Original Research Article
DOI: https://doi.org/10.64573/torgj2512001

The Operating Room Global Journal (TORGJ)
https://torgjournal.org/
ISSN: 3105-3262

Ethical Perceptions of Euthanasia Among Medical and Non-Medical Undergraduate Students in Pakistan: A Qualitative Exploratory Study.

Syeda Fatima Qamar[1*], Areesha Zehra[1], Asjed Sanaullah[2,3]

[1]Ibadat International University, Islamabad.
[2]Health Services Academy, Ministry of Health, Islamabad.
[3]The Operating Room Global (TORG).

Corresponding Author*:
Syeda Fatima Qamar
syedafatimaqamarr@gmail.com

Declaration:
Authors' Contribution: Equal contributions.
Conflict of Interest: The authors declare no conflict of interest related to the content, data sources, or affiliations presented in this paper.
Funding: No funding received by the authors.

Article History:
Received: 14-12-2025
Accepted: 14-12-2025
Available Online: 14-12-2025

QR access this Article

ABSTRACT

Background: Euthanasia remains one of the most ethically complex and socially contested issues in contemporary healthcare, particularly in societies where religious beliefs and cultural traditions strongly shape moral decision-making. While global debates on euthanasia often emphasize patient autonomy, quality of life, and medical responsibility, perspectives from religiously conservative contexts remain underrepresented in empirical literature.
Objective: This qualitative study explored the awareness, ethical perceptions, and sociocultural interpretations of euthanasia among medical and non-medical undergraduate students in Pakistan.
Methods: An exploratory qualitative design was employed using semi-structured interviews to capture participants' personal understanding and moral reasoning. Thirty undergraduate students aged 18-24 years were recruited from medical disciplines, including Pharmacy and Allied Health Sciences, and non-medical disciplines such as Social Sciences, Business, Engineering, and Arts. Interviews were conducted face-to-face, audio-recorded with consent, and transcribed verbatim. Data were analyzed using thematic analysis to identify recurring patterns and underlying meanings within participants' narratives.
Results: The findings revealed that most students had limited prior awareness of euthanasia, with many encountering the concept for the first time during the interview. Ethical perceptions were strongly influenced by religious beliefs, with euthanasia predominantly viewed as morally impermissible and inconsistent with the belief that life and death are governed by divine authority. Cultural norms further reinforced opposition, as euthanasia was widely regarded as a taboo subject that contradicts family values and societal expectations. Medical students demonstrated relatively greater conceptual clarity and analytical reasoning, often acknowledging patient suffering and clinical realities; however, they remained ethically conflicted and largely unwilling to support or perform euthanasia due to religious, moral, and professional constraints. In contrast, non-medical students relied more on emotional and moral reasoning, frequently equating euthanasia with killing or wrongdoing.
Conclusion: Overall, the study highlights that perceptions of euthanasia among Pakistani university students are shaped more by faith, culture, and collective social values than by academic background alone. These findings emphasize the need for structured bioethics education and culturally sensitive dialogue to promote informed and balanced understanding of end-of-life issues.

Keywords: Euthanasia; Bioethics; Ethical Perceptions; Undergraduate Students; Religion and Culture; End-of-Life Care

INTRODUCTION

Euthanasia has long occupied a central and contentious position in debates surrounding medical ethics, law, and human rights, as it directly challenges fundamental notions about the sanctity of life, the limits of medical intervention, and the moral authority to decide the timing and manner of death [1]. Broadly understood as the intentional act of ending a person's life to relieve suffering, euthanasia raises profound ethical questions that extend beyond clinical practice into religious doctrine, cultural values, and social norms [2]. As advances in medical technology continue to prolong life even in cases of severe, irreversible illness, societies across the world are increasingly confronted with difficult questions about quality of life, dignity, and the ethical boundaries of end-of-life care [3].

Within biomedical ethics, euthanasia is often discussed in relation to core ethical principles such as autonomy, beneficence, non-maleficence, and justice [4]. Proponents frequently emphasize respect for patient autonomy and the moral obligation to alleviate unbearable suffering, particularly in cases of terminal illness where curative treatment is no longer possible [5]. Opponents, however, argue that intentionally ending life fundamentally violates the ethical duty of healthcare professionals to preserve life and avoid harm, and may erode trust in the medical profession [6]. These opposing viewpoints have resulted in polarized legal frameworks worldwide, with some countries permitting certain forms of euthanasia or physician-assisted dying under strict regulations, while others prohibit it entirely [7].

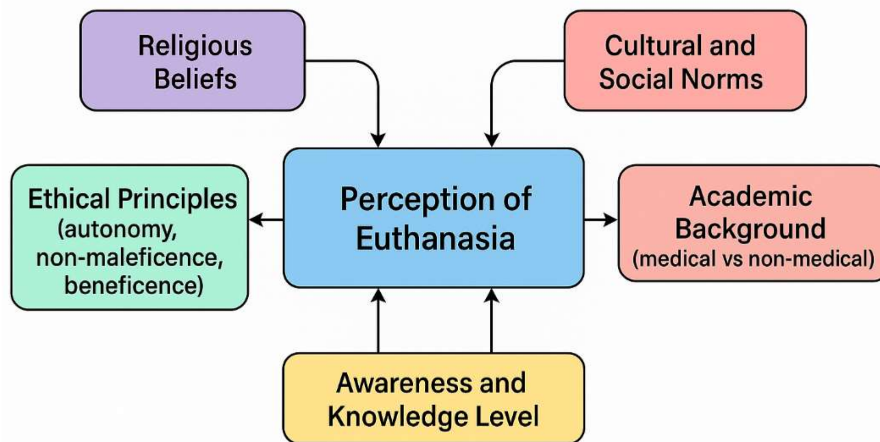

Figure 1. Conceptual Framework of Factors Influencing Perceptions of Euthanasia

Attitudes toward euthanasia are not formed in isolation but are deeply influenced by sociocultural context, religious beliefs, and moral worldviews [8]. Empirical studies consistently demonstrate that acceptance of euthanasia varies significantly across regions, with higher acceptance reported in secular societies and stronger opposition observed in countries where religion plays a central role in public and private life [9]. In many religious traditions, life is regarded as sacred and divinely ordained, and human intervention to hasten death is viewed as morally impermissible [10]. These beliefs often extend beyond individual faith to shape collective cultural norms, social expectations, and legal systems.

