



HPNA Position Statement Physician Assisted Death / Physician Assisted Suicide

Background

As of 2017, at least one sixth of the US population lives in a jurisdiction where physician assisted death/physician assisted suicide (PAD/PAS) is legally permitted and more states are also considering legalization. As a consequence, an increasing number of hospice and palliative care nurses are likely to care for patients who consider PAD/PAS as a potential option or a choice.

In recognition of the World Health Organization's definition of palliative care which affirms that, "palliative care intends neither to hasten nor postpone death,"¹ and supported by the National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines*², HPNA does not consider PAD/PAS as a component of palliative care. HPNA does, however, recognize that PAD/PAS is a legal end-of-life option for terminally ill patients in some states. Unlike physicians in states where PAD/PAS is legal, nurses in those states do not have an active mandated role in the PAD/PAS process (i.e., determining the appropriateness of a patient to make the request, obtaining a second opinion, prescribing medications, and/or administering medications).

Comment

HPNA is a national organization representing advanced practice registered nurses, registered nurses, licensed vocational and practical nurses, and nursing assistants, who work in a variety of settings across the health continuum including acute care, critical care, clinic, home care, long-term care, and hospice care settings. HPNA members represent a diverse nursing community with different cultural, ethnic, religious, and socioeconomic belief systems.

The essence of palliative care nursing focuses on patient and family centered care delivered in a nonjudgmental fashion.^{3,4} Palliative care is offered and provided without imposing one's own personal and professional values, preferences, cultural, and religious beliefs onto patients. Nonetheless, nurses may struggle from a moral and ethical perspective with patients' requests for PAD/PAS, especially in a state where it is legally permitted. If nurses practicing in

jurisdictions where PAD/PAS is legal are morally or ethically unable to provide information or care for patients requesting PAD/PAS, they are obligated to make certain the patient is cared for by another nurse or health care provider and is not abandoned. It is also of utmost importance that palliative care is offered and provided.

Position Statement

It is the position of the Hospice and Palliative Nurses Association that physician assisted death/physician assisted suicide are not part of palliative care.

Therefore, HPNA affirms the following actions:

Education

- Hospice and palliative nurses shall assure their professional development in the ethical principles and the relationship of these principles to PAD/PAS.
- Hospice and palliative nurses must be knowledgeable and understand the laws specific to PAD/PAS in the state(s) where they practice.

Clinical Practice

- Hospice and palliative nurses must have expertise in pain and symptom management, and spiritual and psychosocial distress to assure that untreated suffering is not the basis for requests for PAD/PAS.
- Hospice and palliative nurses must know and understand that their scope of practice does not include the provision of PAD/PAS. They must, however, adhere to state and organizational policies pertaining to PAD/PAS.
- Hospice and palliative nurses must assure that all patients have access to quality hospice and palliative care.
- Hospice and palliative nurses can utilize the HPNA *Guidelines for the Role of the Registered Nurse and Advanced Practice Registered Nurse When Hastened Death is Requested* to guide their clinical practice.

Policy/Advocacy

- Hospice and palliative nurses must recognize their own values, practices, and beliefs and the relationship of these values, practices, and beliefs to PAD/PAS.
- Hospice and palliative nurses must advocate for the development, use and availability of hospice and palliative care to alleviate patient suffering and enhance quality of life while valuing patient and family goals of care.⁵
- Hospice and palliative nurse must provide quality palliative care for all terminally ill patients regardless of a request for PAD/PAS.

- Hospice and palliative nurses must not abandon patients who request PAD/PAS, but adhere to nursing code of ethics and policies and procedures around non-abandonment.

Leadership

- Hospice and palliative nurses must be engaged in public education regarding the differentiation between PAD/PAS, withholding and withdrawing life-sustaining therapies and palliative sedation.⁵

Definition of Terms

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.

References

1. World Health Organization. WHO Definition of Palliative Care. 2002; <http://www.who.int/cancer/palliative/definition/en/>. Accessed December 22, 2016.
2. National Consensus Project for Quality Palliative Care. *Clinical Practice Guidelines for Quality Palliative Care*. 3rd ed. Pittsburgh, PA.
3. American Nurses Association, *Nursing Scope and Standards of Practice*. 3rd ed. Silver Spring, MD: American Nurses Association; 2015.
4. American Nurses Association, Hospice and Palliative Nurses Association. *Palliative Nursing: Scope and Standards of Practice – An Essential Resources for Hospice and Palliative Nurses*. 5th ed. Silver Spring, MD: American Nurses Association and the Hospice and Palliative Nurses Association; 2015.
5. American Nurses Association. Code of Ethics for Nurses with Interpretive Statements. Silver Spring, MD: American Nurses Association; 2015.

Resources

American Nurses Association. Position Statement – Euthanasia, Assisted Suicide, and Aid in Dying. 2013; www.nursingworld.org/euthanasiaanddying. Accessed July 7, 2017.

American Nurses Association. Position Statement – Nursing Care and Do Not Resuscitate (DNR) and Allow Natural Death (AND) Decisions. 2012; www.nursingworld.org/dnrposition. Accessed July 7, 2017.

American Nurses Association. Position Statement – Registered Nurses’ Roles and Responsibilities in Providing Expert Care and Counseling at the End of Life. 2010; Link accessed July 7, 2017.

www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Archives/etpain14426.pdf.

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To advance expert care in serious illness**