

The perspective of nurses towards euthanasia and assisted suicide: a review article

Alireza Yousefy¹, Habibalah Rezaei², Amin Beigzadeh^{3*}

¹Associate Professor, Department of Medical Education, Medical Education Research Center, Isfahan University of Medical Sciences, Isfahan, Iran

²PhD Candidate in Medical Education, Medical Education Department, Education Development Center, Isfahan University of Medical Sciences, Isfahan, Iran

³PhD Candidate of Medical Education, Research Center for Health Services Management, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

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***Corresponding author:** Amin Beigzadeh, Research Center For Health Services Management, Kerman University of Medical sciences, Haftbagh Highway, Kerman, Iran.
Email: a.beigzadeh@kmu.ac.ir

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Abstract

Euthanasia or assisted suicide is a contentious issue that provokes substantial clinical and ethical debate. Nurses have a key role in caring for end-of-life patients. They are also often involved in euthanasia or assisted suicide. Therefore, we aimed to assess the attitudes of nurses concerning this controversial topic in order to highlight the present debate about it. In particular, the nurses' involvement in this practice based on some background factors were emphasized. In our review, we used articles published on the topic of euthanasia and assisted suicide in nursing profession. In this regard, all abstracts and full papers were read critically and the relevant meanings were pondered. Several arguments were observed for euthanasia or assisted suicide from the perspectives of nurses. These arguments were grouped based on the proponent and opponent of euthanasia or assisted suicide practice. In addition, there were a number of factors such as age, gender, specialty, and nurses' decisions which found their importance. Nurses' perspectives on euthanasia and assisted suicide are a matter of attention and debate as they occupy a central position and spend most of their time in the care of end-of-life patients. Our findings will enable nurses to engage in the euthanasia practice on its appropriate ground and its debate as well. Additionally, our findings are pragmatically essential for the policy makers and healthcare professionals.

Keywords: Nurses, Euthanasia, Assisted suicide, Perspectives

Introduction

One of the most complex issues facing humankind since the beginning of human creation is the issue of death (1). Death can occur on a couple of reasons, but one of the causes of death in the population is chronic diseases. Patient centered care in end-of-life situations have stimulated interest and responsibility for medicine to take heed for its role in timing and mode of death and dying. Not only death is the consequent of a fatal ailment but also it is the result of medical decision making and the practice of euthanasia or assisted suicide in which they have a contributing role (2). Euthanasia, i.e. administering medication or performing other interventions with the intention of causing a patient's death, is illegal in nearly most countries in the world. The medical literature on this topic does not indicate a consensus as many accept the idea of euthanasia but many others do not (3). The United States National Cancer Institute defines euthanasia as "an easy

or painless death, or the intentional ending of the life of a person suffering from an incurable or painful disease at his or her request" (4). Evidence shows that the practice of euthanasia is replete with different ethical, moral, and social consideration (5).

In the healthcare systems, nurses have regular contact with patients and their pivotal role and their distinct relationships with end-of-life patients in the delivery of healthcare services is indispensable as they are involved with patients on a daily basis and try to provide humane care to dying patients who are in a devastating situation (3). But research shows that nurses are often explicitly involved in euthanasia (6). They are not only involved in the practice of euthanasia on their own but also evidence states that on the ground of receiving request from other healthcare team, they take part in this action. In a national survey of physician-assisted suicide and euthanasia in the united states, based on one of the findings, it was found



that of the 38 physicians who had hastened death, 57% of them asked a nurse to terminate a patient's life (7). In a similar vein, in a study conducted by Asch, a survey was emailed to critical care nurses in the United States to find out about any acts of euthanasia or assisted suicide. The findings showed that nurses were involved in these acts on the basis of requests from patients, family members or physicians. The results also highlighted that some nurses were engaged in these practices without any requests (8). In another survey, 218 Australian nurses agreed upon the act of euthanizing if they received a request from a physician. Moreover, they expressed compliance with a patient's request for euthanasia without receiving any requests from physicians to do so (9). We should also mention that the role of nurses in providing the care to these patients and their feelings about their involvement in assisted suicide is convoluted. There are some factors about this complexity such as personal conflict, morality, frustration, and fear (6,10).

