

ЕКАТЕРИНА П. РОГОЖИНА

Master's program student,
Faculty of Sociology,
St Petersburg State University,
St Petersburg, Russia;
e-mail: ekaterinarogozhina@gmail.com



Euthanasia: Comparative Analysis of University Students' Attitudes in Russia And Germany

Introduction

The most important consequence of changes in modern society appears to be a growing interest in the human figure, its lifeworld (*Lebenswelt*), problems and needs. In recent times an increasing number of people are advocating the legalization of euthanasia.¹ Many researchers view the present change of attitude towards this phenomenon as a result of the secularization and individualization of society since these processes directly affect the transition from traditional values to more liberal relations and a focus on personal autonomy (Cohen *et al.*, 2006). The legalization of euthanasia in the Netherlands and Belgium, and vivid examples of the struggle for the right to die with dignity in numerous other countries, show that issues related to making decisions about the “early” termination of life or medical intervention in it become reasons for disputes and debates among many different social groups (Maitra *et al.*, 2005). The situation is controversial. On one hand, substantial technical progress now makes it possible to prolong a patient's life almost eternally (using, for example, an artificial lung ventilation apparatus) (Ryynaenen *et al.*, 2002); on the other hand, these achievements do not, by any means, always guarantee a good quality of life in the case of such a long duration for it (Bas Aslan and Caylak, 2007). Questions related to the duration and quality of life remain important and unresolved, and the most topical issue under discussion by the world community is the ethical and social acceptability of legalizing euthanasia, including the possibility of doing so (Verpoort *et al.*, 2004).

The euthanasia issue is not new for Western countries. It has been institutionalized and is actively discussed both in the scientific community and among the broader public. But this issue is still at the formation stage in Russia, so it does not have the same topicality as in Europe or the USA. However, discussions about euthanasia are taking place on different levels and involve an increasing number of representatives from various areas of social life.

There are numerous studies which provide data on factors affecting attitudes towards the issue of euthanasia as shared by patients, doctors and society as a whole (Ryynaenen *et al.*, 2002; Verpoort *et al.*, 2004; Karp and Potapchuk, 2004; Maitra *et al.*, 2005; Bogomyagkova, 2010; Alaberdeeva, 2013); and works have been published that address medical

¹ Euthanasia is understood by the author as special medical intervention or omission by a doctor aimed at the termination of the life of an untreatably ill and heavily suffering patient, which is committed upon the voluntary request of the patient and the sole intention of which is to put an end to intolerable suffering.

students' attitudes towards euthanasia (Wong Yut Lin *et al.*, 2005; Leppert *et al.*, 2013). However, there are almost no data on the differences in attitudes towards euthanasia between medical students and students in other academic disciplines (Bas Aslan and Caylak, 2007). Comparative studies on attitudes towards the issue of euthanasia in Russia and Germany have not been conducted either. The aim of this study therefore was to compare the attitudes of students at institutions of higher education in Russia and Germany towards the euthanasia issue and to uncover the factors determining their attitudes towards this phenomenon.

The author does not claim to define and describe each and every factor that might influence the formation of an opinion about the euthanasia issue. Several factors were selected which, in the opinion of the author, may determine attitudes towards euthanasia. These are:

- area of training (specialty);
- political views and activity (level of politicization);
- religious views and activity (level of religiosity);
- level of involvement in the issue;
- belonging to a particular country (social and cultural context).

Level of religiosity is understood by the author as active participation in religious activities, the positioning of oneself as a member of a religious community, adherence to religious postulates, etc. *Level of politicization* includes participation in elections, membership in political parties, active defense of one's political views, interest in the political life of a city/state, etc. *Level of involvement in the issue* means the respondent's direct experience with situations of incurable diseases (of relatives, friends, acquaintances, etc.).

