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Chair of Behavioural Economics and Psychology

**Behavioural Aspects that further or
hinder widespread acceptance of
Euthanasia in the population**

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Introduction

Euthanasia – or physician assisted suicide – is the controversial topic which encompasses a medical action undergone to alleviate one’s suffering by ending their life. There are many dimensions which affect the opinions, appliance, and issuance of Euthanasia, which remain heavily debated throughout the world. The widespread views on Euthanasia are debated in correlation with the moral, ethical, legal, and political problems¹ that can come about, many of which stating that foregoing such procedures is unjust. Quite a few terminologies can be enclosed in the definition of Euthanasia, also leading to more confusion surrounding the acceptance of such methods. The assessment of the acceptance or denial of Euthanasia will be seen colligated to the definition of a patient being provided with the means to end their life if they are in a situation by which it is futile and agonising to instead continue to live.

Topical discussions of the adoption of Euthanasia have increased in recent years, with combatting views in many countries, highlighting the importance in understanding why such conclusions are reached. The continuing emergence of debates surrounding this topic facilitate a social and political emergency, enhancing its importance in modern society. The topical ethical issues surrounding the debate of the ‘right to life’ and the ‘right to die’ have split many populations in terms of opinions. Although such a topic is not often put into use even when made legal as there are many processes that must be undergone for someone to be eligible, it continues to be one of the reasons creating a divide in opinions in populations.

The association provided of Euthanasia with behavioural economics allows for insights into the barriers and drivers that affect behaviour and in turn decisions made. The influences of behavioural economics are varied among many principles of psychology in connection with economics, allowing for a broader range of insights, showing that an answer is not concrete but rather dependent on several variables. Such variables affect people in different ways, with biases and different heuristics latching onto individual experiences and influences. A heavily revisited element is the rationality or rather irrationality that people are subject to, affecting their ability to make decisions by themselves, and instead basing themselves on others. The frame of mind that one holds in correlation to the acceptance or denial of Euthanasia relies heavily on influences of living situations or cognitive convictions,

¹ DVK CHAO, NY CHAN, WY CHAN; Euthanasia Revisited, 2002, Pages 128-134

which in turn carry different onsets in bias. Regarding euthanasia through the eyes of behavioural economics allows one to understand all the different factors that happen subconsciously in one's mind when coming to a decision and implementing one's beliefs. It is essential to comprehend that a person does not only rely on themselves but rather can be influenced by others² as well as influenced by habits which do not share any rhyme or reason with the actual issue. Allowing the assessment of the behavioural aspects is paramount in the comprehension of the influences shared in the application of euthanasia amongst different populations.

To obtain a full understanding of how behavioural aspects can further or hinder acceptance of euthanasia in populations, the first chapter touches on the connections that can be made between these two fields. Going into detail on various forms of behavioural aspects that allow one to understand why it is that people behave the way they do allows for an insight into the widespread opinions of euthanasia. The second chapter analyses, in depth, how social influences, in connection with behavioural aspects, can impact a person's decision in their wish for the application of physician-assisted suicide or not. This will be done in colligation with case studies on specific European countries to gain a better understanding of differing social standings and how these can alter decision-making within seemingly similar countries. Lastly, the third and final chapter highlights, the importance of wording in relation to these fields is assessed, showing that how a situation, question or analysis is presented has a great effect on outcomes. These three chapters aim to give a clear and concise understanding as to the relationship between the study of behavioural economics and the pertinent discussions of euthanasia.

Chapter 1: How Euthanasia can be connected to Behavioural Economics

The debate surrounding Euthanasia has been in circulation since ancient Greek and Roman times, however, it has been subject to more serious consideration since the 19th century³, growing in connection with more experimentation in medicinal advances. With the

² DAWNAY, EMMA; Behavioural Economics: seven principles and their application to the Saving Gateway, 2005

³ EMANUEL, E J; The history of euthanasia debates in the United States and Britain, 1994

developments in economics and the formation of behavioural economics in the 20th century⁴, a clearer background as to why Euthanasia maintains to be an important topic is seen.

Behavioural economics forms a path to understand why people undergo certain decisions, what affects their decision-making and how their views can be influenced. In such a sense, behavioural economics and the psychology behind decision-making is pivotal in understanding the formation of Euthanasia laws in different countries. It is important to maintain, in this retrospect, that public policy and how it can influence people's behaviour is one of the core elements in relation to this field. As Euthanasia is decided based on laws, which are decided by the government and its politicians, the influences that can be projected onto people's behaviours are extremely important in achieving desired outcomes. Behavioural Economics as such allows both for outsiders to understand why certain forms of behaviour are undergone, as well as allowing those in charge to mould policy outcomes.

Behavioural Economics latches on well to the idea of euthanasia, as it provides an assessment of all the hidden barriers or pushes that incentivise people to make decisions. The understanding that comes about through behavioural economics is that people, even though they are thought to be, are not the masters of their own decision making but rather are influenced by a variety of predispositions. There are many biases which are present in the field of behavioural economics, enhancing the belief that there is a strong connection between such biases and the acceptance or denial of euthanasia. The impacts that the analytical aspects of behaviour have on beliefs and decision-making are widely influenced in extremely debated topics, euthanasia being one of them.

1.1 Public Policy

There is a high prevalence of the assessment that public policy has on behavioural aspects of the population, where influencing people's behaviour is essential in reaching wanted outcomes. This can be assessed through the 'MINDSPACE' framework⁵, which is an acronym fortified to demonstrate various influences that can be held on one's behaviour and was made so one can fight against such irrational biases. This framework⁶ presented by the

⁴ ORRELL, DAVID; Behavioural Economics: Psychology, neuroscience, and the human side of economics, 2021

⁵ DOLAN PAUL, HALLSWORTH MICHAEL, HALPERN DAVID, KING DOMINIC, VLAEV IVO; MINDSPACE: Influencing behaviour through public policy, 2009

⁶ Ibid.

Cabinet's Office of the government of the United Kingdom shows the often-used influences that are undergone by policy makers when creating new policies, which most times impact the way in which people make decisions. The influences presented are normative, in the way that they are easily hidden by policy makers, allowing for most people to be oblivious to the fact that they are making a decision, which is not absolutely their own, but rather has been shaped by other aspects. The acronym provides an insight as to the determinants in such cases, those being '*messenger, incentives, norms, defaults, salience, priming, affect, commitments, ego*'⁷. Such a 'checklist' gives way to the many ways in which public policy makers and officials can word things to control and sway the opinions of people. Seeing that the government itself has become weary of the fact that it is, in a sense, controlling people, this information has become public for the creation of individuality to be expressed. This, however, does not change the non-coercive influential aspects that policymakers put forth, as most people still do not realise that they are unwittingly being coerced into making a decision that is not wholly theirs. The often-subtle changes that are made in relation to decision making can impact people greatly, allowing public policy to thrive in the hands of those in charge. This can be viewed in connection with the word 'nudging' presented by Thaler and Sunstein⁸, as a way in which people's attitudes towards things are changed without significant impact. Once again, the idea that human beings are influenced by others and outside factors in small ways which can lead them astray in their decision-making processes. Such people that hold the ability of influencing others are referred to as 'choice architects'⁹, where shaping the contexts in which people are presented with decisions is the main way in which they can be influential on the outcome.

Regarding the information received, it is clear to see how such behavioural aspects can be regulated to alter the adoption of euthanasia through policies. The impacts that people in positions of power, whether this be only at a slightly higher level than the average person does not matter as they are more influential, can thus be seen as detrimental in the opinions on euthanasia.

⁷ DOLAN PAUL, HALLSWORTH MICHAEL, HALPERN DAVID, KING DOMINIC, VLAEV IVO; MINDSPACE: Influencing behaviour through public policy, 2009

⁸ THALER RICHARD H., SUNSTEIN CASS R.; Nudge: Improving Decisions About Health, Wealth, and Happiness, 2008

⁹ HANSEN PELLE GULDBORG, JESPERSEN ANDREAS MAALØE; Nudge and the Manipulation of Choice: A Framework for the Responsible Use of Nudge Approach to Behaviour Change in Public Policy, 2013

1.1.1 Case Study

The influential aspects of policies can be regarded briefly through a case study assessing ethics policies on euthanasia in nursing homes¹⁰, whereby the rarity of euthanasia occurring did not hinder the creation of policies in the case that euthanasia be requested. The country that was assessed in this case was Belgium, which became the second European country to pursue the creation of laws on euthanasia. It was seen that there are many aspects which lead to the development of policies made about euthanasia, one of the most important of which being the act on Euthanasia and euthanasia guidelines put forth by professional organisations¹¹ which led to the creation of ethics policies, by the majority (76% and 56%). Through the creation of such policies in bigger organisations, an influence is held over smaller organisations, such as nursing homes, to be able to create a dialogue between patients wanting to receive physician-assisted suicide. The law on Euthanasia in Belgium was created in 2002, the following figure¹² assesses the prevalence of ethics policies enacted within nursing homes after this fact.

¹⁰ LEMIENGRE JOKE, DIERCKX DE CASTERLW BERNADETTE, VERBEKE GEERT, VAN CREAN KATLEEN, SCHOTSMANS PAUL, GASTMANS CHRIS; Ethics policies on euthanasia in nursing homes: A survey in Flanders, Belgium, 2008

¹¹ Ibid.

