

End of Life Choice



Newsletter on current debates

Recognition for broad based Nursing Role in Assisted Dying

This Newsletter was written by nurses Rosemary Doolan and Sandra L Bradley, RN, PhD

There is broad support among nurses for voluntary euthanasia being accessible for terminally ill patients and for the involvement of nurses when euthanasia requests are made (Ganzini et al., 2002). Yet in 2017, a report by Terkimo-Moisio et al. showed little has been done to identify and address the nursing perspective on voluntary euthanasia:

"Despite the significant role of nurses and the need for information about their viewpoints in this matter, the ongoing debate is still very much focused on the perspectives of the physicians and general public. In many cases, a nurse is also the first person to whom a patient expresses the euthanasia request, and he or she subsequently reports the request more widely to the nursing team. Nurses have a unique and important role in the euthanasia process in countries where it is legalized. Compared to physicians, nurses are considered to be more involved with the end-of-life care of patients, due to their greater bedside attendance and frequent confrontation with patients' suffering".

In a study conducted by Inghelbrecht et al. (2009) it was found that ninety percent of nurses thought nurses should be involved in euthanasia decision-making. Although 61% did not agree that administering lethal drugs should be a task nurses can perform, 43% would be prepared to do so if the law required them to have a role.

Most reports are silent on the question of whether nurses would wish to be involved in the administration of medication associated with voluntary euthanasia. For example, in a recent New South Wales Parliamentary Library report (June 2017) on euthanasia and assisted suicide, only one mention of nurses was made – that of Canada allowing nurse practitioners to

administer euthanasia. In the Victorian *Interim Report of the Ministerial Advisory Panel: Consultation overview on the Voluntary Assisted Dying Bill*, there were less than six references to nurses, yet these references also referred to the capacity of nurses to administer lethal medication and the training required.

South Australia's *Death with Dignity Bill 2016*, S18(2), addresses the role of nurses by including provision for a medical practitioner to "authorise a ... registered nurse or nurse practitioner to administer voluntary euthanasia to a person" (who has met all the criteria for making a request).

The focus on only the ability of nurses or nurse practitioners to administer the drugs involved in voluntary euthanasia limits their role and their legal protection; administration of drugs is one small aspect of nursing care at the end of life.

Nurses as direct care providers are instrumental in building relationships with patients and initiating discussions relative to end of life decisions. Terkimo-Moisio et al. (2017) found that "according to the Belgian euthanasia law, a consultation with the nursing team which is directly involved in the care of the patient is required before a physician can perform the act of euthanasia".

Nurses have their own ethics, values, and beliefs, which may be different from those of their patient. Nurses need support in working through the ethical burden a potential conflict in values may cause. The Oregon Nurses Association (2015) states that nurses have the right to refuse involvement in the care of a patient who has requested assisted dying. Written institutional ethics policies on the role of nurses in end-of-life decisions are required, which go beyond the administration of drugs.

The Australian Nursing and Midwifery Federation (2016) has a position statement on assisted dying which identifies that although assisted dying is illegal, a person has the right to self-determination in medical care and it is the right of nurses to engage in legislative reform in this area:

"legislative reform must ensure that it shall not be an offence to confidentially advise a sufferer regarding a voluntarily chosen death, assist or support such a death, or to be present at the time of that death".

A nurses' role in this area needs to be that of assisting the patient, the patient's family, and the physician by being present, providing education and assistance, even if the nurse has not been able to reconcile with performing euthanasia. Kennedy Swartz (2001) argues that regardless of the intervention or treatment, the nurse should focus on helping the patient weigh the benefits and burdens of the intervention, rather than focus on the intervention itself (Kennedy Swartz, 2001).

As yet, the nursing voice in euthanasia is loud on legislation but subdued on actual practice.

Guidelines that specifically focus on the nursing role could help to make the nursing perspective more transparent in relation to voluntary assisted dying. The development of such guidelines needs input from nurses. The Australian Nursing and Midwifery Federation, both in South Australia and nationally, has provided the opportunity for nurses to make their opinions known. These opinions need to be consulted and embedded in practice to ensure that nurses integral to the care of a patient who has requested VE are consulted and included in the decision-making processes.