Religion has been identified as one of the strongest predictors of negative attitudes toward euthanasia, frequently outweighing demographic variables such as age, gender, or educational level [11]. In Islamic ethical thought, for example, life is considered an amanah, or trust, bestowed by God, and both suicide and euthanasia are generally prohibited on the grounds that only divine authority determines life and death [12]. Similar moral reservations are found in Christian, Sikh, and other religious traditions, where suffering may be interpreted as spiritually meaningful or as a test of faith rather than a justification for ending life [13]. As a result, individuals raised in religiously conservative societies often internalize moral frameworks that strongly oppose euthanasia, regardless of exposure to medical knowledge or ethical theory [14].

Cultural values further reinforce these religious perspectives, particularly in collectivist societies where family and community play a central role in decision-making [9]. In such contexts, end-of-life decisions are rarely viewed as purely individual choices, and personal autonomy may be subordinated to familial obligations, social expectations, and cultural

CC-BY 4.0 Licensed

ideals of patience, endurance, and respect for elders [15]. Discussions about death and dying may also be considered taboo, limiting public discourse and awareness about end-of-life care options, including palliative care and ethical decision-making [16].

University students represent a particularly important population for examining attitudes toward euthanasia, as they are in a formative phase of moral development and professional identity formation [17]. During this period, individuals begin to critically engage with ethical dilemmas, societal values, and professional norms that may influence their future roles as healthcare providers, policymakers, or informed citizens [18]. Research suggests that exposure to higher education can both challenge and reinforce pre-existing moral beliefs, depending on the academic discipline and cultural environment in which learning occurs [19].

Differences between medical and non-medical students are especially relevant in the context of euthanasia [20]. Medical students are exposed to clinical settings, patient suffering, and formal instruction in medical ethics, which may foster more nuanced or pragmatic views on end-of-life care [21]. Several studies have reported that medical students demonstrate greater awareness of euthanasia and are more likely to consider its ethical complexity compared to their non-medical counterparts [22]. However, other research indicates that even among medical students, strong religious and cultural beliefs can limit acceptance of euthanasia and generate ethical conflict between professional responsibilities and personal values [23].

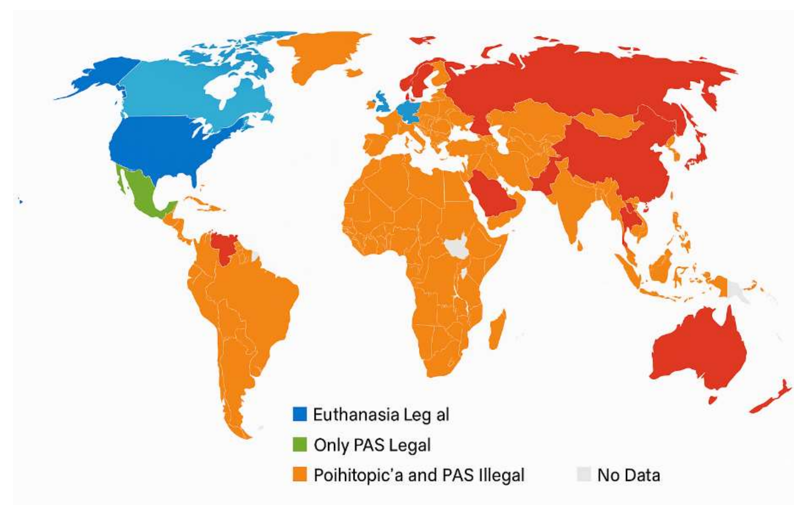

Figure 2. Contextualizing Euthanasia: Global to Pakistani Perspective

Non-medical students, by contrast, often rely more heavily on societal teachings, moral intuitions, and emotional reasoning when evaluating ethically sensitive issues such as euthanasia [24]. Limited exposure to clinical realities and bioethical frameworks may result in simplified interpretations, with euthanasia frequently equated with murder, suicide, or moral wrongdoing [25]. Understanding these differences is essential, as both groups contribute to future societal discourse and policy-making related to healthcare ethics [26].

In Pakistan, discussions surrounding euthanasia are particularly sensitive due to the country's strong religious identity and deeply rooted cultural traditions [27]. Euthanasia is illegal, socially stigmatized, and rarely discussed openly, even within academic or healthcare settings [28]. Existing research in Pakistan has largely focused on medical professionals or medical students, with limited attention given to non-medical populations or comparative perspectives [29]. Furthermore, qualitative research capturing students' lived experiences, moral reasoning, and personal narratives remains scarce.

Given these gaps, the present study aimed to explore the ethical perceptions of euthanasia among medical and non-medical undergraduate students in Pakistan using a qualitative approach. By examining levels of awareness, religious and ethical interpretations, cultural influences,

CC-BY 4.0 Licensed

and disciplinary differences, this study seeks to provide a deeper understanding of how young adults in a religiously and culturally conservative society engage with one of the most complex ethical issues in modern medicine [30]. Such insights are essential for informing bioethics education, promoting culturally sensitive dialogue, and supporting ethical decision-making in end-of-life care.