¹² LEMIENGRE JOKE, DIERCKX DE CASTERLW BERNADETTE, VERBEKE GEERT, VAN CREAN KATLEEN, SCHOTSMANS PAUL, GASTMANS CHRIS; Ethics policies on euthanasia in nursing homes: A survey in Flanders, Belgium, 2008

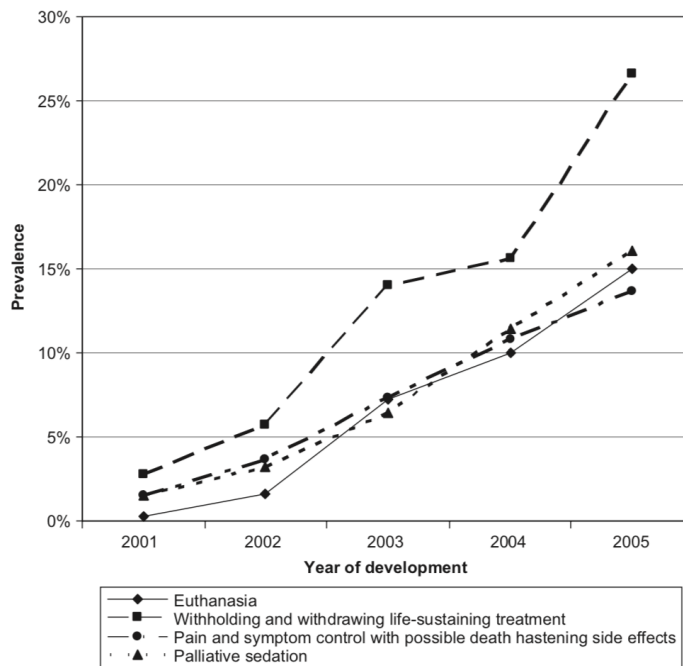


Fig. 1. Evolution of written ethics policies on euthanasia and other medical end-of-life decisions ($n = 612$). *Data based on self-report of nursing home directors.

1.2 Cognitive Biases

An important assessment to be made in the colligation between the adoption of euthanasia and why such adoptions or denials take place are the cognitive biases that are pre-existent within people. There are several different cognitive biases which impact people in their decision-making and can push them to undertake an action which from an outside perspective may not be entirely rational. A cognitive bias is a subconscious form that arises when put in a situation where one needs to decide, it is the brains way of taking previously accumulated information and using it to simplify an outcome to an inquiry. In such a sense one can see why it is important to regard these biases as they do not require a lot of mental effort while at the same time being largely influential. Cognitive biases can be regarded as errors¹³ which can be quite difficult to control or change as one does not tend to realise when they are happening. The processes by which human beings make decisions and form opinions are impacted by heuristic strategies¹⁴ which are known as the ‘short-cuts’ that people undergo based on their reliance of what they have been influenced to believe. Such heuristics

¹³ BERTHET, VINCENT; The Impact of Cognitive Biases on Professionals’ Decision-Making: A Review of Four Occupational Areas, 2022

¹⁴ BLUMENTHAL-BARBY J.S, KRIEGER HEATHER; Cognitive Biases and Heuristics in Medical Decision Making: A Critical Review Using a Systematic Search Strategy, 2014

and biases come hand in hand with forms of irrationality, and may lead to a decision being made, which itself is not ideal but believed to be so.

The significance of cognitive biases within both medical fields as well as law-making fields hold to its strong connection with the influences it shares on Euthanasia. Such biases can be persistent in the medical fields when regarding patients¹⁵ and their immediate family, where a simple news article or even conversation with someone can impact their choice on whether to agree with the undergoing of euthanasia. Similarly, cognitive biases remain to be extremely relevant in the field of law-making, as judges cannot be regarded as having no bias, they are human and as such can be influenced by a variety of factors. Irrationality and cognitive biases are strongly correlated and can be seen in the walks of life which are to be related to the field of euthanasia, impacting the decisional factors taken into consideration in its accessibility. The assimilations by which individuals undergo processes of decision-making regarding physician-assisted suicide can be negatively impacted as people tend to seek confirmatory information rather than persevere to find correct information, swaying their opinion. The adoption of practices of euthanasia and thence its worldwide acceptance in populations is heavily related to the different types of cognitive biases that are present, delving into these being an essential element of understanding how views can be so easily thwarted.

1.2.1 Confirmation Bias

The confirmation bias enhances the idea that pre-existing beliefs¹⁶ impact what people believe to be true and so impact how one reaches a conclusion. In this sense it is understood that it forms the base of the misunderstandings and disputes¹⁷ that happen among people. Confirmation bias has many roots but each of these enable information which validates one's prior beliefs, leading to less engagement with views that may be different or challenging. Interpreting evidence to support existing beliefs¹⁸ rather than engaging in information that could further go against such beliefs and give a different perspective, shows

¹⁵ BERTHET, VINCENT; The Impact of Cognitive Biases on Professionals' Decision-Making: A Review of Four Occupational Areas, 2022

¹⁶ KASSIN SAUL M., DROR ITIEL E., KUKUCKA JEFF; The Forensic confirmation bias: Problems, perspectives, and proposed solutions, 2013

¹⁷ NICKERSON R. S.; Confirmation Bias: A ubiquitous phenomenon in many guises, 1998

¹⁸ ORRELL DAVID; Behavioural Economics: Psychology, neuroscience, and the human side of economics, 2021

the limitations of the confirmation bias and how it affects people. Such a bias is often pushed by one's desire for something, one's wish for it to be as easy as it seems rather than there being contradictory evidence that may prove one wrong.

Looking at confirmation bias, it is easy to see how this can affect people's opinions on the adoption of euthanasia. If someone has previously negative views on the topic, whether this be due to familial information or other inclinations, then this person will not choose to seek out information which will show why physician assisted suicide may have positive correlations. Going out of one's way to query opinions does not usually happen in the modern world, with the easier tone being to confirm one's original beliefs. Thus, confirmation bias often-times allows for misinformation to be spread, as more people tend to confirm their beliefs than look for contrary information. The misinformation spread through a confirmation bias can be seen in the falsified claims of neonatal euthanasia in the Netherlands¹⁹, where information about how many terminations of life of extremely ill newborn babies was grossly exaggerated. This gives way to show the negative impacts that confirmation bias can have on the acceptance of euthanasia, where if one already has a negative opinion, they will be presented with information, whether it be true or not, which will only enhance and fortify such opinions.

While regarding the negative aspects that can be connected to euthanasia and the confirmation bias, it is also important to illustrate that, positive cases of confirmation bias and euthanasia can also exist, however on a more limited scale. The positivity's seen in terms of confirmation bias for physician assisted suicide are seen on a more individual level, where people in a situation where they feel as though there is no other option other than death²⁰ will enhance their search into the positive aspects that come about with physician assisted suicide.

Confirmation bias can be seen as the behavioural aspect that fortifies the beliefs of people, most people already have their minds made up on most issues and such a bias will allow for these opinions to continue rather than be fought against.

¹⁹ FRANCIS NEIL; Neonatal deaths under Dutch Groningen Protocol very rare despite misinformation contagion, 2016

²⁰ VERHOEFSTADT MONICA, PARDON KOEN, AUDENAERT KURT, DELIENS LUC, MORTIER FREDDY, LIÉGEOIS AXEL, CHAMBAERE KENNETH; Why adults with psychiatric conditions request euthanasia: A qualitative interview study of life experiences, motives and preventive factors, 2021

1.2.2 Exposure Effect

Further assessing cognitive biases which can affect people's opinions and behaviour leads way to the exposure effect. The cognitive bias of exposure effect holds that one is more likely to accept an idea that one is continuously exposed to. This familiarity principle inscribes that people form a positive mindset²¹ to that which they are exposed to continuously and vice versa a negative one as well. Such an effect has grown more in popularity within the field of psychology, however, can also be related to behavioural economics and as such is important to analyse briefly in colligation with the acceptance of euthanasia.

When one is consistently exposed to the idea that a patient is in pain and the only way to alleviate such suffering is using euthanasia, it becomes a susceptible form of reasoning. Such a phenomenon can be critically viewed through the assessment of an article on the correlation between suicidal behaviours due to terminal diseases (i.e., AIDS) and the acquittal of euthanasia²². With the negative correlations surrounding most terminal diseases, especially AIDS in the late 20th century, patients tend to feel as though they are a social pariah finding no better solution than physician-assisted suicide to escape the gloom-ridden environment they have been exposed to. This case cannot be specifically assessed in today's day and age, however, it shows how the exposure effect can heavily influence one's decision-making. As well as this, the exposure effect must be looked at in connection to the laws in one's country. If one resides in a country where euthanasia is deemed legal, then one will generally not be opposed to it, therefore also adding that if one is exposed to negative views in one's country where allowance has not been permitted, then acceptability of such medical procedures will be difficult to achieve.

1.3 Decision-Making Biases

There is a strong correlation held between cognitive biases and decision-making, with the one influencing the other, however through delving deeper it is imperative to notice that decision-making contains its own biases. Furthering on from the idea of cognitive biases,

²¹ HARMON-JONES EDDIE, ALLEN JOHN J. B.; *The Role of Affect in the Mere Exposure Effect: Evidence from Psychophysiological and Individual Differences Approaches*, 2001

²² STARACE FABRIZIO, SHERR LORRAINE; *Suicidal behaviours, euthanasia and AIDS*, 1998, pg. 339-347

exists the correspondence that this has on decision-making and the individual biases and heuristics that can be contained within this. Such heuristics and biases are that which simplify the end goal of a decision, allowing for one to reach the outcome that comes easiest and nearest²³. Biases and heuristics, like the cognitive ones, have an influence on the way in which things are decided, containing a gross impact on whichever decision is to be made.

