Assisted Suicide: The Debate Continues

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Nurses Who Choose to Be Involved:

If as a nurse, your own moral and ethical value system allows you to be involved in providing care to a patient who has made the choice to end his/her life, with the provisions of the Death with Dignity Act, the following guidelines will assist you:

You may -

- Provide care and comfort to the patient and family through all states of the dying process. Teach the patient and family about the process of dying and what they may expect.
- Maintain patient and family confidentiality about the end-of-life decisions they are making.
- Explain the law as it currently exists.
- Discuss and explore, with the patient, options with regard to end- of- life decisions and provided resource information or link the patient and family to access the services or resources they are requesting.
- Explore reasons for the patient's request to end their life and make a determination as to whether the patient is depressed and whether the depression is influencing his/her decision; or whether the patient has made a rational decision based on the patient's own fundamental values and beliefs.
- Be present during the patient's self-administration of the medication and during the patient's death to console and counsel the family.
- Be involved in policy development within the health care facility and/or the community.

You may not-

- Inject or administer the medication that will lead to the end of the patient's life; this is an act precluded by law.
- Breach confidentiality of patients exploring or choosing assisted suicide.
- Subject your patients or their families to unwarranted, judgmental comments or actions because of their decision to continue to provide care to a patient who has chosen assisted suicide.
- Abandon or refuse to provide comfort and safety measures to the patient.

Nurses Who Choose Not To Be Involved:

If as a nurse, your own moral and ethical value system does not allow you to be involved in providing care to a patient who has made the choice to end his/her life, within the provision of the Death with Dignity Act, the following guidelines will assist you.

You May-

- Provide ongoing and ethically justified end- of- life care.
- Conscientiously object to being involved in delivering care. You are obliged to provide for the patient's safety, to avoid abandonment and withdraw only when assured that alternative sources of care are available to the patient.
- Transfer the responsibility for the patient's care to another provider.

- Maintain confidentiality of the patient, family and health care providers continuing to provide care to the patient who has chosen assisted suicide.
- Be involved in policy development within the health care setting and/or the community.

You May Not-

- Breach confidentiality of patients exploring or choosing assisted suicide.
- Inject or administer the medication that will lead to the end of the patient's life: this is an act precluded by law.
- Subject your patients or their families to unwarranted, judgmental comments or actions because of the patient's choice to explore or select the option of assisted suicide.
- Subject your peers or other health care team members to unwarranted, judgmental comments or actions because of their decision to continue to provide care to a patient who has chosen assisted suicide.
- Abandon or refuse to provide comfort and safety measures to the patient.

ONA Provides Guidance on Nurses' Dilemma

On April 27, 1995 the ONA House of Delegates overwhelmingly adopted the following position statement on the nurses' role in the Death with Dignity Act.

The Oregon Nurses Association (ONA) Position Paper on the Death with Dignity Act is based on the values held by both the individual nurse and the patient. As health care providers, nurses from Oregon have a long and proud history of support for a fair and equitable health care delivery system in which all Oregonians have access to basic health care services. The foundation of such a system rests on the broader social rights of privacy, free speech, self-determination, confidentiality between patients and providers and equity of access to essential services.

ONA believes that the health care patient has the right to privacy and the right to make decisions about personal health care based on full information and without coercion. If the patient inquires about the option of assisted suicide, one of the roles of the nurses, as health care provider, is to share relevant information about health choices that are legal and to support the patient and family regardless of the decision the patient makes.

ONA supports the patient's right to self-determination and believes that nurses will and must play a primary role in end-of-life decisions. Since competent, reflective adults are generally in the best position to evaluate various harms and benefits to themselves in the context of their own values, life projects, and quality of life, their decision regarding end-of-life care should be respected.

Just as the patient has rights, the nurse also has rights on moral and ethical grounds, including the right to refuse to be involved in the care of a patient who has chosen assisted suicide. If the nurse becomes involved in a situation where he/she is unwilling to be involved in the care of a patient who has chosen assisted suicide, the nurse continues to be obliged to provide for the patient's comfort and safety, and to withdraw only when assured that alternative sources of end-of-life care are available to the patient. If the nurse is unable to transfer care to another provider, the nurse has the responsibility to provide for ongoing end-of-life care.

