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Religiosity and the justification of euthanasia: A model of mediation (trust in the church) and moderation (beliefs in life after death). This article explores the mediating role of trust in the church and the moderating role of beliefs in life after death in the relationship between religiosity and the justification of euthanasia. Two studies were designed using the latest data from the European Values Study for Portugal (traditional values) and the United Kingdom (secular-rational values). The models were tested in each country using Hayes's PROCESS macro for SPSS and 20,000 bootstrap samples. The results showed that beliefs in life after death moderated the (negative) relationship between religiosity and the justification of euthanasia in Portugal and the UK. However, trust in the church mediated the relationship only in Portugal.
KEYWORDS: euthanasia; assisted death; religiosity; trust in the church; beliefs in life after death.

Religiosidade e justificação da eutanásia: um modelo de mediação (confiança na igreja) e moderação (crenças na vida após a morte). Este artigo explora o papel mediador da confiança na igreja e o papel moderador das crenças na vida após a morte na relação entre a religiosidade e a justificação da eutanásia. Foram concebidos dois estudos com base nos dados mais recentes do European Values Study para Portugal (valores tradicionais) e para o Reino Unido (valores seculares--racionais). Os modelos foram testados em cada país recorrendo ao PROCESS macro de Hayes para SPSS, com 20 000 amostras de bootstrap. Os resultados mostraram que as crenças na vida após a morte moderaram a relação (negativa) entre a religiosidade e a justificação da eutanásia, tanto em Portugal como no Reino Unido. No entanto, a confiança na igreja mediou essa relação apenas em Portugal.
PALAVRAS-CHAVE: eutanásia; morte assistida; religiosidade; confiança na igreja; crenças na vida após a morte.

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Religiosity and the justification of euthanasia: A model of mediation (trust in the church) and moderation (beliefs in life after death)

INTRODUCTION

Euthanasia remains one of the most divisive issues in modern Europe, positioned between advances in medicine, individual rights, and religious beliefs (Cohen et al., 2006, 2013, 2014). In May 2023, Portugal became the latest European democracy to decriminalise the practice, while the United Kingdom continues to prohibit it in England, Wales, and Northern Ireland, despite increasing public support for change (Costa, 2025). Beyond these legal differences lies a question: why do societies with similar democratic values hold such contrasting views on this ethical matter? The explanation goes beyond culture and relates to how religion shapes public opinion – an area that remains poorly understood (Rudnev and Savelkaeva, 2018). This article addresses that gap by exploring how religious beliefs affect individual attitudes towards euthanasia. Studies tracking public opinion over time reveal that acceptance of euthanasia has increased across most Western European nations, whereas it has plateaued or declined in Central and Eastern Europe (Bartolomé-Peral and Coromina, 2020; Köneke, 2014; Tormos, Rudnev, and Bartolomé-Peral, 2023; Verbakel and Jaspers, 2010).

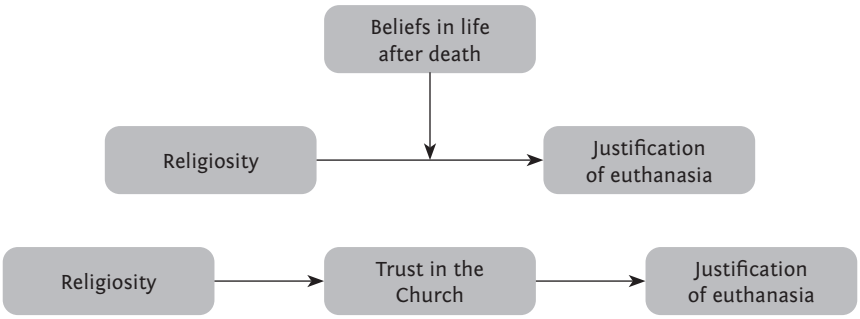
Between 1981 and 1999, support for euthanasia increased by 13% in the UK and 6% in Portugal (Cohen et al., 2006). From 1999 to 2008, the gap narrowed significantly, with Portugal's support rising by 138% and the UK's by 113% (Cohen et al., 2014). By 2008, Portugal had reached 4.71 points on a scale from 1 (never justified) to 10 (always justified), climbing from 28th to 18th place internationally. The UK averaged 5.64 points, climbing from 17th to 10th place (Cohen et al., 2014). More recent data present a different picture. Tormos, Rudnev and Bartolomé-Peral (2023) rank the UK 11th with an

average of 6.61, while Portugal falls to 28th with 4.53. Despite these shifts, what emerges clearly is this: Portuguese society prioritises traditional values, while British society has embraced secular-rational ones (World Values Survey, 2023).

In Portugal, euthanasia was decriminalised in May 2023, when Parliament approved the law with an absolute majority – the fourth time the President had vetoed the legislation before Parliament's approval finally prevailed (Lusa and SIC Notícias, 2023). By October that year, the Ministry of Health was preparing implementation guidelines and legal frameworks. A political crisis then derailed progress. The left-wing government fell, leaving the euthanasia law unapplied due to missing regulations. Whether to implement or repeal it now rests with the right-wing government formed after the March 2024 elections (Costa, 2025). In the UK, euthanasia remains a criminal offence in England, Wales, and Northern Ireland. MP are examining how to respond to growing calls for terminally ill, mentally competent adults to be allowed to end their lives, following a High Court decision (Booth, 2023).