Materials and Methods

The survey took place throughout the 2012/2013 and 2013/2014 academic years. Overall, 324 persons were interviewed: 153 students at Bielefeld University, 114 students at Saint Petersburg State University and 57 respondents from Pavlov First Saint Petersburg State Medical University. The average age of respondents interviewed in the Federal Republic of Germany was 24 years (between 19 and 47), and in Russia — 21 years (between 18 and 27). The ratios of male and female respondents were 44.8% and 55.2% of the total number, respectively.

The students were divided into three groups in accordance with their educational program: students of medical specialties ($n = 93$; 28.4%), students of technical and scientific specialties ($n = 75$; 22.9%) and students in the social sciences and humanities ($n = 156$; 48.1%); in addition, the research was also based on geography: Germans ($n = 153$; 46.6%) and Russians ($n = 171$; 52.1%). The response rate was 99.7%.

Questionnaire Design

The students' attitudes towards the issue of euthanasia were revealed through a questionnaire developed independently by the author and which was based on an analysis of the literature on the relevant topics and the results of sociological studies that have been conducted; it consisted of 25 multiple-choice questions addressing personal views, experience and decisions related to euthanasia and the relief of suffering.

Data Collection

Data was collected through an online survey. Questionnaires were sent out by e-mail to respondents who had agreed to participate in the survey.

Data Analysis

Data analysis was performed using SPSS Statistics (ver. 19). P (Sig.) < 0.05 was accepted as significant. Descriptive statistics were used for data quantitative description using key statistical indicators. A test for χ^2 was conducted to reveal differences in the opinions of Russian and German respondents and the opinions of medical students and students from other academic specialties. Correlation analysis was conducted to register statistically significant interdependence between the variables “level of religiosity” and “attitude towards euthanasia”, “level of being politicized” and “attitude to euthanasia”, and “level of involvement in the issue” and “attitude towards euthanasia”.

Results

The main objective of the research was to compare attitudes towards the euthanasia phenomenon in Russia and Germany. For this purpose, the author posed both direct questions and questions designed to reveal respondents' hidden, unconscious mindsets regarding this issue and situations related to it.

The phenomenon of euthanasia was divided by the author into two “modules” (2 questions): 1) as an alleged human right to death (and to voluntary departure from life); and 2) as the possibility for the assistance of a doctor in this process.

88.2% of respondents in Germany and 76.0% in Russia believe that a person has the right to depart voluntarily from life. At the same time, in Germany the percentage of medical students supporting this assertion turned out to be the highest (94.4%) of the three sub-groups (medical students, students in technical specialties, and students in the humanities), whereas in Russia only 64.9% of representatives of the medical profession agree with this. Russian medical students, therefore, are more cautious in their comments on this subject compared with Russian students involved in other educational programs or German medical students. Overall, approximately 80% of respondents in Germany and 71.9% in Russia implicitly admit the acceptability of the use of euthanasia.

The direct question of whether they consider euthanasia acceptable was positively answered by 89.5% of respondents in Germany and 78.9% in Russia (which is intriguing since Russian law prohibits any form of euthanasia and only the passive form is legal in Germany). Moreover, 41.2% of Germans and 35.7% of Russians also admitted as acceptable the euthanasia of children with incurable diseases.

The study also included an analysis of the respondents' ideas in relation to the forms of euthanasia that can be performed and may be legalized. Each form was presented as a realistic situation:

1) *Active*: A person has terminal cancer. Understanding that a cure is impossible and that suffering and death are inevitable, he asks a doctor to inject a lethal dose of medicine.

2) *Involuntary*²: Supporting therapy for an untreatably ill patient with fourth stage gastric cancer and metastases was terminated based on the decision of a doctor. The patient's death is inevitable either way, but without therapy it can occur earlier.

3) *Non-voluntary*: A patient's brain functions are irretrievably lost. He or she will never regain consciousness as his brain is dead. However, his body continues to function with the help of special life-support equipment. A decision on euthanasia can be taken by a doctor, relatives or lawyers but not by the patient himself.

