

Investigation into Attitudes towards Euthanasia among Chinese and Japanese: An Analysis of the 7th Wave of World Values Survey

Zijie Bai^{1,a,*}

¹School of Foreign Studies, China University of Petroleum, Qingdao, China

^a2117010303@s.upc.edu.cn

*Corresponding author

Abstract: *Despite the heated debates on euthanasia in recent years, the practice remains illegal in both China and Japan. This research investigates the attitudes of the general public towards euthanasia in these two countries by utilizing the dataset from the 7th wave of the World Values Survey (2017-2022). By analyzing the influence of various factors, including gender, age, highest educational level, and scale of incomes on respondents' attitudes, this study aims to contribute to the ongoing research on euthanasia in the context of China and Japan's aging populations. Moreover, the findings of this research may also contribute to policy discussions and ethical considerations surrounding euthanasia. By gaining a deeper understanding of the public's acceptance of euthanasia and its influencing factors, policymakers and ethicists can take into account the diverse perspectives of society, providing a basis for possible future legislation and ethical guidance.*

Keywords: Chinese; Japanese; Attitudes; Euthanasia; World Values Survey

1. Introduction

“Euthanasia,” derived from the Greek term meaning “good death,” is defined by the American Medical Association (2019) as “the administration of a lethal agent by another person to a patient to alleviate intolerable, incurable suffering”^[1]. The National Health Service (2023) distinguishes two types of euthanasia: voluntary and non-voluntary^[2]. Voluntary euthanasia refers to the intentional termination of a patient’s life with their explicit and voluntary request, while non-voluntary euthanasia occurs when a patient is unable to provide informed consent due to incapacity or incompetence.

In recent years, euthanasia has emerged as a contentious topic in both China and Japan. In 2022, a Chinese deputy to the 13th National People’s Congress proposed the legalization of euthanasia, which led to widespread public discussion and media coverage. The Japanese film *Plan 75*, which was released in June 2022, depicts a future Japan in which the government offers citizens over the age of 75 the choice of euthanasia in exchange for 100,000 Japanese yen. In early 2023, *The New York Times* reported that Yusuke Narita, a Japanese professor at Yale, suggested mass suicide and mandatory euthanasia of elderly residents as a solution to Japan’s aging population problem^[3].

Despite instances of its practice in recent years, euthanasia remains illegal in both countries. Therefore, this study aims to investigate the attitudes of Chinese and Japanese people towards euthanasia by analyzing the data from the 7th wave of the World Values Survey which was conducted between 2017 and 2022. Furthermore, this study will examine the influence of various factors, including gender, age, highest level of education, and scale of incomes, on the respondents’ attitudes towards euthanasia. By exploring these factors, this research seeks to understand how different demographic groups perceive euthanasia and whether their perspectives are influenced by their personal characteristics. This study may also provide insights into the potential challenges and obstacles that may arise in the event of legalizing euthanasia in these countries, allowing policymakers and stakeholders to make informed decisions on this sensitive issue.

2. Literature Review

This chapter reviews previous studies on the attitudes of Chinese and Japanese people towards

euthanasia, as well as on the factors influencing their attitudes towards euthanasia.

2.1. Previous Studies on Chinese Attitudes Towards Euthanasia

In their research, Guo et al. (2018) investigated 582 medical students at a college and found that 80.3% of respondents had a positive attitude towards euthanasia ^[4]. However, only 15.3% of respondents believed that legalization would occur within five years, while 19.3% believed that there would never be legal support for euthanasia. Similarly, Jia Yizhen (2019) noted in his research that while 76.3% of respondents had a positive attitude towards euthanasia, “many of them oppose legalization due to various concerns about the actual practice” ^[5].

At the same time, the results of previous studies demonstrate a downward trend in public endorsement of euthanasia. Wang Zhuo and Li Shasha (2020) found that an increasing number of medical professionals have opted to adopt a cautious and impartial stance regarding euthanasia due to numerous legal disputes ^[6]. In follow-up research, Wang and Li (2021) conducted face-to-face surveys and revealed that only 55.2% of respondents across the country expressed positive attitudes towards euthanasia ^[7]. This figure exhibited a lower level of support compared to the two aforementioned studies.

