13,33% vs. 0 before watching the film - chose the disagreement, meaning that they accept situations where the patient can make decisions about their own lives, their own health, even their own death, and the doctor can help him with just giving advice, but not how to extend his life.

The second question in the questionnaire on the doctor's right to participate in the patient's request for assisted suicide is the following: *When a person has a disease that cannot be cured, and experiences severe pain, do you think doctors should or should not be authorized by law to assist the patient in assisted suicide if the patient asks for it?*

This question has two possible answers: it should or should not be allowed. Following Figures 4.3 and 4.4 we can see that the opinions have changed after watching the movie. Figure 4.3 shows that 11 people believe that assisted suicide should not be allowed. The doctor should not be authorized by law to assist the patient in suicide, even if he has an incurable disease and suffers from severe pain. After watching the film, 3 people representing 17% of the respondents changed their minds by accepting the physician's participation in the assisted suicide of the patient. The movie having an emotional impact, presents a scene in which the main hero takes the decision to put an end to his life, giving the reasons for this decision from the subjective perspective of the decision-maker. Thus the respondents witnessed the causes that led to such a decision and sympathized with the character. Watching a movie in which an example of a decision on

euthanasia and reasons that led to this decision, was presented in a manner with a strong emotional load meant to attract the audience's sympathy to the case, led to a partial change of opinion. However, the question emphasizes the doctor's right to assist the patient in suicide. The doctor is considered a saviour, but most of the respondents accept the law that allows the doctor to perform euthanasia.

Fig.4.3

Fig.4.4

The answers to the question: *Laws should be modified to allow assisted suicide of end-stage patients?*, before watching the film, are presented in figure 4.5 below.

Fig.4.5

The positive and negative answers are equal. Only 3 persons are firmly convinced and 12 agree that laws - in Romania - should be changed so as to regulate assisted suicide. This result contrasts with the one obtained in the previous question, where most respondents agreed with it even before watching the movie. The question raised is why now the result is 50% to 50% between the affirmative and negative answers. This answer can be caused by the fact that the question specifically specifies the regulation of laws in Romania, some respondents accepting euthanasia in a generic manner, but not as a practice in their own country.

After watching the movie, the results did not change significantly, only one person (3.33% of the respondents) chose another answer, as can be seen in Figure 4.6. It results that even if the artistic movie presents the idea of euthanasia and can lead to the understanding of its reasons, it did not influence the respondents' opinions regarding the euthanasia regulation in Romania.

Fig.4.6

The question of whether *nobody, including doctors, should be allowed to end a life, even in the conditions of suffering*, also involves active euthanasia. This question involves both the patient's euthanasia and the assisted suicide. Only 5 respondents (15.55%) disagreed with this statement while 25 (83.33%) considered that no one should stop the thread of life, even though the reason would be suffering. The results after watching the movie did not change greatly, as shown in Figure 4.8, 9 people (30%) disagreed.

Comparing the results obtained with this question with those obtained in the previous questions, namely that the majority of respondents admitted that the doctor would assist in the suicide of a person suffering from an incurable disease, which means that the patient ends his life (assisted suicide), and the results of this question about permission to end life, it was found that most are against, even after watching the movie. This

result is considered to be due to the moral principles of the respondents, profoundly influenced by the Christian values implicit in the denial of suicide and killing.

Fig.4.7

Fig.4.8

The moral principle, more precisely how this influences the respondents' option, are reflected in the following 3 questions. The first of these questions concerns whether respondents think *it is more humane to take the life of a person who is sick and suffering severely than being left to suffer further*. By comparing the previous question, this mentions the circumstance in which man can end life. However, the questionnaire that was first applied, whose results are presented in Figure 4.9, has several affirmative answers.

Fig.4.9

Fig.4.10

The complete disagreement option was checked by 5 respondents (16, 66%) and 9 respondents (30%) chose to disagree, meaning negative responses were 14 (46.66%) out of 30. The clear specification of the conditions under which one can end a life (severe suffering, with negative prognostic chances of survival) influenced the decision of the respondents, but the results were changed significantly after watching the movie. Only one person (3, 33%) chose full disagreement, and 6 people (20%) have chosen disagreement. Figure 4.10 highlights the fact that most respondents have chosen positive answers, which suggests that euthanasia can be considered a human solution to atrocious suffering.