As evidence shows, nurses are willing to be engaged in euthanasia or assisted suicide. But the confusion around this controversial topic puts the nursing profession and nurses in a perplexing situation whether assisted suicide is appropriate or not? Therefore, we conducted this review of literature to find out about the attitudes of nurses towards this controversy as they constitute the largest group of healthcare professionals. We believe that exploring nurses' views on this matter will shed light about the appropriateness of euthanasia practice in nursing care and the clinical/ethical reality behind their attitudes towards euthanasia or assisted suicide would be revealed.

Methods

We included those studies in our review that explored (i) nurses' attitudes towards euthanasia or assisted suicide; (ii) they had an accessible full-text article written in English; and (iii) only articles with the meaning of voluntary active euthanasia were chosen for further analysis not the passive euthanasia. In this regard, situations of passive euthanasia are those where a patient is disconnected from life-sustaining machines and allowed to die. But active euthanasia is about situations where patients are given enough medicine to end their lives (11,12). The online databases were included if as follows: PubMed, Scopus, Google Scholar, and CINAHL (Cumulative Index to Nursing and Allied Health Literature). These electronic databases were searched using the terms 'euthanasia OR assisted suicide OR assisted death OR active euthanasia* OR hastened death OR mercy killing' and 'attitude* OR perspective* OR view*' and 'nurse'. In line with the inclusion criteria, titles and abstracts of the retrieved papers were perused critically and thoroughly by two reviewers (A.B. and H.R.) independently and relevant qualified papers against the inclusion criteria were added to the research. In case, there was not an agreement between the two reviewers, a third person was consulted to resolve disagreements and make

a final decision for the inclusion potentiality.

Results

Several important points about euthanasia or assisted suicide emerged from the literature. These can be categorized as follows:

Arguments for and against euthanasia or assisted suicide

Proponents of euthanasia

It seems that there are some ethical principles regarding nurses' attitudes towards euthanasia or assisted suicide. In a number of studies matters such as the quality of life and admiration for patients' independence were considered essential regarding this point (13-17). The supporters of euthanasia or assisted suicide put forward four principles. They consider it as an autonomous decision making, a return to a life with majesty, a way to diminish the excruciating pain of patients, and a fair treatment of patients (12). Others believed that we are living in a context in which we would be confronted with an innumerable old people in the future and on the other hand the burgeoning costs of healthcare make us think and believe that human life deserves respect and autonomy (18). Nurses indicated that end-of-life patients have a right to be autonomous decision makers; they also ascertained some complexities regarding their decisions. Among these complications the rights of the family, physicians, and nurses were important to be noticed (19). Additionally, evidence shows that nurses have a positive attitude towards euthanasia or assisted suicide if this practice is legalized (17,20-23). Bittel et al found that 29% of Swiss palliative care nurses and other palliative care professionals would propose euthanasia if this were allowed by law (13). But these studies showed that the nurses' perspectives on euthanasia or assisted suicide were from low to high and this highlights the difficulty to provide a subtle view of an intricate reality. When nurses are faced with situations like dealing with end-of-life patients in a clinical setting in which they have to euthanize a patient by administering the lethal drug, a paucity of support exists. This situation was reported in a study by Musgrave and Soudry (21).

Opponents of euthanasia

Some consider euthanasia or assisted suicide as being too extreme to be used for end-of-life patients. Based on this perspective, McNerney and Seibold (24) see an irreversible damage to patients' lives and do not take a defensive view for euthanasia or assisted suicide. Based on religious grounds, nurses state that life is in God's hands and we should not interfere with the process of living (25). But it seems that this notion works best in its full terms for those who share the same religious assumptions. It appears that religious affiliation is correlated with nurses' attitudes against euthanasia. This connection was highlighted in some of the studies found in the literature (13,14,17,26). In a study by Verpoort et al (16), it was found that reli-

gious attitudes towards euthanasia are dynamic. In case religious nurses find euthanasia problematic, they would not reject it as a possibility for patients, nor would they refuse to care for a patient who made this choice. This indicates that nurses have a willingness to put patients' interests above their own interest and care for the patients in the best way possible (27-30). Other important principles in opposition to euthanasia can be grouped as the sanctity of life, the abuse of family members, the discrimination among patients, and the notion of slippery slope (12,30,31). The opponents hold these ideas that it is truly wrong if we facilitate the dying of a patient or euthanize a patient. They argue that by euthanizing, we do not hold a sacred view for life and we only devalue it and this is more exacerbated if we impose this practice on mentally ill patients, patients with abnormalities, or soldiers. In addition, those who are unable to pay their medical expenses or those who are under burgeoning costs (financial pressures) are more willing to accept assisted suicide (12).