In this research, euthanasia is used as a broad term for assisted death, covering active voluntary euthanasia (where physicians administer lethal agents), physician-assisted suicide (where individuals take prescribed medications), and passive euthanasia (withholding or withdrawing life-sustaining treatment) (Costa et al., 2025). I use this umbrella term because it reflects common usage in media, public debate, and scholarship, and because these forms share underlying principles: patient autonomy and relief from suffering (Jaye et al., 2021). This article uses secondary data from the most recent European Values Study (EVS, 2022) to test two analytical models across Portugal and the

FIGURE 1
Conceptual model



Source: own elaboration.

United Kingdom: one exploring mediation pathways and the other moderation mechanisms. The comparative approach serves two purposes (Figure 1). First, it clarifies how religiosity predicts euthanasia attitudes. Second, it identifies the precise mechanisms through which this relationship operates or is strengthened. The research asks two questions: does trust in religious institutions mediate the religiosity-euthanasia relationship, and do eschatological commitments – beliefs in life after death – moderate its strength? By examining both countries together, the study maps how these mechanisms vary across different cultural and institutional contexts, a comparison not previously made in the literature.

LITERATURE REVIEW

Research shows that euthanasia acceptance varies with a country's religious landscape and individuals' personal faith (Cohen et al., 2006, 2014; Levin, Bradley and Duffy, 2020; Mulugeta and Alemu, 2023; Verbakel and Jaspers, 2010). Empirical studies have focused on period and cohort effects (Bartolomé-Peral and Coromina, 2020; Cohen et al., 2013; Tormos, Rudnev and Bartolomé-Peral, 2023). Other work (Cohen et al., 2014) has examined what drives differences in acceptance within and across countries. Yet no comprehensive explanatory model exists, suggesting that attitudes towards euthanasia resist simple categorisation (DeCesare, 2000; Holloway et al., 1995; Singh, 1979).

Three complementary frameworks are relevant for comparing Portugal and the UK. First, the concept of moral pluralism and institutional complexity recognises that individuals navigate multiple institutional logics – religious, secular, medical, and state-based – which may prescribe incompatible values and behaviours (Greenwood et al., 2011). Research on institutional complexity reveals that exposure to conflicting normative prescriptions can create identity tensions and shape how individuals resolve bioethical dilemmas (Oksavik et al., 2021). In plural societies such as Portugal and the UK, individuals with similar religiosity may reach divergent conclusions about euthanasia. This variation depends on whether institutional contexts amplify or attenuate religious authority in decision-making.

Second, scholarship on biographical autonomy and narrative identity at the end of life shows that attitudes toward euthanasia are tied to how individuals and societies define a "good death" (Green, 2022). Death represents a moment when identity is consolidated, reinterpreted, or lost (Devuyst et al., 2025). The acceptance or rejection of euthanasia reflects culturally embedded narratives about dignified endings, not simply individual preference. These narratives are shaped by religious traditions and, equally, by secular frameworks of dignity

and self-determination that have become valued in modern societies (Rodríguez-Prat et al., 2016). What makes this framework useful is its focus on how autonomy and personal choice become embedded as cultural ideals – a process distinct from simple secularisation.

Third, studies on religious authority indicate that the link between personal religiosity and institutional influence is conditional, not automatic. Sociological research shows that religious institutions hold cultural sway in bioethical debates only when they maintain public trust through transparency, competence, and moral integrity (Berger, 1967; Davie, 2015; Taylor, 2007). Once this trust declines, religious perspectives become sidelined in public discussions (Norris and Inglehart, 2011). This distinction between private belief and institutional power explains why trust in the church mediates the relationship between religiosity and euthanasia justification in some situations but not in others. Despite declining religious practice, Portugal's entrenched Catholic presence continues to frame public discourse on moral issues (Sousa and Silva, 2023). The Church of England's waning authority in the UK illustrates the 'institutional gap' between private belief and organised religion (Davie, 2015; Voas and Crockett, 2005).

THE RELATIONSHIP BETWEEN RELIGIOSITY AND THE JUSTIFICATION OF EUTHANASIA

The literature on euthanasia acceptance provides the main theoretical basis for linking religiosity to the justification of euthanasia. Religiosity is strongly associated with attitudes toward euthanasia (Grigoropoulos, 2024; Levin, Bradley and Duffy, 2020; Singh, 1979) and has a consistently negative effect on justification in all countries and years examined by Bartolomé-Peral and Coromina (2020). This negative effect appears at both the individual and national levels (Köneke, 2014). Religious individuals, and those living in more religious environments, are more likely to reject the justification of euthanasia (Aghababaei and Wasserman, 2013; Verbakel and Jaspers, 2010). Conversely, lower levels of religiosity are associated with higher levels of acceptance (Cohen et al., 2014).