This answer also arises in the question *whether it is cruel to prolong the intense suffering for the person suffering from an incurable disease*. We notice from Figure 4.11 that most responded affirmatively, and after watching the movie, the full agreement and agreement options were chosen in a significant way (Fig. 4.12). If we go back to the first question about the doctor's responsibility to try to prolong the patient's life in any situation, 26 people (86, 66%) agreed that it is the duty of the doctor to do all the work to save and even prolong life even under terrifying conditions, but now 25 people (83, 33%) admit that it is cruel to have intense suffering extended for the person suffering from an incurable disease.

Fig.4.11

Fig.4.12

The question of whether respondents find it moral that a person suffering from an incurable disease who is in severe pain deserves the right to end his life as easily as possible, also played an important role in choosing answers, the fact that it specifies the condition that euthanasia could be a right to end life as easily as possible, as well as watching the movie, also changed the opinion of some respondents.

Figure 4.13 shows the responses from the questionnaires that were applied before the movie, and it is obvious that most of them responded

affirmatively, only 3 (10%) being completely disagreeable and 5 (16.66%) chose the disagreement. After watching the movie, only 2 people chose the negative response (Figure 4.14), and 28 believe it is moral in these circumstances to give the person in distress the right to euthanasia. Most respondents consider themselves to be guided by moral principles even when stating that euthanasia is acceptable under certain circumstances, it is human to end severe suffering by ending life in the easiest way possible.

Fig.4.13

Fig.4.14

A check question in the questionnaire has the same idea as the previous question, but it is formulated differently: *I think there is no justification to put an end to people's lives, even if they are sick and eventually suffer*. As shown in figures 4.15 and 4.16, the proportion of affirmative responses is higher even after watching the movie, which, according to our hypothesis, would have changed the respondents' opinion, a change that really took place, but is not important. By analysing these graphs, the question that arises is why the answers this time are negative about the option of ending life, despite the fact that the patient suffering from an incurable disease experience severe pain, but at the previous question the majority agreed that this is moral. The word "justification" can give an explanation to the question, the respondents have judged in accordance with justice. Euthanasia is still not considered legitimate in most states, including Romania. Moral principles, respect for the autonomy and dignity of the patient, and even the conviction that it is human to end life because of the suffering of incurable disease, do not justify the act of taking life, and according to the law this is a crime.

Fig.4.15

Fig.4.16

A special interest arouses the vision of euthanasia as a benevolent act, euthanasia of mercy towards patient suffering. This was included in the questionnaire in the form of a question concerning whether the respondents could imagine a medical circumstance in which the termination of life would be merciful. The negative responses, before watching the film, have a high share, in total only 13 people (43.33%) answered affirmatively (Figure 4.17). The results after watching the movie are shown in Figure 4.18. The positions of agreement and disagreement are equal, 16 people (53.33%) accept that euthanasia can be justified as an act of compassion.

Fig.4.17

Fig.4.18

Speaking about euthanasia, we already know that in terms of active or compulsorily assisted condition, a conscious patient's consent is given. He is conscious and can make decisions on his own death, can prove he is suffering and is in severe pain. But how to deal with those patients who are in a coma and their lives are supported by special devices. In this case,

subjects may remain in the coma for several months, even a few years. Their cerebral activity is poor and their condition is vegetative.

He wished to find out what the respondents think about this case, and what opinion they have when the devices that support the life of the patient are disconnected, resulting in natural death. The question was formulated as follows: if respondents think *it is an act of mercy for a person who is in a deep coma, to stop the devices that support life*. Figures 4.19 and 4.20 show that the number of negative responses has been checked more often in total by 16 people, and 14 consider that disconnection of the devices would be a merciful act. After watching the movie, 3 people changed their position from total disagreement to disagreement, but the total number of negative responses remained unchanged. The difference is not great between the affirmative and negative options, which indicates that this concept would be controversial and it is more complicated to decide in this case since the consent of the person in the coma is not known; the chances of patient survival are not known, and the disconnection of life-saving devices would certainly not be a merciful act.

