

Title:

A Life-or-Death Situation: The Right to Die vs. Right to Live Debate

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Session Title:

Clinical Communication for Optimal Patient Care

Slot:

J 13: Tuesday, 31 October 2017: 8:00 AM-8:45 AM

Scheduled Time:

8:00 AM

Keywords:

Assisted Suicide , Bioethics and Euthanasia

References:

Erdek, M. (2015). Pain medicine and palliative care as an alternative to euthanasia in end-of-life cancer care. *The Linacre Quarterly*. 82(2), 128-134. doi: [10.1179/2050854915Y.0000000003](https://doi.org/10.1179/2050854915Y.0000000003)

Getter, A. (2013). Death with dignity: an individual's choice. *Journal of Palliative Medicine*. 16(10), 1304-1305. doi: <http://dx.doi.org/10.1089/jpm.2012.0626>

Friend, L. M. (2011). Physician-assisted suicide: Death with dignity? *Journal of Nursing Law*, 14(3), 110-116. Retrieved from <http://ezproxy.stfrancis.edu:2048/login?url=http://search.ebscohost.com.ezproxy.stfrancis.edu/login.aspx?direct=true&db=rzh&AN=104610710&site=ehost-live>

Abstract Summary:

Right to die laws are controversial topics that stem from the need uphold patient autonomy and promote optimal quality of life in a terminally ill patient. Nurses play a key role in the care of these patients, since they witness the patient's decreasing quality of life and pain first hand.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
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| The learner will be able to describe the steps needed to utilize right to die laws. | Patients must first be terminally ill and must make an oral request, be evaluated by a second physician, must be 18 years or older, and mentally competent. Following this, the patient must wait a minimum of 15 days and then make their second oral request. Following this, the patient may receive a prescription for a lethal dose of a medication from their physician and must wait 48 hours before being able to fill the prescription. |

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| The learner will be able to explain what ethical principles are involved in the right to die debate. | Autonomy and the right to self-determination are crucial rights that an individual has. These individuals have control over their lives for every other decisions, so these rights should be upheld when making the most difficult decision of one's life. |
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Abstract Text:

Physician assisted suicide and Right to Die Laws are controversial topics that stem from the need to uphold a patient's right to autonomy and self-determination, even during end-of-life decisions. It has been argued that the implementation of physician assisted dying laws will lead to abuse and misuse of the laws in order to exploit vulnerable populations. However, physician assisted suicide laws, which are highly supervised and regulated, have the ability to act as a safe and compassionate option for eligible patients. Because of the legitimacy of the practice, it is important that nurses, physicians, and patients alike are educated on palliative care, hospice, and physician assisted suicide, so that the best decisions can be made based on each patient's unique situation. When considering the use of physician assisted suicide it is important that a patient is carefully evaluated by their primary physician, a secondary physician, and psychologists in order to rule out any underlying depression that could be leading an individual to consider this intervention. By recognizing the legitimacy of this practice, healthcare providers are able to uphold a patient's right to autonomy and self-determination. This autonomy to make one's own decisions is crucial, since individuals are permitted to make decisions about day to day activities and other health related concerns their decision making capacity should not be limited at the end of their lives. While a patient would be allowed to make their own decisions, upholding their autonomy, some may argue that by allowing physician assisted suicide one is not upholding the ethical principle of beneficence. This ethical principle removes and prevents harm from coming to a patient. Voluntary death, as seen in the case of physician assisted suicide, may be viewed as not promoting optimal well-being for a patient. However, by respecting the patient, autonomy is upheld, which allows for the patient's suffering from the terminal illness to be removed. This removal of suffering then prevents further harm to the individual, upholding the principle of beneficence. While this topic is seen as controversial, due to its sensitive nature, it is important to respect the rights of a patient and to provide compassionate care throughout the entire disease process. Nurses especially play a key role in this controversial debate. By providing compassionate care to terminally ill patients, nurses see their pain first hand. Because of this, it is important that nurses examine the benefits of the practice in promoting autonomy and respect for competent, terminally ill patients who wish to have their suffering eased.