4) *Eugenical*: The administration of a mental health clinic suggests subjecting some of its patients to a euthanasia procedure because they are incurably ill persons with genetic abnormalities who may be dangerous for society and require substantial financial costs for their maintenance.

The majority of German respondents in each subgroup think the implementation of active as well as passive euthanasia may take place, the exception being eugenic euthanasia. Recognized as statistically significant was only the difference in the evaluation by various subgroups of passive euthanasia when a patient is able to express his or her will (χ^2 , Sig. = 0,019). It can be concluded that medical students are more careful regarding the question of the deprivation of the life of a conscious person than students from other specialties, who admit such a possibility. It is also interesting to note the high loyalty of German students in technical and scientific specialties to euthanasia in all its forms. In general, the attitude of Germans towards the admissibility of euthanasia at the legislative level is less loyal in comparison with their attitude towards the acceptability of euthanasia in and of itself.

In Russia, the general level of acceptance for various forms of euthanasia is slightly lower. The majority of the representatives of each subgroup support the possibility of committing active and *non-voluntary* euthanasia. Support of *involuntary* euthanasia by Russian students is considerably lower as compared to German students. Moreover, special attention should be paid to the unexpectedly high number of persons who consider the eugenical form of euthanasia as acceptable: twice as many respondents in Russia (18.1 %) than in Germany (9.2 %) expressed their approval of the use of euthanasia on mentally ill patients with genetic abnormalities.

Both in Germany and in Russia, the number of respondents who consider the legalization of euthanasia as possible is somewhat lower in comparison to those who approve of euthanasia "a posteriori": for example, only 56.7 % of those interviewed are ready to legalize the active form of euthanasia (70.6 % support this idea in Germany). Despite their agreement with the possible acceptance of euthanasia in particular cases, Russian medical students are, in general, not ready for the legalization of such practice. In both countries, medical respondents expressed the highest level of consent with passive euthanasia in cases where a patient is not able to express his wish due to being in a persistent vegetative state — the latter being considered by the most respondents as a possible prerequisite for euthanasia. This contradicts with our assumptions that a patient's intention is the chief, and an indispensable, element when making a decision regarding euthanasia, as well as with fundamental legal acts enabling the performance of passive euthanasia only on a voluntary basis. Perhaps, additional studies are necessary in order to interpret this paradox.

² *Involuntary* euthanasia takes place when the procedure is implemented without a patient's consent but he or she is able to express his or her wishes, whereas *non-voluntary* euthanasia reflects a situation where a patient is not able to express his or her opinion on the continuation or cessation of treatment due to the state he or she is in.

Euthanasia is apparently seen by medical students as most admissible in cases when the inefficacy of life supporting therapy is obvious. In addition, the low level of approval given to passive euthanasia as compared with other forms when a patient is capable of expressing his or her own volition may be related to the fact that medical students tend to be guided by an objective current and predictive assessment of a patient's state rather than by his or her subjective sensations.

In general, both in Russia and in Germany, differences in assessments of euthanasia *de jure* and euthanasia *de facto* can be explained by the unreadiness of the respondents to allow for the legal admissibility of euthanasia.