Fig.4.19

Fig.4.20

The figure 4.21 and 4.22 present the results at the question whether if a persons is in a deep coma, he or she should be held indefinitely with proper medical care (connecting to life-sustaining devices). The first figure, Fig.4.20 shows the results of the questionnaires applied before watching the movie. There are 25 persons (83.33%), 4 (13.33) have agreed and only one person (3.33%) chose the disagreement. After the second questionnaire, all people chose positive responses, which means that respondents believe that people who are in a deep coma need to be cared for. Everyone has the right to life, so even if the patient is in a coma, it is necessary to give him

conditions and chances of survival. Again, the idea of healing is supported by respondents.

Fig.4.21

Fig.4.22

More complicated has been the choice of who should be given the chance to survive. Respondents were asked to answer the question: *if there is only one place in the hospital (in the Intensive Care Unit) for a patient, I think it is better to provide it to the person in the deep coma who is in the long-lasting life support, without a chance of return, or a newcomer who has at least one chance of surviving and returning to conscious life*. From an ethical point of view, we cannot state that a person's life is more important than another's, but the necessity of choosing between two lives appears quite often in medical practice (Streba, Damian & Ioan, 2012).

Figure 4.23 shows the results before watching the movie, so it is noticed that 20 respondents (66.66%) consider it better to provide a place in the Intensive Therapy to the one who is in a deep coma, and 10 people disagree with the statement. After watching the movie, it is noted in Figure 4.24 that the share of affirmative responses has increased. This time, a total of 24 people chose the positive response options, which means that they give priority to the one who is in deep coma, and only 6 people have disagreed with the statement. These results can be explained by the fact that the movie shows active euthanasia, the patient is aware of the decision about his life, namely the right to death. Most have opted for the affirmative answer because in the case of those who are in deep coma, it is not moral to make decisions for them - rejecting the idea of delegated consent.

Fig.4.23

Fig.4.24

It is indeed a problem of decision about the lives of people who cannot express their consent, that is why the Dutch legislation regulates the validity of the directive in advance - the declaration of the discontinuation of the life support appliances, in which the person will be in this situation but could not express consent. The questionnaire included the question whether respondents believe that *there should be a regulation by which a person could express their desire in a statement of acceptance to be disconnected from the apparatus (disconnection considered as a form of passive euthanasia), in case they could not express their consent*. At the first application of the questionnaires, the number of affirmative and negative answers was equal. Figure 4.25 shows that four people (13.33%) and 11 (36.66%) are in full or regular agreement with this idea, similarly presenting the results of the negative response options. Figure 4.26 shows the results after watching the movie, this time the share of positive responses increased. The full-answer option was chosen by 5 people (7.66%) and 15 (50%) agreed. We consider that the change in the results was influenced by watching certain scenes from the movie, that presented the physical suffering of the main hero, but who was able to express his consent. The fact that most have chosen positive answers indicates the importance of their own decisions (autonomy) and the importance of expressing their consent.

Fig.4.25

Fig.4.26

The movie watched by the respondents have a great impact on the results at the question if I would have faced the prospect of a loved one suffering from a painful disease leading to slow death, I would support the decision to refuse the treatment that sustains their life, (figures 4.27 and 4.28). Prior to watching the movie, we see in Figure 4.27 that the share of negative responses is much higher. The option of disagreement was chosen by 18 persons (60%) and 4 persons (13.33%) chose complete disagreement. It follows that 22 people (73.33%) would not support the decision to refuse the treatment that sustains the life of the dying person.

The death of a loved one is a tragedy, which is why we believe that the respondents chose not to support the option of refusing the life prolonging therapy. The decision to refuse treatment belongs to the patient who is or should be aware of the consequences; moreover, he refuses the particular treatment to rush the consequence (death). The movie they watched presents some reasons for requesting euthanasia for both physical and psychological suffering that makes life unbearable. The movie also supports accepting the decision of the beloved person who chose to request euthanasia. The results of the questionnaire that was applied after watching the movie differ greatly from those previously applied. Figure 4.28 shows that after the screening of the film, the full-answer option was chosen by 13 persons (43.33%) and 10 persons (33.33%) chose the option, only 6 of the 18 respondents prior to watching the movie, disagreed with the person's option to refuse therapy and maintained the view, and only one person remained in complete disagreement with it. We consider that the emotional impact played a major role in changing the choice of answers to these

questions. A total of 23 respondents (76.66), after watching the movie, supported the decision of close patients to refuse treatment. I