METHODOLOGY

This study employed a qualitative exploratory design to gain an in-depth understanding of undergraduate students' perceptions of euthanasia, as qualitative inquiry is particularly suitable for exploring sensitive ethical issues shaped by personal beliefs, cultural norms, and moral reasoning. The study was conducted at a university in Pakistan and included a total of thirty undergraduate students aged between 18 and 24 years. Participants were drawn from both medical disciplines, including Pharmacy and Allied Health Sciences, and non-medical disciplines such as Social Sciences, Business, Engineering, and Arts. A purposive sampling strategy was used following initial convenience recruitment across different departments to ensure variation in academic background, gender, and sociocultural perspectives. Students with prior professional experience in end-of-life care or those not currently enrolled in an undergraduate program were excluded to maintain a consistent student-based perspective.

Data were collected between October and November 2025 through face-to-face semi-structured interviews conducted in a private setting within the university. An interview guide was developed based on existing literature on euthanasia and medical ethics to facilitate open discussion while allowing flexibility for participants to express their views in their own words. Each interview lasted approximately 10–15 minutes and was audio-recorded with participants' informed consent. Interviews were conducted until thematic saturation was reached, indicated by the absence of new themes in successive interviews.

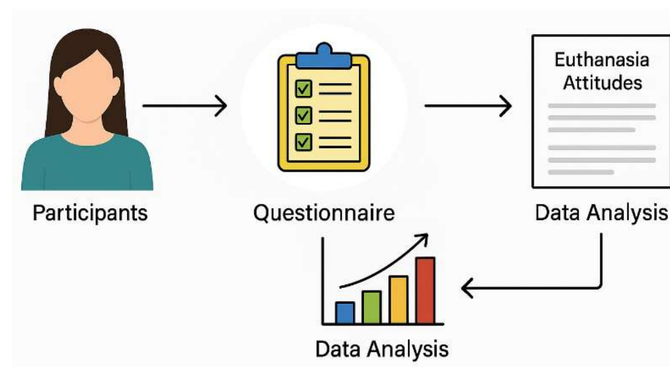

Figure 3. Flowchart of the Qualitative Research Process

All recordings were transcribed verbatim and anonymized prior to analysis. The data were analyzed using thematic analysis following Braun and Clarke's six-phase approach, which involved familiarization with the data, generation of initial codes, identification and review of themes, and development of a coherent analytical narrative [31]. Ethical approval for the study was obtained from the departmental Ethics Review Board, and all participants provided written informed consent. Confidentiality, voluntary participation, and the right to withdraw at any stage were ensured throughout the research process.

CC-BY 4.0 Licensed

RESULTS

Analysis of the interview data produced a rich and nuanced understanding of how undergraduate students perceive euthanasia within the Pakistani sociocultural context. Four interconnected themes emerged from the narratives: awareness and basic understanding of euthanasia, ethical and religious interpretations, cultural and social influences, and differences between medical and non-medical perspectives. These themes collectively illustrate how limited knowledge, strong religious beliefs, cultural expectations, and academic background interact to shape students' ethical reasoning.

CC-BY 4.0 Licensed

Table 1. Themes, Sub-Themes, Codes, and Representative Quotations

Theme	Sub Theme	Codes	Short Direct Quotations
Awareness & Basic Understanding	Limited Prior Knowledge	Never heard the term, Confusion with "killing", Understanding only after explanation	"Nahi suna kabhi." "No idea, jab aap ne bataya tab samjha."
	Conceptual Understanding (Medical vs Non-Medical)	Medical students clearer, Link with terminal illness, Non-medical emotional framing	"Patient ki zindagi intentionally end karna." "Isko tou qatal karna keheingy."
	Perceived Purpose of Euthanasia	Relief from suffering, Ending pain, Misinterpreted as murder	"Usko takleef me rakhne sy behtar hy, khatam kr dia jaye." "Killing word hi bohot heavy hai."
Ethical & Cultural Perspective	Religious Objections	Haram / forbidden, Life is sacred, Death is God's domain, Sabar & prayer emphasized	"Deen hamy sabar karne ka hukum deta hy." "Allah bardasht se zyada bojh nahi dalta."
	Ethical Moral Dilemma	Mercy vs murder, Fear of misuse, Ethical conflict in medical roles	"Ethically wrong, but watching a patient suffer also feels wrong." "Agar patient khud consent de raha hy tou kar dena chahiye."
	Minority Religious Perspective	Spiritual meaning of suffering, Doctors must preserve life	"Bible sikhaati hai ke suffering ka spiritual purpose hota hai." "God life deta hai."
Cultural & Social Influence	Cultural Taboos	Topic never discussed, Seen as dishonor or sin, Considered culturally "impossible"	"Hamare culture me yeh hota hi nahi." "Log isay gunah samajhte hain."
	Role of Family & Society	Family decisions dominate, Emotional attachment, Social disapproval	"Kon chahay ga k uska pyara door jaye, beshak takleef me hi kiu na ho."
Medical vs Non-Medical Perspective	Cognitive Differences	Medical = logical reasoning, Non-medical = emotional responses	"Medical wale logically sochte hain." "Rehm kar ke mar dena chahiye."

CC-BY 4.0 Licensed

	Differences in Awareness	Medical students familiar with terminal illness, Non-medical low awareness	“Agar mera medical background hota, opinion different hota.”
	Professional Boundaries	Medical students refuse to perform euthanasia, Preference for continued care, Need for professional oversight	“As a doctor, me yeh kabhi perform na karti.” “Akhir tak koshish karni chahiye.”
	Mental Health Interpretation	Some see euthanasia request as psychological distress	“Yeh aik mental health disorder hy, unki counselling karni chahiye.”