Background factors

Age

Evidence shows that there is a tendency among young generation nurses in comparison to older nurses in which they accept euthanasia or assisted suicide easier (9,14,17,32). In a study it was shown that younger nurses were more liable to accept euthanizing requests and they held a more positive view towards this practice. The findings also highlighted that young nurses do not establish a close relationship with the patients in the treatment process (33).

Gender

Male nurses have a tendency to advocate euthanasia. In a study regarding nurses' attitudes towards euthanasia, male nurses were significantly more likely to support euthanasia (14). This is in line with another study in which female nurses were less inclined than male nurses to practice euthanasia. They also believed that the task of nurses in euthanasia or assisted suicide is restricted to patient and family care (34).

Specialty

Findings emphasize that operating room, emergency room, obstetrics, and gynaecology nurses are less likely to participate in terminating a patients' life. Evidence shows that those nurses who spend most of their time in the clinical setting and are in close contact with patients are most likely not to be involved in euthanizing (35). Findings also showed that nurses with everyday contact with end-of-life patients were more traditional in comparison to medical or social science students (20).

Nurses' decisions

We could observe in our review that nurses expressed a vagueness regarding their decision in euthanasia practice.

They consider the decision making as a job which is related to physicians and consider it as the doctors' roles and responsibility (9,36). We could also observe that nurses are reluctant to be involved in the process of decision making or have the responsibility to do it. It was more evident as they saw their position as vulnerable and their perspectives were not considered in the process of euthanizing (9,16,31). It is mandatory that all involved in the process of assisted suicide be unanimous and agreeable in order to reach a consensus as it would be too daunting if one is not supportive in this process. It was highlighted in the study of Verpoort et al (16) in which nurses indicated that if a patient's loved ones were not supportive of the decision, euthanasia could not occur.

Discussion

In this literature review we tried to explore the nurses' viewpoints regarding euthanasia or assisted suicide in order to find the underlying issues regarding this matter. On the other hand, as this issue raises complex ethical and moral concerns for the public, studying nurses' attitudes towards euthanasia is increasingly important. Our study showed arguments for and against this practice and several factors associated with nurses' participation in hastening death; including age, gender, specialty, and nurses' decisions were explored. Our study is valuable in that it expresses views of nurses about euthanasia and assisted suicide as they constitute the largest group of healthcare professionals. Different views were identified based on our review which highlight the ethical principles regarding nurses' attitudes towards euthanasia or assisted suicide. Supporting arguments refer to the topics such as the quality of life, autonomy, a life with majesty, prevention of human suffering, and a fair treatment of patients whilst opponents emphasize their objections based on factors such as an irreversible damage to patients' lives, the religious beliefs, the sanctity of life, the abuse of family members, the discrimination among patients, and the notion of slippery slope. We put forward that based on the different views extracted from our review, it is more understandable if a nurse who wants to make a critical decision about the life of a dying patient in order to relieve his/her suffering, first seek support of the ethics committee of a hospital in which experts can guide and resolve any conflicts. In this way, euthanasia would be performed under carefully delineated conditions. We believe that better patient care, patient safety, and improved outcomes would be resulted in this way. This should also be taken into account that after receiving the consultation from the ethics committee they must involve others such as doctors and patients' family in the process as well. Therefore, in the euthanasia process it is important that all involved reach a consensus and be unanimous, because it is difficult to begin the process if a person is not able to support a patient's decision (16). Arguments in support of euthanasia showed that nurses expressed positive involvement in the eutha-

anasia process if it becomes legalized. This finding states that such a factor is a main agent in euthanasia or assisted suicide. So, there is a need in healthcare organizations to undergo the legalization of euthanasia or assisted suicide if they are not enacted in their context. We believe that nursing organizations must advocate nurses' involvement in the care of patients who request euthanasia or assisted suicide on grounds of ethical values and norms. There must be a support for nurses when they face with a euthanasia request, both in countries which have legalized this practice and in countries which is not. So, nurses can deal with euthanasia requests if written institutional ethics policies are developed for end-of-life decisions. In this way, their roles and responsibilities are explicitly stated (37,38). This result is consistent with the findings in which many American nurses rejected to take the responsibility of administering the lethal drug to the patient if they knew that they were not backed or supported in the organization that they worked for (28,29,39). Evidence also shows that nurses have a tendency to take active steps to bring about the death of a patient. In a study in the United States, 47% of oncology nurses indicated that they would vote for the legalization of physician-assisted death, and 16% stated that they would end the life of a terminally ill patient if they received a request from a physician (29).

