

ASSISTED SUICIDE

An Examination of the Ethical Dilemma of Assisted Suicide and the Role of Nursing

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Abstract

This paper examines the issues involving a nurse's role in assisted suicide. The question asked is whether or not it is within a nurse's duty to determine if the nurse should assist in suicide and when such action is appropriate by defining assisted suicide and by looking at the ethical and professional roles of nursing.

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Introduction

Within the field of nursing there are times in which a nurse encounters issues dealing with ethical dilemmas; it is, therefore, necessary that nurses understand these issues and how they play into the role of nursing. The ability to foresee problems, analyze situations and use critical thinking sets RNs apart from other health care professionals particularly within the spectrum of ethics. Ethics is the study of conduct and character (Potter, 2009). With this in mind, ethics is the core of the profession of nursing. The code of ethics is a group of guidelines serving to set a standard of behavior. The main ideals included in this code are: advocacy, responsibility, accountability and confidentiality (Potter, 2009). One ethical issue that deals with these principles is assisted suicide.

Discussion

In Holt's "Nurses' attitudes to euthanasia", she discusses the definition of "euthanasia" as being derived from Greek for "a good death" (Holt, 2008). In this she also discusses a UK law which deems suicide acts legal. The problem comes about when a person no longer has the means and ability to commit suicide, and thus needs assistance. She quotes from a study on the role of US critical care nurses that 16% of respondents had practiced euthanasia. Rose goes on

to discuss the definitions of euthanasia versus assisted suicide. She defines the difference as the clinician rather than patient administering drugs that would end life (in euthanasia). She then goes on to discuss the differences between voluntary euthanasia (requested help, such as assisted suicide), involuntary euthanasia (opposed to euthanasia), and nonvoluntary euthanasia (incapable of giving an opinion), (Rose, 2007).

While nurses have been documented assisting in suicide, is this ethical? The main question within this argument is precisely what Thomas suggests in “The Assisted Suicide Debate”, that “the issue is not about nurse aiding and abetting someone to commit suicide but finding out what an individual’s preferences are,” (Thomas, 2009, p. 3). It is the nurses’ role to be the advocate for the patient, to fight for what is best for that patient. The nurse’s role would be to encourage their patient to allow the health care team to give the best care for the patient. But what about in the cases of the terminally ill? Would it not be more humane to allow a death with dignity or as Holt relays, to die a “good death”?

Two principles at play here are autonomy and nonmaleficence. It is within the patient’s rights to have control over all aspects of their care, even the most basic such as the ability to die. However, it is also the nurse’s goal to avoid harm or hurt of their patient. Here Holt also brings up the point that “while deliberately administering a lethal substance (active euthanasia) to a patient is unlawful, withdrawing or withholding treatment (passive euthanasia) in some circumstances is both lawful and considered by health professionals to be good practice, (Holt, 2008, p. 6). Patients are given the legal option of withholding treatment, but not to administer drugs to a fatal point which may further relieve a patient’s suffering.

From one perspective, a nurse should hold to a patient’s autonomy if that patient wishes to commit suicide but needs the nurse’s help. It may also be argued that by assisting in suicide,

the nurse is being kind by ending that person's suffering. While there has not been nearly enough research, it is clear that there are nurses who would assist a patient in suicide. In assisting a patient you are allowing that patient dignity. They and their family no longer have to suffer; they can rest peacefully knowing that they no longer are in pain and suffering. Furthermore, health care is expensive and if a patient is terminal, they could amass a great deal of debt before their inevitable death. Why further a person's pain or increase their health care cost when they could simply take a fatal dose of a pain reducing opioid and slip away into a peaceful death?

There are, however, discrepancies even among nurses on the issue of assisted suicide. Holt cites another article which finds that nurses who work in critical care or mental health are more likely to be accepting of active euthanasia than nurses in geriatrics or palliative care, (Holt, 2008). In the case of critical care or mental health, a patient may be suffering so much to a point that death may be the best alternative. Conversely, a person may be incapable of making a decision on whether or not they want to live or die. If a person is "nonvoluntary," (unable to discuss their options, incapable of making an informed decision, or is mentally unstable), what should a nurse do?

It would not be ethical for a nurse or other medical personal to ask a patient's family to make that decision for them. While this does happen, especially in the cases of withholding treatment, it is not a fair decision to make. It is however, the nurse's duty to do whatever is best for the patient. How can a nurse make the decision to take a person's life? This sort of habituation is not one that a nurse should have because there is a very fine line between malevolence and murder. In addition, it is the nurse's job to always try to offer the best care to the patient, regardless of any situation. Would offering death really be professional?

Ultimately, it should be up to the patient to decide whether or not they wish to die with dignity or continue to receive care and fight for life. However, how can their caretaker be sure if they are capable of making that decision rather than just acting upon an impulse or are mentally stable? A nurse must take into consideration not only the patient's health, but also their families, their mental health, and whether or not they are able to make this decision. This is a decision that should not be rushed. Even if a patient is in a great deal of pain and agony, a nurse could call their physician if there is not already pain medication prescribed and alleviate some of the pain before considering such an extreme decision. Then there should be more time to take into consideration other problems aside from the patient's physical health.

While a nurse deals directly with the dying patient, he or she must also consider what the family is going through. Perhaps a patient feels pressure from the family because that patient doesn't want his or her family seeing them so sick. Or perhaps a patient needs reminded of what they will be leaving behind. Perhaps the patient needs mental help, such as in the case of problems with depression. Or perhaps they are otherwise incapacitated in which case the nurse should take those problems into consideration. The case may be that the patient is mentally stable and has completely thought his or her suicide through. It may be that the family is also prepared to say goodbye to their loved one. It may be the case that this patient is ready to die but does not want to suffer anymore or essentially starve to death by withholding any medical help or nutrition.

In this case, it is undoubtedly within that patient's rights to die with dignity and to die well. However, even with all the arguments for assisted suicide, even with the consideration that a nurse could be a merciful angel who allows that patient to slip into a tranquil never-ending sleep, it would not be that nurse's decision to make. Though there are documented cases in

which a nurse has administered a lethal dose of medication intentionally, it would be unprofessional and unethical for a nurse to assist in suicide.

Even if all other options are met, such as aggressive medical treatment, other resources, (such as a Chaplain, priest or social worker) or even simply talking with a patient about their options, it is not within a nurse's duty to help that person commit suicide. It may be that patient's best option, however it is still illegal.

Conclusion

The laws should be examined and perhaps assisted suicide should be legalized in extreme cases. It would be beneficial to some patients to be able to end suffering of themselves and their families. However, there again if this practice were legal, where would the line end? Would medical personnel be able to continue to take each patient as an individual or would they slowly start generalizing instead of listening carefully to what the patient and their families are saying? Either way, this practice is currently illegal and that being stated, it is not professionally within a nurse's right to make the decision to administer death to a patient.

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