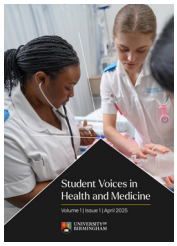
Student Voices in Health and Medicine



Legalising assisted dying: Why nurses' voices are vital in crafting safe and effective policy and legislation

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Abstract

Assisted dying involves the self-administration of prescribed life-ending drugs by mentally competent patients, with euthanasia as a subset where these drugs are administered by healthcare professionals. The legalisation of assisted dying has expanded globally, and while it remains illegal in the United Kingdom, ongoing debates may signal a shift in that direction. Despite their central role in end-of-life care, nurses have been commonly overlooked throughout the process of legalisation. This opinion piece explores the value of involving nurses in the development of policies and legislation related to assisted dying. It also analyses the potential implications of nurse involvement, offering key recommendations should the United Kingdom move towards legalisation. Drawing on lessons from countries where assisted dying has been legalised, this piece argues that nurses' inclusion in the legalisation process is invaluable. Involving nurses could protect them from legal ambiguities present in other countries which lead to poorer practice and risk of prosecution and enhance team dynamics. In addition to improving patient experiences of assisted dying by nature of nurses' emphasis on holistic care and patient advocacy. However, a boost in end-of-life care education, a cultural shift away from traditional hierarchies in healthcare and the physician-centredness of assisted dying, as well as workplace protections against psychological impacts are necessary for these benefits to materialise.

Keywords: Assisted dying; Legalisation; Nurse

Introduction

Aged 18, during my gap year, I was employed as a live-in-carer. At one point during a placement supporting a woman in her 90s with incurable multi-morbidities, she held my hand with teary eyes and stated, "I want to die, please help me". This poignant request was my first encounter with a wish to hasten death and is now one of several I have witnessed in clinical practice as a student nurse, which has sparked my interest in the role nurses play at the end of life. As professionals who often spend the greatest amount of time with dying patients, nurses may build trusting, closer connections and their role encompasses diverse responsibilities (Sekse et al., 2018). Namely, acting as the patient's advocate, coordinating care from other providers, providing comfort and support to families, as well as meeting the physical, psychosocial and spiritual needs of the patient. In tandem several challenges exist, such as limited time and resources to reflect and debrief in the face of increasing workload complexity, constrained legitimacy in care planning compared to doctors, and insufficient training and emotional support for managing care for dying patients. Given the multifaceted roles and complexities characterising nursing care at the end of life, and the evolving debate over the legalisation of assisted dying (AD) in the United Kingdom, this opinion piece aims to explore the value of involving nurses in policies and legislation concerning AD, (House of Commons Health and Social Care Committee, 2024). Said exploration will be aided by analysis of the implications of nurse involvement in AD including both the benefits and associated challenges to inform key recommendations on this matter

This author contends that the voice of the nursing profession is vital to ensuring that the safest and highest quality of care is provided should AD be legalised, but great efforts must be made to mitigate potential negative consequences for nurses like those related to the ethical and professional challenges to be discussed.

Background

Assisted dying refers to the prescription of life-ending drugs that a mentally competent patient administers themselves, (British Medical Journal, n.d.). Euthanasia constitutes a subset of said practice, where the drugs are directly administered to a consenting patient. Attached to these processes are criteria of varied complexity, for instance, whether a condition is terminal or a minimum age (Mroz et al., 2020). AD remains a hotly debated topic with proponents emphasising honouring autonomy and alleviating suffering (Fontalis et al., 2018). Conversely, opponents focus on the ethical principle of clinicians to not harm and the risks of abuses that disregard a patient's wishes.

Nevertheless, since 2002 when AD was first legalised in the Netherlands, the number of jurisdictions that have brought about legalisation has grown to over 18 across Northern America, Oceania and Europe, with several others considering it (Mroz et al., 2020). Currently, in the United Kingdom, Section 2(1) of the Suicide Act 1961, deems any acts assisting the suicide of another, a criminal offence (Lipscombe et al., 2024). Private member Bills in the House of Commons and the Lords in 2015 and 2021 have failed to achieve legalisation. However, an e-petition requesting parliamentary time allocation and a vote on AD has sparked debate in the Commons since April 2024. Notably Sir Keir Starmer, the new prime minister, expressed commitment to allowing time for debate and a free vote on an AD Bill (Pike, 2024). Thus, on the 26th of July, a Bill has now had its first reading in the House of Lords.