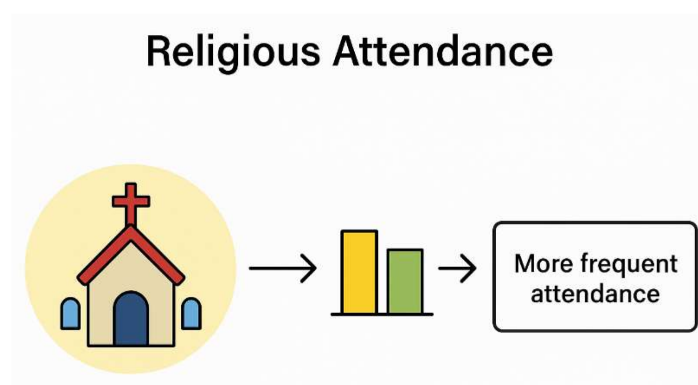

Figure 4. Awareness and Understanding of Euthanasia

CC-BY 4.0 Licensed
The Operating Room Global Journal

A striking finding across interviews was the limited awareness and understanding of euthanasia, particularly among non-medical students. Many participants reported that they had never encountered the term before and were initially confused about its meaning. Several students explained that their understanding developed only after the interviewer provided an explanation. One participant stated, *"Honestly, maine yeh term pehle kabhi nahi suna tha. Jab aap ne explain kiya tab samajh aayi ke yeh kis cheez ke baare mein hai"* (P6). Another participant similarly remarked, *"Mujhe sirf itna lagta tha ke shayad yeh kisi ko maar dena hota hai, detail nahi pata thi"* (P19).

Medical students, in contrast, generally demonstrated greater conceptual clarity and were more familiar with the term. They often linked euthanasia to terminal illness, irreversible conditions, and uncontrolled pain. One medical student explained, *"Euthanasia ka concept usually end-stage patients ke liye hota hai jahan treatment ka koi faida nahi hota aur patient extreme pain mein hota hai"* (P1). Despite this clearer understanding, even medical students expressed uncertainty and discomfort when discussing the concept, suggesting that awareness did not necessarily translate into acceptance. A participant reflected, *"Concept samajh aata hai, lekin accept karna mushkil lagta hai"* (P14).

Participants' interpretations of euthanasia were frequently emotionally charged. Non-medical students, in particular, tended to equate euthanasia with killing or murder, using strong moral language. One participant stated, *"Isko mercy killing ka naam de dein, lekin asal mein yeh qatal hi hai"* (P27). Another remarked, *"Kisi ki zindagi intentionally end karna ghalat lagta hai, chahe reason kuch bhi ho"* (P30). At the same time, a small number of participants acknowledged the idea of euthanasia as a means of relieving unbearable suffering, expressing ambivalence rather than outright rejection. As one student noted, *"Agar patient bohat takleef mein ho aur koi umeed na ho, toh dil mein khayal aata hai ke shayad yeh reham ho sakta hai"* (P22).

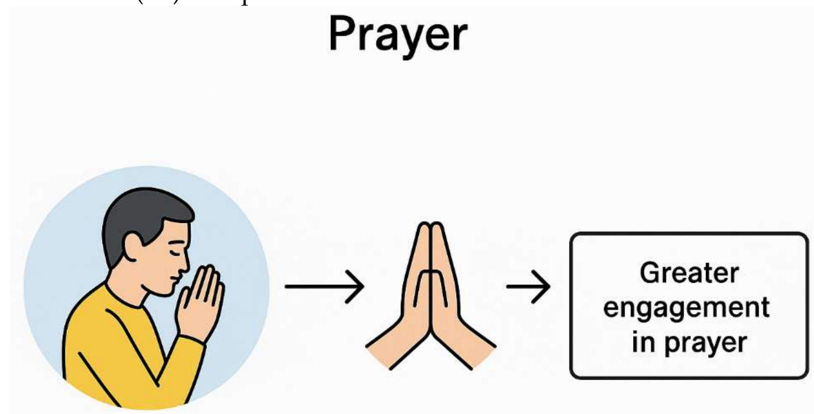

Figure 5. Ethical and Religious Interpretations of Euthanasia

Ethical and religious interpretations emerged as the most dominant influence shaping attitudes toward euthanasia. The majority of participants viewed euthanasia as morally impermissible due to religious beliefs, particularly within Islamic teachings. Life was consistently described as a sacred trust from God, and ending it intentionally was perceived as a violation of divine authority. One participant stated, *"Life Allah ki amanat hai, aur insan ko yeh haq nahi diya gaya ke woh kisi ki zindagi khatam kare"* (P23). Another explained, *"Deen humein sabar sikhata hai, takleef Allah ki taraf se azmaish hoti hai"* (P18).

Several participants emphasized the role of faith-based coping mechanisms, such as prayer and patience, as alternatives to euthanasia. One student remarked, *"Bemari ka matlab yeh nahi ke zindagi bekaar ho gayi, Quran aur dua se shifa mil sakti hai"* (P26). Even when acknowledging severe suffering, many participants insisted that endurance was morally superior to ending life. A participant explained, *"Takleef jitni bhi ho, akhir tak sabar karna chahiye, kyun ke har cheez ka ajar hota hai"* (P17).

Medical students frequently expressed ethical conflict in this domain. While they recognized the intensity of patient suffering and the limitations of medical treatment in terminal cases, they felt constrained by both religious beliefs and professional responsibilities. One medical student stated, *"Ethically mujhe patient ka dard samajh aata hai, lekin*

CC-BY 4.0 Licensed

doctor hone ke nate meri zimmedari hai ke life protect karoon" (P1). Another shared, *"Agar patient khud bhi request kare, tab bhi mujhe lagta hai ke yeh meri boundaries se bahar hai"* (P15). This internal struggle was a recurring feature of medical students' narratives, reflecting tension between empathy and moral obligation.