The main reasons stated by the respondents for which they consider euthanasia unacceptable are as follows: 34.6% in Germany and 40.4% in Russia believe that the option of euthanasia can provoke *abuse on the part of a doctor and patients' relatives* (the higher number of advocates of this statement observed in Russia may be attributed to the lower level of legal culture of Russian society in comparison with the German one); 30.7% and 42.1% respectively refer to a non-zero *probability of establishing a wrong diagnosis*; and 9.8% and 32.7% assume that *the development of medicine in the future can reach a level which allows for the successful treatment of diseases that were incurable before*. Only 3.3% and 6.4% consider euthanasia unacceptable because *a person has no right to direct his own life*, and 6.5% and 12.3%, respectively, called euthanasia *a murder committed by a doctor*. The high statistical significance of differences found in the answers of German and Russian respondents suggests that Russians have a more positive perception of the possibilities of modern medicine and its further development, but at the same time retain a certain level of mistrust towards representatives of the medical profession. (This is largely due to the low qualifications of doctors at the local level.) At the same time, the substantial difference in the assessment by German and Russian respondents of the hypothetical possibilities of future medical care can also be related to the fact that in the West there are quite successful methods of treatment for certain diseases still considered incurable in Russia. The difference in opinions about euthanasia as murder on the part of a doctor can be interpreted with reference to the social and cultural context: in Russia euthanasia is prohibited, and passive euthanasia is allowed in Germany; besides this, according to many specialists, Russian society today can be characterized as neo-patriarchal — the authority of the Church is growing in the country, and a return to traditional spiritual values (including at the instigation of government), which also include sanctity of human life, is observed. But in Germany, a leading Western European country where liberal ideas are widespread, special attention is given to human rights and freedoms. Humanism is understood here somewhat differently: if I respect a person, and his or her personality and rights, I will help him or her to die with dignity.

The main reasons for the acceptability of euthanasia, as stated by the respondents, are presented here. The greatest support was given by both Germans and Russians to the following variant: *"This is humane when a person is suffering intolerable pain"* (71.9% in each country). To all appearances, the sufferings that accompany an ill person have the greatest bearing on the acceptability of euthanasia irrespective of a respondent's area of activity. Herewith, speaking of medical students, we may assume they have a higher likelihood of facing situations involving serious diseases accompanied by excruciating pains and that this, in its turn, may influence their opinion regarding euthanasia. 55.6% in Germany and 46.8% in Russia think that *it is necessary to respect the wish of a patient who does not want to be a burden for his dear ones*. 57.7% and 43.3%, respectively, think that *a person has the right to direct his or her life at his own discretion*. The difference of opinions between representatives

of different countries is also explained by differences in their values systems (see above). Finally, 13.7 % of Germans and 27.5 % of Russians supported the statement that *life support in terminally ill patients requires high costs which are necessary to those who have chances of cure*. The high solidarity demonstrated by Russian students in relation to this statement can be associated with the state of modern Russian medicine, where a range of systemic problems has not yet been satisfactorily solved; in particular, a lack of funding makes itself felt, inter alia, in the lack of medical equipment, consumables and highly qualified specialists. In such a situation, the respondents are likely to see care for ill persons with a hope of recovery as more rational.

Respondents' opinions about special circumstances that may make euthanasia acceptable were distributed in the following way. Most respondents in both countries believe that euthanasia is acceptable in a case of *brain death* (i. e. the transition of a patient into an irreversible vegetative state): 83.7 % in Germany and 74.3 % in Russia. 39.9 % and 39.2 %, respectively, think that it may take place in a case of *severe disability* (for example, full body paralysis). 69.9 % and 50.9 % considered euthanasia possible in a case of untreatable terminal illness (AIDS, cancer, etc.). 20.3 % in Germany and only 9.4 % in Russia agree that the reason for euthanasia can be a long-term state of *coma*. In this case, however, the difference in opinions could less reflect differences in social and cultural contexts than events which occurred shortly before conducting the survey of the Russian subsamples: in April 2014 the global mass media reported on the recovery of the well-known German racing car driver Michael Schumacher from a 95-day coma. Events related to Schumacher gained wide public attention, and this could have indirectly affected the formation of the respondents' opinions about euthanasia. Also, 10.5 % of those interviewed in Germany and 6.4 % in Russia stated "Other" as circumstances which would make euthanasia acceptable, with the most popular criteria here being those like *severe pains* and *the explicitly expressed wish of a patient*.

