Ethical Issues Confronting Nurses’ Participation in the Death with Dignity Act
Ifeanyi Madujibeya, Teresa Villaran MSN APRN-BC CCRN
Berea College

Background: On March 4th 2009 and May 25th, 2013, respectively, Washington state and Vermont joined Oregon State in the enactment of the Death with Dignity Act. On December 31st 2009, Montana State Supreme Court ruled that a terminally ill, competent patient has a legal right to die with dignity, under Article II, Sections 4 and 10 of the Montana Constitution. Thus, a consulting physician or nurse practitioner can prescribe medications to help terminally ill patients quicken their death without any civil, criminal liability or professional disciplinary action against the physician or nurse practitioner.

Method and Findings

Oregon:
• In a web based survey of 1,678 hospice nurses in Oregon, all the nurses reported that at least one terminally ill patient had asked them for information on the Death with Dignity Act in the past year.

Washington State:
• A survey of 528 nurses in Washington State, found that only 7% (42) received detailed education on the Death with Dignity Act when the law was enacted.
• 70% of the nurses (374) lacked detailed information on the policies and procedures adopted by their healthcare facilities in handling patients’ request for physician-assisted death.
• 53% (285) of the nurses involved in the survey did not know whether the Washington State Nurse Practice Act permits them to be present to support patients during the administration of lethal medication.
• 47% of the nurses (351) did not know the procedure for administration of the lethal medication, and were not sure if the medication could be administered by the patient or the nurse.
• Nurses receive numerous requests for information on Death with Dignity Act, however, the law did not define the participatory roles of nurses in physician-assisted death.
• Nurses were not educated on the details of the law when it was passed.
• Nurses lack the knowledge of the ethical and legal issues with regards to the Death with Dignity Act.

American Nursing Association Code of Ethics:
• The ANA considers nurses’ participation in physician-assisted death a violation of the 1994 Code for Nurses with Interpretative Statement.
• The American Nursing Association Code of Ethics has no guideline for defining nurses’ participation in the Death with Dignity Act.
• The 1994 code of ethics lacks an explicit definition of what is considered participation in physician-assisted death.
• The ANA has no guideline for defining the scope of nurses’ role in caring for terminally ill patients in the states that enacted the Death with Dignity Act.
• Consequently, the nurses in these states experience ethical distress and professional conflicts in responding to terminally ill patients’ request for physician-assisted death.

Conclusion
• Inadequate knowledge of the ethical and legal issues surrounding the Death with Dignity Act, and lack of ANA guidelines for nurses have resulted in ethical distress among nurses in the states that enacted the law.
• This ethical distress has impeded the ability of nurses to help terminally ill patients in making end-of-life decisions.
• However, with proper education of nurses on the details of the law, nurses should be able to provide patients with unbiased and accurate information necessary for making good personal end-of-life decisions.

Recommendations
• Although the adoption of a situational approach could help nurses in dealing with the ethical dilemma associated with physician-assisted death, proper education of nurses on details of the Death with Dignity Act and the nurses role is crucial.
• In the states that enacted the Death with Dignity Act, the health departments and health facilities should sponsor programs for education of nurses on the law.
• Details of the law should be included in nurses’ orientation programs and nursing school curriculums.
• The ANA position statement should be updated to address issues in the Death with Dignity Acts.
• The ANA should develop an explicit guideline defining the scope of nurses practice and end-of-life nursing care for terminally ill patients in those states with Death with Dignity Acts.