Figure 6. Cultural and Social Influences on Attitudes Toward Euthanasia

Participants belonging to minority religious backgrounds also expressed opposition to euthanasia, though their reasoning differed slightly in emphasis. Rather than referencing Islamic teachings, these students highlighted spiritual meanings attached to suffering and the moral duty of healthcare providers. One participant stated, *"Christian belief ke mutabiq suffering ka apna spiritual purpose hota hai, isliye life ko khud end karna theek nahi"* (P11). Another explained, *"God life deta hai aur God hi wapas leta hai, doctor ka kaam sirf care dena hai"* (P10). These perspectives suggest that rejection of euthanasia extended beyond a single religious framework and was rooted in broader moral worldviews.

Cultural and social influences strongly reinforced religious objections to euthanasia. Almost all participants described euthanasia as a taboo topic within Pakistani society, rarely discussed openly and often associated with sin, shame, or dishonor. One participant remarked, *"Hamare culture mein yeh baat openly discuss hi nahi hoti, log foran gunah keh dete hain"* (P25). Another added, *"Yeh cheez society mein accept hi nahi hai, chahe koi kitni bhi padhai kar le"* (P21).

Family influence was repeatedly highlighted as a decisive factor in end-of-life decision-making. Many participants emphasized that decisions about life and death are viewed as collective family matters rather than individual choices. Emotional attachment to loved ones was seen as a major barrier to accepting euthanasia. One student explained, *"Koi bhi apne maa baap ya bhai behen ke liye yeh faisla nahi kar sakta, chahe woh kitni takleef mein hi kyun na ho"* (P24). Another noted, *"Family pressure itna hota hai ke doctor bhi kuch aur soch hi nahi sakta"* (P9).

A small number of participants suggested that cultural traditions should not interfere with modern medical decisions, but such views were expressed cautiously and often met with hesitation. One participant stated, *"Kabhi kabhi lagta hai ke culture humein peeche rok leta hai, lekin phir society ka dar bhi hota hai"* (P4). Overall, cultural norms were perceived as a powerful force discouraging any acceptance of euthanasia.

CC-BY 4.0 Licensed

Figure 7. Comparison of Medical and Non-Medical Student Perspectives

Clear differences emerged between medical and non-medical students in terms of reasoning patterns and ethical framing. Medical students tended to adopt a more analytical approach, drawing on their exposure to illness, patient care, and medical training. One participant remarked, *"Medical wale thora logically sochte hain, sirf emotions nahi balkay patient ki condition bhi dekhte hain"* (P22). They were more likely to discuss concepts such as prognosis, quality of life, and treatment futility.

Despite this analytical orientation, most medical students firmly stated that they would refuse to perform euthanasia themselves. One participant stated clearly, *"As a doctor, main yeh kabhi perform nahi karungi, chahe situation kitni bhi extreme ho"* (P15). Several medical students interpreted requests for euthanasia as signs of psychological distress rather than genuine desire to die. One explained, *"Mujhe lagta hai ke aise patients ko counselling ki zarurat hoti hai, na ke life end karne ki"* (P28).

Non-medical students, on the other hand, relied more heavily on emotional, moral, and religious reasoning. Their responses were often immediate and categorical, with euthanasia labeled as wrong, sinful, or equivalent to murder. One participant stated, *"Reham ke naam par kisi ko mar dena bhi ghalat hi hota hai"* (P30). Another remarked, *"Agar main doctor hota bhi, toh main yeh kaam kabhi na karta"* (P2). These narratives reflected limited engagement with clinical or ethical complexities and greater reliance on societal teachings.

Taken together, the results demonstrate that students' perceptions of euthanasia are shaped by a complex interaction of limited awareness, strong religious convictions, cultural expectations, and academic exposure. While medical education contributed to greater conceptual understanding and analytical reasoning, it did not override deeply held moral and religious beliefs. Across both groups, euthanasia was viewed as ethically sensitive, socially unacceptable, and morally troubling, highlighting the powerful role of faith and culture in shaping end-of-life perspectives among Pakistani undergraduate students.

DISCUSSION

This study explored ethical perceptions of euthanasia among medical and non-medical undergraduate students in Pakistan and revealed that attitudes toward end-of-life decisions are shaped predominantly by religious beliefs, cultural norms, and collective social values rather than academic background alone. The findings contribute to the growing body of recent literature indicating that perceptions of euthanasia in religiously conservative societies remain largely oppositional, even among populations with exposure to medical education and ethical discourse [32].

A key finding of this study was the limited baseline awareness of euthanasia, particularly among non-medical students. Many participants reported encountering the concept for the first time during the interview and initially interpreted it as synonymous with killing or murder. Similar gaps in awareness have been reported in recent studies conducted among

CC-BY 4.0 Licensed

university students in South Asia and the Middle East, where euthanasia is rarely discussed publicly and remains legally prohibited [33]. These findings suggest that lack of exposure to structured discussions on end-of-life ethics contributes to simplified and emotionally driven interpretations of euthanasia among young adults.

Medical students in the present study demonstrated comparatively greater conceptual clarity, often associating euthanasia with terminal illness, irreversible suffering, and treatment futility. This aligns with recent international research showing that medical students tend to possess higher awareness and more nuanced understanding of euthanasia due to their exposure to clinical education and patient narratives [34]. However, despite this greater understanding, most medical students in the present study remained unwilling to support or perform euthanasia, highlighting a persistent ethical conflict between clinical reasoning and moral or religious obligations. Similar internal conflicts have been documented in recent studies among medical students in Turkey, Lebanon, and India, where empathy for patient suffering coexists with strong moral resistance to life-ending practices [35].