One of the components of the attitude towards the euthanasia issue is a respondent's possible behavior in situations where he or she faces terminal illnesses and suffering directly. The author studied not only the assessment of the euthanasia phenomenon but also the potential actions of a person in similar situations. Thus, finding themselves in the position of a terminally ill person suffering from intolerable pain, 75.8 % in Germany and 65.5 % in Russia would prefer to ask a doctor to accelerate their death rather than die naturally. That is, more than a half of the respondents in both countries, irrespective of their specialty, agree with euthanasia being applied towards themselves. Such loyalty may be related, firstly, to a low religiosity level (see below), as well as to an "unserious" attitude towards death as a phenomenon not directly related to the respondents (for example, because of age), and it may indicate that life is not a priority value for the majority of those interviewed.

If an acquaintance or relative of a respondent were in an irreversible vegetative state and a decision regarding the continuation of life sustaining therapy depended on the respondent, 62.7 % in Germany and 56.1 % in Russia would remove the patient from the life support system. 19.0 % and 35.1 %, respectively, would continue to sustain life artificially. It is interesting to note that in both countries those less in agreement with terminating life sustaining procedures turned out to be representatives of social science and humanities fields. It should also be noted that the number of respondents supporting euthanasia for another person decreases in comparison with the number of those interviewed who agree with the use of euthanasia towards themselves. It is apparent that despite statements about a preference given to death over suffering and unwillingness to burden dear ones, neither Germans nor Russians are prepared to make such decisions for other people. Nevertheless,

the number of respondents willing to personally alleviate the unbearable suffering of a close friend or family member by means of euthanasia is quite high: 48.3% in Germany and 49.1% in Russia agreed with this statement (of these, however, only 12.4% and 11.7%, respectively, expressed explicit consent). 51.7% Germans and 50.9% Russians refused to do so. In Russia 43.9% of medical students are ready to commit an act of euthanasia, whereas in Germany their number is 52.7%. Again, particularly striking is the “radicalism” of representatives of the technical and scientific specialties: 60.3% of German and 76.4% of Russian students studying in such programs agreed to personally end the suffering of a dear person. These data together with the data analyzed above provide grounds for making a generalized conclusion that students in the hard sciences are more likely to consider euthanasia as an acceptable action. Perhaps, a student’s area of training (in this case the area of the hard sciences) facilitates the formation and development of a particular world view in which euthanasia is seen as a rational and appropriate act. (As a parenthetical note, among those who advocated the acceptability of euthanasia in cases where the life support therapy of terminally ill patients requires substantial financial costs, the majority turned out precisely to be students of technical and scientific specialties.)

One of the objectives of the study was to reveal differences in opinions about euthanasia in different subgroups. An analysis of the variable “attitude towards euthanasia” by gender and economic status did not reveal any dependencies or links, which shows that neither gender nor financial position influence the formation of opinion about euthanasia issue ($p > 0.05$). Further analysis, therefore, was carried out based on three independent variables: religious views, political views and level of involvement in the issue.

Level of Religiosity

It was presumed by the author that confessional affiliation has a significant influence on the level of acceptance for euthanasia. This study analyzes two aspects of religiosity: a respondent’s confessional identity and his or her level of religious activity.

Contrary to expectations, the majority of supporters of Christianity in Germany (88.2%) consider euthanasia acceptable. People who do not identify themselves as believers also support the idea of euthanasia as a majority (96.2%). Also of interest is the situation with followers of Islam although it was impossible to make substantive conclusions due to the low number of such respondents.

It is likely the high level of approval of euthanasia among representatives of the Christian religion is related to the fact that in the city of Bielefeld, where the survey was conducted, the majority of local residents (45%) belong to the Evangelical church (Protestantism), and only 16% are Catholics.³ The Protestant church shares a special attitude towards human dignity and death, and therefore it is more tolerant towards euthanasia.

In Russia a far lower number of Christians advocate euthanasia. This is related to the fact that the majority of believing respondents belong to the Russian Orthodox Church, which categorically forbids suicide (euthanasia is considered here as one of its forms).

