



# LITERATURE REVIEW ON PHYSICIAN-ASSISTED SUICIDE AND EUTHANASIA IN HK AND ASIA

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- Definition of Different Sorts of Euthanasia and Physician-Assisted Suicide (PAS)
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# Definitions

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- **Active Euthanasia:** some positive acts are taken deliberately to end the patient's life, such as lethal injection.
- **Passive Euthanasia:** physicians refrain from doing anything to keep the patient alive, such as withdrawing or withholding life-sustaining treatments.
- **Voluntary Euthanasia:** patients consent to be euthanized via the exercise of their autonomy.
- **Non-Voluntary Euthanasia:** euthanasia is performed under the circumstance that patients are unable to express their consent, such as when they fall into irreversible coma or they become unconscious, or unable (e.g., very young baby or person of low intelligence) to give consent.
- **Involuntary Euthanasia:** euthanasia is performed on the ones who object to be killed.
- **Physician-Assisted Suicide:** it occurs when lethal drugs are prescribed or supplied by the physician at the patient's request and self-administered by the patient with the aim of ending his or her life.

# Legal Statuses of Euthanasia

<b>Euthanasia Types</b> <b>Regions</b>	<b>Withhold Futile Treatments</b>	<b>Withdraw Futile Treatments</b>	<b>Active Euthanasia</b>	<b>Physician-Assisted Suicide</b>
<b>Hong Kong SAR</b>	Legal	Legal	Illegal	Illegal
<b>South Korea</b>	Legal	Legal	Illegal	Illegal
<b>Japan</b>	N/A	N/A	N/A	N/A
<b>Mainland China</b>	N/A	N/A	N/A	N/A

# Research on Euthanasia and PAS in Hong Kong SAR

Authors	Year	Samples	Methods	Findings	Associations
Lee, J. C. Y., et al.	2003	114 Hong Kong Chinese Teachers	Institute-based research	Respondents objected to AE and supported PE (using 5-point Likert Scale)	<ol style="list-style-type: none"> <li>1. Religious Beliefs</li> <li>2. Experience of caring for terminally ill patients</li> </ol>
Yap, H., et al.	2004	65 physicians working in ICU	Questionnaire-based research	75% of respondents objected to AE	
Chong, A. M. L., et al.	2005	618 households 1197 physicians	Questionnaire-based cross-sectional research	The households supported AE, while physicians preferred PE than AE (using 5-point Likert Scale)	
Gruber, P. C., et al.	2008	402 students at CUHK	Institute-based research	Non-medical students was more positive about AE than medical students (using 5-point Likert Scale)	<ol style="list-style-type: none"> <li>1. Clinical exposure</li> <li>2. Experience-based learning</li> </ol>
Chong, A. M. L., et al.	2009	618 households	Questionnaire-based research	The households increasingly supported AE (using 5-point Likert Scale)	<ol style="list-style-type: none"> <li>1. Religious Beliefs</li> <li>2. Experience as Family Carers</li> </ol>
Chong, A. M. L., et al.	2013	119 college students 618 adults of general public	Questionnaire-based cross-sectional research	The general public increasingly supported AE (using 5-point Likert Scale)	<ol style="list-style-type: none"> <li>1. Age</li> </ol>
Lau, A. M. Y., et al.	2022	228 medical students	Questionnaire-based research	58% of respondents object to euthanasia	<ol style="list-style-type: none"> <li>1. Gender</li> <li>2. Experience of witnessing withdrawal of nutritional support</li> </ol>

# Research on Euthanasia and PAS in South Korea

Authors	Year	Samples	Methods	Findings	Associations
Yun, Y. H., et al.	2011	1242 cancer patients, 1289 family caregivers, 303 oncologists, and 1006 members of general public	Cross-sectional research	50% of respondents in general public supported active euthanasia and PAS. 90% of respondents of oncologists supported withdrawal of futile treatment and 60% of them supported withholding of futile treatment	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Gender</li> <li>3. Religious belief</li> <li>4. Education level</li> </ol>
Yun, Y. H., et al.	2018	1001 cancer patients, 1006 caregivers, 928 physicians, 1241 members of general public	Cross-sectional research	41.4% of respondents in general public supported active euthanasia. 36% of physicians supported active euthanasia. 99% of physicians supported withdrawal of futile treatment and 77% of them supported withholding of futile treatment	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Gender</li> <li>3. Religious belief</li> <li>4. Education level</li> <li>5. Income</li> <li>6. Caregiver experience</li> </ol>
Yun, Y. H., et al.	2022	1000 members of general public	Cross-sectional research	76.4% of respondents in general public support active euthanasia	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Gender</li> <li>3. Religious belief</li> <li>4. Education level</li> <li>5. Income</li> <li>6. Comorbidity</li> </ol>