Regarding this it can once again be made clear how this holds authority over the decision in retrospect to the acceptance or hinderance of euthanasia. Euthanasia, being a sensitive subject itself, can have different negative or positive connotations with different people depending on the situation in which they are put. Such influences have been made clear in a publishing by the British journal of psychiatry, giving the example of Swedish jurors who were in favour of euthanasia depending on the context and on previously attained biases²⁴.

1.3.1 Availability Heuristic

The availability heuristic maintains to be one of the most important biases within behavioural economics, as it is based on that which is available. This heuristic enables one to enact a decision using pieces of information or experiences which are easily available rather than those which are the most viable option²⁵. Such information, whether it contain negative or positive aspects is used by a person as it is the information that does not require any effort and thence can be called upon freely. Any person is more likely to take the action that requires less strain, whether that be physical or mental, and this is reflected in the availability heuristic. Such a form of heuristics leads to the immediate reaction of a person to convey what is deemed to be correct, in many cases stereotypes²⁶ are conveyed through this. When information is made available that euthanasia is inhumane and must remain illegal due to several mentioned negative aspects a person is made more readily available to trust such things as he has not seen anything of the contrary. It can become extremely acceptable for one to oppose or favour euthanasia based on the experiences that have been had, even if those do not seem to be entirely connected to the ideas of physician assisted suicide. Such

²³ HERBERT A. SIMON; Rational Decision Making in Business Organizations, 1979

²⁴ SJÖBERG R.L., LINDHOLM T; Decision-making and euthanasia, 2018

²⁵ TVERSKY AMOS, KAHNEMAN DANIEL; Availability: A heuristic for judging frequency and probability, 1973

²⁶ BELL D; Manner of Death and Willingness to Nullify in a Euthanasia Case, 2017

ideas have been presented by Shane Sharp²⁷ in reference to people witnessing physical healings when thought to be presented with no other option. Experiences such as these, whether they be first-hand or from an outsider view, can be extremely influential when made available to people. Allowing for one to be presented with such information impacts the brain function of decision-making as it can be hard for someone to try and go against information that has been made available and which seems to be the truth and best option. Another aspect of the availability heuristic is the connection to frequency²⁸ of which associations can be recalled, where a greater importance is placed on that which is overrepresented in one's memory.

1.3.2 Anchoring Heuristic

In relation to this one can see the importance of the anchoring bias heuristic, which maintains the primacy effect²⁹, where people tend to remember and place more importance on primary information received rather than that which comes along after. In such a way the anchoring heuristic can be seen as that which lends a person with the bias of focusing on one piece of information that has been gathered instead of considering other options. The anchoring heuristic creates a bias which can be seen as difficult to overcome as it lends to people ignoring other information which does not seem pertinent to what they have anchored – i.e., believed to be true – in their assessment of a situation. Anchoring can lead to a jump for a quick decision, having negative connotations³⁰ as it may blur the lines of what should be considered with that which comes to hand quicker. Such a heuristic can be colligated to the acceptance of euthanasia in the fact that, once again, it tends to override an individualistic opinion with the consideration of all information.

1.3.3 Representativeness

One of the most important, as well as irrational, elements of decision making is the heuristic and bias of representativeness, which encompasses one's decision-making through

²⁷ SHARP SHANE; Witnessing and Experiencing Miraculous Healings and Attitudes Toward Physician-Assisted Suicide, 2019

²⁸ TVERSKY AMOS, KAHNEMAN DANIEL; Availability: A heuristic for judging frequency and probability, 1973

²⁹ TVERSKY AMOS, KAHNEMAN DANIEL; Judgment under Uncertainty: Heuristics and Biases, 1974

³⁰ WHELEHAN DALE F., CONLON KEVIN C., RIDGWAY PAUL F.; Medicine and heuristics: cognitive biases and medical decision-making, 2020

the similarities shared with existing information. The shortcut of representativeness impacts the way in which one thinks, by relying on old information in correlation with new information. A strong connection is seen with categorization, or also prototype theory³¹, in which most people categorise people or things into groups and assess new-come information based on the groups created, impacting decision-making heavily through the idea of stereotypes. The representativeness bias often leads to certain things being overlooked³², which could be an important aspect in the decision-making process. If one feels that opinions, which have been shared near oneself, are representative of the actuality of the fact, then such a bias hinders any new comings which could sway opinions. Euthanasia, when represented in a negative light, will remain to be seen as such through this bias.

Chapter 2: How social influences affect the views on Euthanasia

The idea of euthanasia and physician-assisted suicide contains many connotations with it, which are usually dependent on views which are shared in one's surroundings. People, in their beliefs, are extremely susceptible to social influences, mainly depending on other people to make up their mind and be a part of a group. Many individuals rely on others and on those views to maintain a good relationship amongst a group and to conform³³ to the standards that are present in one's environment. It is a factor of society that people tend to have an incessant need to feel as though they are part of a group, pushing them to follow along blindly to be accepted, rather than maintain individuality and have the fear of getting ostracised. The idea of social influence is that it influences a person's behaviour through an origin that has started from an opinion of another, oftentimes leading to a distorted view of actuality. It must be stressed that people in themselves are extremely social, revealing that it is in their nature to tend to heavily rely on others, making it extremely difficult to break away from such influences. Such a behavioural aspect is very difficult to get rid of, as in most cases

³¹ OSHERSON DANIEL N., SMITH EDWARD E.; On the adequacy of prototype theory as a theory of concepts, 1981

³² HOWARD JOHNATHAN; Cognitive Errors and Diagnostic Mistakes: A Case-Based Guide to Critical Thinking in Medicine, 2019

³³ JACQUET PIERRE O., WYART VALENTIN, DESANTIS ANDREA, HSU YI-FANG, GRANJON LIONEL, SERGENT CLAIRE, WASZAK FLORIAN; Human susceptibility to social influence and its neural correlates are related to perceived vulnerability to extrinsic morbidity risks, 2018

people are always surrounded by others and adapt to the values and beliefs which hold different groups together.

Regarding this, it can be noted that people's views about euthanasia – or physician-assisted suicide – can be thwarted depending on the environment that they are in and the people that they are surrounded by. This lends way to the belief that the behavioural aspects shared by some people or groups in influential positions can have a deep impact on the views of people in their social circles.

2.1 Religious Beliefs

Religion is an extremely important part of many people's lives, with about 85% of the world's population in the world identifying with a religion³⁴. In this sense it is easy to say that many people hold themselves in conformity with the views that their religion holds (an example being that Christianity and Buddhism holds a big fight against the acceptance of euthanasia³⁵). Behavioural aspects shared by people are often influenced by the religion which they follow, where religion dictates one's way to live and act many times. The social influence of religion continues to be prominent in the modern world³⁶, influencing the behaviour of people that come under such influence.

Many religions do not favour the acceptance of euthanasia, this is not to say that some denotations³⁷ of religion do not accept it as it is also dependent on the type of religion followed. It is fair to state that religion has an impact on those which follow it, thence if a religion abstains from the belief in the acceptance of euthanasia, many if not most of its followers will disregard it as a viable option themselves. Understanding that the influence of religions on people is pushing them to maintain certain attitudes becomes an underlying identifier in societies³⁸ allowing for people to be grouped together. A prominent factor in the influential nature of religion is trust³⁹, whereby one is more likely to blindly follow one's religion as they have built a foundation which makes one feel safe and lends to trustworthiness. Thus, it can be attained that behavioural economics and religious beliefs

³⁴ WORLDPOPULATIONREVIEW; Religion by Country 2022

³⁵ PERRET W ROY; Buddhism, euthanasia and the sanctity of life, 1996

³⁶ FAM KIM SHYAN, WALLER DAVID S., ERDOGAN B. ZAFER; The influence of religion on attitudes towards the advertising of controversial products, 2004

³⁷ BELL DANIEL; Manner of Death and Willingness to Nullify in a Euthanasia Case

³⁸ HOFFMAN ROBERT; The Experimental Economics of Religion, 2013

³⁹ HOFFMAN ROBERT; The Experimental Economics of Religion, 2013

come hand in hand and as such, with many religions sharing strong opinions about euthanasia and physician-assisted suicide, that these can be intertwined with the acceptance or hinderance of euthanasia within populations.

Euthanasia has been widely rejected by many of the most followed religions⁴⁰, forming the view that it is innately wrong for one to perform an act by which he or she is actively killing someone. Such views lead to the connotation that religious beliefs play a role in the hinderance of the acceptance of euthanasia throughout world populations.

