2024 PAS testimony

Nursing Implications of Physician Assisted Suicide

In meeting with a few legislators leading up to this testimony, one stated, "I fail to see how this legislation affects nurses. It is between the physician and his or her patient."

Let me address that statement.

The nurse encounters each patient on a number of occasions as the patient journeys through the health care system. Nurse navigators guide patients through the system for the varied testing and treatments. In the course of a hospital stay, a nurse brings medication, administers long-term infusions, and makes follow-up phone calls to patients. In each of these encounters as well as countless others, the nurse develops a very close relationship with each patient.

- In my first job as a nurse, I got to know several of the patients at the VA Medical Center as they returned every 3 weeks for their chemotherapy doses.

- I can remember speaking with my own mother after her 4-hour chemotherapy infusions and hearing, "I want you to meet my nurse…she's from Pennsylvania, she has 3 kids, and she's really neat." When I met the nurse, she asked me how nursing school was going and how my brothers were doing.

Within these relationships, the nurse gains the trust of the patient, and the patient feels comfortable enough to ask questions about their care, such as "What would you do if you were me?," "Should I try this treatment/medication, etc?"

If a patient asks me about Assisted Suicide, I will try to talk him or her out of it. But, in doing so, I put my career at risk, because this Bill offers me and other nurses no conscience protections.

I am either forced to honor the patient's wishes against my personal moral objections or risk a claim of patient abandonment.

There are no conscience protections for nurses. In fact, nurses are not mentioned in this Bill at all.

In its 2019 statement, The American Nurses Association has a clear advice for states where this is legal: there must be conscience protections.

They state:
Conscience-Based Refusals
"Respect for patient decisions does not require that the nurse agree with or support all patient choices," thus the nurse is not required to compromise his or her integrity in the provision of

such care. Such situations may result in the nurse experiencing moral distress. "When a particular decision or action is morally objectionable to the nurse…the nurse is justified in refusing to participate on moral grounds. Conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness" (ANA, 2015a, p.21). A well-established ethical commitment when declining to provide care on moral grounds is the primacy of patient care. "Nurses are obliged to provide for patient safety, to avoid patient abandonment, and to withdraw only when assured that nursing care is available to the patient" (ANA, 2015a, p. 21)
https://www.nursingworld.org/~49e869/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-when-a-patient-requests-medical-aid-in-dying-web-format.pdf

Being a nurse is a call to healing, and this practice is the antithesis of healing. No nurse enters the workforce just to sit idly by while someone take his or her own life. And, no matter how you state it in the Bill, self-administration of a substance known to be lethal is still suicide.

Quite frankly, Assisted Suicide represents a failure of health care, failure to identify a patient's depression, failure to unload the burden of the patient's illness, and even failure to adequately treat pain.

Other points to consider:

1. Assisted Suicide laws exist in direct conflict with the DEA.

   This Bill puts lethal doses of multiple controlled substances into the community. In the 2022 Oregon Report, it states that 32 people died from prescriptions written in previous years, leading one to wonder where those prescriptions were kept while the patient waited to take them. Of the 431 individuals who had prescriptions written in 2022, 84 died of other causes, and ingestion status was unknown for 101 individuals who also had prescriptions. So, what happened to those unused prescriptions? They are likely still in the community, but that statistic is not known.
   Source: Oregon Death with Dignity Act: 2022 Data Summary

   Contrast that with Drug Enforcement Administration (DEA) Diversion Control Division which serves the purpose of keeping controlled substances out of the community. This law puts lethal doses of multiple controlled substances *into* the community.

2. Instead of receiving an adequate psychiatric evaluation, individuals that qualify for Assisted Suicide are given the very weapon with which to carry out the suicide.

The government should not be in the business of deciding which citizens receive life-saving psychiatric care, and which patients do not.
Otherwise healthy individuals with suicidal ideation or a suicide attempt are admitted for in-patient psychiatric care and treatment of their underlying mental condition. However, those with less than 6 months to live would not receive this care; the Bill sends the message that these individuals do not deserve to be saved.

3. In this version of the Bill, even if the physician finds this practice morally objectionable, he or she is forced to comply, starting the process by forwarding records to someone who will participate.
Thus, even the conscience protection for physicians is weak. On page 19 of SB 443, it states, "If the physician does not wish to participate…the attending physician expeditiously shall transfer the relevant medical records to another physician." In short, the physician is forced to comply.

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