# Research on Euthanasia and PAS in Japan

Authors	Year	Samples	Methods	Findings	Associations
Tanida, N., et al.	2002	145 Japanese nurses, 943 Australian nurses	Cross-sectional research	23% of respondents in Japan supported active euthanasia and 57% of them had been asked to perform active euthanasia on patients	
Miyata, H., et al.	2006	418 members of general public	Questionnaire-based cross-sectional research	If they were in comatose, 73% of respondents did not want life-sustaining treatment, 82% of them did not want CPR, and 79% of them did not want artificial nutrition and hydration.	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Gender</li> <li>3. Maturity of children</li> </ol>
Ivo, K., et al.	2012	52 patients in Japan, 62 patients in China, 91 patients in South Korea	Cross-sectional research	94% of physicians in Japan tended to tell truth to their terminally ill patients	<ol style="list-style-type: none"> <li>1. Age</li> <li>2. Gender</li> <li>3. Education level</li> <li>4. Marital status</li> <li>5. Religion</li> </ol>

# Research on Euthanasia and PAS in Mainland China

Authors	Year	Samples	Methods	Findings	Associations
Zhang, Tuohong., et al	1994	384 health care professionals from 8 hospitals in Beijing	Questionnaire-based cross-sectional research	94% of respondents supported euthanasia	<ol style="list-style-type: none"> <li>Age</li> <li>Occupation (physicians, medical students, or retired physicians)</li> </ol>
Xia, Sujian., et al	1999	401 physicians and medical students in Jinan University	Center-based research	91% of respondents supported euthanasia	<ol style="list-style-type: none"> <li>Age</li> </ol>
Zhang, Hongzhen., et al	2006	136 cancer patients from Hebei Province People's Hospital	Center-based research	2.2% of respondents preferred passive euthanasia than palliative care	
Ivo, K., et al	2012	52 patients in Japan, 62 patients in China, 91 patients in South Korea	Cross-sectional research	56% of Chinese patients preferred artificial prolongation of life rather than passive euthanasia	<ol style="list-style-type: none"> <li>Age</li> <li>Gender</li> <li>Education level</li> <li>Marital status</li> <li>Religion</li> </ol>
Lin, Nan., et al	2013	563 medical students from Southern Medical University	Institute-based research	46% of respondents supported euthanasia	
Wang, Zhuo., et al	2020	776 members of general public	Cross-sectional research	55% of respondents support euthanasia, 38% of them are neutral toward euthanasia, 7% object to euthanasia, and 82% support legalization of euthanasia	<ol style="list-style-type: none"> <li>Age</li> <li>Gender</li> <li>Education level</li> <li>Status of health</li> </ol>



# Summary of Findings

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The physicians in East Asia generally object to active euthanasia but support passive euthanasia

Patients in different countries have different attitudes toward passive euthanasia.

Male is more positive about euthanasia than female.

There is a growing tendency in East Asia that the general public prefers active euthanasia than passive euthanasia.

The relief of family's burden is a common reason for the patients in East Asia to prefer euthanasia.

Religious beliefs have a significant association with people's negative attitude toward active euthanasia.

# Discussion

The physicians in East Asia generally object to active euthanasia but support passive euthanasia

Active euthanasia is generally illegal in East Asia

Patients in different countries have different attitudes toward passive euthanasia.

Different countries have different systems of health insurance

There is a growing tendency in East Asia that the general public prefers active euthanasia than passive euthanasia.

The awareness of existential suffering is increasing in the general public

The relief of family's burden is a common reason for the patients in East Asia to prefer euthanasia.

Confucian culture in East Asia emphasizes on the family value

Religious beliefs have a significant association with people's negative attitude toward active euthanasia.

