The Choice of Dying a Dignified Death

"Should assisted euthanasia be legal for competent patient's with a terminal and irreversible illness who have had alternative options exposed to them?"

By Mickayla Meredith

Introduction

Assisted euthanasia in New Zealand is illegal under the Crimes Act 1961 Section 179 (Ministry of Justice, 2015). With multiple bills attempting to be passed through Parliament, assisted euthanasia is a continuous ethical debate and topic of discussion currently throughout New Zealand as death occurs in all clinical settings whether it is at home, in a hospital setting, rest home or hospice care.

Findings For & Against Assisted Euthanasia

Through the review of literature there are multiple factors that play an important role when looking at physician-assisted euthanasia:

- •The role of palliative care being an essential option for terminally ill patients with relief of physical, emotional, spiritual and cultural suffering they may endure (Clark, Sheward, Marshall & Allan et al., 2012)
- •Increased and more affective symptom management versus the reduction of suffering through symptom management and control
- •Feelings of being a burden and loneliness may lead to a sense of hopelessness (Donnelly, 2012)
- Maintaining a dignified death versus maintaining human dignity, self determination and control (Johnstone, 2009)
- Reduced functional status with a lack or loss of control, physically and emotionally and becoming dependant on others (Voluntary Euthanasia Society of New Zealand, 2016)
- Loss of emotional and spiritual growth versus spiritual despair

Implications on Practice

Nurses may experience conflicting thoughts about their underlying values, beneficence to do good, non-maleficence to do no harm and the patient's right to choose, autonomy.

Nurses need to advocate in the best interest for their patients and make sure they're respected and supported while being mindful of legal and ethical implications.

Recommendations

- 1. Palliative care to be discussed thoroughly with the patient including the support and resources available to them and their loved ones
- 2. Thorough explanation that the pain and suffering patients may experience can be managed through palliative care, not just physical pain but emotional, spiritual and cultural pain they may experience
- 3. If it were to pass legislation, nurses have the option to not participate in assisted euthanasia as they have a right and committment to do no harm and to do good for their patients and their loved ones as told in our code of ethics
- 4. Support and assistance a nurse may need is available to them if they were to carry out assisted euthansia having it passed legislation

Conclusion

Many aspects such as the findings above need to be well thought out and discussed between medical staff, the patient and their loved ones when it comes to the debate over physician-assisted euthanasia.

Whether assisted euthanasia becomes legal in New Zealand for competent patient's with a terminal and irreversible illness who have had alternative options exposed to them, nurses have a care of duty to do good but also respect a patient's wishes, proving how this topic can become quite a debate. In any case, the patient must always be the priority, with a nurse's advocacy and protection when coming to the end of their life.

References

Clark, J. B., Sheward, K., Marshall, B., & Allan, S. G. (2012). Staff Perceptions of End-of-Life Care following Implementation of the Liverpool Care Pathway for the Dyin Patient in the Acute Care Setting: A New Zealand Perspective. *Journal of Palliative Medicine*, 15(4). 468-473. doi:10.1089/jpm.2011.0375

Donnelly S. (2012). Debates on euthanasia: the soul of medicine is on trial. Journal of the New Zealand Medical Association, 125(1366), 90-93

Johnstone M. (2009). Bioethics: A nursing perspective. Sydney, N.S.W: Churchill Livingstone/Elsevier

Ministry of Justice. (2015). Crimes Act 1961 No 43 (as at 07 November 2015), Public Act 179 Aiding and abetting suicide - New Zealand Legislation. Retrieved from http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM329347.html

Voluntary Euthanasia Society of New Zealand. (2016). Supporting End-of-Life Choice. Retrieved from http://www.ves.org.nz/

Rationale

Having recently heard about the 'End of Life Choice Bill' trying to be passed through Parliament, I thought about the ethical issues this topic has and the many pros and cons that were weighing on it. I started to think how I personally would feel if it were to be passed and if in the future, I were to carry out or be apart of assisted euthanasia as a registered nurse. Would I be comfortable with having to aid someone in his or her death if it meant they were free from the issues brought up in my literature review being shown on this poster?

For nurses, if assisted euthanasia were to become legal, it would challenge our professional and personal values and beliefs. Being faced with euthanasia in the workforce already, it is critical for this topic to be explored by medical health professionals and us as nurses as it will change our practice hugely, in particular palliative care nurses whose aim is to improve the quality of life of patients and their families facing life-threatening illnesses. At what stage can we as nurses and medical personal decide or participate in assisted euthanasia if we are taught to 'do no harm' and have a commitment to 'do good' throughout our training?

I chose to do a poster to show my literature review as I personally find it more appealing to look at something right in front of me with the information all on one page and I thought it would appeal to a wider range of people to read and increase the exposure of this topic. According to Berry & Houston (1995), posters are widely used and are a great way to use as a means of communication for students as well as enhancing their learning when choosing what specifically to report on it. They describe how posters are a time and cost effective way of presenting information.

References

Berry, J., & Houston, K. (1995). Students using posters as a means of communication and assessment. *Educational Studies in Mathematics*, 29(1), 21-27. doi:10.1007/bf01273898

| PECOT Category | Information related to the | Explanation |
|-------------------------|-----------------------------|------------------------------|
| | question | |
| Population | New Zealanders with a | Terminally ill patients as |
| _ | terminal and irreversible | they are likely to die and |
| | illness | there are no other |
| | | alternative treatment to |
| | | save their lives |
| Exposure (intervention) | Terminally ill patients who | We will be looking at |
| | have had medical | articles for and against |
| | interventions occur and | euthanasia and think about |
| | exposure to palliative care | other interventions such as |
| | | palliative care that are in |
| | | place for these patients and |
| | | why euthanasia would be |
| | | an option for them |
| Comparison (control) | To people who access and | The topic at interest is for |
| | use palliative care until | patients who are wanting |
| | time of death | assisted euthanasia in |
| | | comparison to receiving |
| | | palliative care until their |
| | | death |
| Outcome | Resolution or no | We want to know that the |
| | resolution of the patient's | patients wanting assisted |
| | terminal illness and their | euthanasia are competent |
| | competency to make their | in making such a decision |
| | own decisions | and whether euthanasia |
| | | would be their last and |
| | | possible outcome |
| | | |