Religious opposition to euthanasia is grounded in theological frameworks, which, despite interpretative variations among and within confessional traditions, share common presuppositions. Scholarship documents that religious justifications for this stance rest upon four interrelated conceptual pillars: (1) divine sovereignty, which reserves exclusively to God the determination of the temporal boundaries of human existence; (2) the sacred character of life, understood as an inalienable and non-commodifiable divine gift; (3) the spiritual reframing of suffering, understood as a potentially transformative

or redemptive experience; and (4) the notion of stewardship, which positions human beings as administrators rather than owners of life (Ahaddour, den Branden, and Broeckaert, 2018; Nelkin, 2004). Although these theological foundations sustain a structured resistance to euthanasia, their normative application varies considerably according to the doctrinal particularities of each religious tradition and its internal subdivisions. Therefore, I predict that:

Hypothesis 1
Religiosity is negatively associated with the justification of euthanasia.

TRUST IN THE CHURCH: THE MEDIATOR

Few studies have investigated what mediates the relationship between religiosity and euthanasia justification. Recently, Grigoropoulos (2024) examined the role of authoritarianism and sociocultural characteristics, finding that right-wing authoritarianism mediates this relationship. However, the link between trust in the church and euthanasia acceptance remains largely unstudied. Köneke (2014) conducted a large-scale cross-national study examining the potential effects of trust. The results reveal that general trust and trust in the media are strongly linked to euthanasia justification – people are more willing to justify it when they believe others are trustworthy and when they trust the media. Yet trust in the state and in healthcare institutions, at the individual level, reduced justification, suggesting these operate differently depending on context. At the national level, they strengthen acceptance; at the individual level, they weaken it. This pattern indicates that they function as personal characteristics rather than as cultural factors.

The institutional context and moral pluralism frameworks offer essential theoretical support for understanding how trust functions differently across societies (Niebroj, 2010). Institutional complexity theory – originating in organisational sociology – recognises that individuals navigate multiple institutional logics at once (Oksavik et al., 2021). In bioethical decision-making, religious, medical, state, and secular moral perspectives often express conflicting principles and priorities. The influence of religious institutions on attitudes towards euthanasia partly depends on their perceived legitimacy relative to other institutions (Turner, 2001). Where religious institutions are seen as morally authoritative in bioethical discussions, as in Portugal, they mediate the link between individual religiosity and public opinion (Güvercin and Munir, 2017). In contrast, where religious institutions are regarded as one voice among many competing claims, as increasingly in the UK, this mediation weakens, and individual religiosity affects attitudes more directly, without institutional

filtering (Stoeklé and Hervé, 2024). This framework fills an important gap in previous research, which has not systematically explored how institutional legitimacy shapes the role of trust in bioethical attitudes. Therefore, I predict that:

Hypothesis 2
Trust in the church mediates the relationship between religiosity and the justification of euthanasia.

BELIEFS IN LIFE AFTER DEATH: THE MODERATOR

Beliefs in life after death influence how individuals perceive both life and death (Sabriseilabi and Williams, 2022). The idea that consciousness or the soul survives physical death – whether in heaven, hell, or through reincarnation – significantly shapes attitudes towards mortality. Heaven is seen as a place of redemption and fulfilment, consistent with religious teachings, while hell is viewed as punishment for a sinful life and separation from God. The former offers comfort; the latter, fear. Consequently, religions that hold these beliefs often oppose euthanasia. Their argument is clear: if life continues beyond death, then suffering on earth is temporary and can be endured. Death is not an end but a passage (Sabriseilabi and Williams, 2022, p. 1150).

Normative Islamic views reflect a similar theological reasoning, rejecting all acts that deliberately end life. Their opposition rests on belief in an afterlife and in God's sovereign power over life, suffering, and death (Ahaddour, den Branden, and Broeckaert, 2018). Catholics believe that humans are created in God's image and that, therefore, life holds infinite value. Since the person is not the author of life but its steward, Catholics argue they cannot intervene in death – that decision belongs to God alone. Suffering itself becomes redemptive, mirroring Christ's agony on the cross. Death is thus the gateway to a glorified existence (Donovan, 1997). Buddhism lacks consensus. Asian Buddhists believe karma determines life expectancy and that hastening death is unacceptable. Western Buddhists, by contrast, often accept euthanasia in exceptional circumstances, prioritising personal autonomy (Damien, 2020). For other religious perspectives on life after death, see Bülow et al. (2008). Evidence also shows that individuals who believe in life after death – or even those uncertain about it – oppose euthanasia more strongly than those who reject the idea of an afterlife entirely (Sharp, 2019, 2020). Based on this, I predict that:

Hypothesis 3
Beliefs in life after death moderate the relationship between religiosity and the justification of euthanasia.

METHOD

PARTICIPANTS

The demographics of the Portuguese sample were as follows: 51.6% of the interviewees were female, 20.6% were aged between 35 and 44, and 64.2% had completed basic education. The demographics of the British sample were as follows: 51.3% of interviewees were female, 17.8% were aged between 45 and 54, and 39.5% had completed higher education.