The religions in East Asia encourage people to treasure human life and discourage people from giving their lives up

# Limitations

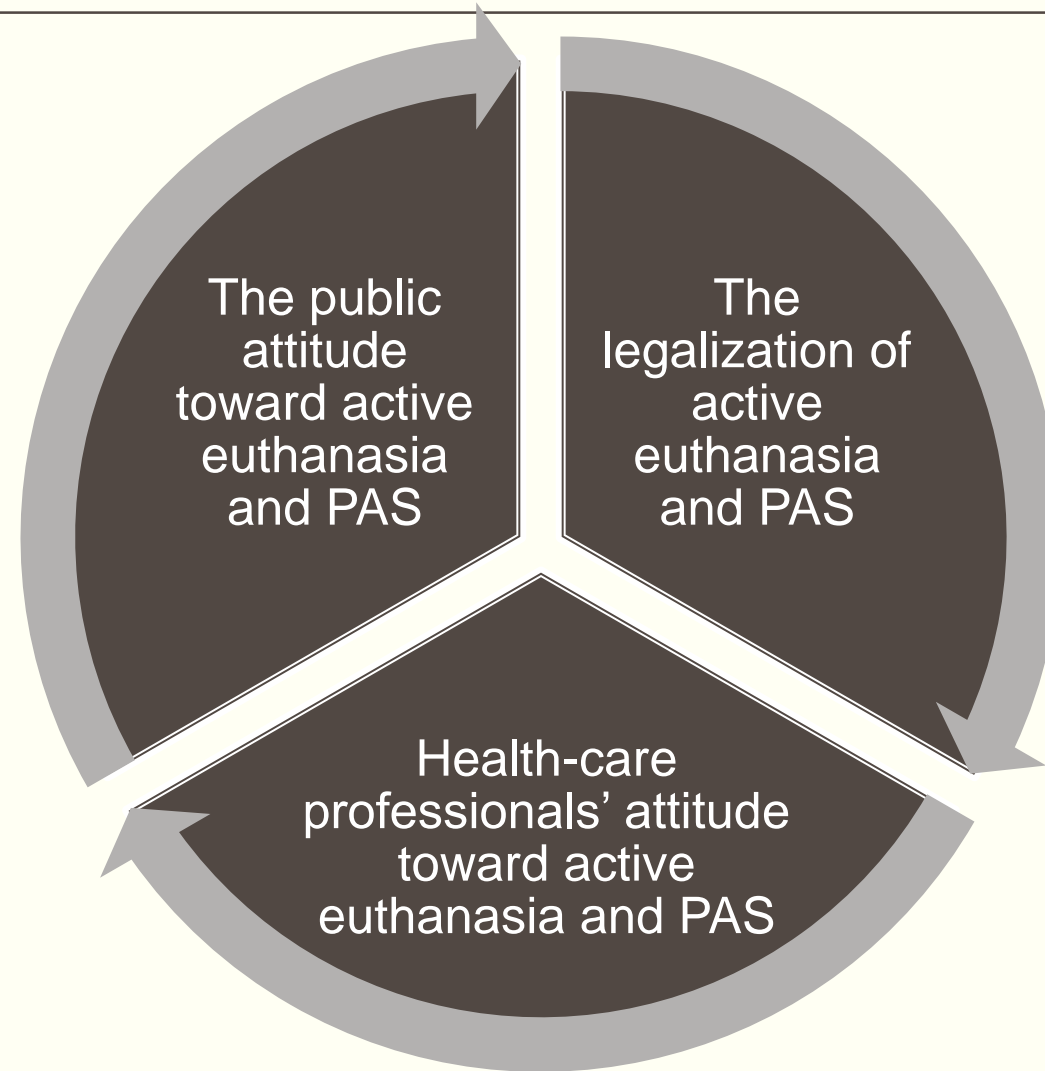
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1. The literature about euthanasia in Other East Asian regions influenced by Confucian culture is worth review, such as Singapore, Taiwan and Vietnam.
2. The recent post-2020s literature about euthanasia in Japan is unavailable for English readers.
3. The distinction between active euthanasia and passive euthanasia is not always clear in the literature.



# Conclusion

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*Thank you!*