In general, representatives of the main confessions, i. e. those who believe, support euthanasia more rarely than non-believing respondents. This is because of the major religious provisions that a person has no right to direct his own life or that of another. Nevertheless, quite a large number of believing students in both countries consider euthanasia acceptable all the same. This can be attributed in part to the fact that the religiosity of many respon-

³ Angaben des Amtes für Demographie und Statistik, Bielefeld (Stand Ende 2013).

dents is “superficial”: they position themselves as Christians, Moslems and representatives of other religions, but they either do not adhere or only partially adhere to the respective religious injunctions.

The positive attitude towards euthanasia exhibited by non-believing respondents is sufficiently predictable. The non-religious world view proposes as a main value the existence of the freedom of choice, which includes, *inter alia*, the possibility to do away with suffering, whereas suffering itself, in contrast with religious convictions, is of no value (Romanov and Stepanov, 2012). The positive attitude towards euthanasia expressed by both groups of respondents is explained, above all, by compassion (see above); the unacceptability of euthanasia is justified by believers just as frequently as by non-believers based on the probability of medical error and risk of abuse. It is noteworthy that religious arguments (a person has no right to direct his own life, euthanasia is a murder) against euthanasia are rarely expressed by believers. Therefore, the negative attitude by both believing and non-believing respondents is conditioned not so much by religious or non-religious ideology as by concerns about euthanasia being criminally misapplied.

Previous studies showed, however, that acceptance of euthanasia is largely influenced by the level of a respondent’s religious activity rather than by his belonging to a particular confession (see above). In this study, 88.9% of those interviewed who participate frequently in religious events expressed the view that euthanasia is unacceptable, whereas 93.3% and 84.9% of respondents who never or rarely participate in them consider euthanasia possible. Between the variables “religious activity” and “attitude towards euthanasia”, there is a relatively weak inverse correlation (the higher the religious activity of a respondent is, the less tolerant he or she is towards euthanasia). Taking into account the high significance ($p < 0.001$), it may be concluded that in this study high religious activity indeed determines a respondent’s attitude towards the euthanasia issue.

Level of Politicization

One of the hypotheses of this study was the presumption that the political views of a respondent influence his attitude towards the issue of euthanasia. Similarly to the case with the level of religiosity, the variable “level of politicization” in this study consists of two aspects: political views and political activity.

Both in Germany and in Russia, the majority of those interviewed support euthanasia irrespective of political beliefs. The general level of support for euthanasia is, again, higher in Germany than in Russia.

It is expected that respondents sharing democratic or liberal views, as well as adherents to anarchist ideology, would favor euthanasia: the driving principle for both liberalism and democracy is the inviolability of human rights and individual freedoms; and anarchism denies the exercise of any authority by one person over another person, as the freedom of anarchism lies in the ability for anyone to choose his or her own rules. It is interesting that an unexpectedly high number of euthanasia advocates were found among socialists since socialism has always been opposed to individualism. But at the same time, it is thanks to collectivist beliefs which deny the value of the individual person for society that euthanasia can be seen by socialists as acceptable. Also of some interest are respondents who share nationalistic views. However, it is once again impossible to make substantive conclusions due to the low number of respondents. In addition, it is necessary to note that in Russia euthanasia was also supported by those who identify themselves as monarchists.

Analysis of the variable “level of politicization” also showed that the level of acceptance for euthanasia depends not only on a respondent’s religious activity but also on his or her political involvement. Between the variables “political activity” and “attitude towards euthanasia” there is a weak correlation dependency. (The higher the political activity of a respondent, the more he or she is likely to support euthanasia.) In spite of the small value of the correlation coefficient, the dependency was admitted to be significant ($p < 0.05$), which provides grounds for a conclusion: political activity, though to a lesser extent than religious activity, also influences a respondent’s attitude towards the euthanasia phenomenon.