2.1.1 Measures that make us less attentive to our religious beliefs

Having analysed the impact that religious beliefs can have on people and their behaviour, it is essential to assess if there are any changes in aptitudes and surroundings, which can thwart such beliefs. There are several measures that can be seen in today's day and age, which can impact the maintenance of all the principles of one's chosen or born into religion. The change that the world has seen into one which relies heavily on social media and influential presences, such as celebrities or even online personalities can heavily alter one's religious beliefs. As mentioned, it can be seen as a quintessential aspect that people and their behaviour are influenced quite easily, and with the growth of celebrity presences a new form of power has been created. The nature of 'governance' that such people hold over the general population can have great consequences on one's beliefs as people tend to feel a connection to those they look up to, lending to the idea that what these people preach and believe in should be considered the right course of action. This can be seen as coming hand in hand with the growth of materialism, which most if not all forms of social media promote. Another measure that should be considered is the broadening of acceptance towards those who were once seen as outcasts by most western religions, in relation to the 'LGBTQ+' community or even recent abortion rights activists. In general, it is one's environment that shapes oneself and so if one is surrounded by groups that fight for the acceptance of choice, this can be seen as becoming an assertive idea that will tend to rule over most aspects of life. The measures that tend to lessen religious beliefs, in many cases give way to impacts that allow for one to be more open and susceptible to controversial ideas, amongst this

⁴⁰ GROVE GRAHAM; Perspectives of Major World Religions regarding Euthanasia and Assisted Suicide: A Comparative Analysis, 2022

euthanasia. It must be assessed that often it is that which makes one fight against boundaries that have been taught and set in place, that creates a path towards more general acceptance.

2.1.2 Conformity

An important aspect of religious beliefs is the conformity that comes along with it, where if one is a 'serious' follower of a religion with harsh views, such views will be followed and perpetuated. Following a religion, can be regarded as coming hand in hand with the formation of a community. A community of like-minded people is often born from those who choose to believe in a certain religion, giving a sense of duty⁴¹ to those within one's community. Being a part of such groups can create a reliance upon others, presenting the feeling of 'owing'⁴² something to one's fellow believers. This strengthens the idea that conformity comes from religiosity, as it foregoes the need for fairness, favouring internalised commitments⁴³ which one is trusted to always respect. The contextual analysis remains to be that religion moulds social behaviour⁴⁴ in fields of general interest⁴⁵ perpetuating the view that it holds a great strength over the population. The idea of individuality seems to be lost in this prospect, where it is difficult to break from such ideologies that are shared by the people one surrounds oneself with. The already highly discussed and obscured views of euthanasia are thus influenced by such collective beliefs and values⁴⁶, which maintain to be an intrinsic aspect of every human that is difficult to let go of. This leads to the adherence of the acceptance of euthanasia, with little malleability in views to be found. Such perpetuation of conformity amongst individuals who are the followers of a religion can be enhanced and seen in the behavioural aspects of herd behaviour. Herd behaviour, as suggested by its name, denotes to the behaviour by which people stick to making decisions with the group in which they are defined. People choose to follow others⁴⁷ instead of thinking for themselves and diverging from the main group beliefs, thence, making decisions which they may not make by themselves but are undergoing simply due to the 'herd' they are surrounded by. Similarly, the aspect of groupthink, whereby one follows along with the crowd and acts as others,

⁴¹ SIDGWICK H.; *The Ethics of Religious Conformity*, 1896

⁴² *Ibid.*

⁴³ WELCH MICHAEL R., TITTLE CHARLES R., GRASMICK HAROLD G.; *Christian Religiosity, Self-Control and Social Conformity*, 2006

⁴⁴ STARK RODNEY; *Sociological Analysis* Vol. 45, No. 4, 1984, pg. 273-282

⁴⁵ *Ibid.*

⁴⁶ MONTEIRO FILIPE; *Beliefs, Values and Morals: The Philosophical Underpinnings of Dysthanasia*, 2016

⁴⁷ MORONE ANDRE, SAMANIDOU ELENI; *A simple note on herd behaviour*, 2008

because it would cause more ‘pain’ to not do so can be correlated to conformity. Loyalty⁴⁸ amongst groups is seen as that which influences people’s behaviour in the acceptance of disputable issues, such as euthanasia. Groupthink seems to thrive in situations of feelings of solidarity⁴⁹ with others, with the main aim being maintaining a stable relationship with others from the group. Lastly, a behavioural aspect that can be connected deeply to the idea of religion and conformity is the bandwagon effect, by which people follow along with opinions that are influential⁵⁰ to them and so believed to be right. Once again, people rely on those opinions which are the strongest amongst their peers, lending them to follow along with the crowd. The idea of conformity in relation to religious beliefs has an extremely secure and persistent effect in the furtherance or hinderance of socially acceptable ideas which may not be in line with the status-quo, lending the way to the strong connection that this holds with euthanasia.

2.2 Moral Beliefs

Despite religion being an important factor in the behavioural acceptance of euthanasia, it maintains to be an issue fighting against moral principles. There are many ethical dilemmas which can also arise in the question of acceptance of physician-assisted suicide. The acceptance of euthanasia in confrontation with moral beliefs leads to the problem of having a choice to make, where often, one may not know which choice is morally correct. Often the choice is made which aligns with the views and beliefs of one’s surroundings. Societies often judge those who seem to oppose the general moral values instead of blindly following along with others, which gives reason as to why there is a maintenance of beliefs within a group, with few people daring to go against the grain. The morals and ethics which are existent within societies are based on social norms and cultural practices which have been present for a great duration of time.

2.2.1 Social Comparison Theory

A connection to be maintained in the relation between moral beliefs and euthanasia is the social comparison theory, giving way to the idea that people make decisions and from

⁴⁸ ROSE JAMES D.; *Diverse Perspectives on the Groupthink Theory – A Literary Review*, 2011

⁴⁹ JANIS IRVING; *Groupthink*, 1991

⁵⁰ SCHMITT-BECK RÜDIGER; *Bandwagon Effect*, 2015

opinions through their comparison⁵¹ with others. This theory suggests that once again, the means through which one acts and makes decisions is contra dependent on the behaviour of others, edging away forms of individualism. The comparative analysis through which people assess the opinions and decisions which they tend to lean towards and make can be strongly correlated with the judgments placed on the concept of euthanasia. Whether one compares oneself to people that they look up to, which can be seen as most common, or to people in their immediate surroundings to fit in, the attitude towards physician-assisted suicide will be of great variation. This holds a great connection with the idea of general moral views alongside agreed upon forms of ethical conduct, where going against the grain of these is not often seen.

2.2.2 Status-quo Bias

Similarly, the status quo bias that is inherent in behavioural economics contributes towards a maintenance of moral beliefs which often push away from the acceptance of euthanasia. Such a bias leads to one sticking with what they know, sticking with the status quo, to limit any deterrence from what one is used to⁵². This can also be seen as the act of doing nothing, most people are too cowardly to risk uncertainty and thence choose to stay with what they know and follow the belief system that they have been taught. The advantages or disadvantaged of the acceptance of euthanasia are thus dependent on what the status quo is, allowing for the view that such a behavioural aspect makes it more difficult for euthanasia to be considered as a viable and good option by populations.

2.3 Case Studies

It is important to assess case studies of different countries that have been analysed in response to the topic of euthanasia. This gives the opportunity to show how social influences within a chosen number of countries can have a wide array of diversified opinions and allows for an insight into different perspectives. The countries that have been considered in this case are all countries which are Member States of the European Union, showing the scope of influences amongst countries which are close in proximity but hold different ideals.

⁵¹ PLOUS SCOTT; *The Psychology of Judgement and Decision Making*, 1993

⁵² ORRELL DAVID; *BEHAVIOURAL ECONOMICS: Psychology, neuroscience and the human side of economics*, 2021

Analytically identifying the different drivers that can lead to the acceptance or hinderance of physician assisted suicide is quintessential in understanding the controversial topic of euthanasia and why it has been so climactic in dividing countries based on medical views.

2.3.1 Austria

Assessing Austria deems to be important as it is the country which has most recently seen to be in favour of assisted suicide. As of 2022, it was put forth that adults (minors are strictly excluded), which are terminally ill can draw up a 'death will' that will allow them to terminate their suffering⁵³. The decisions to undergo this treatment have been specified as needing to be personal, where any person who is permanently seriously ill or suffering a terminal medical condition is entitled to undergo it, while needing to be capable of making decisions on his or her own.

Adhering to the idea of social influences a certain anomaly is presented when regarding the Austrian case, as it is a very religious country. First, a case study looking at factors associated with the rejection of active euthanasia⁵⁴ is assessed to analyse what this means for the acceptance of euthanasia. It must be referenced that this study is older and so does not take more recent factors in consideration, however through this article it is made clear that the majority of the Austrian population is vying for the acceptance of euthanasia. The research study uses statistical analysis with a variety of different variables, amongst which the political orientation and socio-cultural ideologies are identified, where these could be extremely correlated to social influences that have been seen previously, i.e., hypothesising that taking into consideration that someone more liberal is more open and willing to accept such applications of medical treatments. The conclusions of this study show that one's surroundings affect one's views on active voluntary euthanasia as these entail cognitive convictions.

The assessment of the acceptance of euthanasia has been ratified through a further study assessing the determinants of acceptance of end-of-life-interventions⁵⁵. Looking at the questioning of withdrawal of life-prolonging treatment and euthanasia and seeing how

⁵³ORF; Beihilfe zu Suicid ab 2022 neu geregelt <https://orf.at/stories/3233892/>, 2021, Accessed May 20th

⁵⁴STRONEGGER WILLIBALD J., BURKERT NATHALIE T., GROSSSCHÄDL FRANZISKA, FREIDL WOLFGANG; Factors associated with the rejection of active euthanasia: a survey among the general public in Austria, 2013

⁵⁵STOLZ ERWIN, GROSSCHÄDL FRANZISKA, MAYERL HANNES, RÁSKY ÉVA, FREIDL WOLFGANG; Determinants of acceptance of end-of-life interventions: a comparison between withdrawing life-prolonging treatment and euthanasia in Austria, 2015

different indicators and variables can affect these. The following table⁵⁶ was formed after an assessment of random sampling of Austrian household with citizens over the age of 18.