SAMPLE

The data come from the fifth and most recent wave of the European Values Study, which covered a total of 37 countries and more than 59,000 respondents (EVS, 2022). Carried out every nine years, this project seeks to study the ideas, beliefs, preferences, attitudes, values, and opinions of European citizens, focusing on how they think about life, family, work, religion, politics, and society. The data collection period began in mid-2017 and ended at the end of 2021. This process took place between February and July 2018 in the UK (n = 1788) and between January and March 2020 in Portugal (n = 1215). In-person interviews were the preferred method.

One of the calibration weights provided by the EVS was used to adjust for response bias and disproportionate stratified sampling across countries. This weight was calculated using the marginal distribution of age, gender, educational attainment, and region. It offers a normalised version that reduces the variance of an estimate and its potential for bias due to non-response or missing data, and adjusts the sociodemographic characteristics of the sample to match the distribution of the target population. This and other elements can be found in the GESIS-Leibniz Institute for the Social Sciences data catalogue (EVS, 2022).

MEASURES

RELIGIOSITY

Religiosity was measured using seven items adapted from Cohen et al. (2014). An example item is: "How important is God in your life?" (1 = not at all important, 10 = very important). Some items were reverse-coded so that higher scores consistently reflected higher religiosity. All items were kept on the 10-point response format, which provides a relatively fine-grained rating scale for individual differences in religiosity. The scale showed good internal consistency, with a reliability coefficient (Cronbach's alpha) of 0.84, which is typically interpreted as very good for research purposes (Kline, 2011).

JUSTIFICATION OF EUTHANASIA

Euthanasia justification was measured with a single item: "To what extent do you think euthanasia (ending the life of an incurably ill person) is justified?" Responses ranged from 1 (never) to 10 (always).

TRUST IN THE CHURCH

Trust in the church was measured with a single item: "How much do you trust the church?". Responses ranged from 1 (a lot of trust) to 4 (no trust). The item was reverse-coded so higher scores indicated greater trust, then rescaled to a 1–10 range for easier interpretation (1 = least trust; 10 = most trust) (Warmbrod, 2014). This transformation treats the score as approximately interval-level, a common approach supported by research showing that Likert-type scales can be analysed with parametric methods (Knapp, 1990).

BELIEFS IN LIFE AFTER DEATH

Beliefs in life after death were measured using four items from Sabriseilabi and Williams (2022). An example: "Do you believe in reincarnation, i. e., that we live in this world more than once?" (1 = yes, 2 = no). Each item was coded as a binary indicator, and responses were used to create a composite score where higher values reflected stronger beliefs in life after death. The scale demonstrated acceptable internal consistency with a reliability coefficient (Cronbach's alpha) of 0.79 (Kline, 2011).

CONTROL VARIABLES

Gender was included as a control variable (0 = female, 1 = male) because women tend to be less accepting of euthanasia (Cohen et al., 2014; DeCesare, 2000; Singh, 1979). Age was also included, as euthanasia justification tends to decline with age (Bartolomé-Peral and Coromina, 2020; Cohen et al., 2013, 2014; DeCesare, 2000; Singh, 1979; Tormos, Rudnev, and Bartolomé-Peral, 2023).

Education was included because euthanasia justification tends to increase with education level (Bartolomé-Peral and Coromina, 2020; Cohen et al., 2006, 2014; DeCesare, 2000; Singh, 1979; Verbakel and Jaspers, 2010). Income was also included, as higher income is associated with greater euthanasia justification (Bartolomé-Peral and Coromina, 2020; Cohen et al., 2014; DeCesare, 2000; Stronegger et al., 2013).

Urbanisation was included because more urban regions tend to show greater euthanasia justification (Cohen et al., 2014; DeCesare, 2000; Singh, 1979).

Household size was also included, as euthanasia rejection increases with the number of adults and children in the home (Stronegger et al., 2013). Finally, quality of life was included, as the desire to hasten death tends to increase at lower quality-of-life levels (Robinson et al., 2017).

PROCEDURES

Descriptive analysis was used to characterise the original variables, composite variables, reliabilities, and correlations in Portugal and the UK. Before constructing the measures of the degree of religiosity and beliefs in life after death, a Principal Component Analysis (PCA) with Varimax rotation was carried out on the 11 questions related to various attitudes, practices, and beliefs.

To test Hypothesis 1 in each country regarding the main effect, two multiple linear regressions were carried out. To examine the indirect effect of trust in the church on the relationship between religiosity and the justification of euthanasia (Hypothesis 2), I used Model 4 of the PROCESS macro for SPSS developed by Hayes (2022) and 20,000 bootstrap samples to estimate the confidence interval. To test the moderating effect of beliefs in life after death on the relationship between religiosity and the justification of euthanasia (Hypothesis 3), I used model 1 and the same number of bootstrap samples.

RESULTS

Tables 1 and 2 present the descriptive statistics for Portugal and the UK for all items that comprise the composite variables. Items measuring religiosity and beliefs in life after death show the highest average agreement and lowest standard deviations, suggesting these dimensions reflect the most consensual views across both samples. Other items vary notably by country. For instance, Portuguese respondents emphasise the importance of religion far more than British respondents do.