Within the context of the nurse/patient relationship, as patients are making end-of-life choices, the nurse may assist with that process by providing ongoing clarification of goals, exploration of alternative treatment options/choices and assessment of changes in the patient's health status. The nurses' role in education, research, communication and advocacy is critical to the implementation of a patient's end-of-life decisions.

Nurses may also take an active role in policy development within their own health care setting and community. Such policies should define a process to facilitate transfer of care to another qualified provider when a decision regarding assisted suicide has been made.

Background

In today's rapidly developing and diverse health care environment, ONA is committed to respecting the values of nurses and the patients they care for. Some patient's choices about health care decisions may conflict with the moral or ethical values of the nurse.

ONA is committed to:

1. **Patients receiving care of the highest quality which is consistent with current legal standards;**
2. **Patients having access to information related to their health status and available treatment/care options;**
3. **Patients being informed and involved in determining their plan of care; and,**
4. **Protecting the rights of nurses to a professional practice which is congruent with the nurse's moral and ethical values.**

Respect for a nurse's moral choices identifies boundaries of treatment which a given nurse, for moral or ethical reasons, cannot cross. Respect for the nurse's choices does not allow, facilitate or encourage discrimination based on a patient's diagnosis, lifestyle, sexual orientation, race, ethnic group, socio-economic status or other patient demographics.

Nurses who have a moral objection to the patient's treatment choices/options have an obligation to ensure that health care needs continue to be met and/or that a timely transfer of care occurs.

All nurses need to respect not only the choices made by patients, but also their nurse colleagues and must treat all decisions as confidential.

Definitions

Assisted Suicide: Suicide is traditionally understood as the act of taking one's own life. Participating in suicide entails making a means of suicide (e.g., providing pills or a weapon) available to a patient with knowledge of the patient's intention. The patient, who is physically capable of suicide, subsequently acts to end his or her own life. Assisted suicide is distinguished from active euthanasia. In assisted suicide, someone makes the means of death available, but does not act as the direct agent of death.

Active Euthanasia: Active euthanasia is defined and characterized in many ways, thus clarification of the language is important. Euthanasia is often called "mercy killing" and has been taken to mean the act of putting to death someone suffering from a painful and prolonged illness or injury. Active euthanasia means that someone other than the patient commits an action with the intent to end the patient's life, for example, injecting a patient with a lethal dose.

Sometimes euthanasia is subdivided into a situation in which a consent to euthanasia (voluntary) or a situation when a patient is unable to consent to euthanasia (non-voluntary). Active euthanasia is distinguished from assisted suicide. In active euthanasia someone not only makes the means available, but serves as the direct agent of death.

Withholding, Withdrawing and Refusal of Treatment: Honoring the refusal of treatments that a patient does not desire, that are disproportionately burdensome to the patient, or that will not benefit the patient, is ethically and legally permissible. Within this context, withholding or withdrawing life-sustaining therapies or risking the hastening of death through treatments aimed at alleviated suffering and/or controlling symptoms are ethically acceptable and do not constitute euthanasia. There is no ethical or legal distinction between withholding or withdrawing treatments, though the latter may create more emotional distress for the nurse and others involved.

Participate: To participate in assisted suicide entails making a means of suicide available to a patient with knowledge of the patient's intention (e.g., administering pills, putting pills in a patient's hand or holding pills while a patient takes them.)

Values: Concepts or ideals that give meaning to one's life and provide a framework for one's decisions and actions. Values are usually associated with individuals rather than groups.

Morals: Standards of right and wrong that one learns through socialization, usually based on religious beliefs and often associated with individuals or small groups.

Ethics: Systems of valued behaviors and beliefs that govern conduct to ensure the protection of an individual's rights. Normative ethics deal with the norms of obligation (right and wrong) and norms of value (good and evil) in what people should do, seek to be, or cherish. Descriptive ethics describe ethical behavior in terms of how a given group or society actually behaves morally; the group's or society's characteristics as moral agents; or, what the group or society values.

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