Table 1 Sample characteristics and descriptive statistics

	Sample characteristics	Approval			χ^2 p-value
		None	WLPT only	EUT (and WLPT)	
Categorical Variables	N (%)	%	%	%	
Total sample	1,578 (100.0)	22.6	23.1	54.3	-
Gender					
Male	739 (46.8)	19.8	21.7	58.6	0.004
Female	839 (53.2)	25.0	24.4	50.5	
Education					
Compulsory school	206 (13.1)	33.0	19.4	47.6	<0.001
Apprentice/vocational	940 (59.6)	22.9	21.2	56.0	
High school diploma	232 (14.7)	22.4	25.4	52.2	
University	200 (12.7)	10.5	33.5	56.0	
Confession					
Catholic	1,157 (73.3)	25.2	24.3	50.6	<0.001
Protestant	66 (4.2)	15.2	34.8	50.0	
Muslim	45 (2.9)	40.0	15.6	44.4	
Other	38 (2.4)	13.2	28.9	57.9	
No Confession	272 (17.2)	11.8	15.8	72.4	
Household size					
Single	563 (35.7)	20.4	22.9	56.7	0.072
Dual	569 (36.1)	23.2	20.7	56.1	
3+ Persons	446 (28.3)	24.3	26.5	49.1	
Cared for ill					
No	1,091 (69.1)	23.3	20.7	56.0	0.003
Yes	487 (30.9)	20.9	28.5	50.5	
Cared for dying					
No	1,111 (70.4)	23.8	20.5	55.7	<0.001
Yes	467 (29.6)	19.7	29.3	51.0	
Occupation health sector					
No	1,495 (94.7)	22.7	22.5	54.8	0.060
Yes	83 83 (5.3)	20.5	33.7	45.8	
Continuous variables	N (mean \pm sd)	mean (sd)	mean (sd)	mean (sd)	anova p-values
Age (years)	1,578 (49.7 \pm 16.3)	50.1 (17.3)	51.0 (15.7)	49.0 (16.1)	0.450/0.270
Subjective Health (1–5)	1,578 (2.04 \pm 0.88)	2.13 (0.84)	2.03 (0.87)	2.02 (0.90)	0.131/0.048
Religiosity (1–4)	1,578 (2.70 \pm 0.89)	2.48 (0.97)	2.52 (0.82)	2.88 (0.85)	0.590/<0.001
Liberalism (1–4)	1,578 (2.22 \pm 0.73)	2.57 (0.91)	2.09 (0.61)	2.15 (0.69)	<0.001/<0.001

Unweighted data. WLPT = withdrawing life-prolonging treatment, EUT = euthanasia. Reference category = non-acceptance of both WLPT and EUT. The first anova p-value refers to WLPT only, the second to EUT (and WLPT) in comparison to the reference category non-acceptance of both WLPT and EUT. Differences to 100 % per row are due to rounding

This table gives way to show that people without religious affiliations were more accepting of both the withdrawal of life-prolonging treatment and euthanasia, showing the social influence of religion and how it can affect people's decision-making. As well as this those with more liberal views, as hypothesised beforehand, were seen to be accept both in a

⁵⁶ STOLZ ERWIN, GROSSCHÄDL FRANZISKA, MAYERL HANNES, RÁSKY ÉVA, FREIDL WOLFGANG; Determinants of acceptance of end-of-life interventions: a comparison between withdrawing life-prolonging treatment and euthanasia in Austria, 2015

higher percentage as well. Lastly, another social influence that should be taken into consideration in this case study is the level of education, where it was reasoned that those with lower levels of education seemed to be more rejecting of both ideas, while those with high-ranking seemed to portray the opposite.

The analysis of Austria in relation to the widespread acceptance of euthanasia – or physician-assisted suicide – leads way to show that there are a handful of social influences which affect the behaviour of people, where decision-making is influenced by one's surroundings and upbringings, and even by close and personal connections to such a topic.

2.3.2 The Netherlands

Looking at the Netherland is of importance as it was the first European country to allow active voluntary euthanasia, having passed the law in 2001. The case study that will be analysed in this case is the determinants of end-of-life attitudes⁵⁷, considering different perspectives on both euthanasia and suicide and how these are influenced. It is made clear that suicide and euthanasia cannot be considered on the same plane as they are extremely different, and the analysis of this case study will be focusing on the findings of euthanasia. The social circumstances that are influential in the widespread acceptance of euthanasia within the population of the Netherlands will be regarded. The case study analysed refers to the inter-connectivity between social and moral norms as often coming from certain religious as well as cultural views, which in turn are expressed through the political and legal systems deciding upon euthanasia laws. Once again, it has been assessed that with a decline in religious beliefs, there comes an incline of the acceptability of euthanasia, showing the strong interchangeability that these hold. Another aspect that is delved into as regards the attitudes towards euthanasia is the progression in the use of social media which can easily shape individuals. The social conformity that is created through online platforms have grown in popularity and so also have grown in the influential state that it has, and thus if there have been positive affirmations towards euthanasia on such platforms, in turn people have grown to be more susceptible to the idea of physician-assisted suicide. This case study goes to show that the Netherlands seems to have always been a more open country in senses of accepting to undergo different laws which might lead to opposing views but in essence further choice

⁵⁷ PROULX DAMON, SAVAGE DAVID A.; What Determines End-of-Life Attitudes? Revisiting the Dutch Experience, 2020

amongst its population. The widespread acceptance of euthanasia in this country has grown through the years due to the change and formation of new social values, allowing old views of euthanasia to be replaced by newer and more accepting ones.

2.3.3 Italy

Lastly, taking Italy into account as one of the case studies to look at pulls together the ideas of social influence, as it is an extremely religious country (with around 70% being catholic) with the heart of the Vatican church presiding in its walls. It is a very common theme to use such a predominant social influence in the assessment of arguments for and against euthanasia. The continuing prospect of being a member of a church in relation to the hinderance or acceptance of euthanasia prevails in this country as well, with those being less religious voicing their view on their ‘right to die’⁵⁸. Along with this the idea of a growth in individuality is put forth, where people are breaking free of their presumed roles in society and becoming more autonomous, thus managing to break free of the restrictive social influences that urge them to deny the enabling of euthanasia. It is found that those who are in favour of allowing physician-assisted suicide to be made legal are more likely than not young people who are following the shift towards a more modern world. Statistical methods were used to understand the views on euthanasia amongst students in Italy, taking a group of people who are seemingly more susceptible and open to this idea and showing their differences through their connection with religiosity. The table shown as ‘Table 5.1’⁵⁹ (not regarding the elements referring to abortion) lends to a favourable view on euthanasia, where students agreed with the views allowing euthanasia and went against those forbidding it.

⁵⁸ ZIEBERTZ HANS-GEORG, ZACCARIA FRANCESCO; *Euthanasia, Abortion, Death Penalty and Religion – The Right to Life and its Limitations*, 2019

⁵⁹ *Ibid.*

Table 5.1 Number of respondents (N), means and standard deviations of items about attitudes towards abortion and euthanasia among all students in descending order of average agreement

	N	Mean	s.d.
<i>Abortion</i>			
2. Abortion should be permitted in case of rape.	1085	3.77	1.14
5. Abortion should be permitted when the woman's own health is seriously endangered by the pregnancy.	1082	3.76	1.00
3. Abortion should be permitted in case of incest.	1085	3.35	1.18
4. Abortion should be permitted when there is a strong chance of serious defect in the baby.	1087	3.34	1.27
7. Abortion should be permitted when the woman cannot afford any more children psychologically.	1087	2.65	1.27
1. Abortion should be prohibited in all circumstances because it terminates human life at its beginning.	1087	2.63	1.30
6. Abortion should be permitted when the woman cannot afford any more children economically.	1083	2.58	1.24
<i>Euthanasia</i>			
10. Euthanasia should be permitted in the case of unbearable and irreversible suffering.	1086	3.95	1.01
9. Euthanasia should be permitted in the case of unbearable and irreversible suffering, if palliative care is exhausted.	1083	3.87	1.05
8. Euthanasia should be prohibited in all circumstances.	1087	2.36	1.16

Interpretations of means: 1.00–1.79: total disagreement; 1.80–2.59: disagreement; 2.60–2.99: negative ambivalence; 3.00–3.39: positive ambivalence; 3.40–4.19: agreement; 4.20–5.00: full agreement

To understand whether any social influences were involved, the reference to ‘Table 5.4’⁶⁰ is used (once again disregarding the data shown for abortion), showing the students’ affiliations with religion on four different levels. The table inferred that those with non-religious affiliations supported euthanasia significantly, however, even the other groups responded in a positive light towards euthanasia. This gives clear reference to the duality present within Italy, where a divide of social influences can be seen to be persistent. On the one hand, religion seems to push people to certain views, whilst on the other hand, the modernity and liberty that comes with being a student in this modern day and age pushes people in the opposite direction. It seems to be up to the individual to decide with which social influences he follows along with. The clear push and pull shows how social influences are changing along with the world, influencing peoples in different and new ways.

