



ADVANCING EXPERT CARE IN SERIOUS ILLNESS

HPNA Position Statement Legalization of Assisted Suicide

Background

Assisted suicide (AS) involves making a means of suicide (usually, the provision of a lethal dose of a barbiturate) available to a patient with knowledge of the patient's intention to kill himself or herself.¹ The patient acts to end his or her own life; if the patient is unable to self-administer the lethal dose of medication, then AS is not possible. As of 2010, AS is legal in Oregon and Washington States. In December of 2009, the Montana State Supreme Court that "competent, terminally ill patients have a constitutional right to die with dignity, which protects physicians who provide aid in dying from prosecution under the homicide statutes."^{2, p. 4} The States of Oregon and Washington have explicit criteria for ensuring safe and legally justifiable assisted suicide are widely available.^{3,4} The State of Montana has not developed criteria. Other jurisdictions in the United States and elsewhere in the world have or are considering legislation to legalize the practice.

Euthanasia is a term that is often confused with assisted suicide. Active euthanasia is the act of bringing about the death of a person at his or her request. In euthanasia, someone other than the patient performs an act (e.g., administering a lethal injection) with the intent to end the patient's life. As of 2010, euthanasia is illegal throughout the United States.

The legalization of AS has been debated for decades. Individual clinicians have varying beliefs and opinions about the legalization of AS. Most professional organizations, however, oppose legalization and have issued public statements to that effect (including HPNA, ONS, AMA, ANA). The core of their opposition generally hinges on the profession's "covenant with society" that requires clinicians to provide care that allows persons with illness to live their lives to the fullest, rather than assisting these persons to end their lives.⁵⁻⁸

Currently, Washington and Oregon do not allow advanced practice nurses to issue a prescription intended to be used for AS. However, nurses have important roles in supporting patients requesting AS, advocating for comprehensive palliative care for persons with life-limiting illnesses, providing accurate and complete information about AS to patients, families, colleagues, and the public; and understanding the legal and ethical implications of AS. Nurses also must reflect on their personal beliefs about AS to ensure that they are able to provide compassionate, professional care to patients in a way that is consistent with their own moral stance.

Position Statement

- Oppose the legalization of assisted suicide.
- Affirm the value of end-of-life care, which includes aggressive and comprehensive symptom management; open and honest communication about prognosis, treatment options and the dying process; ongoing discussion about patients' goals of care; and psychosocial and spiritual support for patients and their families; and bereavement services.
- Acknowledge that witnessing suffering that leads to requests for aid in dying can be emotionally and spiritually taxing for nurses and other clinicians. Hospice and palliative nurses should role model self-reflection, self-care, and support of colleagues when caring for patients who request aid in dying.
- Affirm that nurses must advocate for humane and ethical care for the alleviation of suffering at the end of life and ensure that patients who request aid in dying are not abandoned.
- Support public policy that ensures access to hospice and palliative care for persons facing the end of life.
- Advise nurses practicing in states where assisted suicide is legal that they have the moral and legal right to refuse to be involved in the care of patients requesting assisted suicide. They must, however, guard against communicating a negative judgment against the patient because of his/her decision and must ensure that care of the patient is transferred to another nurse or nurses who are willing and able to care for the patient and family.

Definition of Terms

Assisted suicide: Making a means of suicide (e.g., providing pills) available to a patient with knowledge of the patient's intention to kill himself or herself. The patient acts to end his or her own life⁶

Euthanasia: an act of bringing about the death of a person at his or her request. In euthanasia, someone other than the patient performs an act (e.g., administering a lethal injection) with the intent to end the patient's life⁶

Assisted death, Aid-in-dying: Term that denotes either or both assisted suicide and euthanasia⁵

References

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Additional Resources

Oncology Nurses Society Position. The nurse's responsibility to the patient requesting assisted suicide. *Oncol Nurs Forum*. 2001;28(3):442.

Oregon Nurses Association. *The Role of the Registered Nurse in Assisted Suicide*. Available at: www.oregonrn.org/associations/10509/files/Assisted%20Suicide%20Adjusted.pdf. Accessed August 10, 2010.

Task Force to Improve the Care of Terminally-Ill Oregonians. *The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals*, 2008. Available at: <http://www.ohsu.edu/xd/education/continuing-education/center-for-ethics/ethics-outreach/upload/Oregon-Death-with-Dignity-Act-Guidebook.pdf>. Accessed August 10, 2010.

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