



Guidelines for the Role of the Registered Nurse and Advanced Practice Registered Nurse When Hastened Death is Requested

People living with advanced illness who want to hasten their death or avoid the prolongation of their dying have various options available to them. The patient self-determination act¹ allows patients to refuse or stop life-sustaining therapies (i.e., ventilator support, cardiac support devices, feeding tubes, nutrition and hydration, etc.).² In addition, in states where physician assisted death/physician assisted suicide (PAD/PAS) is legal, patients have this as an option. It is therefore necessary that palliative and hospice registered nurses and advanced practice registered nurses understand the issues related to PAD/PAS. The issues germane to clinical practice include: professional statements, state statutes, organizational policies, patient centered care and resource utilization.

The HPNA position statement on Physician Assisted Death/Physician Assisted Suicide states that HPNA does not recognize PAD/PAS as part of palliative care but does emphasize that ALL patients are entitled to expert and compassionate palliative care.³ Given that PAD/PAS is legally sanctioned in many states and that legislation in additional states is anticipated, guidelines to assist palliative and hospice nurses on how to respond when hastened death is requested are necessary.

Background

The essence of nursing is care for patients across the life cycle. Palliative and hospice nurses focus on the promotion of quality of life to enable patients to live as fully as possible, on their terms, from diagnosis of a serious illness to death. Because the trajectory of dying has changed and people are living longer with progressive debilitating diseases, palliative and hospice nurses care for patients in a variety of settings including acute care, critical care, clinic, home care, long-term care, and hospice care settings.

Caring for patients with progressive debilitating disease can be challenging especially in the presence of advanced technology when life can be prolonged for extended periods of time and the dying process protracted. In addition, with

overall advances in disease directed treatment and preventative health care, sanitation and nutrition, many people are living longer lives.

Through quality palliative nursing care, most patients are able to achieve a peaceful death. However, a person with serious illness may find it difficult to accept a quality of life they deem as unacceptable. They may experience among other things, existential distress, fear of loss of control and being a burden on family. This may lead to the desire to hasten their death, often in the form of a request for PAD/PAS to enable a death that comes at a time of their choosing.

Many such patients still require and expect expert palliative and hospice care. It is essential that palliative and hospice nurses are prepared to deliver palliative and hospice care to all patients, including those who have requested a hastened death.

In order to effectively and compassionately respond to the palliative care needs of patients who may hasten death, it is important for registered nurses and advanced practice registered nurses to proactively consider the issues related to such a request. This includes the professional code of nursing practice and the nursing code of ethics and the nurse's personal core values. By understanding these aspects of caring for a patient who requests a hastened death nurses are able to create a patient centered plan of care.

Individual palliative and hospice nurse responsibilities:

1. Recognize personal and professional values of nursing⁴⁻⁸ and palliative nursing.⁹⁻¹¹
2. Understand important terms such as dignity, autonomy, and fidelity as defined below.
3. Understand that respect for patient decisions does not require that the palliative and hospice nurse agree with or support all patient choices.^{5 Pro 1.2 p 2}
4. Continue the provision of quality palliative and hospice care.
5. Maintain a nonjudgmental attitude and assure fidelity meaning that the patient is not abandoned.⁵
6. Understand that palliative and hospice nurses may defer involvement with a patient requesting PAD/PAS due to conscientious objection but need to follow organizational policy to ensure that care is transferred to another provider.
7. Ensure respect for colleagues who may have different opinions pertaining to PAD/PAS and respond in a supportive, nonjudgmental manner.
8. Acknowledge that the patient self-determination act¹ allows patients to refuse or stop life-sustaining therapies (i.e., mechanical ventilation, cardiac support devices, feeding tubes).²

Nursing process for patients requesting a hastened death:

1. Understand the professional, legal and ethical issues related to PAD/PAS.
2. Reflect on and consider personal moral and ethical values related to PAD/PAS.

3. Ensure expert pain and symptom management to eliminate physical distress and refractory symptoms as a factor in a request for hastened death.⁶
4. Provide expert palliative care even if, and as, a request for PAD/PAS is being evaluated.
5. Determine an understanding of the basis of the request and the decision making behind the request.
6. Communicate effectively and with compassion.
7. Utilize appropriate resources and specialists to assure optimal palliative care and promote quality of life in all the domains – physical, psychological, social, spiritual.
8. As appropriate, assure that patients understand choices for withholding and/or withdrawing life-sustaining treatments, voluntary cessation of eating and drinking, and palliative sedation.⁴
9. Respond to patient requests for PAD/PAS within legal and professional parameters.
10. Support and respect colleague responses to PAD/PAS.