Yet concerningly, where AD has been legalised, there is evidence that nurses' roles are overlooked. A scoping review of international legislation and literature by Bellon et al. (2022) found that legislation regarding roles assumed by nurses throughout euthanasia was lacking and resulted in nurses practising outside of legal regulations. Further, research largely explores the roles of physicians or attitudes of

healthcare workers to AD (Sandham et al., 2022) with little focus on nurses (Pesut et al., 2019).

The Royal College of Nursing, a nursing union and professional body, affirms that care for those dying is at the core of nursing practice where nurses can make a substantial difference and has voted to support the principles of AD at its 2024 Congress (2024). Anticipating potential implications for members, the College insists their voice is included. It is thus paramount for nursing students and practitioners alike to explore what said implications may be to maximise their influence on the processes and principles concerning AD.

Evidence and Analysis

To begin, the strongest assertion of the value of nurse involvement in policy and legislation development can be identified by learning from the aforementioned political ramifications occurring in regions where AD has been legalised. An article by Banner et al. (2019) and meta-synthesis by Bustin et al. (2024) concerning said ramifications in Canada and Australia highlight that inconsistency and variability present within legislation concerning nurses' responsibilities have left them uncertain and feeling at legal risk of prosecution. For instance, the line between prohibited solicitation of AD and the provision of information may be blurred by a nurse-patient therapeutic relationship (Banner et al., 2019). In turn, this is said to negatively affect end-of-life care by disrupting decision-making and fuelling disconnect. Meanwhile in Belgium, though nurses are legally prohibited from administering lethal drugs, an anonymous questionnaire identified that nurses were delegated by physicians to administer lethal drugs in 26.8% of 142 deaths, demonstrating considerable misconduct (Bilsen et al., 2014). Considering that nurses constitute the biggest sector of healthcare professionals and practice most closely with patients as Banner et al. (2019) note, their ongoing engagement with political activism is paramount if such ambiguity concerning legal intricacies is to be avoided in the UK.

Besides the aforementioned benefit to legislative clarity, involving nurses in the politico-legal decision-making surrounding AD from the outset could have a positive impact on the quality of AD care determined by team dynamics in practice. Indeed, in a scoping review of the role of nurses in euthanasia Bellon et al. (2022) posit that for the care surrounding AD to be effective and holistic, the entire process requires multi-disciplinary input. Akin to the importance of multidisciplinary decision-making in palliative and end-of-life care more broadly (Borgstrom et al., 2024), no singular professional will have all of the knowledge and skills necessary for navigating AD alone (Fujioka et al., 2018). Despite this, a scoping review of healthcare professionals' views on AD implementation by Fujioka et al. (2018) found that 13/33 articles noted a lack of interprofessional collaboration. The traditionally hierarchical structure within healthcare which sees doctors at the top with the highest authority may explain said occurrence (Fujioka et al., 2018; Vatn and Dahl, 2022) but a commitment to giving nurses a voice in AD policy could promote change.

Looking more closely at the unique contribution that nurses could bring to AD policy and legislation, builds upon the benefits of their inclusion. Described as a 'distinctive gaze' by Thorne (2018) the nurses' approach to care comprises a commitment to upholding patient dignity, valuing of holism in acknowledging each patient's individuality and multidimensional needs, and constructing orderly co-ordination between service providers. Further, functioning as patient advocates is a role instilled within nurses' code of ethics across the globe, including that of the UK's Nursing and Midwifery Council, comprised of several attributes such as safeguarding patients from misconduct (Abbasinia et al., 2020). These contributions are key to fulfilling the attainment of a good death, described across literature reviews as, promoting dignity through the maintenance of independence and respect for preferences throughout the dying process (Meier et al., 2016). In addition to being seen as a person and receiving help to prepare for death (Krikorian et al., 2020). Arguably, concerning AD, the nurse's role as a patient advocate grows in importance as it may serve to alleviate the risk that the vulnerable patient seeking AD is doing so due to coercion – a key argument against

AD legalisation (Fontalis et al., 2018).