2.2. Previous Studies on Japanese Attitudes Towards Euthanasia

Asai et al. (1998) distributed postal questionnaires to 339 Japanese physicians and found that “more than 60% of the respondents thought that active euthanasia and assisted suicide were never ethically justified ^[8]”. In their subsequent research, Asai et al. (2001) conducted a survey among 366 doctors and 145 nurses at the Japanese Association of Palliative Medicine ^[9]. The study revealed that only approximately 20% to 25% of respondents exhibited positive attitudes towards voluntary euthanasia, and were prepared to engage in its practice if legal.

Kai (2009) noted that “many people tend to reject to establish a kind of an act or provision which makes ‘active euthanasia lawful’” ^[10]. His study found that Japanese people, driven by an underlying distrust of the medical profession, generally exhibited cautious attitudes towards euthanasia. Similarly, Kwon et al. (2015) in his research also stated that “Japanese respondents were more cautious about the issue of active euthanasia” ^[11]. These findings suggest that the Japanese public is hesitant to embrace legalizing active euthanasia.

2.3. Previous Studies on Factors Influencing Attitudes Towards Euthanasia

Generally, previous studies explored the factors influencing attitudes towards euthanasia by utilizing standard demographic categories in their survey data analysis. Jia Yizhen (2019) found that factors such as household registration place, household income, and occupation affect Chinese individuals’ attitudes towards euthanasia ^[5]. Wang Zhuo and Li Shasha (2021) observed that demographic variables including gender, ethnicity, and education level, had a significant impact on Chinese respondents’ attitudes towards euthanasia ^[7]. Qiu Renzong (1993) pointed out that the main objections against euthanasia were associated with psychological, ethical, social and medical factors. His study also attributed diversity of attitudes to economic, cultural, historical, political factors ^[12].

Unlike the studies mentioned in the paragraph above, Wang et al. (2022) conducted a comparative analysis of assisted suicide and euthanasia cases in the Netherlands and East Asia ^[13]. Their study highlighted that Confucianism significantly shaped people’s attitudes towards end-of-life decisions in East Asian countries. They revealed that Confucianism’s emphases on life, filial piety, interpersonal relations, and “ren” (humaneness) are influential factors that shape individuals’ attitudes towards euthanasia. For instance, people in East Asia generally oppose euthanasia out of “fear of being regarded as unfilial”. In addition, Confucianism views the family as the “fundamental unit” of society and emphasizes the importance of relationships. Consequently, death is perceived as a “family event” rather than an individual one. Moreover, Confucianism’s principle of “ren” puts a high value on the preservation of life, thus influencing physicians’ perception of medicine as “the art of humaneness”.

2.4. Summary

Previous studies have observed a downward trend in attitudes towards euthanasia, which appears to be at odds with the extensive media coverage on the topic. This discrepancy may be attributed to several factors, such as the influence of religious beliefs, cultural values, and the portrayal of euthanasia in the

media. Moreover, given the limited contemporary research on Japanese attitudes towards euthanasia, further studies are likely to encounter inconvenience. Additionally, several studies are confined to specific groups, such as physicians or medical students, which limits their generalizability due to non-random selection. These studies may not fully capture the diversity of opinions held by the general population.

To address these gaps, it is imperative to expand the research scope, increase the sample size, and verify the authenticity of the findings. By utilizing a large, comprehensive dataset, researchers can obtain a more accurate representation of the population's attitudes towards euthanasia. Therefore, this research will analyze the comprehensive dataset from the 7th wave of the World Values Survey, which includes a representative sample of the general population from China and Japan. This dataset will allow for a reliable and representative examination of the attitudes towards euthanasia in both countries. To ensure the accuracy and validity of the findings, this study will employ the use of SPSS Statistics 26, a widely-used statistical analysis software. By utilizing this tool, this research can conduct a thorough analysis of the data, taking into account various factors such as gender, age, highest level of education, and scale of incomes.

3. Methodology

This chapter mainly introduces the research questions, data sources, as well as data analysis procedures.

3.1. Research Questions

With the aim of investigating the attitudes of Chinese and Japanese people towards euthanasia, the study attempts to address the following research questions:

- (1) What are the attitudes of Chinese and Japanese individuals towards euthanasia?
- (2) What factors contribute to shaping their attitudes towards euthanasia?

To answer the first question, a survey instrument consisting of questions related to euthanasia attitudes and beliefs will be administered to a representative sample of Chinese and Japanese respondents. The data collected will be analyzed using descriptive statistics to determine the overall attitudes towards euthanasia in both countries. The second question will be addressed by employing a series of statistical tests, controlling for potential confounding variables such as gender, age, highest educational level, and scale of incomes.

