Position Statement: Euthanasia and Physician Assisted Suicide

Preamble

With the exception of Victoria, euthanasia and physician assisted suicide is still illegal in all Australian States and Territories. The recently enacted Victorian Voluntary Assisted Dying (VAD) legislation will allow euthanasia and physician assisted suicide under strict criteria, guidance and support. This new law which comes into effect from the 19 June 2019, raises a host of complex ethical and practical challenges that have implications for the nursing care of people with a life-limiting illness. This position statement is designed to provide guiding principles for nurses working across Australia to enable them to provide the care support that people with palliative care needs require and to respectfully communicate with their colleagues about euthanasia and physician assisted suicide.

Background

Palliative Care Nurses Australia Inc. (PCNA) is a national member-based organisation for nurses working with people who are living and dying from a life-limiting illness, and their families. Our vision is to promote excellence in palliative care nursing for our community, through leadership, representation and professional support. The World Health Organization (2002) definition of palliative care underpins our clinical practice, research and education endeavours.

Palliative Care Nurses Australia believes that:

- Voluntary euthanasia and physician assisted suicide is distinct from palliative care;
- Nurses caring for people who are eligible for and considering voluntary euthanasia or physician assisted suicide have a duty of care to ensure that the patient and their families:
    - Continue to have timely access to ongoing support and best evidenced based palliative care;
    - Suffering is acknowledged and addressed;
    - Right to consider euthanasia and to making an informed choice about their future care is respected; and
    - Are protected at all times through the maintenance of all necessary safeguards.
- Healthcare organisations create and maintain an environment in which each nurse can adhere to their moral commitments, while not abandoning the person requesting to hasten their death or their family.
- As health professionals we need to recognise and respect the views of our colleagues.

Background (Cont'd)

- Optimal palliative care nursing involves:
  - advocating for and ensuring all Australian's requiring palliative care have access in accordance with their needs and wishes;
  - impeccable assessment and evidence-based management of the physical, psychological, socio-cultural and spiritual needs of the person and their family;
  - discussing and supporting a person's choice to withhold or withdraw treatments where the potential harm outweighs possible benefit, or it is against the person's expressed wishes;
  - considering the complex and multi-dimensional nature of suffering, and acting to prevent and alleviate it where possible using the best available evidence and interdisciplinary advice and support;
  - respectfully and compassionately acknowledging a person's desire or requests to hasten death in the context of a life limiting illness. This includes seeking to understand the origins of the request, and acknowledging that for a small proportion of people, pain, distress and/or suffering can persist despite the provision of best palliative care;
  - responding to a person's request to hasten death in accordance with:
    - the law and one's conscience
    - professional codes of conduct
    - ethical health care principles
    - best available evidence
    - the unique needs of the person and their family
  - non-abandonment of the person requesting to hasten their death and/or their family; and
  - fostering informed and respectful communication with patients, their families, other health care professionals and the wider community about death, dying, end of life care, euthanasia and physician assisted suicide.

Definitions

Palliative Care as defined by the World Health Organization (2002) is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care provides relief from pain and other distressing symptoms, and:

- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;

Definitions (Cont'd)

- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness; and
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Euthanasia is a physician (or other person) intentionally killing a person by the administration of drugs, at that person's voluntary and competent request (EAPC, 2015).

Physician Assisted Suicide is a physician intentionally helping a person to terminate their life by providing drugs for self-administration, at that person's voluntary and competent request (EAPC, 2015).

Assisted suicide refers to the practice of a doctor providing a patient with the means to end their life. (Victorian 'Inquiry into choices at end of life' Report, 2016).

Voluntary Euthanasia refers to the medical assistance to die which is administered by a doctor such as through a lethal injection. (Victorian 'Inquiry into choices at end of life' Report, 2016).

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