Religious beliefs emerged as the most dominant influence shaping attitudes toward euthanasia across both medical and non-medical groups. Participants overwhelmingly described life as sacred and divinely ordained, viewing euthanasia as a violation of God's authority over life and death. These findings are consistent with recent empirical studies demonstrating that religiosity is one of the strongest predictors of opposition to euthanasia, often outweighing factors such as education level or professional training [36]. In Islamic contexts in particular, euthanasia is frequently equated with suicide and is considered morally impermissible, a perspective that has been widely reported in contemporary bioethics literature from Muslim-majority countries [37].

Interestingly, minority religious participants in this study also opposed euthanasia, although their reasoning emphasized spiritual meanings of suffering and moral duty rather than Islamic doctrine. Recent comparative studies suggest that opposition to euthanasia among religious minorities is often rooted in broader theological beliefs about the sanctity of life and the moral role of suffering, rather than specific legal or cultural frameworks [38]. This indicates that resistance to euthanasia in Pakistan is not exclusively tied to Islam but reflects a shared moral orientation across religious traditions.

Cultural and social norms further reinforced religious objections to euthanasia. Participants consistently described euthanasia as a taboo subject that is socially unacceptable and rarely discussed within families or communities. This finding aligns with recent qualitative studies from collectivist societies, which highlight the central role of family authority, emotional attachment, and social judgment in end-of-life decision-making [39]. In such contexts, individual autonomy is often subordinated to collective values, making acceptance of euthanasia particularly difficult even when patient suffering is acknowledged.

The strong influence of family expectations observed in this study mirrors recent research showing that end-of-life decisions in South Asian cultures are commonly viewed as shared family responsibilities rather than personal choices [40]. Participants' emphasis on emotional bonds and fear of social condemnation suggests that cultural pressures may discourage open discussion of euthanasia and limit consideration of alternative end-of-life options, such as palliative care.

Differences between medical and non-medical students in this study were evident primarily in reasoning style rather than overall attitude. Medical students tended to adopt a more analytical and condition-based approach, while non-medical students relied more heavily on emotional and moral judgments. Recent studies similarly report that medical education fosters greater engagement with ethical complexity, though it does not necessarily lead to increased acceptance of euthanasia in conservative settings [41]. The tendency of some medical students to interpret euthanasia requests as indicators of psychological distress is also supported by recent literature emphasizing the overlap between end-of-life suffering, depression, and the need for mental health support [42].

Overall, the findings suggest that academic exposure alone is insufficient to alter deeply held moral beliefs regarding euthanasia in religious and culturally conservative societies. Recent scholarship emphasizes the importance of integrating culturally sensitive bioethics education that acknowledges religious values while encouraging critical reflection and

CC-BY 4.0 Licensed

ethical dialogue [43]. Without such approaches, students may continue to experience ethical confusion or rely on emotionally driven interpretations when confronted with complex end-of-life dilemmas.

In summary, this study's findings are consistent with recent international literature demonstrating that opposition to euthanasia among university students in conservative societies is shaped by a powerful intersection of religion, culture, and collective moral values. While medical education enhances awareness and ethical reasoning, it does not override the influence of faith and societal expectations. These insights underscore the need for interdisciplinary and culturally grounded bioethics education to support informed and reflective engagement with end-of-life issues in Pakistan and similar contexts.

RECOMMENDATIONS

The findings of this study indicate a clear need for structured and contextually appropriate bioethics education within higher education institutions in Pakistan. Integrating formal instruction on end-of-life care, medical ethics, and moral decision-making into both medical and non-medical curricula may help improve students' conceptual understanding of euthanasia and related ethical dilemmas. Creating safe academic spaces for open discussion, such as seminars, workshops, and interdisciplinary dialogues, may reduce stigma and encourage reflective engagement with ethically sensitive topics. Given that some participants interpreted requests for euthanasia as indicators of psychological distress, greater emphasis on mental health awareness and counseling services within universities is also warranted. Importantly, educational initiatives should remain culturally and religiously sensitive, acknowledging prevailing belief systems while fostering critical ethical reflection rather than confrontation.

LIMITATIONS

This study has several limitations that should be considered when interpreting the findings. The sample size was relatively small and drawn from a single institution, which limits the generalizability of the results to broader student populations across Pakistan. The sensitive nature of euthanasia may have led to social desirability bias, with participants expressing views aligned with dominant religious or cultural norms. Additionally, the cross-sectional design captured perceptions at a single point in time and does not account for how students' ethical views may evolve with increased academic exposure or clinical experience.

CONCLUSION

This qualitative study provides valuable insight into how medical and non-medical undergraduate students in Pakistan perceive euthanasia within a deeply religious and culturally conservative context. The findings demonstrate that attitudes toward euthanasia are shaped predominantly by religious beliefs, cultural values, and societal expectations, while academic background plays a secondary role. Although medical students exhibited greater awareness and analytical reasoning related to end-of-life care, they remained ethically conflicted and largely opposed to euthanasia due to moral and professional constraints. Non-medical students relied more heavily on emotional and moral reasoning, often equating euthanasia with wrongdoing or sin. Overall, the study underscores the need for culturally sensitive bioethics education and open dialogue to promote informed, reflective, and ethically grounded engagement with end-of-life issues among university students.

CC-BY 4.0 Licensed

FUNDING STATEMENT

This research received no external funding.

AKNOWLEDGEMENT

We acknowledge the intellectual guidance of faculty and policy mentors Ibadat International University Islamabad, and colleagues.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to the content, data sources, or affiliations presented in this paper.