3.2. Data Sources

The World Values Survey (WVS) is a world-wide comparative survey research project that investigates individuals' attitudes toward various subjects, including euthanasia. Initiated in 1981, the WVS has conducted regular surveys of representative samples in a growing number of countries. The latest 7th wave began in mid-2017 and concluded in 2021. Full methodological details can be found on the WVS website (www.worldvaluessurvey.org).

In the WVS, attitudes toward euthanasia were assessed using the question: "Please tell me for each of the following statements whether you think it can always be justified, never be justified, or something in between, using this card. Euthanasia?" Responses ranged from 1 = "Never justifiable" to 10 = "Always justifiable," with additional options for "Don't know" and "No answer." Although WVS surveys were conducted in over 90 countries, this study focused on two Asian countries, China and Japan, for comprehensive analysis due to their comparable backgrounds.

4. Results and Discussion

This chapter presents the distribution of responses, and examines the effect of different variables on Chinese and Japanese respondents' attitudes towards euthanasia.

4.1. Overview of Respondents' Attitudes Towards Euthanasia

Based on the data collected from the WVS website, a frequency distribution analysis is conducted in

order to examine the attitudes of respondents towards euthanasia. The findings are presented in Table 1. It is worth noting that the data are not normally distributed.

Table 1: Frequency Distribution of Respondents' Attitudes.

	Total	China	Japan
1 (Never justifiable)	1,439 (33.82%)	1,317 (43.64%)	122 (9.86%)
2	243 (5.71%)	188 (6.23%)	55 (4.45%)
3	213 (5.01%)	143 (4.74%)	70 (5.66%)
4	128 (3.01%)	94 (3.11%)	34 (2.75%)
5	579 (13.61%)	307 (10.17%)	272 (21.99%)
6	252 (5.92%)	170 (5.63%)	82 (6.63%)
7	256 (6.02%)	147 (4.87%)	109 (8.81%)
8	401 (9.42%)	206 (6.83%)	195 (15.76%)
9	195 (4.58%)	111 (3.68%)	84 (6.79%)
10 (Always justifiable)	549 (12.90%)	335 (11.10%)	214 (17.30%)
(N)	4,255 (100.00%)	3,018 (100.00%)	1,237 (100.00%)

Significantly, a majority of 1,317 Chinese respondents (43.64%) held a stance of "Never justifiable" regarding euthanasia. In comparison, only 122 Japanese respondents (9.86%) shared the same attitude. According to Zach (2018), Mann-Whitney U test is a widely used statistical technique to "compare the differences between two independent samples when the sample distributions are not normally distributed" [14]. With a view to examining if there is a difference in the attitudes of Chinese respondents compared to Japanese respondents, the Mann-Whitney U test is conducted with a .05 level of significance. The results are presented in Table 2.

Table 2: Mann-Whitney U Test for Two Groups.

	Q188- Justifiable: Euthanasia
Mann-Whitney U	1154720.500
Wilcoxon W	5710391.500
Z	-20.021
Asymp. Sig. (2-tailed)	.000
a. Grouping Variable: Country (1=China 2=Japan)	

Asymp. Sig. is an approximate p -value. Since the value is less than the significance of 0.05, the null hypothesis can be rejected. Therefore, it can be concluded that there is a statistically significant difference in the attitudes towards euthanasia between Chinese and Japanese respondents. Further analyses are conducted to identify the factors that contribute to shaping the respondents' attitudes towards euthanasia, and statistical techniques including Mann-Whitney U test and Kruskal-Wallis test are employed through the use of SPSS Statistics 26.

4.2. Analysis of the Effect of Different Variables

Given the significant difference in attitudes towards euthanasia between Chinese and Japanese respondents, this research delves deeper into the potential factors that may contribute to these differences through comprehensive statistical analyses.

4.2.1. Gender

The Mann-Whitney U test is applied to examine if there are differences in attitudes towards euthanasia between male and female groups. As is shown in the Table 3 below, the p -value of 0.002 is less than the significance level of 0.05. The results indicate that the gender variable has a statistically significant impact on the Chinese respondents' attitudes towards euthanasia.

Table 3: Mann-Whitney U Test Results by Gender of Chinese Respondents.