⁶⁰ ZIEBERTZ HANS-GEORG, ZACCARIA FRANCESCO; *Euthanasia, Abortion, Death Penalty and Religion – The Right to Life and its Limitations*, 2019

Table 5.4 Levels of agreement (mean and standard deviation) with regard to *attitudes towards abortion and euthanasia* for Catholic churchgoers, Catholic non-churchgoers, generally religious and non-religious students; and comparison of means between groups of respondents (Scheffé's tests)

	N	mean	s.d.	Cath. non-churchgoers	Generally religious	Non- religious
<i>Abortion: violence and health reasons</i>						
Cath. churchgoers	335	3.31	.89			**
Cath. non-churchgoers	427	3.43	.91			**
Generally religious	100	3.59	.99			*
Non-religious	225	3.96	.80	**	*	
<i>Abortion: psycho-economic reasons</i>						
Cath. churchgoers	335	2.42	1.08			**
Cath. non-churchgoers	427	2.54	1.07			**
Generally religious	100	2.77	1.24			
Non-religious	225	3.02	1.26	**		
<i>Euthanasia</i>						
Cath. churchgoers	335	3.66	.90			**
Cath. non-churchgoers	427	3.73	.85			**
Generally religious	100	3.96	.76			
Non-religious	225	4.15	.75	**		

Interpretations of means: 1.00–1.79: total disagreement; 1.80–2.59: disagreement; 2.60–2.99: negative ambivalence; 3.00–3.39: positive ambivalence; 3.40–4.19: agreement; 4.20–5.00: full agreement

Intergroup differences are significant at $p < .01$ (**) or $p < .05$ level (*)

Scheffé's tests: *Abortion: violence and health reasons* (F-value: 26.76; sign. <.000); *Abortion: psycho-economic reasons* (F-value: 14.15; sign. <.000); *Euthanasia* (F-value: 19.90; sign. <.000)

Chapter 3: The views on Euthanasia can be affected by how the Questions are raised

The context and wording regarding questions can have a great impact on the views that people hold and the decisions that they choose to make. Often subtle changes can greatly impact a person's answer⁶¹ which can allow those in power to filter questions to suit their own opinions and values. It has been noted that people often respond extremely differently to two questionnaires which hold the same context but have been jumbled up a bit or where words have been changed, showing the fragility of the mind and the influential aspects that words can hold.

There are many aspects within the scope of behavioural economics that give way to the idea of malleability in people's decision-making, the influential aspects persistent through questions raised about euthanasia being prominent. Euthanasia, and its ethical dilemma, has many behavioural aspects that can shape its outcome within populations, where wording and

⁶¹ PLOUS SCOTT; *The Psychology of Judgement and Decision Making*, pg. 64

the structures of questions can be a big part of this. Referencing ‘Table 5.1’⁶² from chapter 2, such wording of questions can clearly be assessed, in referral to ‘*euthanasia should be permitted [...]*’ and ‘*euthanasia should be prohibited [...]*’ where simple negative or positive connotations can change someone’s answer and affect their views on the topic.

3.1 Plasticity

The idea of plasticity seems to encompass the general idea of the impacts of wording within the field of behavioural economics. Plasticity is seen as that which infers to the way in which people can be easily shaped or moulded through separate influences. It must be referred to that plasticity changes in strength depending on the individual that is assessed. When a respondent to a questionnaire is well versed in the topic being discussed, then it is less likely that a strong form of plasticity will be inherent⁶³. Likewise, if a respondent knows near to nothing of what he is asked about, then a high level of plasticity can be assessed which can deeply impact his decision-making. This can be correlated to the phenomena of pseudo-opinions, where if one does not know something about a topic but a question does not filter a response that can be adequate to his knowledge, then it is more likely than not that a person will answer on false premises. This complete plasticity in opinion can deeply affect political affairs, as someone with a low level of awareness could damage the outcome of polls through the social pressures felt to answer. This prospect highlights the importance of how a question is raised to the general public – i.e., will it allow for someone with little to no knowledge of the topic to respond diversely or will one have to give a pseudo-opinion.

The idea of plasticity in this sense deeply related to the outcome of euthanasia policies, as a large variety of people are depended on. In most cases the knowledge that people have of physician-assisted suicide is not considered, allowing for more people with less apprehension to give an opinion.

3.1.1 Attribute Substitution Heuristic

It should be briefly mentioned that the idea of plasticity seems to umbrella the behavioural aspect of attribute substitution, also known as the substitution bias. Such a bias

⁶² ZIEBERTZ HANS-GEORG, ZACCARIA FRANCESCO; *Euthanasia, Abortion, Death Penalty and Religion – The Right to Life and its Limitations*, 2019

⁶³ PLOUS SCOTT; *The Psychology of Judgement and Decision Making*, 1993

occurs when one is lent a decision that is found to be compound, and so instead a substitute is found that will make more sense and allow for a more simplistic answer. This heuristic bias that a person divulges in without knowledge of the fact is correlated to the answers that are given in response to questions raised. If one were to attain a visually complex question about euthanasia, then it is likely that a person, without extensive knowledge on the subject, will change the outcome of their answer based on the substitutions made in one's head.

This incurs with the idea of inconsistency in the behavioural field. Once again, an inconsistency in a subject's behaviour can be assessed depending on how questions are raised to him or her, making it extremely difficult to assess what one's opinion truly is. As seen, people are easily influenced without realising, and as such it is easy to create an attitude inconsistency in relation to the topic of euthanasia, which either hinders or benefits towards the acceptance of it.

3.2 Framing

When analysing how answers can be affected by how the questions are raised, it is essential to assess the framing effect, whereby it is referenced that information can be framed in a way which will affect decision-making. The framing effect relates to the classical debate of the 'glass half full versus the glass half empty', showing how a simply change in words can have either positive or negative connotations and so impact one's view on the ideas presented. Tversky and Kahneman gave reference to such a notion, stating that framing will lead to "*the decision-maker's conception of the acts, outcomes, and contingencies associated with a particular choice*"⁶⁴ making it evident that a simple change in a question can alter one's opinion greatly.

Relating the framing effect to the acceptance of euthanasia throughout the populations is extremely evident as most people view euthanasia differently, alluding to the idea that if different people are given different framing techniques, then their outcomes will be diverse. Such an idea was analysed in an article⁶⁵, which looked at how people could be swayed in their decisions about a controversial topic based on which question they were asked. The participants chosen in this study were chosen at random, and were presented with different details of a terminally ill patient, after this they were then asked about whether the

⁶⁴ PLOUS SCOTT; *The Psychology of Judgement and Decision Making*, 1993

⁶⁵ GAMLIEL EYAL; *To end life or not to prolong life: The effect of message framing on attitudes toward euthanasia*, 2012

patients wish of euthanasia should be allowed, where half were given positive framing and the other negative.

Table 1. Descriptive statistics of the attitudes toward passive euthanasia and PAS euthanasia according to the framing conditions (positive and negative).

Case	Framing ^a	<i>M</i>	<i>SD</i>	Mean difference ^b
Passive euthanasia	Positive	2.48	1.76	0.16
	Negative	2.76	1.84	
PAS euthanasia	Positive	2.93	1.84	0.32
	Negative	3.56	2.07	

PAS: physician-assisted suicide; *SD*: standard deviation.

The preferences were measured on a 7-point scale; lower values represent more support for euthanasia.

^a*N* = 115 for the positive condition and *N* = 100 for the negative condition.

^bIn pooled-within *SD* units.

‘Table 1’⁶⁶ gives an insight as to how the framing affected people’s decisions regarding both passive euthanasia and physician-assisted suicide. The correlation that can be seen shows that positive framing has led to a higher support of both forms of euthanasia. This gives clear findings as to how framing can alter one’s decision-making, showing that the framing effect can have a big impact on the view of acceptability of euthanasia.

It is important to now assess the use of the word’s euthanasia and physician-assisted suicide which have been used interchangeably throughout this analysis. In ‘Table 1’ they are used as different forms of euthanasia, to impact subjects even more, whereas they have been replaced for each other throughout this analysis. This is important in relation to the framing effect as it was the aim to consider the least amount of bias possible, simply showing overall views and acceptability of euthanasia through behavioural economics aspects.

The choice of illustrative examples of positive or negative connotations on euthanasia can have a deep-seeded impact on the acceptability of it, and thus the framing effect can be considered as one of the core elements of behavioural economics in relation to this assessment.

Conclusion

The assessment of behavioural aspects that further or hinder widespread acceptance of euthanasia in populations has shown that there are many elements which go into the

⁶⁶ GAMLIEL EYAL; To end life or not to prolong life: The effect of message framing on attitudes toward euthanasia, 2012

decision-making process. Delving into all these elements insinuating that, while the debate on euthanasia is not specifically recent, the advances in behavioural economics have pushed for elements that show how individual ideas on this topic may not be so individual after all. The behavioural aspects that have been regarded analytically prove that the influences which are brought about through pre-determined biases, social surroundings, and even questioning independently activate separate reactions as to whether euthanasia should be considered an acceptable practice. It is deemed that through modern developments it has become increasingly difficult to separate oneself from such pre-imposed biases and influences, alluding to a continuous loop in which one alters his decision-making process based on these respectively. Although it can be argued that the modern day and age has allowed for a more liberal view, leading to the acceptance of physician-assisted suicide, this can simply be seen as another influence which can push people into the direction of acceptance.

