



HPNA Position Statement Legalization of Assisted Suicide

Background:

In 1992, hospice nurses returned a Hospice Nurses Association (HNA) survey on assisted suicide and active euthanasia. Of the respondents, 76% expressed a desire that HNA develop a position statement on assisted suicide. In 1994, the HNA Board of Directors adopted a position opposing the legalization of euthanasia and assisted suicide. The 1994 position was unique in that it supported open discussion and continued dialogue on these controversial issues.

In 2001, the Hospice and Palliative Nurses Association (HPNA) Board of Directors elected to revisit the position statement given the enactment of Oregon's Death with Dignity Act and the fact that numerous other states had, or were, facing legislative attempts to legalize physician-assisted suicide. Faber-Langendoen and Karlawish pose the question "Should assisted suicide be only physician-assisted?"^{1, p. 482} These authors further assert, "Assisted suicide requires physician involvement, but physicians' limited competence in performing the full range of tasks, the competencies of other professions, and the possibility that other professions could expand their authority in this area, suggest that physician-assisted suicide is a far too narrow construct of the task."^{1, p. 482} Recognizing the importance of this issue for palliative care and hospice nurses, the Board felt it was essential to reevaluate the 1994 position statement.

Position Statement:

The Hospice and Palliative Nurses Association (HPNA) is committed to compassionate care of persons at the end of life. It is the position of the HPNA Board of Directors to:

- Oppose the legalization of assisted suicide.
- Affirm the value of end-of-life care, which includes aggressive and comprehensive symptom management.
- Affirm that "nurses must be vigilant advocates for humane and ethical care for the alleviation of suffering and for the non-abandonment of patients."²
- Support public policy that ensures access to hospice and palliative care for persons facing the end of life.

- Direct those nurses practicing in state(s) where assisted suicide is legal, that "the nurse may choose to continue to provide care or may withdraw from the situation after transferring responsibility for care to a nursing colleague." ³, p. 442

Definition of Terms:

Assisted Suicide: The American Nurses Association defines assisted suicide as follows:

Suicide is traditionally understood as the act of taking one's own life. Participation in assisted suicide entails making a means of suicide (e.g., providing pills or a weapon) available to a patient with knowledge of the patient's intention. The patient, who is physically capable of suicide, subsequently acts to end his or her own life. Assisted suicide is distinguished from active euthanasia. In assisted suicide, someone makes the means of death available, but does not act as the direct agent of death.²

Schwartz defines assisted suicide as follows:

Assisted suicide is the provision of the means to end life, for example, a prescription for a lethal amount of drug, the lethal drug itself, or other measures, to an adult who is capable of ending life, with knowledge of that person's intentions.⁴, p. 368

References:

1. Faber-Langendoen K, Karlawish JHT. Should assisted suicide be only physician-assisted? *Ann Intern Med.* 2000;132(6):482-487.
2. American Nurses Association. Position Statement: assisted suicide. 1994. Available at: <http://nursingworld.org/readroom/position/ethics/etsuic.htm>. Accessed October 2006.
3. Oncology Nurses Society Position. The nurse's responsibility to the patient requesting assisted suicide. *Oncol Nurs Forum.* 2001;28(3):442.
4. Schwarz JK. Assisted dying and nursing practice. *Image J Nurs Sch.* 1999;31(4):367-373.

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