Responding to Requests for Hastening Death¹²

1. Clarify the patient's request.
2. Assess the patient and attempt to understand the background regarding the request.
3. Determine whether the patient:
 - A. has decision making capacity
 - B. has unmanaged pain
 - C. has other uncomfortable symptoms
 - D. is experiencing psychosocial distress
 - E. is experiencing existential and/or spiritual suffering
4. Evaluate if patient symptoms have been fully managed with appropriate interventions and refer as necessary to attend to them. This may require consultation with an advance practice registered nurse, physician and other palliative and hospice care experts.
5. Collaborate with the patient to determine a short-term plan (i.e., new symptom management plan).
6. Collaborate with the patient to determine a long-term plan (i.e., consultation with additional resources that may include a chaplain, social worker for family support, bereavement support).
7. Consult and collaborate with the health care team to assure attention to all dimensions of quality of life. Consult with palliative, hospice, and other specialists.
8. Provide additional information, as requested by the patient, regarding options about palliative sedation, withholding or withdrawing of life-sustaining therapies, and/or hastening death. The nurse must provide information about those options and/or ensure that another provider can provide the information.⁵
 - A. Information regarding withholding and/or withdrawing life-sustaining

therapies (i.e., hemodialysis, peritoneal dialysis, mechanical ventilation, cardiac support devices, nutrition and hydration). Refer to HPNA's position statement on *Withholding and/or Withdrawal of Life-Sustaining Therapies*.

- B. Information regarding voluntary cessation of eating and drinking.
- C. Information regarding palliative sedation for intractable symptoms. Refer to HPNA's position statement on Palliative Sedation.
- D. Information if desired regarding the process for being evaluated for PAD/PAS where legalized. Refer to HPNA's position statement on Physician Assisted Death/Physician Assisted Suicide.

9. Provide ongoing palliative care and support to the patient and family.

Definition of Terms

From the HPNA Definition of Terms for Position Statements:

<http://advancingexpertcare.org/wp-content/uploads/2016/01/Definition-of-Terms-for-Position-Statements.pdf>

Autonomy: A multidimensional ethical concept. It is the right of a capable person to decide his/her own course of action based on personal values and goals of life. Self-determination is a legal right.^{13,14}

Dignity or Respect for Person: A fundamental ethical principle. Dignity is the quality, state, of being honored or valued. Respecting the body, values, beliefs, goals, privacy, actions and priorities of an autonomous adult preserves their dignity. This is a broader concept than autonomy.¹³⁻¹⁵

Fidelity: The ethical imperative to keep promises. For healthcare providers, fidelity includes the promise not to abandon the patient.¹³

Forgoing life-sustaining treatment: To do without a medical intervention that would be expected to extend the patient's life. Forgoing includes withholding (not-initiating) and withdrawing (stopping).

Life-sustaining therapies: Include but are not limited to advanced cardiac life support, cardiopulmonary resuscitation; cardiac support devices (pacemakers, internal cardioverters/defibrillators, intra-aortic balloon pumps, LVADs) and cardiac medications; respiratory support devices (invasive and non-invasive mechanical ventilation, oxygen, ECMO and respiratory medications); renal support devices (dialysis in any form) and renal medications; blood products; artificial nutrition and artificial hydration; cancer treatments; and surgery.

Palliative sedation: "When terminally ill, conscious patients experience intolerable symptoms that cannot be relieved by expert palliative care, palliative sedation involves administering sedatives and non-opioid medications to relieve suffering in doses that may induce unconsciousness, but not death" ^{16 p. 583}

Physician Assisted Death (PAD)/Physician Assisted Suicide (PAS): The practice of a physician providing a terminally ill patient who has decision-making capacity, the means to take his or her own life, through the provision of a prescription for a lethal dose of medication. The agent who takes the medication at a time of personal choosing is the patient, the prescriber of the lethal dose of medication is the physician.

Refractory symptom: One that cannot be adequately controlled in a tolerable time frame or at a tolerable level despite aggressive use of usual therapies and seems unlikely to be adequately controlled by further invasive or noninvasive therapies without excessive or intolerable acute or chronic side effects/complications. ¹⁷

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Resources from Professional Organizations

American Academy of Hospice and Palliative Medicine.

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National Hospice and Palliative Care Organization.

- Commentary and resolution on physician assisted suicide. http://www.nhpco.org/sites/default/files/public/PAS_Resolution_Commentary.pdf. Accessed January 2, 2017

Resources from State Legislation

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