LETTERS TO THE EDITOR

Physician-Assisted Suicide Creates a Missed Opportunity

I am a hospice nurse with Legacy Visiting Nurse Association in Portland, OR, and a teacher and coordinator of a program for Japanese nurses for Portland State University. I have been doing hospice nursing for 12 years (after 18 years of hospital nursing) and teaching pain management in this area for about as long. I also happen to be a pastor's wife.

I found the Forum Focus article, "A Death With Dignity in Oregon," by Mavis Tuten, RN, OCN® (*Oncology Nursing Forum* [*ONF*], Vol. 28, pp. 58–65) to be thoughtful, articulate, and scholarly. Tuten's compassion was quite evident in her reflections on her relationship with her patient, PH.

Regarding the subhead "About Suicide and the Sanctity of Life," I would like to add one thought. My religious misgivings about physician-assisted suicide are not based on the sanctity of life as much as on missed opportunity. As a Christian, I know what the Bible says about how anyone can turn at any time and accept Christ as Savior and, as the Bible puts it, "pass from death into life." I have seen people do this moments before death. Every moment of life is an opportunity to put one's trust in Christ and have the joyful future that was provided through his sacrifice on the cross for us. My grief over the cutting short of this opportunity is what causes my distress concerning physician-assisted suicide.

Thank you for your thoughtfully written article. Your openness to look at all issues prompted me to write with this one point of clarification.

April Petz, RN, CRNH
Hospice Nurse
Legacy Visiting Nurse Association
Teacher, Portland State University
Academic Coordinator
American Nursing Experience
Program for Japanese Nurses
Portland, OR

The Author Responds

I appreciate that you took the time and effort to articulate your convictions on the issue of physician-assisted suicide (PAS). Your concern that PAS might cut short an opportunity is somewhat echoed in Kass' (1995) comment that "the choice of death is not one option among many, but an option to end all options" (p. 232).

The arguments for and against Oregon's Death With Dignity (DWD) Act are many, varied, often personal, and frequently passionate. Religious convictions have generally entered the debate in opposition to suicide, physician assisted or otherwise. Many, but not all, of these contentions are premised on the idea that life is holy, that it belongs only to God, and that it must be held in sacred trust. But, it is important that we hear the diversity of beliefs that consider the taking of a life to be a grievous error and a sin.

To be complete, a discussion of the theological positions on suicide would need to include a multitude of religious traditions and an historical analysis of the development, over centuries, of specific beliefs and practices. Almost every religious tradition that prohibits suicide has historically allowed, and even sanctified, suicide in particular settings. And in the debates on the DWD Act in Oregon, few, if any, religious traditions, Christianity included, have been so consistent or unified that they could easily be identified or accused, as a body, of being either an ally or enemy of DWD.

On a personal level, I consider it vital that we, as humans, be involved with issues that affect the most vulnerable among us, and I consider it relevant that we, as nurses, be especially immersed in disputes that affect the sick and the dying. Even though we might prefer to avoid difficult ethical dilemmas, it is essential that we verbalize our thoughts, listen to the voices of others, and engage in honest dialogue with one another. As human beings, we often have the choice, when faced with a moral quandary, to remain comfortably distant and silent or to be fully present and take a stand.

In our role as nurses, however, we often find that we have a different problem. When we are in the immediate presence of the sick and dying, we stand, in the fullest sense of the word, right alongside the patient. It is a unique position and a difficult role. No simple or universal directive can tell us when, at the bedside of a dying patient, it is better to listen or to speak, to understand or to take a stand, to hold a hand or to reject it, to accept another's beliefs or to change it, to comfort another, or to challenge the other.

But away from the bedside of the dying, we can and should be discussing such issues. The legalization of physician-assisted dying means that nurses, especially Oregon hospice nurses such as yourself, may be positioned intimately and essentially at the side of a dying patient who is choosing to control the time, place, and means of his or her own death. Nurses must formulate an understand-

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