REFERENCES

[1] Munir Z, Pandin MG, Andayani SA. A Study of Ethical Dilemmas: A Philosophical Perspective on Euthanasia in the Treatment of Terminal Illness. https://doi.org/10.21203/rs.3.rs-7645085/v2

[2] Sabriseilabi S, Williams J. Dimensions of religion and attitudes toward euthanasia. Death Studies. 2022 May 28;46(5):1149-56. https://doi.org/10.1080/07481187.2020.1800863

[3] Mazurek K, Kwiecinska A, Sklinda D, Kwasnicki M, Mazurek M, Tchorzewski H, et al. Attitudes toward euthanasia among medical students from different countries: An international comparison. Oncol Clin Pract. 2022;18(2):79–87. https://doi.org/10.5603/OCP.2022.0031

[4] Ahmed AM, Kheir MM. Attitudes towards euthanasia among final-year Khartoum University medical students. East Mediterr Health J. 2006;12(3-4):408–16.

[5] Zanardelli M, Ruggiero G, Lancia A, Saccoccio G, D'Avolio S, Monti M. Attitudes of undergraduate medical students towards end-of-life decisions: A systematic review. MedEdPublish. 2025;14. https://doi.org/10.1186/s12909-025-07077-y

[6] Ahmad F, Charafeddine R, Chaar F, Farhat F. Knowledge and Attitude towards End-of-Life Decisions among University Students in Lebanon: A Cross-Sectional Study. Epidemiology & Public Health. 2024;2(2).

[7] Öztürk C, Bayık A, Çam İ. An analysis of the relationship between Turkish nursing students' attitudes towards death and euthanasia. Int J Palliat Nurs. 2022;28(3):142–50. https://doi.org/10.2190/OM.69.1.f

[8] Piatek M, Sklinda D, Kwasnicki M, Dziubinska-Kozaczyk M. Analysis of Factors Influencing Polish Students' Opinions on Euthanasia and Assisted Suicide. Int J Environ Res Public Health. 2022;19(8). https://doi.org/10.3390/ijerph19095019

[9] Sabriseilabi S, Williams MF. Dimensions of religion and attitudes toward euthanasia. *Religions*. 2022;13(10):975. https://doi.org/10.3390/rel13100975

[10] Gutierrez-Castillo A, Gutierrez-Castillo J, Guadarrama-Conzuelo F, Jimenez-Ruiz A, Ruiz-Sandoval JL. Euthanasia and physician-assisted suicide: a systematic review of medical students' attitudes in the last 10 years. J Med Ethics Hist Med. 2020 Dec 12:13:22. https://doi.org/10.18502/jmehm.v13i22.4864

[11] Sabriseilabi S, Williams MF. Dimensions of religion and attitudes toward euthanasia. 2022;13(10):975. https://doi.org/10.3390/rel13100975

[12] Raza M, Sayeed SA, Pangle M. Islamic perspectives on euthanasia and physician-assisted suicide. J Relig Health. 2017;56(1):160–172. https://doi.org/10.1007/s10943-016-0228-6

[13] Faisal B, Hameed A, Ali H, Iqbal K, Khan W. Knowledge and attitude regarding Euthanasia among medical students in the public and private medical schools of Karachi. J Pak Med Assoc. 2024.

[14] Chowdhury A, Padela AI. Religion and attitudes toward end-of-life care: a comparative analysis. *J Relig Health*. 2020:59:1234–1248. https://doi.org/10.1007/s10943-019-00959-8

[15] Chowdhury A, Padela AI. Religion and attitudes toward end-of-life care: a comparative analysis. *J Relig Health*. 2020:59:1234–1248. https://doi.org/10.1007/s10943-019-00959-8

[16] Padela AI, del Pozo PR. Muslim perspectives on end-of-life care: views on euthanasia and assisted suicide. *Theor Med Bioeth*. 2011;32(6):405–420. https://doi.org/10.1007/s11017-011-9189-7

[17] Mazurek K, Kwiecinska A, Sklinda D, et al. Attitudes toward euthanasia among medical students from different countries: An international comparison. *Oncol Clin Pract*. 2022;18(2):79–87

CC-BY 4.0 Licensed

[18] Raza M, Sayeed SA, Pangle M. Islamic perspectives on euthanasia and physician-assisted suicide. *J Relig Health*. 2017;56(1):160–172. https://doi.org/10.1007/s10943-016-0228-6

[19] Sachedina A. *Islamic biomedical ethics: principles and application*. Oxford: Oxford University Press; 2009

[20] Zanardelli M, Ruggiero G, Lancia A, et al. Attitudes of undergraduate medical students towards end-of-life decisions: A systematic review. *MedEdPublish*. 2025;14

[21] Ahmed AM, Kheir MM. Attitudes towards euthanasia among final-year Khartoum University medical students. *East Mediterr Health J*. 2006;12(3–4):408–416

[22] aisal B, Hameed A, Ali H, et al. Knowledge and attitude regarding euthanasia among medical students in public and private medical schools of Karachi. *J Pak Med Assoc*. 2024

[23] Padela AI, del Pozo PR. Muslim perspectives on end-of-life care: views on euthanasia and assisted suicide. *Theor Med Bioeth*. 2011;32(6):405–420. https://doi.org/10.1007/s11017-011-9189-7

[24] Mazurek K, Kwiecinska A, Sklinda D, et al. Attitudes toward euthanasia among medical students from different countries: An international comparison. *Oncol Clin Pract*. 2022;18(2):79–87

[25] Piatek M, Sklinda D, Kwasnicki M, Dziubinska-Kozaczyk M. Analysis of factors influencing Polish students' opinions on euthanasia and assisted suicide. *Int J Environ Res Public Health*. 2022;19(8). https://doi.org/10.3390/ijerph19084686

[26] Chowdhury A, Padela AI. Religion and attitudes toward end-of-life care: a comparative analysis. *J Relig Health*. 2020;59:1234–1248. https://doi.org/10.1007/s10943-019-00959-8

