

DEATH AND DYING: AN INVESTIGATION OF FACTORS THAT INFLUENCE SUPPORT FOR EUTHANASIA AMONG THAI PEOPLE*

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Abstract: The present study investigated how Thai people regard euthanasia and their level of support for different types of euthanasia (e.g., active versus passive, voluntary versus non-voluntary). A total of 1,928 participants voluntarily filled in the study's questionnaire. Exploratory (EFA) and confirmatory (CFA) factor analysis of the Euthanasia Scale (Ho, 1998) identified and confirmed a two-factor structure that emphasized the voluntary-non-voluntary dimensions of euthanasia. The findings also parallel those obtained from Ho's (1998) Australian study and suggest that Thais and Australians hold similar beliefs about the concept of autonomy, a concept that emphasizes the individual's right to make decisions for themselves on the style and quality of their lives.

Keywords: Euthanasia, Active Euthanasia, Passive Euthanasia, Non-Voluntary Euthanasia, Voluntary Euthanasia.

Introduction

The term *euthanasia* was coined by the historian W. E. H. Lecky in 1869. Derived from the Greek word for "happy death" or "good death," the term *euthanasia* traditionally conveyed the idea of keeping terminally ill patients free from pain in their last days. In recent years however, this has come to mean much more (Anderson, 1987). The Webster's Dictionary has provided the following two common definitions of euthanasia which showed a shift in emphasis from a pain-free death to one that focused on the way death is brought about: (1) "an easy death or means of inducing one" and (2) "the act or practice of painlessly putting to death persons suffering from incurable conditions of diseases" (Webster, 1971). While public opinion polls in the West have consistently shown moderate to high support for euthanasia, the discussion and debate over the issue of euthanasia have often been clouded by the nature of the topic itself. That is, although much of the debate had focused on the right of a person to 'die with dignity', it is often not clear what kinds of euthanasia were being discussed. Specifically, the discussion and

debate have tended to treat euthanasia as a singular concept about the right to death, when in fact the decision to end life relates to different decision-making processes including voluntary euthanasia, nonvoluntary, involuntary euthanasia, passive euthanasia, and active euthanasia.

Attitudes toward euthanasia and its support have remained problematic because the term itself can be ambiguous depending on the country and culture the practice is considered. For example, in Japan, the Japanese term 'anrakushi' (euthanasia) literally means peaceful and comfortable death. The carefully crafted distinctions, based on western bioethics, between active, passive, voluntary and non-voluntary euthanasia are literally meaningless when considered against a society where the right to a peaceful and comfortable death is an accepted option rather than as an issue for debate. The distinction made in western-based bioethics between physician-assisted suicide (active-voluntary) and euthanasia seems to have little relevance in Japan. In Thailand, as in many Asian countries, Buddhism is identified as the authority *par excellence* on matters relating to death, and is closely linked to the rites and ceremonies associated with the transition from this life to the next one. Buddhist teaching emphasizes the importance of meeting death mindfully since the last moment of one's life can be particularly influential in determining the quality of the next rebirth (Bhikkhu, 2000). Because death is not regarded as a permanent loss but is part of the cycle of existence and rebirths, Thai people seem to accept death more readily than westerners (Ratanakul, 1995).

In Thailand, the law does not provide any specific offense in the case of euthanasia and in fact, the Thai Criminal Code concerning medical activities ignores completely the word "euthanasia". The lack of specific laws on euthanasia means that punishment will be meted out under preexisting offenses (Sokontha, 1986). For example, active euthanasia can qualify as murder under Section 288 of the Criminal Code which provides that "*whoever commits murder on the other person shall be punished with death, imprisonment for life or imprisonment of fifteen to twenty years*". Similarly, passive euthanasia qualifies as an offence of abandonment. Section 307 of the Criminal Code states that "*whoever, having duty by law or under a contract to take care of a person who is in a helpless condition through...sickness, infirmity in body or mind, abandons such person in a manner likely to endanger his life, shall be punished with*

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