After analysing how the interviewees rated the various characteristics related to different attitudes, practices, and beliefs, I analysed the interdependence between them (Tables 3 and 4). The aim was to identify dimensions that could aggregate the characteristics of the composite variables.

A PCA was conducted in Portugal (KMO = 0.88, Bartlett Test $X^2_{(55)} = 5139.86$, $p < .001$) and the UK (KMO = 0.92, Bartlett's Test $X^2_{(55)} = 11404.73$, $p < .001$). Both datasets demonstrated very good suitability for PCA (Reis, 2001). Two components were extracted, explaining 65.87% and 67.14% of the overall variance in Portugal and the UK, respectively. These components aggregated the different aspects evaluated by participants. Beyond variance explained,

component extraction was validated using additional criteria – the Kaiser criterion, scree plot, and parallel analysis – all revealing convergent results. An oblique rotation confirmed that the two extracted components were substantially independent (inter-component correlations < 0.4 in Portugal and < 0.5 in the UK).

TABLE 1
Descriptive statistics of the original variables in Portugal

	Average	SD	Minimum	Maximum	n
Importance attributed to religion	6.06	2.84	1	10	1210
Participation in religious ceremonies	4.21	2.95	1	10	1210
Level of religiosity	8.33	2.84	1	10	1182
Belief in God	8.64	3.22	1	10	1162
Level of belief in God	8.27	2.76	1	10	1180
Importance of God in people's lives	6.95	2.84	1	10	1195
Frequency of prayer	5.13	3.64	1	10	1184
Belief in life after death	.40	.49	0	1	999
Belief in hell	.31	.46	0	1	1023
Belief in heaven	.42	.49	0	1	1017
Belief in reincarnation	.33	.47	0	1	1050

Source: EVS (2022). Own elaboration.

TABLE 2
Descriptive statistics of the original variables in the UK

	Average	SD	Minimum	Maximum	n
Importance attributed to religion	4.77	3.08	1	10	1791
Participation in religious ceremonies	2.95	2.85	1	10	1794
Level of religiosity	6.61	2.99	1	10	1771
Belief in God	5.36	4.50	1	10	1772
Level of belief in God	5.97	3.15	1	10	1780
Importance of God in people's lives	4.40	3.36	1	10	1787
Frequency of prayer	3.66	3.49	1	10	1788
Belief in life after death	.42	.49	0	1	1772
Belief in hell	.24	.43	0	1	1772
Belief in heaven	.36	.48	0	1	1772
Belief in reincarnation	.29	.45	0	1	1699

Source: EVS (2022). Own elaboration.

TABLE 3

Aspects of religiosity and beliefs in life after death in Portugal: Principal Components Analysis with Varimax Rotation

	Components	
	Religiosity	Beliefs in life after death
Importance of God in people's lives	.83	.23
Level of religiosity	.80	.19
Frequency of prayer	.78	.26
Level of belief in God	.77	.21
Belief in God	.77	.13
Importance attributed to religion	.76	.14
Participation in religious ceremonies	.73	.20
Belief in life after death	.22	.84
Belief in hell	.25	.78
Belief in reincarnation	.03	.77
Belief in heaven	.39	.75
Percentage of variance explained	40.92	24.94
Cronbach's alpha[a]	.84	.79

[a] Variables with prominent loading in each of the components
Source: EVS (2022). Own elaboration.

TABLE 4

Aspects of religiosity and beliefs in life after death in the UK: Principal Components Analysis, with Varimax Rotation

	Components	
	Religiosity	Beliefs in life after death
Importance of God in people's lives	.87	.24
Level of religiosity	.84	.20
Frequency of prayer	.84	.17
Level of belief in God	.81	.01
Belief in God	.78	.18
Importance attributed to religion	.76	.31
Participation in religious ceremonies	.69	.36
Belief in life after death	-.10	.79
Belief in hell	.30	.78
Belief in reincarnation	.51	.61
Belief in heaven	.45	.58
Percentage of variance explained	45.85	21.29
Cronbach's alpha[a]	.84	.79

[a] Variables with prominent loading in each of the components
Source: EVS (2022). Own elaboration.

Tables 3 and 4 present the items most strongly correlated with each of the two extracted components. Based on items with substantial loadings on each component (marked values), two thematically distinct dimensions emerged: religiosity and beliefs in life after death. Uncorrelated composite variables were constructed from these results: the first comprising 7 items and the second comprising 4 items.

Table 5 presents the means, standard deviations, reliability coefficients, and correlations for all variables across the full sample, including composite measures. Only a small number of relationships were not statistically significant: quality of life and gender; number of adults and children in the household and gender; level of urbanisation and gender; and trust in the church and quality of life. The correlation between religiosity and justification of euthanasia was both negative and significant ($r = -.38$, $p < .001$). This result shows an inverse relationship, with greater religiosity associated with lower support for euthanasia, and vice versa. The relatively modest strength of this correlation aligns with the theoretical expectations for this research (Cohen, 1992).