Fig.4.27

Fig.4.28

The refuse of treatment is a right of the patient, assuming responsibility for his decision and accepting the consequences. The next question targets the respect for the right to autonomy, even in the decision not to continue the treatments for prolonging life in the case of the generic patient, not a close relative. The question to the respondents was whether they thought *a person with a terminal and painful disease should have the right to refuse the treatment that sustains life*. We can see from Figure 4.29 that the share of affirmative and negative answers is equal. After watching the movie, from the results being shown in Figure 4.30 we notice that the affirmative answers are a priority. The question, as well as the previous one, refers to the refusal of treatment, but the results are different this time, the reason could be that now the question is about a generic patient, not a case with a personal impact.

Fig.4.29

Fig.4.30

It remains to find out what respondents believe in the ethics of euthanasia. Before asking the question: *do you think euthanasia is ethical?*, its notion has been explained. Euthanasia - any action designed to put an end to an individual's life, causing the sick person's death, namely to cause, upon request, ceasing the life of a person who has been long suffering.

Fig.4.31

Fig.4.32

Figures 4.31 and 4.32 refer to the results to that question. The first figure shows that the negative response was chosen by 18 people (60%), while only 12 (40%) consider euthanasia to be ethical. After watching the movie, it is noted (in Figure 4.32) how the results became equal. Half of the respondents, after watching the movie, consider that euthanasia is ethical. Speaking of the ethical character of euthanasia, decision makers, right, sickness, integrity, self-sufficiency cannot be avoided. The deeper understanding and strong emotional emphasis of these issues on the ethical nature of euthanasia by watching the artistic movie changed the opinion of the respondents.

A final question from the survey was open, asking respondents to argue their answers. The open question was: Do you consider the legalization of euthanasia to be ethical or unethical? Among the answers, we have both a series that support the ethical character of the decision to lethargy euthanasia, and a side who contests it.

So we have the following responses stating that it is unethical to legalize euthanasia:

I consider it unethical to legalize euthanasia. Man has no power to take his life, being given by God and only He having the right to take it.

Man dies when he is given that, so it is unethical to legalize euthanasia.

It is unethical because everyone has the right to live, and medicine has advanced since it can ease the suffering of diseases.

It is unethical to legalize euthanasia, as it is equivalent to suicide.

I think it is unethical because nobody has the right to decide when a person's days must end.

I think it is unethical to legalize euthanasia because it's like killing a man.

It is unethical to legalize euthanasia. All people have the right to life and must be saved by any means. Every man ceases to exist when the time comes.

Answers on Legalization of Euthanasia Considered Ethical:

I think it is ethical, because everyone has the right to make decisions.

My point is that euthanasia can be considered a way of shortening the suffering, so it can be considered an ethical one.

It is eastern to legalize euthanasia because a sick person in the terminal phase could offer chances to another person to live.

Ethical - a person who has severe pain and has no chance to live deserves to have a painless death.

Ethical, because we humans have / we can have the right to choose the circumstances in which to live our life that can be mild or heavy, and as long as a person suffers enormously and wishes to die knowing that he no longer has the chance that euthanasia can be a solution.

Ethics only in the careers of doctors, because they have the conscience of being reconciled to the fact that they do not torment their patients, leaving them captive to pain until the last moment.

It is ethical because every person must have the freedom to choose between life and death, especially in the case of terminal disease.

The following figure shows how many respondents believe that euthanasia will be legalized in Romania. Since the responses did not change after watching the movie, I presented a graph of the results of this question on a single chart. We see in Figure 4.35 that 83% believe that euthanasia will not be legalized, regardless of the fact that 50% of the respondents considered euthanasia to be ethical.

Fig.4.35

Euthanasia, even if it is a controversial concept, at least in Romania, is not discussed frequently enough to avoid questioning a possible legalization of it at the moment. Thus, Figure 4.36 presents the results of the question: whether respondents believe that the topic of euthanasia should be discussed more often in the media, 93% answered affirmatively. It follows that respondents are interested in this topic and would like to know more, and others also have the opportunity to get informed on this topic.