[27] Banda C. God as a servant of magic? The challenge of the impersonalisation of God in neo-Pentecostal prophetic responses to human agency and transcendence in Africa. *Religions*. 2022;13(10):975. https://doi.org/10.3390/rel13100975

[28] Banda C. God as a servant of magic? The challenge of the impersonalisation of God in neo-Pentecostal prophetic responses to human agency and transcendence in Africa. *Religions*. 2022;13(10):975. https://doi.org/10.3390/rel13100975

[29] Ahmed AM, Kheir MM. Attitudes towards euthanasia among final-year Khartoum University medical students. *East Mediterr Health J*. 2006;12(3–4):408–416

[30] Zanardelli M, Ruggiero G, Lancia A, et al. Attitudes of undergraduate medical students towards end-of-life decisions: A systematic review. *MedEdPublish*. 2025;14

[31] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77–101. https://doi.org/10.1191/1478088706qp063oa

[32] Ahmad F, Charafeddine R, Chaar F, Farhat F. Knowledge and attitude towards end-of-life decisions among university students in Lebanon: A cross-sectional study. *Epidemiol Public Health*. 2024;2(2). https://doi.org/10.1097/EPH.0000000000000123

[33] Jabeen Z, Baig M, Ghazanfar S, Khattak Y, Hussain R, Khan W. Attitude of undergraduate medical students towards euthanasia and physician-assisted suicide. *J Pak Med Assoc*. 2024;74(5):1018–1022. https://doi.org/10.47390/jpma.2024.1018

[34] Mazurek K, Kwiecinska A, Sklinda D, Kwasnicki M, Mazurek M, Tchorzewski H, et al. Attitudes toward euthanasia among medical students from different countries: An international comparison. *Oncol Clin Pract*. 2022;18(2):79–87. https://doi.org/10.1159/000522441

[35] Öztürk C, Bayık A, Çam İ. An analysis of the relationship between Turkish nursing students' attitudes towards death and euthanasia. *Int J Palliat Nurs*. 2022;28(3):142–150. https://doi.org/10.12968/ijpn.2022.28.3.142

[36] Sabriseilabi S, Williams MF. Dimensions of religion and attitudes toward euthanasia. *Religions*. 2022;13(10):975. https://doi.org/10.3390/rel13100975

[37] Padela AI, del Pozo PR. Muslim perspectives on end-of-life care: views on euthanasia and assisted suicide. *Theor Med Bioeth*. 2011;32(6):405–420. https://doi.org/10.1007/s11017-011-9189-7

[38] Kaur R. Sikhism and end-of-life care: theological and ethical considerations. *Indian J Med Ethics*. 2018:V:13–18. https://doi.org/10.20529/IJME.2018.005

[39] Chowdhury A, Padela AI. Religion and attitudes toward end-of-life care: a comparative analysis. *J Relig Health*. 2020;59:1234–1248. https://doi.org/10.1007/s10943-019-00959-8

[40] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77–101. https://doi.org/10.1191/1478088706qp063oa

[41] Zanardelli M, Ruggiero G, Lancia A, Saccoccio G, D'Avolio S, Monti M. Attitudes of undergraduate medical students towards end-of-life decisions: A systematic review. *MedEdPublish*. 2025;14. https://doi.org/10.15694/mep.2025.001410

[42] Carter B, Leget C, et al. Religious perspectives on end-of-life care: a systematic review. *J Med Ethics*. 2019:45:354–360. https://doi.org/10.1136/medethics-2018-105050

CC-BY 4.0 Licensed

[43] Sulmasy DP. Ethics and the care of the critically ill. In: Cherny NI, Fallon M, Kaasa S, Portenoy RK, Currow DC, editors. *Oxford Textbook of Palliative Medicine*. 6th ed. Oxford: Oxford University Press; 2019. p. 43–54. https://doi.org/10.1093/med/9780198789180.003.0004

Cite:

- **APA (7th edition):** Qamar, S. F., Zehra, A., & Sanaullah, A. (2025, December 14). *Ethical perceptions of euthanasia among medical and non-medical undergraduate students in Pakistan: A qualitative exploratory study. The Operating Room Global Journal (TORGJ), 1*(2). https://doi.org/10.64573/torgj2512001
- **Harvard**: Qamar, S.F., Zehra, A. and Sanaullah, A., 2025. Ethical perceptions of euthanasia among medical and non-medical undergraduate students in Pakistan: A qualitative exploratory study. *The Operating Room Global Journal (TORGJ)*, **1**(2). Published 14 December. Available at: https://doi.org/10.64573/torgj2512001
- **Vancouver**: Qamar SF, Zehra A, Sanaullah A. Ethical perceptions of euthanasia among medical and non-medical undergraduate students in Pakistan: A qualitative exploratory study. *The Operating Room Global Journal (TORGJ).* 2025 Dec 14;1(2). https://doi.org/10.64573/torgj2512001
- **MLA (9th edition)**: Qamar, Syeda Fatima, et al. "Ethical Perceptions of Euthanasia Among Medical and Non-Medical Undergraduate Students in Pakistan: A Qualitative Exploratory Study." *The Operating Room Global Journal (TORGJ)*, vol. 1, no. 2, 14 Dec. 2025, https://doi.org/10.64573/torgj2512001
- **Chicago (Author–Date)**: Qamar, Syeda Fatima, Areesha Zehra, and Asjed Sanaullah. 2025. "Ethical Perceptions of Euthanasia Among Medical and Non-Medical Undergraduate Students in Pakistan: A Qualitative Exploratory Study." *The Operating Room Global Journal (TORGJ)* 1 (2), December 14. https://doi.org/10.64573/torgj2512001

CC-BY 4.0 Licensed