Level of involvement in the issue and socio-cultural context

Another hypothesis of the study was the presumption that people who have personally faced situations involving terminal diseases and the intolerable suffering caused by them are more approving of euthanasia than those who know about this problem through the mass media or stories told by acquaintances. However, this hypothesis can be neither confirmed nor refuted based on the results of this study. 85.3 % of respondents whose close relatives or friends are terminally ill or have died from incurable diseases consider euthanasia acceptable. It is also supported by 93.0 % respondents whose colleagues or fellow students found themselves in such situation and by 90.9 % of those who have heard something from their acquaintances. 83.3 % of respondents familiar with the euthanasia issue through the mass media also approve of it. It is noteworthy that in Germany as many as 91.3 % of respondents whose relative or friend is in a situation where they have a terminal disease support euthanasia, whereas in Russia only 78.3 % of respondents from the same subgroup agree. It should be also noted that the frequency of directly facing such diseases is higher among German students than in Russia: 45.1 % versus 35.1 %. The majority (54.4 %) of Russian students obtain information regarding the euthanasia issue from mass media.

The hypothesis that social and cultural context has a substantial influence on attitudes towards the euthanasia phenomenon was also examined. Although the majority of respondents in both countries, in general, speak in favor of euthanasia, acceptance of this phenomenon in Germany is significantly higher than in Russia. A significant correlation is also present between the variables stated above, which suggests the following: socio-cultural context indeed determines assessment of this phenomenon.

Conclusion

To summarize the above, the following conclusions can be made. The absolute majority of those interviewed in both countries know what euthanasia is. It is interesting that Russian students are more aware of the euthanasia issue than the German ones though the level of development of the Western European discourse on this issue would suggest otherwise. Furthermore, the overwhelming majority of respondents in both countries consider euthanasia acceptable. Attitudes towards the phenomenon of euthanasia differ between German and Russian students. A respondent’s attitude towards euthanasia is influenced by the specialty in which he studies, as well as the level of religiosity and politicization. Representatives of the medical and sanitarian specialties, in general, support euthanasia less actively in comparison with students in technical, scientific, social science or humanities fields. In addition, they are more restrained in their assessments of this phenomenon. Respondents with a low

level of religiosity are more likely to support the idea of euthanasia than the religiously active participants of the survey. Politically active students support euthanasia more steadfastly than respondents with a low level of politicization. Level of involvement in the issue has no influence on the respondents' attitude towards euthanasia.

Overall, the respondents expressed approval for both the acceptability and legalization of euthanasia. Nevertheless, there are differences, first, in the assessments of students of medical and non-medical specialties. Respondents not related to medicine are more likely to support euthanasia. Second, statistically significant differences are observed between the assessments of German and Russian students. Both in Russia and Germany the majority of respondents advocate the passive as well as active forms of euthanasia. The majority of respondents, in this case, consider euthanasia acceptable either in a situation where there is brain death or in the case of an incurable terminal disease.

Socio-cultural context affects a respondent's attitude towards euthanasia. For Germany, a European country with a high quality of life where the authority of Church is rather weak and liberalist ideas are widespread, euthanasia is not a new issue. The majority of respondents interviewed in Germany advocate euthanasia in any form except for the eugenic. (Perhaps this is associated with the historical memory of the German population). In Russia, the issue of euthanasia is less topical. It is not included within a range of issues that are regularly discussed and around which a certain discourse is formed. Moreover, the formation of public opinion regarding euthanasia is strongly affected by the institution of the Church, which still wields great authority in Russia. Nevertheless, even though general support for euthanasia is somewhat lower in Russia than in Germany, more than a half of the respondents consider it acceptable.

The controversial and contradictory nature of the euthanasia issue and ambiguity surrounding interpretations and explanations of it are among the essential features of its problematic nature. Debates about the legality and morality of this phenomenon were among the significant events of the 20th century's final decades, and there are reasons to believe that they will remain a source of powerful tensions in the 21st century as well. The study undertaken by the author is only one of many steps towards further investigation into this phenomenon and a range of problems related to it: ensuring a good quality of life, guaranteeing human rights, reforming the health care system, and so on.

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