British participants reported higher acceptance of euthanasia ($M = 6.55$, $SD = 2.90$) compared to the Portuguese ($M = 4.86$, $SD = 3.30$) on a scale of 1 to 10. This lower acceptance aligns with the higher religiosity observed in the Portuguese sample ($M = 6.95$, $SD = 2.35$) relative to the British ($M = 4.84$, $SD = 2.80$).

Trust in the church differed notably between the two nations, with Portuguese participants reporting higher trust levels ($M = 5.88$, $SD = 2.95$) than the British ($M = 4.60$, $SD = 2.61$). Regarding beliefs in life after death, however, the difference was marginal: the Portuguese scored 0.35 against the British 0.33. The relatively high standard deviations in both samples (Portugal = 0.39; UK = 0.30) highlight substantial internal variability, reflecting the complexity of these beliefs within each country.

Religiosity was a significant negative predictor of euthanasia justification in both Portugal ($B = -.44$, $t = -8.49$, $p < .001$) and the UK ($B = -.42$, $t = -13.93$, $p < .001$), providing support for Hypothesis 1 regarding the total effect. These findings were corroborated by 20,000 bootstrap estimates, which confirmed the negative influence of religiosity in the Portuguese ($B = -.43$, $t = -10.20$, $p < .001$) and British ($B = -.33$, $t = -13.99$, $p < .001$) samples with only minor variations. Consequently, as religiosity increases, justification for euthanasia consistently decreases.

In Portugal, the linear model was significant (F (3,718) = 31.44, $p < .001$), accounting for 11.6% of the variance in euthanasia justification ($R^2 = .116$, Table 6). The UK model yielded similar results (F (3,1608) = 73.29, $p < .001$), explaining 12% of the variance ($R^2 = .120$, Table 7). According to Cohen's

TABLE 5
Descriptive statistics, reliability, and correlation of variables

	Average	SD	1	2	3	4	5	6	7	8	9	10	11
1. Sex[a]	0.49	0.50											
2. Age	3.79	1.77	-0.03***										
3. Level of education	2.02	1.65	0.01**	-0.07***									
4. Quality of life	7.37	2.10	0.01	-0.10***	0.05***								
5. Number of adults and children in the household	2.85	1.45	0.00	-0.30***	-0.01*	0.06***							
6. Level of income	4.94	2.70	0.09***	-0.20***	0.20***	0.24***	0.30***						
7. Level of urbanisation	2.59	1.40	-0.01	-0.06***	0.10***	-0.02**	-0.10***	0.11***					
8. Religiosity	6.20	2.80	-0.20***	0.12***	-0.10***	-0.03***	0.18***	-0.20***	-0.13***	(0.84)			
9. Justification of euthanasia	5.16	3.40	0.04***	-0.10***	0.10***	0.07***	-0.15***	0.18***	0.09***	-0.38***	-		
10. Trust in the Church	5.60	3.00	-0.11***	0.08***	-0.04***	0.01	0.12***	-0.10***	-0.07***	0.60***	-0.31***	-	
11. Belifes in life after death[b]	0.41	0.40	-0.20***	-0.10***	-0.04***	-0.02***	0.09***	-0.10***	-0.06***	0.60***	-0.23***	0.40***	(0.79)

N = 3011. The consistency measure is reported in brackets.
* $p < 0.05$ — ** $p < 0.01$ — *** $p < 0.001$
[a] 0 = female, 1 = male
[b] 0 = no, 1 = yes
Source: EVS (2022). Own elaboration.

TABLE 6
Regression of the justification of euthanasia on religiosity and the moderator beliefs in life after death in Portugal

Independent variables	Justification of euthanasia	
	B	Standard error
Constant	4.685**	0.140
Religiosity	-0.547**	0.064
Beliefs in life after death (1)	0.875*	0.364
Religiosity x Beliefs in life after death	-0.331*	0.161
R2 =	0.116**	
F (3, 718) =	31.435	

N = 722. Non-standardised regression coefficients reported.
(1) Reference category "the person has no beliefs in life after death"
* $p < .05$ ** $p < .001$
Source: EVS (2022). Own elaboration.

TABLE 7
Regression of the justification of euthanasia on religiosity and the moderator beliefs in life after death in the UK

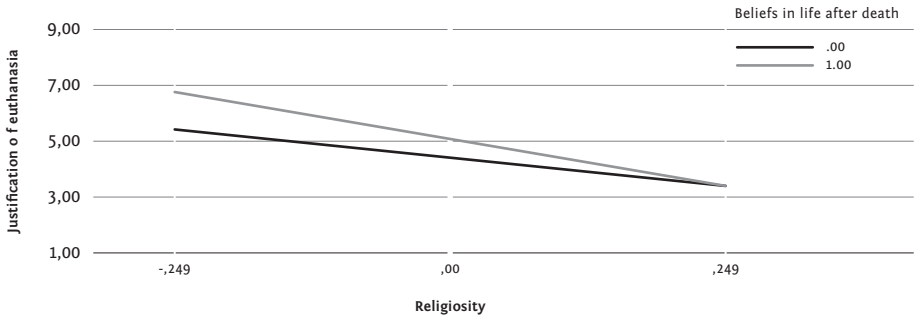
Independent variables	Justification of euthanasia	
	B	Standard error
Constant	6.865*	0.082
Religiosity	-0.374*	0.030
Beliefs in life after death (1)	0.905*	0.248
Religiosity x Beliefs in life after death	-0.415*	0.081
R2 =	0.120*	
F (3, 1608) =	73.292	

N = 1612. Non-standardised regression coefficients reported.
(1) Reference category "the person has no beliefs in life after death"
* $p < .001$
Source: EVS (2022). Own elaboration.

