Guidelines: Professional challenges – Assisted dying position statement

Purpose
The purpose of this position statement is to outline NZNO’s position on assisted dying, to provide principles to guide your nursing practice when questioned by patients, and their families on issues of Assisted Dying (AD).

Introduction

‘I whānau mai te tangata kia mate, we are born to die’.

Currently, AD is not yet legal in Aotearoa New Zealand. Despite the inevitability of death, it does not necessarily provoke the same responses and expression of grief across both individuals and culture. Recent and highly publicised requests to legalise medically AD in Aotearoa New Zealand indicate a change in public opinion on the right to chose. Given international trends, it is inevitable that some law will be passed in New Zealand which legalises AD. It is extremely important that nurses are involved in the formation of that law to ensure better resourcing and support is available to care for people who are dying. We can also learn from holistic indigenous models of care that openly discuss life and death issues as a way of life rather than way of dying.

NZNO approach

As patient advocates, NZNO can no longer take a neutral stance in relation to AD. NZNO has chosen to take a principled approach to AD, and advocate for individuals to have the option or choice of AD. Accordingly, our concern is focused on the impact of legislative changes that may affect the day-to-day practice of nurses who work with dying people.

This approach includes:

> taking a progressive stance in championing individual right to make a fully informed choice;
> ensuring that our members are informed, are safe and competent in their practice and understand their professional and legal obligations;
> lobbying for law changes for those members who wish to object on the grounds of conscience to being involved in AD services; and
> developing clear guidelines to ensure that all nursing and non nursing staff involved with individuals who are dying across the care continuum have AD training, as death and dying is not be restricted to one setting.
Complexity of AD debate

The complexity of the AD debate is that despite the best palliative care services, some people will experience unbearable suffering at the end of their lives. To avoid the suffering, some people take their own lives earlier than perhaps they would have if AD was available. While there is no universal nursing position on the ethics of AD, given international trends some form of AD may well be legal in the near future. This will have serious ethical, professional and regulatory implications for all nurses, nursing students and health care assistants who are involved in caring for people that are dying. These need to be robustly discussed in supportive environments that ensure health workers are able to access appropriate support and information.

Nursing ethics of AD

Health professionals and ethicists hold a range of views on the question of whether AD is ethically permissible. Recent international research shows that nurses may be more likely than doctors to support AD in principle and to participate, depending on the particular role, which varies across jurisdictions. Death and dying is not restricted to one clinical setting. Nurses, provide 24/7 care service and interact with families and medical practitioners in a wide range of clinical settings (hospital, hospice, primary health care, aged care, home care) delivering care to dying people and their whānau and families. NZNO members have diverse personal views and backgrounds (cultural, religious and ethnic) on AD. There is not one clear position. There is however an urgent need to develop guidelines to assist nurses to understand their rights as well as the ethical and legal complications of their actions and making decision that honour health consumers’ decisions.

Professional Accountability

The Nursing Council of New Zealand Code of Conduct for nurses provides clear principles and guidelines to ensure health consumers are treated with respect and that their dignity, culture and individuality are valued. Honouring and respecting patient’s autonomy and their right to choose their care is part of a nurse’s day-to-day practice. Nurses are often the first health professional, trusted with ‘wish or desire to die’ conversations. At times these decisions can challenge our own values and beliefs and be highly emotional for all parties. Nurses are aware that when they are involved in these conversations, their own personal beliefs relating to AD must be put to one side. Having the right environment to make well considered decisions with sufficient information and moral/emotional support, without coercion is essential.

Learning from Indigenous models of care

As nurses, we must be careful not to judge or label people as having only one view on death and dying, rather it is the individual and collective cultural approach that
must be respected. Holistic indigenous models, such as Te Whare Tapa Whā, have the ability to support and discuss both life and death issues such as AD. Māori mythology stories describe the interwoven connection between life and death, whakapapa linkages between tupuna and the living whānau, hapū and iwi, the whenua and the environment. Concepts such as Tika, Aroha and Pono can be used to guide decision making processes to ensure a dignified death occurs. The Manaakitanga duty of care obligation ensures all communities are given the opportunity to contribute. Just as live streaming at tangi, cremation rather than burial, and organ donation is being accepted and chosen by Māori, AD will also be an option Māori can choose.

Where to find more information
A wider range of research, submissions, government legal, clinical practice, and personal stories are readily available both internationally and locally to assist those nurses who wish to have more information on the role of the nurse in AD.

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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa New Zealand through participation in health and social policy development.

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References
