

The Nurse's Responsibility to the Patient Requesting Assisted Suicide

Despite significant advances in the multidisciplinary approach of palliative care, a multitude of variables have interfered with excellence in end-of-life care. The Oncology Nursing Society (ONS) recognizes the critical need for reform and is an advocate for quality care across the illness continuum. The Society wishes to emphasize the caring component of nursing, supports continued efforts to improve compassionate and competent care for the dying, and encourages continued dialogue on any and all ethical dilemmas. "The central axiom that directs the nursing profession is respect for persons. The principles of autonomy (self-determination), beneficence (doing good), nonmaleficence (avoiding harm), veracity (truth-telling), confidentiality (respecting privileged information), fidelity (keeping promises), and justice (treating people fairly) are all understood in the context of the overarching commitment to respect for persons" (American Nurses Association [ANA], 1995, p. 3).

Assisted suicide has engendered intense debate in medical, legal, bioethical, and lay communities. At this time, physician assisted suicide has been legalized in one state and one nation. No jurisdiction in the United States has legalized euthanasia. For purposes of this position, it is imperative to define assisted suicide and, more particularly, to clearly understand the definition of assistance.

Assisted suicide: "Suicide has traditionally been understood as the act of taking one's own life. The patient who is physically capable of suicide, subsequently acts to end his or her own life" (ANA, 1995, p. 1). **Assistance can be defined as any act that enables the patient to self-administer medication for the intent of ending his or her life.**

It Is the Position of ONS That

- A terminal illness can include intense physical symptoms as well as loss of control, depression, hopelessness, and fear of unrelieved symptoms. This potential "loss of self" requires that nursing intensify its efforts to ensure that the dying are cared for by compassionate, sensitive, and knowledgeable individuals who will attempt to understand the patient's needs.
- Individual nurses may encounter agonizing clinical situations and experience both personal and professional tension and ambiguity surrounding a patient's request for assisted suicide (Volker, 2001). While recognizing that physical suffering may not always be alleviated and only the dying individual can be the judge of what is a tolerable or acceptable level of personal suffering, upholding the ethical mandates of the profession while simultaneously seeking to understand the meaning of the request for assisted suicide is nevertheless important.
- Requests for assisted suicide should prompt a frank discussion of the rationale for the request, a thorough and nonjudgmental multidisciplinary assessment of the patient's unmet needs, and prompt and intensive intervention for previously unrecognized or unmet needs.
- Nurses are obligated to state that they are unable to assist the patient in the suicide, yet listen compassionately to patient requests and reaffirm nonabandonment.
- Nurses must resist the inclination to abandon (i.e., withdraw physically and/or emotionally from) terminally ill patients

who request assisted suicide. Refusal to assist the patient does not constitute abandonment. If the nurse wishes to withdraw from the care of that patient, however, care must continue until a suitable replacement can be found (Oregon Hospice Association, personal correspondence, November 16, 2000).

- Nurses should refrain from using judgmental language in the presence of the patient, family, significant others, and professional colleagues.
- In state(s) where assisted suicide is legal, the nurse may choose to continue to provide care or may withdraw from the situation after transferring responsibility for care to a nursing colleague. It is permissible for the nurse to remain with a patient who elects this course of action if both patient and nurse are comfortable with that arrangement (Oregon Nurses Association, 2001).

*Approved by the ONS Board of Directors,
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References

- American Nurses Association. (1995). Position statement on assisted suicide. Washington, DC: Author.
- Oregon Nurses Association (ONA). (2001, January). ONA provides guidance on nurses' dilemma. Retrieved January 1, 2001 from the World Wide Web: www.oregonrn.org/services-whitepaper-0001.php
- Volker, D.L. (2001). Oncology nurses' experiences with requests for assisted dying from terminally ill patients with cancer. *Oncology Nursing Forum*, 28, 39-49.

To obtain copies of the ONS position "The Nurse's Responsibility to the Patient Requesting Assisted Suicide," contact the Customer Service Center at the ONS National Office at 501 Holiday Drive, Pittsburgh, PA 15220-2749 (412-921-7373). Positions also may be downloaded from ONS Online (www.ons.org).

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