(2016) guidelines, these values correspond to medium effect sizes (0.13 and 0.14, respectively).

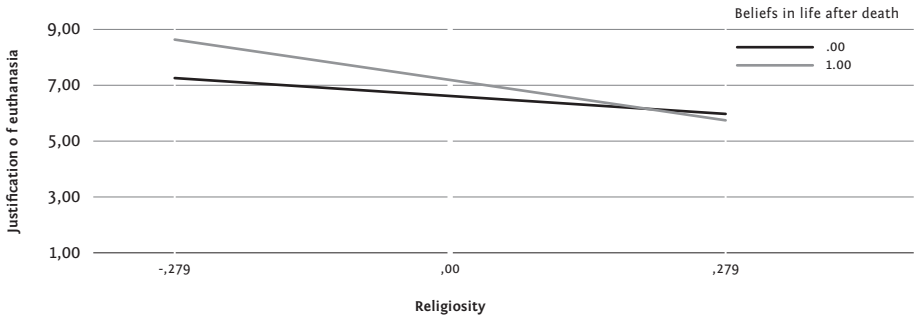
Beliefs in life after death significantly moderated the relationship between religiosity and euthanasia justification in both Portugal (B = -.33, t = -2.06, p = .04) and the UK (B = -.42, t = -5.13, p < .001), supporting Hypothesis 3. In the Portuguese sample, the negative correlation between religiosity and justification persisted significantly in the absence of beliefs in life after death (B = -.42, t = -6.84, p < .001; Figure 2). However, this relationship became

FIGURE 2
Effect of the moderator (beliefs in life after death) on the relationship between religiosity and justification of euthanasia in Portugal



Source: EVS (2022). Own elaboration.

FIGURE 3
Effect of the moderator (beliefs in life after death) on the relationship between religiosity and justification of euthanasia in the UK



Source: EVS (2022). Own elaboration.

notably stronger in the presence of such beliefs (B = -.68, t = -6.09, p < .001; Figure 2).

Similarly, UK results demonstrated a significant negative relationship between religiosity and euthanasia justification in the absence of beliefs in life after death (B = -.24, t = -6.04, p < .001; Figure 3). This association was significantly stronger, however, when such beliefs were present (B = -.52, t = -12.51, p < .001; Figure 3). Overall, the data indicate that beliefs in life after death amplify the negative link between religiosity and euthanasia justification in both nations, with a slightly more pronounced moderation effect observed in the UK.

TABLE 8
Regression results for the mediation model in Portugal

Predictor variables				Justification of euthanasia	
				B	Standard error
Total effect					
Constant				7.581**	0.326
Religiosity				-0.430**	0.042
Direct effect					
Constant				7.620**	0.322
Religiosity				-0.313**	0.055
Trust in the church				-0.142*	0.043
Indirect effect					
Coef.	*Standard error*	95%	Bootstrap CI		
-0.117	0.038	-0.192	-0.045		

N = 1008. Non-standardized coefficients are reported. 20000 bootstrap samples.
CI: confidence interval — LL: lower limit — UL: upper limit.
* $p < .05$ — ** $p < .001$
Source: EVS (2022). Own elaboration.

TABLE 9
Regression results for the UK mediation model

Predictor variables				Justification of euthanasia	
				B	Standard error
Total effect					
Constant				8.219*	0.132
Religiosity				-0.331*	0.025
Direct effect					
Constant				8.303*	0.148
Religiosity				-0.304*	0.030
Trust in the church				-0.044	0.032
Indirect effect					
Coef.	*Standard error*	95%	Bootstrap CI		
-0.025	0.018	-0.061	0.010		

N = 1678. Non-standardized coefficients are reported. 20000 bootstrap samples.
CI: confidence interval — LL: lower limit — UL: upper limit.
* $p < .001$
Source: EVS (2022). Own elaboration.

In Portugal, trust in the church significantly mediated the effect of religiosity on euthanasia justification (indirect effect = -.12; 95% CI [-.19, -.10]; Table 8). No such mediation was found in the UK, where the indirect effect was non-significant (estimate = -.03; 95% CI [-.06, .01]; Table 9). These findings support Hypothesis 2, confirming that trust in the church serves as an explanatory mechanism for the link between religiosity and euthanasia acceptance exclusively in the Portuguese context.

DISCUSSION AND CONCLUSIONS

This article has expanded our understanding of how religious dimensions operate as distinct mechanisms shaping acceptance of euthanasia, a question of mounting salience as European societies confront legislative decisions that will define their relationship to medical death for decades to come. By testing concurrent mediation and moderation models in Portugal and the UK, this research has identified patterns that illuminate broader questions about secularisation, institutional trust, and the future role of religious authority in deliberative democracies.