The scrutiny of behavioural economics in relation to the acceptance of euthanasia has shed light onto why people make certain decisions, exposing the complex aspects of decision-making. The idea of bounded rationality heavily relates to this, whereby one makes a decision, not based on the best possible outcome that it will give but solely on what is deemed good enough and so satisfying the simplistic nature of people. People are simplistic in their nature and will choose that option which is the least difficult, which requires the least strenuous mental or physical capacities and that which they have been taught.

The association that has been made between euthanasia and behavioural economics has all but proved that this topic will remain heavily debated and will continue to see changes in peripheries through the changes in influences.

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Riassunto in Italiano

Introduzione

L'eutanasia è un argomento controverso che comprende un'azione medica intrapresa per alleviare le sofferenze di una persona ponendo fine alla sua vita. Ci sono molti dibattiti sull'accettazione dell'eutanasia, che si manifestano insieme a problemi morali, etici, legali e politici. L'eutanasia suscita opinioni diverse in molti Paesi, per cui è estremamente importante capire come si arriva a tali opinioni diverse e con quali pretese. Il collegamento tra l'eutanasia e il tema dell'economia comportamentale permette di vedere come le diverse barriere e i fattori possano influenzare il comportamento e il processo decisionale. Ciò dimostra che nessuna decisione è semplice, ma dipende piuttosto da una serie di fattori diversi. Esistono molti pregiudizi ed euristiche che possono agganciarsi a esperienze e influenze individuali. Un elemento estremamente visibile è l'irrazionalità a cui le persone sono soggette, che spesso le porta a perdere la propria individualità. Considerando che diversi fattori influenzano inconsciamente le persone nel processo decisionale, è possibile valutare la comprensione delle influenze condivise nell'applicazione dell'eutanasia.

Il primo capitolo analizza la relazione tra l'economia comportamentale e l'eutanasia e si sofferma sul modo in cui è possibile stabilire dei collegamenti tra queste due realtà. In questo modo si capirà perché le persone si comportano nel modo in cui si comportano quando si tratta di prendere decisioni. Il secondo capitolo analizza il modo in cui le influenze sociali, in riferimento agli aspetti comportamentali, possono avere un forte impatto su una decisione, con l'utilizzo di casi di studio. Infine, il terzo capitolo mostra l'importanza della formulazione, dimostrando che il modo in cui viene presentata una situazione o una domanda ha un impatto permanente sul risultato. L'obiettivo è quello di fornire una chiara comprensione del rapporto tra economia comportamentale e accettazione dell'eutanasia.

Capitolo 1: Come l'eutanasia può essere collegata a 'Behavioural Economics'

Il dibattito sul tema dell'eutanasia esiste da secoli, ma è stato fortemente rivisitato nel XIX secolo con i progressi compiuti in campo medico. Questo, in connessione con la crescita e la formazione dell'economia comportamentale, ha permesso di avere una visione più chiara del perché l'eutanasia sia così fortemente dibattuta. Il campo dell'economia comportamentale permette di capire perché le persone tendono a prendere certe decisioni e come queste

possano essere influenzate, il che porta a ritenere che sia estremamente importante nella valutazione delle leggi sull'eutanasia e del perché vengano promulgate o meno. Tutte le barriere nascoste o le spinte a cui non si pensa quando si prende una decisione sono mostrate attraverso l'economia comportamentale, che evidenzia chiaramente come le persone non prendano le proprie decisioni, ma siano invece pesantemente influenzate.

Politica pubblica

Poiché l'eutanasia viene decisa in base alle leggi di ciascun Paese, l'aspetto delle politiche pubbliche ha un forte legame e deve essere considerato. Si è spesso visto che le politiche pubbliche svolgono un ruolo importante nell'influenzare il comportamento delle persone per raggiungere i risultati desiderati. Ciò è stato dimostrato da un quadro presentato dal governo britannico: il quadro MINDSPACE, un acronimo che mostra una serie di influenze utilizzate da chi detiene il potere. La maggior parte delle persone non si rende conto di essere costretta a prendere una decisione che non è pienamente sua, e quindi anche piccoli cambiamenti apparentemente insignificanti possono avere un grande impatto, considerato come la definizione di "nudging". È chiaro che gli aspetti comportamentali possono essere regolati per modificare l'adozione dell'eutanasia attraverso le politiche pubbliche.

Studio di caso

Questo può essere brevemente valutato attraverso un caso di studio sulle politiche etiche nelle case di cura, intrapreso in Belgio (che è stato il secondo Paese europeo a promulgare leggi sull'eutanasia). Si è visto che attraverso la creazione di politiche sull'eutanasia in organizzazioni più grandi, le organizzazioni più piccole sono più facilmente influenzabili.

Pregiudizi Cognitivi

I pregiudizi cognitivi sono forme inconscie che si manifestano quando si è messi in una situazione decisionale, in cui il cervello prende le informazioni già in suo possesso e le collega alla decisione che deve essere presa. Questo dimostra l'irrazionalità che si verifica quando una situazione viene semplificata attraverso questi pregiudizi, che sono difficili da controllare o da cambiare perché le persone non si rendono conto che si stanno verificando. Ciò mostra una forte correlazione con le leggi sull'eutanasia, poiché tali pregiudizi sono

presenti nella maggior parte degli aspetti della vita quotidiana, anche in campo medico, politico e legislativo. Le informazioni sull'eutanasia possono essere facilmente influenzate, poiché le persone tendono a seguire i loro pregiudizi cognitivi invece di cercare informazioni più ampie o nuove per soddisfare la loro opinione.

'Confirmation bias'

Il primo pregiudizio che è importante esaminare è il pregiudizio di conferma, che dimostra che le credenze preesistenti hanno un impatto su ciò che le persone credono sia vero, consentendo che si verifichino molti fraintendimenti. Il bias di conferma impedisce alle persone di cercare informazioni che potrebbero andare contro le loro concezioni precedenti, il che tende a portare a limitazioni estreme nel processo decisionale. Questo può essere collegato all'eutanasia in quanto, se qualcuno ha opinioni negative sull'argomento, è estremamente probabile che cerchi di trovare informazioni che gli diano torto. In questo modo si facilita la diffusione della disinformazione, in cui le persone continuano a permettere che le opinioni che sono correlate alle loro abbiano luogo, invece di guardare al quadro generale. Il pregiudizio di conferma può anche essere visto come positivo quando si guarda all'eutanasia, ma di solito è meno probabile e molto personale.

'Exposure Effect'

È fondamentale considerare l'effetto dell'esposizione, secondo il quale le persone sono più propense ad accettare un'idea o ad essere d'accordo con le informazioni a cui sono continuamente esposte. Questo è noto come principio di familiarità: più le persone hanno familiarità con qualcosa, grazie a una maggiore esposizione, più è probabile che la credano vera. Questo effetto può essere valutato attraverso un articolo sugli aiuti e le credenze sull'eutanasia: se le persone credono che non ci sia altra via d'uscita dal dolore e dalla sofferenza se non quella di sottoporsi all'eutanasia, crederanno che questo sia vero e valuteranno l'eutanasia in una luce positiva. Inoltre, se si risiede in un Paese in cui l'eutanasia è legale o illegale, l'esposizione a tali convinzioni da parte della popolazione influenzerà le proprie convinzioni.

Pregiudizi Decisionali

I pregiudizi decisionali sostengono che ci sono pregiudizi individuali contenuti nell'idea del processo decisionale, che ancora una volta semplificano l'obiettivo finale di una decisione. Questo vale per le decisioni prese in merito all'accettazione dell'eutanasia, dove persone diverse reagiscono in modi opposti a seconda della situazione in cui si trovano.

'Availability heuristic'

La prima valutazione da fare è l'euristica della disponibilità, che guarda alle informazioni rese disponibili. Le informazioni, che abbiano una connotazione positiva o negativa, rese facilmente disponibili hanno maggiori probabilità di essere considerate da qualcuno, in quanto non comportano alcuno sforzo. Questa euristica può essere vista in relazione agli stereotipi, che si perpetuano facilmente perché sono facilmente disponibili alle persone. Pertanto, l'eutanasia è fortemente connessa a questa euristica, in quanto è comprensibile che una persona si opponga o sia favorevole all'eutanasia sulla base di esperienze e informazioni che le sono state date e che non ha cercato. È difficile che qualcuno cerchi informazioni contrarie a ciò che gli è stato insegnato o mostrato, creando spesso falsi pretesti su cosa sia effettivamente l'eutanasia.

'Anchoring heuristic'

L'euristica dell'ancoraggio si manifesta con l'effetto primacy, in cui le persone danno maggiore importanza alle informazioni primarie ricevute. Questo dà l'impressione che una persona si concentri su un'unica informazione, invece di permettere l'esame di più fonti. Questo può creare un problema in relazione al processo decisionale, poiché quando una persona ha ancorato una convinzione nella propria mente, tende a basare le proprie decisioni solo su quella. L'euristica dell'ancoraggio può portare a connotazioni negative o positive riguardo all'eutanasia, confondendo i confini tra i fatti che dovrebbero essere considerati. Questo va contro l'opinione individualistica che si dovrebbe creare sull'argomento.

