**Comments to ANA on Proposed Position Statement:**

**"The Nurse's Role When a Patient Requests Aid in Dying"**

**Lines 1-6**: To refer to the decriminalization of assisting another person to kill themselves, which is what "aid in dying" does, as a mere "legislative shift" minimizes the dramatic reversal of long-standing law and ethics. This suggests that the ANA either underestimates the importance of this fundamental change it is proposing for nursing and society or the ANA is playing it down in the hope to more easily gain acceptance of it, both of which are dangerous and wrong. The only ethical guidance that can be given is that just because AID may be legal, that does not mean it is ethical. Nursing should have nothing to do with AID, legal or not. Suicidal ideation always is a desperate cry for help by a vulnerable person and help never takes the form of killing or participating in it.

**Lines 7-22**: There is no moral difference between euthanasia and AID and nurse involvement should be absolutely prohibited in both. Whether the nurse finds a physician who writes the lethal prescription, picks up the lethal drug at the pharmacy, or hands the cup of lethal drug to the patient for him to drink (AID) or whether the nurse holds that same cup to the patient's mouth so that he ingests it (euthanasia), the nurse is responsible for the death of the patient, either as an accomplice (AID) or as an agent (euthanasia). Both situations presumably are voluntary on the part of the patient, require patient informed consent, and intend that the patient should be made dead as a result of the action taken. "Compassion" is *said* to be the motivation in both but it is a distorted compassion. To say that it is morally permissible for a nurse to serve as an accomplice to killing but not as the killer is logically inconsistent and not supported by law or ethics. Allowing nurses to participate in AID logically will lead to nurse involvement in euthanasia. A study published in 2004 in the *Journal of Medical Ethics* revealed precisely that. <https://jme.bmj.com/content/medethics/30/5/494.full.pdf>

**Lines 23-34:** While the ANAstates thatnurses are ethically prohibited from administering AID medication, it is clear that the ANA wants nurses to support everything else involved with AID. To say that "nurses must be comfortable *supporting* patients with end-of-life conversations," suggests that nurses must be comfortable supporting patients in their decision, even if that decision is to kill themselves. This is further evidenced by the statement that nurses must provide "*nonjudgmental* information in response to a patient's request" for AID. This implies that if the nurse would say to a patient, "I do not support or advise that you kill yourself," this would somehow be judgmental and, thus, prohibited. When has it ever been okay for a nurse to support a patient in their suicidal ideation or attempt? Despite this clear bias in favor of AID, the ANA then cites common arguments in favor and against nurse participation in AID in the nonsensical hope of appearing neutral. It is nonsensical because in order to take a neutral stance, logic requires that one must reject opposition and be open to it, which is to be in favor. (See the article by Sulmasy that the ANA cites on line 208.)

**Lines 35-51:** Previous position statements clearly prohibited nurse participation in assisted suicide or euthanasia, "because these acts are in direct violation of [the] Code of Ethics for Nurses...ethical traditions and goals of the profession and its covenant with society " (2013). For this proposed position to supersede the previous ones, the ANA must reject its previous prohibition and replace it with the indifference required to take a life. This is patient abandonment, not the commitment to care for the patient until their natural end. Regarding the ICN 2012 position, nowhere does it say that nurses must support AID. To misconstrue a "right to die with dignity" as the ICN states, with a right to AID is to misrepresent the ICN. While the ICN claims there is a "right to be free from pain and suffering," it also recognizes there is a limit, "as far as possible," one that does not include nurse participation in AID. Moreover, it is well known that requests for AID cause distress among nurses, as the HPCNA notes, but that does not equate with nurse support of AID, as the HPCNA repeatedly states they "do not recognize PAS-PAD as part of palliative care."

**Lines 53-69:** The ANA neglected to fully account for Provision 1.2 in the Code which states, "When patient choices are risky or *self-destructive,* nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to *eradicate* the risk." It does not state that nurses have an obligation to offer resources to support the patient in their self-destructive choices. It goes without saying that nothing is more self-destructive than killing oneself and, thus, nurses would be ethically prohibited from supporting such a choice.

**Lines 70-83:** To say that acting to end the life of a patient may not be the nurse's sole intent means that killing may be one intention, just not the only one and, thus, acceptable. This is an egregious breach of nursing's long standing ethical tradition, goals of the profession, and covenant with society. Nurses should never act with the intention of killing.

To claim that nurses must support patients' decisions, be present for them, yet expect this will not lead to requests for nurses to administer lethal drugs is naive and places nurses in a position in which they will be pressured to assist.

Nurses should explore patient's decisional capacity, reason for the request, and address symptoms or problems just as nurses would do with any patient who is suicidal. However, if patients wish to kill themselves, whether by lethal drug or any means, nurses are ethically prohibited from supporting them in fulfilling that decision; including providing factual information on how to kill themselves, whether the amount of alcohol to ingest or drug to take. It is impossible to provide factual information in a "neutral manner," knowing that the patient intends to use that information to kill themselves.

**Lines 84-100: R**esearch is needed to discover ways to better care for persons who request AID but never is it ethically permissible to eliminate suffering by eliminating the sufferer, nor is it ethical to suggest or facilitate such a request.

**Lines 101-111:** Certainly, nurses should not abandon patients, meaning leave them with no one to provide for their legitimate nursing needs. Facilitating AID, however, is not a legitimate nursing need. Rather, it is the epitome of patient abandonment. It sends the message to the patient that they are not worth the effort of care, that if they want to be dead, that is fine with the nurse. This is a corrupt way of relating to human beings who depend on nurses to recognize the dignity inherent to every human being, a dignity that is inestimable and deserving of respect regardless of one's situation in life. (See Code of Ethics Provision 1.)