The findings reveal a clear difference in how religiosity influences attitudes in these two societies. Beliefs in life after death are a shared factor in both countries, strengthening the connection between religiosity and opposition to euthanasia. This suggests that eschatological beliefs serve as a core theological barrier to accepting medical intervention at the end of life, regardless of tradition or national setting (Sharp, 2019, 2020). However, trust in the church plays a unique role only in Portugal, where it helps explain the connection between personal religiosity and opposition to euthanasia within the country's religious context. This distinction is significant. It shows that modernisation and secularisation do not follow a single path but vary depending on cultural background (Niebroj, 2010). In Portugal, the church maintains enough institutional influence for personal religiosity to translate into trust in the institution, which then shapes views on end-of-life matters (Güvercin and Munir, 2017). In the UK, by contrast, religiosity tends to be more individualised and less tied to institutional authority (Stoeklé and Hervé, 2024). This reflects a society that is further along in the decline of organised faith.

These findings reveal diverging institutional trajectories across secular Europe. In Portugal, Catholicism maintains sufficient moral authority to link personal religiosity with institutional trust, despite a decline in active practice (Sousa and Silva, 2023). As a result, trust acts as a key mediator: personal religiosity → trust in the church → attitudes towards euthanasia. In contrast, the UK shows a different pattern; the Church of England's diminished pub-

lic standing means that religious commitment no longer automatically fosters institutional trust, allowing religiosity to shape attitudes towards euthanasia directly. This contrast supports the argument that, although belief remains widespread in Europe, the institutional framework that once supported religious authority has weakened (Voas and Crockett, 2005). Ultimately, the Portuguese example shows that deinstitutionalisation is uneven: established religion can retain structural influence in semi-secular settings where historical legitimacy persists. By contrast, the UK case demonstrates that, without ongoing support, even long-standing churches lose their mediating role (Davie, 2015).

These results have direct implications for policymakers and religious institutions navigating end-of-life legislation. In Portugal, where the church's institutional voice demonstrably shapes public attitudes, religious institutions remain key stakeholders in euthanasia policy discussions. The church's teachings on the sanctity of life do not simply express the private beliefs of individuals; they work through institutional trust, amplifying their policy influence (Ahaddour, den Branden, and Broeckaert, 2018; Nelkin, 2004). In the UK, by contrast, the gap between individual religiosity and institutional authority suggests that religious institutions have a narrower role in this debate (Davie, 2015). Religious arguments must compete in a more pluralistic public space where personal autonomy and secular bioethical reasoning carry equal or greater weight (Berger, 1967; Taylor, 2007).

For laicity and the future of secular governance, these findings suggest a more nuanced picture than simple secularisation narratives allow. The decline of religious authority in public policy is neither uniform nor inevitable (Berger, 1967; Davie, 2015; Taylor, 2007); it reflects specific patterns of institutional trust and belief structure. In societies where religious institutions have maintained robust trust networks, religious perspectives retain policy salience even as overall religiosity may decline. This has implications for how secular democracies approach the participation of religious voices in bioethical deliberation (Norris and Inglehart, 2011): institutions might better serve pluralism by creating structures that allow religious and secular perspectives to engage substantively with evidence and reason.

The research also highlights the future role of religious institutions. In Portugal, trust in the church shapes how religiosity influences public attitudes. Churches that maintain public trust – through transparency, competence, and moral integrity – retain cultural influence in modern societies. When institutions lose this trust, their theological messages fail to resonate with the public, no matter how clearly they articulate their doctrines. Religious institutions therefore face a practical reality: influence in secular settings depends not just on doctrinal beliefs but on institutional legitimacy.

Future research may extend these models to other European contexts, particularly comparing Catholic-majority nations like Ireland and Spain, Protestant societies in Scandinavia, and Orthodox-majority countries in Eastern Europe. This would test whether the trust pathways observed in Portugal apply to societies with similar religious traditions and institutional histories. Qualitative research exploring how trust in religious institutions develops and persists would shed light on how religious authority operates in modern democracies. Comparative studies examining other dimensions of religious belief – denomination, spirituality, and religiously informed values on autonomy – would deepen our understanding of religion's role in bioethical attitudes.

This article is subject to a number of limitations. Most significantly, the use of single-item measures for euthanasia justification and church trust may introduce measurement error and attenuate effect estimates. The European Values Study provides the most comprehensive cross-national data available for this analysis, yet ideally future research would employ multi-item scales capturing euthanasia attitudes across different scenarios and contexts of trust formation. Additionally, the cross-sectional design precludes causal inference; longitudinal data would allow us to model whether changes in religiosity precede or follow changes in euthanasia attitudes. Despite these limitations, this article contributes novel insights into the mechanisms linking religious dimensions to bioethical attitudes, advancing both theoretical understanding and practical knowledge for policymakers and institutions engaged in deliberation over one of contemporary society's most morally fraught questions.

For the sociology of religion, these findings underline how institutional trust operates as a distinct layer between individual belief and public attitudes, showing that similar levels of religiosity can yield different moral outcomes depending on the configuration of institutional authority in each national context.

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