'Representativeness'

La rappresentatività è essenziale per quanto riguarda i pregiudizi decisionali, in quanto è il modo in cui il cervello utilizza le informazioni in relazione alle somiglianze che esse condividono con le conoscenze acquisite in precedenza. Se un elemento della propria visione è rappresentato in una nuova informazione, è più probabile che si risponda positivamente a

tale informazione. La rappresentazione va di pari passo con la categorizzazione e la teoria dei prototipi, in cui le persone categorizzano le idee sulla base di informazioni preesistenti, rendendo difficile superare le opinioni sull'eutanasia.

Capitolo 2: Come le influenze sociali influenzano le opinioni sull'eutanasia

Le persone sono estremamente suscettibili alle influenze sociali quando si tratta delle loro convinzioni, dove la maggior parte tende a fare affidamento sugli altri per prendere decisioni. Questo avviene di solito per mantenere i rapporti con le persone e una buona posizione all'interno della popolazione, poiché la società conferisce l'idea di far parte di un gruppo. Le influenze sociali passano attraverso molte persone e possono portare a una visione distorta di un argomento, il che dimostra come le opinioni sull'accettazione dell'eutanasia possano essere facilmente modificate a seconda dell'ambiente in cui ci si trova.

Credenze religiose

La religione è una delle più grandi e importanti influenze sociali, poiché molte persone si identificano con una religione e quindi gli aspetti comportamentali delle persone sono influenzati dalla religione che seguono. Molte religioni non sono d'accordo con l'idea dell'eutanasia e quindi molti, se non la maggior parte, dei loro seguaci seguiranno questa stessa visione.

Misure che ci rendono meno attenti alle nostre credenze religiose

Dato che la religione gioca un ruolo importante nell'accettazione o meno dell'eutanasia da parte della popolazione, si dovrebbero valutare le misure che possono contrastare questo aspetto comportamentale. Nella nuova era moderna, la nascita dei social media ha avuto un forte impatto su queste opinioni, poiché le persone tendono a trovare modelli di riferimento online e a seguire ciò in cui credono. Un'altra misura da considerare è il passaggio a una società più liberale, in cui le persone tendono a essere più aperte e ad accettare idee controverse (es. LGBTQ+), attraverso cui l'eutanasia si batte perché promuove l'idea di scelta e libertà.

Conformità

D'altra parte, è importante valutare il conformismo quando si tratta di credenze religiose, poiché la creazione di una comunità dà l'idea della fiducia e del dovere reciproco. Il conformismo va contro il bisogno di equità, poiché spinge a privilegiare gli impegni interni alla propria religione rispetto ad altre cose. Questo può essere collegato all'idea di comportamento di branco, in quanto la religione esercita una forza sui suoi seguaci e li plasma tutti in un gruppo generale con gli stessi interessi. Le persone scelgono di seguire gli altri, hanno un sentimento di solidarietà con gli altri e seguono le credenze che li influenzano, mostrando una perdita di individualità. L'accettazione dell'eutanasia dipende quindi fortemente dai punti di vista di una certa religione, che saranno poi seguiti dalla sua comunità.

Credenze Morali

Oltre alla religione, anche i principi morali sono estremamente importanti in relazione all'accettazione dell'eutanasia. L'eutanasia offre una scelta alle persone, che devono decidere quale scelta considerare moralmente corretta. Ancora una volta, ciò dipende dal gruppo da cui si è circondati: ciò che tale gruppo considera eticamente corretto sarà a sua volta considerato tale dagli individui.

'Social Comparison Theory'

Le convinzioni morali e il loro impatto devono essere analizzati in relazione alla teoria del confronto sociale, che sostiene che le persone decidono in base al confronto con gli altri nelle loro immediate vicinanze. Questo crea una forte correlazione con le opinioni sull'eutanasia, dove l'atteggiamento nei suoi confronti dipende da chi viene confrontato.

'Status-quo Bias'

Questo può essere visto in relazione al pregiudizio dello status-quo, per cui le persone si attengono a ciò che sanno invece di andare controcorrente, per limitare qualsiasi deterrente da parte del "gruppo". Lo status-quo influenzerà quindi il modo in cui l'eutanasia viene vista dalle persone.

Casi di Studio

L'analisi dei casi di studio di tre diversi Paesi dell'Unione Europea è importante perché mostra come le influenze sociali all'interno di Paesi diversi possano avere esiti diversi.

L'analisi di questi Paesi mostra come luoghi vicini possano comunque avere opinioni estremamente diverse.

Austria

L'Austria è il Paese più recente che si è espresso a favore del suicidio assistito, dichiarando che a partire dal 2022 gli adulti potranno redigere un testamento biologico per porre fine alle proprie sofferenze. Lo studio di caso sull'Austria ha determinato che l'ambiente circostante influenza le opinioni sull'eutanasia attraverso le convinzioni cognitive. Inoltre, è stato dimostrato che le persone con affiliazioni religiose erano meno favorevoli all'eutanasia, mentre quelle con opinioni più liberali erano più accettate. È stato preso in considerazione anche il livello di istruzione delle persone, dove un livello di istruzione più elevato ha mostrato una percentuale maggiore di accettazione dell'eutanasia.

L'Olanda

I Paesi Bassi sono stati il primo Paese a consentire l'eutanasia, approvando la legge nel 2001. Anche in questo caso, il caso di studio fa riferimento a una connessione tra specifiche opinioni religiose e culturali che hanno un impatto sulle decisioni prese. Viene anche commentato il conformismo sociale creato dai social media, dimostrando che se i punti di vista positivi sono persistenti online, le persone saranno più facilmente disponibili ad accettare tali punti di vista.

Italia

L'ultimo caso di studio ha riguardato l'Italia, che commenta l'alta percentuale di persone con affiliazioni religiose, riflettendo sulle loro opinioni sull'eutanasia. Le persone meno religiose sono più propense a esprimere la loro opinione a favore dell'ammissione dell'eutanasia. Inoltre, è stata considerata l'età, dove i giovani sono più propensi ad accettare le implicazioni dell'eutanasia.

Capitolo 3: L'opinione sull'Eutanasia può essere influenzata dal modo in cui vengono poste le domande

Infine, è importante considerare che il contesto e la formulazione delle domande possono influenzare le opinioni delle persone. Gli studi hanno dimostrato che se si usa la

stessa domanda ma si confondono le parole, le persone rispondono in modo estremamente diverso. Semplici connotazioni negative o positive di una domanda possono cambiare completamente una risposta, mostrando la fragilità delle opinioni sull'eutanasia.

‘Plasticity’

La plasticità mostra l'impatto che possono avere i cambiamenti di formulazione, dando luce all'aspetto che le persone possono essere facilmente plasmate nelle loro risposte. La plasticità su un argomento può cambiare a seconda del grado di informazione del soggetto: se si è pienamente informati e si hanno meno pregiudizi comportamentali, la plasticità sarà minore e viceversa. Si osservano pseudo-opinioni, il che dimostra che quando una persona non ha una conoscenza completa di un argomento è probabile che risponda sulla base di false premesse invece di non rispondere. Questo può avere un grande impatto sugli affari politici, e quindi sull'eutanasia, poiché le persone che hanno una conoscenza limitata o nulla di qualcosa possono influenzare i risultati della creazione di politiche.

‘Attribute Substitution Heuristic’

L'euristica della sostituzione dell'attribuzione rientra in questa categoria, che può essere chiamata anche bias di sostituzione. Questo bias si verifica quando viene presentata una decisione troppo complessa da comprendere per il soggetto, che troverà quindi un sostituto per dare una risposta più semplicistica. Questo restringe il campo di gioco per l'accettazione dell'eutanasia, poiché la sua complessità viene annullata e quindi modificata. Questo porta a un'incoerenza nel modo in cui si risponde alle domande, consentendo all'eutanasia di trarre vantaggio o svantaggio.

‘Framing’

Un'importante correlazione con il modo in cui vengono poste le domande è l'effetto framing. Questo dimostra che le informazioni possono essere inquadrare in modo da influenzare l'esito delle decisioni delle persone. Questo fa riferimento a come un semplice cambiamento di parole possa influenzare l'idea che i decisori hanno degli atti e delle associazioni a un argomento specifico, e quindi anche all'eutanasia. La maggior parte delle persone vede l'eutanasia in modo diverso, e quindi se a queste persone viene posta individualmente una domanda in riferimento all'accettazione dell'eutanasia che è inquadrata

in modo diverso dalle altre, la loro opinione potrebbe essere influenzata. Inoltre, bisogna considerare il modo in cui ci si riferisce all'eutanasia, se viene semplicemente chiamata eutanasia o se le viene attribuito il nome di suicidio assistito da un medico: è dimostrato che tutti questi cambiamenti apparentemente insignificanti possono alterare le risposte in modo estremo.

Conclusione

L'associazione dell'eutanasia con gli aspetti comportamentali ha messo in luce i numerosi elementi che giocano dietro le quinte dei processi decisionali. L'economia comportamentale ha fornito l'informazione che i pregiudizi preesistenti, l'ambiente sociale e persino la formulazione di domande creano indipendentemente reazioni diverse sull'opportunità di ostacolare o meno l'accettazione dell'eutanasia. È stato dimostrato che è estremamente difficile per le persone liberarsi da tali pregiudizi, se non quasi impossibile, poiché sono tanti gli aspetti che influenzano il comportamento.