When legislation is finally enacted, nurses will be on the frontline and able to share their knowledge and expertise for the benefit of patients, families and healthcare professionals, knowing they are fully protected by a law that acknowledges the integral role nurses play in end of life care. Legislating the act of voluntary euthanasia not only protects those involved in the administration but also provides the opportunity for conversations far beyond the simple injection or administration of life-ending drugs.

References

- Ganzini, L., Harvath, T. et al (2002). *Experiences of Oregon Nurses and Social Workers with Hospice Patients Who Requested Assistance with Suicide*. *New England Jnl of Medicine*, 347(8), 582-588.
- Terkamo-Moisio A, Kvist T, Kangasniemi M, Litia T, et al (2017) 'Nurses' attitudes towards euthanasia in conflict with professional ethical guidelines', *Nursing Ethics*, vol. 24 no. 1, pp 70-86.
- Inghelbrecht, E., Bilsen, J., Mortier, F. and Deliens, L. (2009). *Attitudes of nurses towards euthanasia and towards their role in euthanasia: A nationwide study in Flanders, Belgium*. *International Journal of Nursing Studies*, 46(9), pp.1209-1218.
- Kennedy Schwartz, J. (2001). *Ethical aspects of palliative care*. In LaPorte-Matzo & Witt Sherman (Eds.), *Palliative Care Nursing: Quality Care to the End of Life* (pp.140-179). New York: Springer

SAVES

South Australian Voluntary Euthanasia Society

saves.asn.au

Compassion for suffering
The freedom to choose
Add your voice to the call



SAVES was established in 1983 to campaign for legal, medically assisted choice in end-of-life arrangements. The aim is to relieve suffering by providing choice for people at the end of their life. SAVES works in the community and with Members of Parliament to achieve law reform.

Jen Barnes has brain cancer. Read her petition to Victorian MPs about Voluntary Assisted Dying.

My name is Jen Barnes and I am a nurse of 40 years. I've seen a lot of deaths and some of them have been far from ideal. Now I have a terminal illness. It's an aggressive form of brain cancer and I know that it can lead to a very undignified death.

I may be lucky and I may just drift into a slumber. But I may suffer with seizures. I could certainly potentially be confused or have my words so jumbled that I make no sense.

I don't want to die. No-one wants to die. Because we all want to see the next grandchild, the next birthday, the trees bloom or whatever – we all want that.

But I know that at some point in time they're not going to be able to help me and they'll say, 'No, we can't operate, we can't give you treatments anymore, and this is the beginning of the end'.

Palliative care is very good but I know that it doesn't work for everybody. If it comes to it, I will want another option.

It's very important to me to have control of my destiny. Anybody that knows me knows that I wouldn't want it any other way. And it's not just for myself, it's for my family, too. It's no benefit for my husband and my children for it to be a long and drawn out procedure just because I still have breath.

Source: http://www.stopvictorianssuffering.org.au/petition_jen_barnes



Jen Barnes, a nurse, lives in South Gippsland

Voluntary Euthanasia Advocacy Groups

Christians Supporting Choice for Voluntary Euthanasia
christiansforve.org.au

Doctors for Assisted Dying Choice
drs4assisteddyingchoice.org

South Australian Nurses Supporting Choices in Dying
facebook: [SA Nurses Supporting Choices in Dying](https://www.facebook.com/SA-Nurses-Supporting-Choices-in-Dying)
My Body My Choice

facebook: [facebook.com/pages/MY-BODY-MY-Choice-VE](https://www.facebook.com/pages/MY-BODY-MY-Choice-VE)

Voluntary Euthanasia Youth Advocates
facebook: [Support SAVE-YA Law Reform](https://www.facebook.com/Support-SAVE-YA-Law-Reform)

Lawyers for Death with Dignity
saves.asn.au/lawyers

Resources

Andrew Denton's GoGentleAustralia website
<http://gogentleaustralia.org.au>

SAVES End of Life Choice Newsletters
<http://www.saves.asn.au/newsletters.php>

The Wheeler Centre podcasts Better Off Dead
<http://www.wheelercentre.com/broadcasts/podcasts/better-off-dead>

The Voluntary Euthanasia Story: the epic journey to make it legal - Adelaide forum, June 2015
<http://www.saves.asn.au/resources.php>