On the contrary, despite the benefits to nursing involvement in policy and legislation related to AD, some challenges exist in parallel. A literature review exploring newly qualified nurses' (NQNs) views on their readiness for working with dying patients (Gillan et al., 2014), in addition to several more recent qualitative studies, suggests that NQNs do not feel well-prepared and report insufficient knowledge about end-of-life care (Andersson et al., 2016, Croxon et al., 2018). Although the generalisability of the abovementioned research may be considered constrained by relatively small sample sizes, (the review includes 18 papers, and the studies, six and seven participants respectively), said findings may nevertheless indicate that end-of-life care education requires greater emphasis if nurses of the future are to actually practice the policies others establish. Indeed, a qualitative study and an evidence synthesis of the experiences of nurses participating in AD where it has been legalised, highlight an added layer of the skills necessary (Pesut et al., 2019; Sandham et al., 2022). Ending a patient's life was found to produce moral conflicts for nurses and a perception that they were killing (Pesut et al., 2019). As such, an example of additional education necessitated by AD is in the realm of moral reasoning (Bustin et al., 2024). Equally, partaking in AD is not without psychological ramifications. A qualitative study exploring Flemish nurses' experiences of working with euthanasia 15 years following legalisation found that nurses continued to feel several intense emotions from suffocation to disbelief (Bellens et al., 2020). Said responses are explained by the rapid nature of AD which differs from a gradual natural death (Pesut et al., 2019) and reveals a requirement for increased psychological protection. As such, if the benefits of nursing involvement in AD policy and legislation are to materialise, a foundation supporting the related educational and psychological needs of nurses in practice must be in place.

Discussion and Implications

The evidence explored within this paper clearly illustrates that AD legalisation is far from a simple process, where the existence of ambiguities poses risks to patient care and nurses' integrity. Hierarchical power imbalances can impede interprofessional collaboration to the detriment of AD quality. Further, nurses' distinct lens and domain of practice could prove invaluable to planning safe and effective AD processes. However, existing end-of-life care educational deficits amongst NQN's, alongside the psychological impacts of partaking in AD, present challenges for the nursing profession to contend with. Crucially, a limitation that must be acknowledged concerns the use of the learning from the AD legalisation of other nations, which may not necessarily reflect the UK, thus limiting generalisability.

Nevertheless, said findings offer a valuable starting point and have significant implications. Namely, concerning who should be involved in the planning and development of AD policy and legislation, as well as the cultural mindset surrounding AD, education, and the workplace. Beyond the predominant insistence that policymakers ensure nurses have a voice on this issue, the author recommends a collaborative approach to AD in place of the traditionally physician-centred, which conceals the multidisciplinary input required. More emphasis in pre-registration education on care for dying patients is needed, with communication, morals and ethics being named topics in literature (Pesut et al., 2019). Further, opportunities for mentoring and de-briefing must be a required element of AD processes to counteract psychological impacts and resultant burnout risk amongst nurses and multidisciplinary colleagues (Bustin et al., 2024).

Conclusion

To conclude, this opinion piece demonstrates that involving nurses in policies and legislation concerning AD can safeguard them from legal risks owed to nurses' critical role at the end of life. As well as, enhancing the

quality of AD, as experienced by patients, through a cultural shift towards multidisciplinary approaches with resultant benefits. Still, to ensure nursing efforts to enhance AD policy and legislation are truly productive, they must be paired with robust initiatives to improve end-of-life education and prevent burnout. Should assisted dying be legalised in the UK, care must be taken to assure the safety and well-being of patients and providers. Drawning on lessons learnt across the globe, and the unique roles of nurses, this opinion piece constitutes a stepping stone towards achieving responsible implementation.

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