**Lines 112-123:** To suggest that nurses should stand by, supposedly "neutral," while another person deliberately kills themselves is outrageous and requires an indifference that is frightening to imagine. For that person to be the patient with whom the nurse has a professional, fiduciary relationship is unconscionable. How can the ANA on one hand expect nurses to be dedicated to the care of patients, and on the other hand, say that it is okay for them to sit and witness their patient's self-execution? And if something does not go according to plan and the patient requests assistance taking the lethal dose, what is the nurse to do? Does the ANA statement that during this time "the nurse's responsibility ... to promote patient dignity as well as provide for symptom relief, comfort and emotional support to the patient and family," include helping the patient to consume the lethal dose? If confidentiality and privacy must be maintained and no one is permitted to "negatively evaluate" the nurse's decision, then what is stopping nurses from administering the drug? If the nurse's role is really morally neutral, as the ANA would like everyone to believe, then why cloak the process in secrecy and exempt it from scrutiny?

**Lines 124-130:** Here the ANA blatantly reveals its bias in favor of AID and nurse participation in it by suggesting that nurses should work to make AID accessible and affordable in all states as a matter of "social justice." In doing so, the ANA reveals a complete misunderstanding of the meaning of social justice, which is the respect for the human person and the rights that flow from human dignity and guarantee it. Society must provide the conditions that allow people to obtain what is their due according to their nature and vocation. Thus, social justice can only be obtained in respecting the transcendent nature of the human person. AID does no such thing but instead encourages people to foolishly believe that they are complete lords over themselves. Moreover, there is no right in law or ethics to kill oneself. Certainly, if a person wants to kill themselves, they can find a way to do it, but the mere ability to do something does not make it a right. All the legal system can do is decriminalize AID so that nurses and physicians are not prosecuted for killing patients or helping them to kill themselves. AID is the antithesis of social justice.

**Lines 131-137:** Certainly, nurses must be knowledgeable of the laws wherever they practice. They also must be knowledgeable of the ethics of practice. But simply because something is legal does not make it ethical. As examples, we only need to look at the laws in the United States that allowed slavery and permitted unfair discrimination. Nursing is a moral endeavor and much is at stake when nurses breach the moral obligation to first do no harm. Harm is precisely what support of AID does. It harms the patient who is killed, the nurse who must make themselves indifferent to the patient's suffering and convince themselves that killing is okay, the professional relationship that is built on trust that the nurse will not harm the patient, and society that will come to view nurses as potential accomplices in killing rather than as true healers and providers of authentic compassionate care. As Florence Nightingale is quoted to have said, "The very first requirement in a hospital, is that it should do the sick no harm."

**Lines 138-147:** While nurses should understand all "end of life options" permitted legally, they also need to understand what is permitted morally. For the ANA to feign that it does not support nurse participation in AID by a statement that suggests neutrality and argues that each nurse should decide for themselves, the ANA fails in its moral obligation to the profession, to patients and to society who depend on nurses to be persons who can be trusted not to kill or support killing. To claim there is no moral difference between being an accomplice to killing and being the one who kills, is not supported in law or ethics. To then argue that nurses should feel free to conscientiously object is disingenuous, when a supportive attitude of AID will need to be taught in nursing schools to which students must conform and professional development will need to be provided to nurses in practice to which they must adhere. The outcome will be that only persons who are willing to kill will enter nursing or remain in it, thus guaranteeing a nursing shortage and an end to nursing as a trusted profession. The wrong of killing is written on the human heart.

 **Lines 148-168:** To claim AID has anything to do with health and health care is ludicrous. Health care is not killing and support of it does not fall within the realm of nursing. The only responsible recommendation, in fact it should be a mandate, is that nurses should have nothing to do with AID. Period. If patients ask, the nurse responds with, "that is not something I can help you with, but let me help you with your pain, symptoms, etc., that underlie your request for death." This is not judgmentalism or an imposition of personal values. It is abiding by long-standing ethical principles of the nursing profession that bind nurses to the duty to care for patients, not to kill them or participate in killing. Just as nurses should never help patients locate a firearm or a ligature for hanging, neither should a nurse aid patients in their request to obtain a prescription for a lethal drug. It is acquiescing to such a request that is abandonment. AID is antithetical to nursing. Never in the history of nursing has it been morally permissible to advise patients on how to kill themselves, witness their killing or be involved in any way.

**Lines 173-212**

By the ANA permitting nurse participation in AID, even if only by their presence, the door is opened to full participation including administration of lethal drugs, which already happens in Canada. Nurses as alternatives to physicians have been proposed in the medical literature because physicians refuse as it would violate professional integrity, is outside physicians' sphere of professional competence and is said that nurses would be better at the process of killing (Faber-Langendoen, 2000). What an insulting thing to say about nurses! To permit nurse participation the ANA sends the message, "Yes, nurses are better at killing." What the ANA position should be is that nurses have nothing to do with AID but everything to do with the proper care and symptom management of patients at every stage of life, especially at its most vulnerable, near its end. The search for meaning in the face of death is part of the human condition; it is an angst that nurses need to understand and assist patients to work through but never by assisting them to bring about their death.

Faber-Langendoen, K., & Karlawish, J.H.T. (2000). "Should assisted suicide only be physician assisted?" *Annals of Internal Medicine, 132*, 482-487.