Mann-Whitney U	1056881.000
Wilcoxon W	2433851.000
Test Statistic	1056881.000
Standard Error	22762.178
Standardized Test Statistic	-3.093
Asymptotic Sig.(2-sided test)	.002

Similarly, the Mann-Whitney U test results by gender of Japanese respondents also reveal that the gender variable has a statistically significant impact on their attitudes towards euthanasia, as the p -value

is less than 0.05. The Table 4 presented below summarizes the test results.

Table 4: Mann-Whitney U Test Results by Gender of Japanese Respondents.

Mann-Whitney U	176255.000
Wilcoxon W	409841.000
Test Statistic	176255.000
Standard Error	6177.970
Standardized Test Statistic	-2.094
Asymptotic Sig.(2-sided test)	.036

4.2.2. Age

Table 5: Kruskal-Wallis Test by Age of Chinese Respondents.

Test Statistic	15.723a
Degree Of Freedom	2
Asymptotic Sig.(2-sided test)	.000
a. The test statistic is adjusted for ties.	

According to Zach (2019), a Kruskal-Wallis test is used to “determine whether or not there is a statistically significant difference between the medians of three or more independent groups”^[15]. This test serves as a non-parametric counterpart to the one-way ANOVA and is employed when the normal distribution assumption is not met. The results presented in the Table 5 show that the *p*-value is less than the significance level of 0.05. It can be concluded that the age variable has a statistically significant impact on the Chinese respondents’ attitudes towards euthanasia.

However, the Kruskal-Wallis Test by age of Japanese respondents reveal that the age variable does not have a statistically significantly impact on the Japanese respondents’ attitudes towards euthanasia. This suggests that the relationship between age and attitudes towards euthanasia might differ between the Chinese and Japanese populations. The Table 6 presented below summarizes the test results.

Table 6: Kruskal-Wallis Test by Age of Japanese Respondents.

Test Statistic	5.315a
Degree Of Freedom	2
Asymptotic Sig.(2-sided test)	.070
a. The test statistic is adjusted for ties.	

4.2.3. Highest Educational Level

The Kruskal-Wallis test is also employed to examine the relationship between the highest educational level of respondents and their attitudes towards euthanasia. Since the *p*-value in Table 7 is less than 0.05, the analysis indicates that there is a statistically significant difference in attitudes towards euthanasia among Chinese respondents with different educational backgrounds.

Table 7: Kruskal-Wallis Test Results by Highest Educational Level of Chinese Respondents.

Test Statistic	116.603a
Degree Of Freedom	7
Asymptotic Sig.(2-sided test)	.000
a. The test statistic is adjusted for ties.	

In the meanwhile, the Kruskal-Wallis test results by highest educational level of Japanese respondents indicate that there appears to be no significant impact of an individual’s highest educational level on their attitudes towards euthanasia. This suggests that, unlike Chinese respondents, the educational background of Japanese respondents does not seem to play a significant role in shaping their opinions on euthanasia. The test results can be found in Table 8 presented below.

Table 8: Kruskal-Wallis Test Results by Highest Educational Level of Japanese Respondents.

Test Statistic	11.803a
Degree Of Freedom	9
Asymptotic Sig.(2-sided test)	.225
a. The test statistic is adjusted for ties.	

4.2.4. Scale of Incomes

The analysis presented in Table 9 shows that the variable representing the scale of incomes has a

significant impact on the attitudes towards euthanasia among Chinese respondents, as the p -value is less than 0.05.

Table 9: Kruskal-Wallis Test Results by Scale of Incomes of Chinese Respondents.

Test Statistic	22.592a
Degree Of Freedom	11
Asymptotic Sig.(2-sided test)	.020
a. The test statistic is adjusted for ties.	

For Japanese respondents, the test results presented in Table 10 show that the p -value is greater than the significance level of 0.05. This indicates that the scale of incomes does not seem to have a significant impact on their attitudes towards euthanasia. In other words, there is no statistical evidence to suggest that higher or lower incomes significantly affect how Japanese individuals view euthanasia.

Table 10: Kruskal-Wallis Test Results by Scale of Incomes of Japanese Respondents.

Test Statistic	5.923a
Degree Of Freedom	11
Asymptotic Sig.(2-sided test)	.878
a. The test statistic is adjusted for ties.	

