Assisted Suicides: Ethical Dilemma in Nursing

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Patient R.W. was diagnosed with lymphatic cancer in 2005, with immense odds of survival following chemotherapy, radiation, and some surgery. He was cancer free for four years until, in 2009 at a yearly checkup, he was told that the cancer had come back and had metastasized to his bone marrow. The doctors gave him about a year to live, granted he go through intense treatment again. Without the treatment, they estimated about 5 months. R.W. being a religious man, decided to take the 5 months of life, stating “the good Lord is ready to call me home either way and I just don’t want to be sick anymore” (R. Wilbanks, personal communication, January 2009). R.W. was able to live his life to the fullest for six months after his news of the cancer being back. At the end of that sixth month, he was beyond recognition. By the end of that sixth month, according to the autopsy, the cancer had consumed his entire body (lungs, heart, and brain especially). He was unable to breathe properly and was always gasping for air; it was a chore just for him to use his bedside urinal. His family and friends had to watch him forget about them all day by day until he could not even remember how to talk, or swallow, or even breath, yet alone remember his own sons’ names. R.W. died memory less and in extreme pain, they could no longer give him pain medication because the amount of pain meds he needed to suppress his pain was considered a ‘lethal’ dosage.

About a month before R.W. died, he made it clear to his family that he did not want to be resuscitated or placed on life support and made sure to have an advanced directive to state his wishes as well. His family agreed with him and understood his wishes because they did not want him to suffer anymore than they could help. In this month, he stated he was afraid of the pain and suffering him and his family were going to endure and he had wished he could leave earth with his right mind and have his family remember him how he was then, before the cancer finished
him off (R. Wilbanks, personal communication, June 2009). He would joke with the nurses sometimes asking them if they “could help a dying man out” (M. Wilbanks, May 2009) when they knew R.W. was not joking, but hoping they could help him die before he went through that suffering. The nurse’s would get this look on their face as if they knew what he was about to endure and could not do a thing about it, a sense of absolute helplessness.

Ethical Dilemma

In this scenario, beneficence and nonmaleficence are the conflicting nursing ethical principles. Beneficence is taking positive actions to help others; that all the client’s best interests remain more important than self-interest (Potter & Perry, 2009). ‘Taking positive actions to help others’ could possibly be interpreted in many ways with the ethical issues of nursing today. One person’s positive could be another’s negative. For example, one person might believe that assisted suicide for someone who is terminally ill, and will only suffer until the very end, as a positive. Whereas society could possible see that aiding in dying constitutes patient abandonment (Ersek, M., 2004). Nonmaleficence is the avoidance of harm or hurt (Potter & Perry, 2009). One might argue that killing a patient is harming them, but in turn letting a patient suffer for weeks to months as they wait to die could be harmful as well. Ersek (2004) stated that even the ANA is on the fence about assisted suicide because offering patients assistance in dying isn’t compatible with a nurse’s role, to assist people in living the fullest lives possible, at the same time the ANA does agree that refusing to help a suffering patient die is the same as abandoning them at the time of greatest need and inflicts unacceptable harm. This is the patient’s problem and should have the right to have a say in their death if they are terminally ill. There are political issues about assisted suicide and personal issues as well. If the political issues were resolved in
favor of assisted suicide, there would still be personal issues because it is also a nurse’s personal choice as to whether they want to carry it out or not.

Additional Information Needed

According to Mathes (2004), assisted suicide refers to making available to an individual the means to take his or her own life and euthanasia refers to the situation where another person not only may provide the means but actually performs the specific act that causes the individual’s death. It must be kept in mind that assisted suicides are legal in some places all over the world and in one place in the US as well, Oregon. However, euthanasia is not legal in any jurisdiction in the United States, as euthanasia can be considered a ‘mercy killing’. “In 1997, the “Death by Dignity Act” went into effect that allows terminally ill, mentally ‘capable’ Oregon residents age 18 or older to obtain prescriptions to self-administer lethal medications” (Trossman, 2006). In Oregon, according to Eserk (2004), the patient must be also have a prognosis of at least 6 months or less and make two oral and at least one written request for prescription for lethal medication to his physician. The oral requests must happen within 15 days of each other and written requests should be observed being signed by at least two witnesses. Some things to consider, if assisted suicide becomes legal in the U.S., are who will pay for the medication administered? Would the family have to pay for it or would the patient’s insurance help pay for some to all of it? Also, if it becomes legal, is there a possibility that patient’s may feel obligated to commit assisted suicide, feeling like they could be a burden on their family versus really wanting to end their lives.

Like with any situation, either decision has positives and negatives that come along with it. Some positives about committing assisted suicide is knowing that your terminally ill patient
will not have a long drawn out death, but will go peacefully without suffering anymore. According to Dean (2009), a nurse from Zurich, Erika Luley, stated that “every assisted suicide that she has been involved with has been a positive event, that seeing people suffer while I worked as a nurse inspired me to volunteer at the assisted suicide centre, Dignitas”. Some negatives with assisted suicide are that the family could feel differently about the patient’s wishes and feel that the nurse or doctor convinced the patient to do that. Also the assisted suicide failed, meaning that it simple was an overdose and not lethal and now the patient is even worse than before. If you do not help your patient after they have requested assisted suicide, they could feel as though they do not trust you or that the nurse looks upon them differently as a person.

The nurse presented with helping a patient with suicide should realize that if she is not working in Oregon, assisted suicide is illegal and could face criminal charges and losing their license. Technically though, each nurse is able to decide to help or not and bowels down to their moral values. Before doing something illegal (except in Oregon) the nurse could use the opportunity to dig deeper to find out why it is this patient is asking for this. Find out if the patient is afraid of suffering, of being a burden to their family, or if they are suffering from depression. Assess the patient to find out about their mental status and check for past suicide attempts, which could suggest using their sickness as an excuse to commit suicide. Talk to the patient and make sure they understand what it is they are asking and make sure they are aware of their state laws regarding assisted suicides. “People in Oregon aren’t requesting assistance in dying because of poorly managed pain… they want to feel in control of their end-of-life options and have their choices reflect their values” (Trossman, 2006). The best action option for the nurse is to know and follow their states laws when it comes to assisted suicides. If they do not work in Oregon
then it would be illegal to follow through with it so the best action is not to participate in assisted suicide.
References


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