Fig.4.36

Discussions

The results of the research are partly dependent on its context, the degree of ethical acceptability of euthanasia before watching the film influences the final results in the sense that a population more favourable to respect for autonomous decision-making, including euthanasia, is likely to be more easily influenced by cinematographic discourse. Therefore, it was chosen to measure the views of the same sample before and after watching the movie, and not to compare the results with those of a control group. The relatively small number of research participants may be a bias in terms of extrapolation of the results. It was preferred to select a small sample to allow a quasi-experimental situation, the members of the sample were selected to have similar characteristics in terms of age and level of training. The results can be extrapolated to a certain extent, and they may be able to make decisions about the moral acceptability of euthanasia in the Romanian social context.

Regarding the ethical implications of the research, the questionnaire was analysed to avoid putting respondents in more stressful situations than those resulting from the voluntary visualization of an aesthetic film with a high emotional impact.

Conclusion

The micro-examination carried out evaluated the respondents' perceptions of the concept of morality or immorality of euthanasia and the need to legalize it in Romania.

Diagram by Florina POSTICA

After evaluating the questionnaire data from students' responses, I noticed that the moral principles they share are closely related to the acceptance or non-acceptance of euthanasia, and watching the movie "Me before you" significantly altered the respondents' perceptions on this social phenomenon, the initial hypothesis being thus validated. The perception of the ethical nature of euthanasia varies according to the emotional impact of the discourse - the subjects being sensitive to emotional persuasion. However, the initial hypothesis is considered to have only been partially validated, as the result of the question asking respondents to assert their adherence to the claim that no one has the right to put an end to human life, has a high share of affirmative answers (in the sense of denying everyone's right to take the life of another person), even after the movie. This suggests that respondents regard life as a supreme human value. We also found, following the micro-research, that respondents considered it unethical to allow euthanasia if medical technology can keep human life. However, if the questions stated certain conditions in which life would end, namely the existence of incurable disease, the physical suffering of the person with a terminal disease, the results of the first series of questionnaires (before the vision of the film) oscillated between the affirmative and negative, but after watching the movie, most respondents agreed to the euthanasia procedure. The priority of affirmative responses had its claims that it is cruel to prolong physical suffering and that man deserves the right to end his life as easily as possible. One of the most important conditions of accepting euthanasia is the (informed) consent of the person. Most of those who have been questioned have opted for a valid statement (advance directive) in which a person agrees to be subjected to the procedure of disconnection from the apparatus if it comes to a situation with minimal chances of recovery, and the subject will not be able to give consent. We should also point out that the respondents agreed rather with assisted suicide, even if the movie watched supported the idea of active euthanasia. The results are higher for the affirmative options after watching the movie, because the film has shown a number of reasons for making such a decision. The presentation of the reasons and conditions under which euthanasia would be a possible solution for the terminal patient partially changes the public's view of the acceptability of euthanasia.

The greatest difference between the results before and after watching the movie was obtained in the case of a person close to the respondent who would choose not to continue treatment for a prolongation of life after which the respondents agreed with passive euthanasia, with the right to refuse treatment.

Because euthanasia is not legalized in Romania, respondents cannot consider the person's willingness to die as a justification for ending his life for merciful reasons, and 83% believe that this right will not be legalized in our country.

We have noticed that most of those who consider the legalization of the right to request euthanasia or at least disconnect from the apparatus as unethical, are based on religious reasons, and those who consider it ethical have as basic argument the integrity of the human being and the freedom to choose.

We conclude that most people have convictions that euthanasia may be a human act, but the fact that this right is not legalized in Romania makes it equivalent to a crime. The beliefs that this act has a human character are not enough sustained to support the legalization of euthanasia. If the mere viewing of an artistic movie has succeeded in changing the perception of respondents on euthanasia, it means that the values contrary to its acceptance are not particularly strongly internalized, at least at the level of the student population from which the respondents come, so we consider that this issue should be debated in the broadest meaning of the word, not to accept euthanasia but to clarify the position of the population regarding the ethical acceptability of euthanasia.

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