4.3. Discussion

The findings of this research align with and complement those of the previous studies. Despite the heated debate in China regarding the legalization of euthanasia, the data from WVS just indicates that there is strong objection to euthanasia among Chinese respondents. Thus, it will probably take years to achieve the legalization of euthanasia. This implies that the Chinese government and society need to find other ways to cope with the people's concern about challenges of an aging population, such as improving the quality of life and health care for the elderly, promoting social support and family care, and enhancing the public awareness and education on end-of-life issues.

In addition, the research reveals that the majority of Japanese respondents rate "5" on the scale of 1 to 10, and the analysis found that only the variable of gender affects their attitudes towards euthanasia. This further supports the argument that "Japanese respondents were more cautious about the issue of active euthanasia"^[11]. This suggests that the Japanese people are more ambivalent and conflicted about euthanasia than Chinese people, and that they may have different views on different types of euthanasia, such as voluntary euthanasia or non-voluntary euthanasia. Therefore, the Japanese government and society need to have more open and inclusive dialogues on euthanasia, and to respect the diversity and autonomy of individual choices on end-of-life matters.

Due to the limited data resources from WVS, this research only focuses on variables including gender, age, highest level of education, and scale of incomes. Other variables such as household size, medical records and religious affiliations should be considered in further studies. Nevertheless, there is no doubt that many potential factors influencing attitudes towards euthanasia cannot be discovered by statistical analyses. For instance, as previous studies have shown, cultural beliefs such as Confucianism can have a significant impact on Asian people's attitudes towards euthanasia. These beliefs should be explored further to gain a deeper understanding of the complexities surrounding this issue. Therefore, more comparative researches should be conducted in other Asian countries, such as South Korea and Singapore, to examine the impact of cultural factors on similarities and differences in people's attitudes towards euthanasia. Overall, the findings of this research provide valuable insights into the attitudes towards euthanasia in China and Japan, contributing to the ongoing discourse on this controversial topic.

5. Conclusion

This research employs statistical analysis techniques including the Mann-Whitney U test and the Kruskal-Wallis test, and successfully uncovers significant differences in attitudes towards euthanasia among Chinese and Japanese respondents. In addition, the research reveals that various factors such as gender, age, highest educational level, and scale of incomes significantly influence the Chinese respondents' attitudes towards euthanasia. However, in the case of Japanese respondents, only gender appears to be a notable factor that shape their attitudes.

Generally, these findings provide valuable insights into the demographic variables that contribute to

the differences in attitudes towards euthanasia among Chinese and Japanese people. Nevertheless, there are certain limitations that need to be acknowledged. On the one hand, the WVS questionnaire could be improved, as it offers numerous options that may confuse respondents. For instance, respondents might find it challenging to differentiate between the scale of “5” and “6”. This could potentially impact the accuracy of the results. On the other hand, the limited data resources from WVS prevent a more in-depth analysis of the relationship between various factors and respondents’ attitudes. Future research should explore additional factors that might also contribute to the variance in attitudes towards euthanasia between Chinese and Japanese people, such as household size, medical records, and religious affiliations. Furthermore, face-to-face interviews with respondents are needed so as to provide a more comprehensive understanding of the influence of cultural factors on their attitudes towards euthanasia. This would allow for a deeper exploration of potential differences, and help to uncover any hidden biases or misconceptions associated with the topic.

To further elaborate on the findings of this research, it is important to consider the implications of the results for policy making in China and Japan, where the problem of aging population is quite severe. The strong objection to euthanasia among Chinese respondents indicates that the legalization of euthanasia is unlikely to be accepted by the public in the near future. Therefore, the Chinese government should focus on improving the palliative care system and providing more support and resources for the terminally ill and their families. The Chinese government should also respect the wishes and preferences of the patients and their caregivers, and ensure that they have access to adequate information and counseling on end-of-life issues. In the meanwhile, the ambivalent and cautious attitudes towards euthanasia among Japanese respondents suggest that the legalization of euthanasia is also not a feasible option for Japan at the moment. However, the Japanese government should recognize the diversity and complexity of opinions on euthanasia, and facilitate more public discussions and debates on this topic. The Japanese government should also promote the development and implementation of advance directives, which allow the patients to express their preferences and choices on end-of-life care in advance. The Japanese government should also ensure that the patients and their families have the right to refuse or withdraw life-sustaining treatments, and that they receive adequate palliative care and pain relief.

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