Opponents of euthanasia or assisted dying state that the idea of stopping one's life is seen as an excruciating act upon a patients' life and we believe that religion and the strength of religious beliefs are the underlying aspects which are less likely to support euthanasia. Human beings were born with a holy or religious character that must be respected and preserved. Therefore, any practices of euthanasia or assisted suicide cannot be accepted for those nurses who hold and bear these ideas in their mind.

Based on the contextual factors such as age, gender, specialty, and nurses' decisions, it should be mentioned that involvement in the euthanasia process requires those nurses who are mature, kind, and compassionate. Healthcare organizations need those nurses who are responsible to provide the care in the best way possible to end-of-life patients. As evidence shows younger nurses are not always ready or willing to have these traits and carry these on their shoulder. It must be mentioned that patients need those healthcare team members who are attentive and enthusiastic towards patients. Nurses with intimate relationship with patients in the clinical setting are most likely not to be involved in euthanizing. This intimacy between nurses and patients are the tenets of the professional work of nurses. It should also be highlighted that nurses with everyday contact with end-of-life patients are more traditional in comparison to medical or social science students. These findings are not corroborated with the result of a study which indicated that there are some specialties in which they are more supportive of euthanasia. For instance, there was a higher tendency for the support of euthanasia among surgical oncologists in comparison to

medical oncologists. Additionally, psychiatrists, obstetricians, and gynecologists were more supportive of euthanasia rather than internists oncologists (40). In a study in the United States findings showed that older nurses, more religious nurses, nurses working in a cardiology unit, and nurses with less positive attitudes towards euthanasia are less likely to cooperate in performing euthanasia or assisted suicide (41). The reluctance by female nurses to be involved in euthanasia or assisted suicide could be the resultant of considering a care-orientated vision in females. We can conclude that female nurses are more care-oriented and male nurses are act-oriented. Therefore, contextual factors such as age, gender, specialty, and religion can to some extent be mitigated by attitudes.

We argue that nurses are not licensed like physicians to cause or precipitate a patient's death by increasing a lethal dose of medications; but as they are more involved than physicians in the care of patients with end-stage diseases, it is of utmost importance that they act in a reasoned, responsible, and professional manner in order to sustain their ethical and professional identity by not being involved in immoral acts. As nurses have the appropriate knowledge and expertise in handling end-of-life patients, they can take part in the public ethical debate on euthanasia or assisted suicide. Therefore, their viewpoints are indispensable in this regard. Nurses should never be trapped in active euthanasia and if the family of the patient or the patient himself or herself gave consent to it. But this can be done on its appropriate ground. Any secret euthanizing to end patients' suffering without the patient or his/her family consent is unacceptable. Any kind of suicide has an impact on the healthcare system and medical education as well (42). Thus, careful investigation is necessary in this regard. This matter has been highlighted by the American Nurses Association which holds that nurses should not take part in assisted suicide or active euthanasia (43,44). Consequently, the statement can provide guidance for nurses when they confront with these issues. On the other hand, we give room to this matter that if the practice of ending one's life is lawful in some countries, then what protections will be provided to nurses who facilitate suicide? Therefore, a negotiation about the moral, ethical, and legal aspects of this matter is essential.

Last but not least, we suggest further review articles and systematic reviews on this topic as we believe that, nurses' perspectives regarding euthanasia or assisted suicide need more exploration in order to reach a consensus. However, there might be some issues which have not been addressed yet. Qualitative studies could also enhance the understanding of the views of nurses about euthanasia and assisted suicide.

Conclusion

The nursing career is responsible for the provision of respectful, supportive, and compassionate care to the critically ill and dying patients. This profession supports the

provision of humane and dignified end-of-life care, but the findings of our study highlight that several important matters are necessary to be considered by nursing profession regarding euthanasia or assisted suicide. This study has identified the important arguments for and against end-of-life decision making in nursing practices. In addition, some background factors were identified based on the review which plays a pivotal role regarding euthanasia or assisted suicide. The findings would have a salient influence on policy makers, health professionals, and the further development of end-of-life care.

Ethical issues

Not applicable.

Competing interests

Authors declare that they have no competing interests.

Authors' contributions

All authors equally contributed to the writing and revision of this paper.

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